

# **The Perceived Effect of Covid-19 on Undergraduate Education in Oral Surgery**

## **A Qualitative Study**



**Trinity College Dublin**  
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**A thesis submitted in partial fulfilment of the requirements for the degree  
of Doctorate in Dental Surgery (DChDent) Oral Surgery, Trinity College  
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# 1. Declaration of Academic Integrity

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Signed:

Paul Kielty

## 2. Acknowledgements

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## 3. Abstract

### *3.1 Introduction*

Covid-19 has had a profound impact on all of our lives since it was first described in Wuhan in December 2019. Oral Surgery is a specialty which involves teaching undergraduate dental students skills required for general dental practice, and so competence is a requirement for timely graduation. Educational and healthcare settings were disproportionately affected by the pandemic, with particular effects on in-person training, lectures and traditional examination techniques. This study assessed the perceived impact of Covid-19 on final year undergraduate dental students in the Oral Surgery Department, Dublin Dental University Hospital.

### *3.2 Methods*

A qualitative analysis was performed using semi-structured online interviews of final year dental students in our Dental Hospital. Their opinions were sought on the impact of the pandemic on their training, and their comments on the changes in teaching and learning methodologies which were required

due to restrictions. Their responses were recorded and transcribed to allow for qualitative coding, and thematic analysis was then performed to identify trends and offer suggestions for future improvements based upon responses given by participants.

### *3.3 Discussion*

As a result of the pandemic, students felt they has reduced clinical experience, when compared with their predecessors. Despite this, they felt they were able to make best use of the time available to them on their return to clinical teaching. Online teaching was perceived to be less effective than in-person teaching, but where remote learning was used, recorded or on-demand lectures were preferred to live lectures. “open-book” examinations were perceived to be more relevant for clinical subjects such as Oral Surgery, and provided skills in critical thinking which were more transferrable to independent clinical practice.

### *3.4 Conclusion*

Many changes to teaching and learning in the Oral Surgery Department were required to be implemented during the Covid-19 pandemic, and in an

uncertain external environment. Students embraced these changes and felt some were more effective than traditional teaching and examination methods. Adaptations to education during Covid-19 can be utilised for Oral Surgery training into the future.

## 4. Introduction

### *4.1 Background*

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), now more commonly referred to as Covid-19, has had an impact on us all to a greater or lesser extent, since first reported in Wuhan, China on 31<sup>st</sup> December 2019. Our day to day lives were to change significantly within the space of a few weeks, with a profound impact on teaching institutions and healthcare settings alike.

Covid-19 is a respiratory coronavirus which has been shown to spread through contact transmission and respiratory droplets.<sup>1</sup> It was officially declared a pandemic by the World Health Organisation on 12<sup>th</sup> March 2020. Viral shedding occurs from respiratory tract, saliva, faeces and urine.<sup>1</sup>

The virus originated in Chinese horseshoe bats (*Rhinolophus sinicus*), and became pathogenic to humans via zoonotic transfer upon ingestion at a wet market.<sup>1</sup> Common symptoms which have been reported include dyspnoea,

cough, pyrexia, anosmia, chest pain and dysguesia. Management is purely symptomatic, often requiring respiratory support or multi-organ support in an intensive care setting.

New variants have emerged over time, resulting in a variation in symptomology, and in presentations to health care professionals. Understanding of the disease is evolving on a daily basis, and it will take many years to fully understand it's pathogenesis and natural history.<sup>2</sup>

The advent of vaccinations has dampened the impact of the virus in developed countries. Although, many developing countries and healthcare systems are still struggling with access to vaccines and vaccine hesitancy among their populations.<sup>3</sup>

Two previous Coronavirus outbreaks occurred in recent times. Severe Acute Respiratory Syndrome (SARS) was first described in 2002, but had dissipated by 2004 with 774 total deaths.<sup>4</sup> The Middle East Respiratory Syndrome (MERS) emerged in June 2012, and was thought to be due to zoonotic transfer from camels and camel products to humans, resulted in 893 deaths.<sup>5</sup>

Although the World Health Organisation (WHO) lists MERS as a potential cause of a future epidemic, neither previous strain posed as much of a public health risk as SARS-CoV-2, which at the time of writing has resulted in 554 million infections, and 6.35 million deaths worldwide. Little research was carried out on either previous infection, with regard to their impact on dental education.<sup>6</sup>

Dentists are classified as “very high-risk” for exposure to droplet borne respiratory viruses, such as Covid-19, due to the need for close contact with patients, sometimes for extended periods of time, and aerosol generating procedures, or AGPs, being commonplace, which pose the highest means of transmission.<sup>7</sup>

#### *4.2 Effects on Dental Education*

Universities are traditionally a place where students and staff assemble. Primarily for academic purposes, but also to socialise, to engage with sports clubs and societies, and to contribute to the wider University experience. Lecture halls and seminar rooms have formed the bedrock of such academic institutions since their formation. Although learning techniques may have

changed somewhat, from a more didactic approach to encouraging group and self-directed learning, the need for personal contact has traditionally been integral to third level education.

Dental Schools throughout the world were therefore disproportionately affected by the Covid-19 pandemic. As both academic institutions and healthcare settings training the next generation of General Dental Practitioners, Dental Schools were tasked with attempting to continue to teach a practical, vocational course within the remit of a constantly changing macrocosm and increasingly stringent Covid-19 restrictions.<sup>8</sup>

Dental Hospitals have a duty of care to their students, their staff and their patients, with wellbeing of all groups paramount in the implementation of new policies and procedures. Students would traditionally work in close proximity to one another, often taking turns as operator and assistant in clinical sessions. Since Covid-19 is spread via such close contact scenarios, practical dental education poses a high risk of transmission.

Measures introduced to minimise the transmission of the virus within a Dental Hospital environment would likely have a profound effect on undergraduate exposure to, and experience in, Oral Surgery. The wave of Covid-19 restrictions which were implemented, such as social distancing, spacing of appointments, decontamination after AGP's and increased use of personal protective equipment (PPE), among many others, led to significantly reduced clinical exposure. This was coupled with staff, student and patient absences due to infection or self-isolation, with scheduled appointments having to be rescheduled or cancelled at short notice.

Students expect to have the opportunity to graduate in a timely fashion, and often travel internationally at great expense for the opportunity to study Dentistry. Students may want to continue on to foundation year or house officer roles, all of which is dependent on meeting a defined standard level of understanding and experience. Any delay in graduation would prove hugely expensive to both students and Universities, which would still be expected to accept an intake of first year students at the commencement of their course.<sup>9</sup>



Dental students rely heavily on practical learning. While a core foundation of theory and scientific knowledge is essential to a competent graduate, there is an increasing emphasis on the practical elements of Dentistry as the undergraduate course progresses. The applied skills that are required to be mastered to be able to practice independently as a Dentist necessitate first-hand experience, performing procedures of increasing complexity on patients.<sup>10</sup>

Due to the restrictions adopted at an institutional and national level, those dental students in their fourth and final undergraduate years had their clinical experience disrupted to a greater extent than their pre-clinical colleagues.<sup>9</sup>

#### *4.3 Undergraduate Standards in Oral Surgery*

Although there is not a minimum number of dental extractions required to be performed in order to be deemed competent to graduate, DDUH students are expected to achieve indicative numbers of approximately twenty dental extractions before completion of their undergraduate training.

There has been a recent departure from quantitative targets for numbers of procedures performed in order to be deemed competent.<sup>11</sup> Recent guidelines from the UK advise close supervision of operative performance, and practical assessments to establish a student's ability. This allows early identification of those students requiring additional support, as well as students who are capable of progressing to more advanced procedures.

A minimum standard of competence with routine dental extractions is expected.<sup>12</sup> The "gold standard" for undergraduate Oral Surgery ability includes surgical management of failed extractions, raising a mucoperiosteal flap, bone removal and suturing, as well as minor soft tissue surgery. This standard is difficult to achieve given the limited time frame and the necessity for group supervision.<sup>13</sup>

#### *4.4 Novel Teaching & Learning Methods*

Dental Schools had to quickly adopt new methods of teaching and learning, in order to navigate the restrictions while still progressing undergraduates through their course, with a view to timely graduation. Lectures and tutorials,

which were traditionally held in-person, were switched to online meeting platforms such as Zoom and Microsoft Teams.<sup>14</sup>

Undergraduate examinations traditionally used a “closed-book” format held in an examination hall. Due to the impact of Covid-19, examinations were also held remotely, with an “open-book” format being employed as a new departure in undergraduate education.<sup>15</sup>

The multitude of educational changes that were forced upon teaching hospitals and undergraduate students alike had never been previously trialled or verified. The clinical dental years are always a stressful time for dental students, who are keen to acquire the necessary practical skills and relevant knowledge to graduate feeling confident that they can independently perform all that is expected of a competent General Dental Practitioner. In doing so, they must be able to safely perform AGPs, despite the very high risk for transmission of infection.<sup>16, 17</sup>

Oral Surgery is a very practical field of Dentistry, with aerosol generating procedures (AGP's) commonplace. Such a specialty also lends itself to

practical teaching opportunities and clinical-style examinations. Remote teaching and examining of Oral Surgery may therefore be more challenging than other disciplines within the undergraduate dental course.<sup>18</sup>

This study aims to assess how the changes in undergraduate education brought about by Covid-19 restrictions were perceived by a group of dental students who experienced them first hand, with particular interest in their experiences within the Oral Surgery Department.

# 5. Literature Review

## 5.1 Introduction

The Dublin Dental University Hospital (DDUH), as like many others, provided an 'emergency only' service for two months, from mid-March 2019 to mid-June 2019.<sup>31</sup> Undergraduate students did not attend clinics or practical sessions during this time. Lectures were held online, and summer exams were carried out with students at home utilising an "open-book" format.

From 13<sup>th</sup> June 2019, students were allowed to return with many restrictions on their clinical practice:

- Significant reduction in numbers of students and patients per clinical session
- Shorter appointments where possible, with treatments broken up over a number of visits
- No patients in the waiting room
- Avoidance of Aerosol Generating Procedures (AGP's) where possible<sup>32</sup>
- AGP's carried out in designated clinics in single surgeries / theatre

- Routine 'fogging' of clinics after each session or after an AGP
- Mandatory use of Personal Protective Equipment (PPE):
  - Surgical masks worn throughout the hospital
  - FFP2 / FFP3 masks when treating patients
  - Disposable surgical gowns
  - Visors
  - Surgical caps
- Restrictions on number of people allowed to congregate in rooms and open areas (calculated based upon the dimensions of each individual room / area)
- Social distancing of staff / students / patients

Restrictions were slowly lifted throughout the course of the pandemic, in line with public health advice and following widespread vaccination. Surgical masks are still worn as a matter of routine.

Students who were in final year at the onset of the Covid-19 pandemic in March 2019 had completed the vast majority of their clinical teaching before restrictions were implemented. Even though the Dental Hospital had no on

site undergraduate teaching, this group only missed approximately six weeks of clinical sessions before sitting their final exams.

The class who were in their fourth dental year in March 2019 (i.e. the graduating class of 2021) were the year group most significantly impacted. They missed the same clinical period at the end of their fourth year, and had restrictions on their clinical sessions throughout their final year. They also experienced the most upheaval in the methods of teaching and examination, as new and, in many cases, previously untested methods were suddenly required to replace the formats they had been accustomed to.<sup>33</sup>

There was a particular interest in their experiences within the Oral Surgery Department. Some of the pertinent areas that were explored are outlined below:

- Did the class of 2021 feel they had missed out significantly on clinical training?
- Did they feel they were able to mitigate the clinical time missed as restrictions eased?
- Did they feel confident in their ability extract teeth?

- What were their thoughts on the remote teaching methods used?
- How was their experience with “open-book” examination methods?
- Were there ways to mitigate their missed experience post-graduation?

## *5.2 Objectives*

The objectives of this review were to evaluate the current academic literature, with a view to establishing the following:

1. To assess what research had been conducted on the effect of Covid-19 on undergraduate dental education, and specifically Oral Surgery.
2. To identify gaps in the literature that may highlight the need for further study.



### *5.3 Methodology*

#### *5.3.1 Search Strategy*

An electronic search of the academic literature was performed through PubMed and The Cochrane Library in June 2020, with a view to identifying articles relevant to answer the objectives outlined. Searches were not restricted based on study type, subject size or date of publication.

Search terms used to identify potentially relevant research included:

- “((COVID-19) OR (COVID 19) OR (Coronavirus) OR (SARS-CoV-2)) AND ((Dental Education) OR (Dental Training) OR (Dental School) OR (Dental Hospital))”

Results were ordered by 'best match' and all results returned were subsequently analysed.

#### *5.3.2 Study Selection*

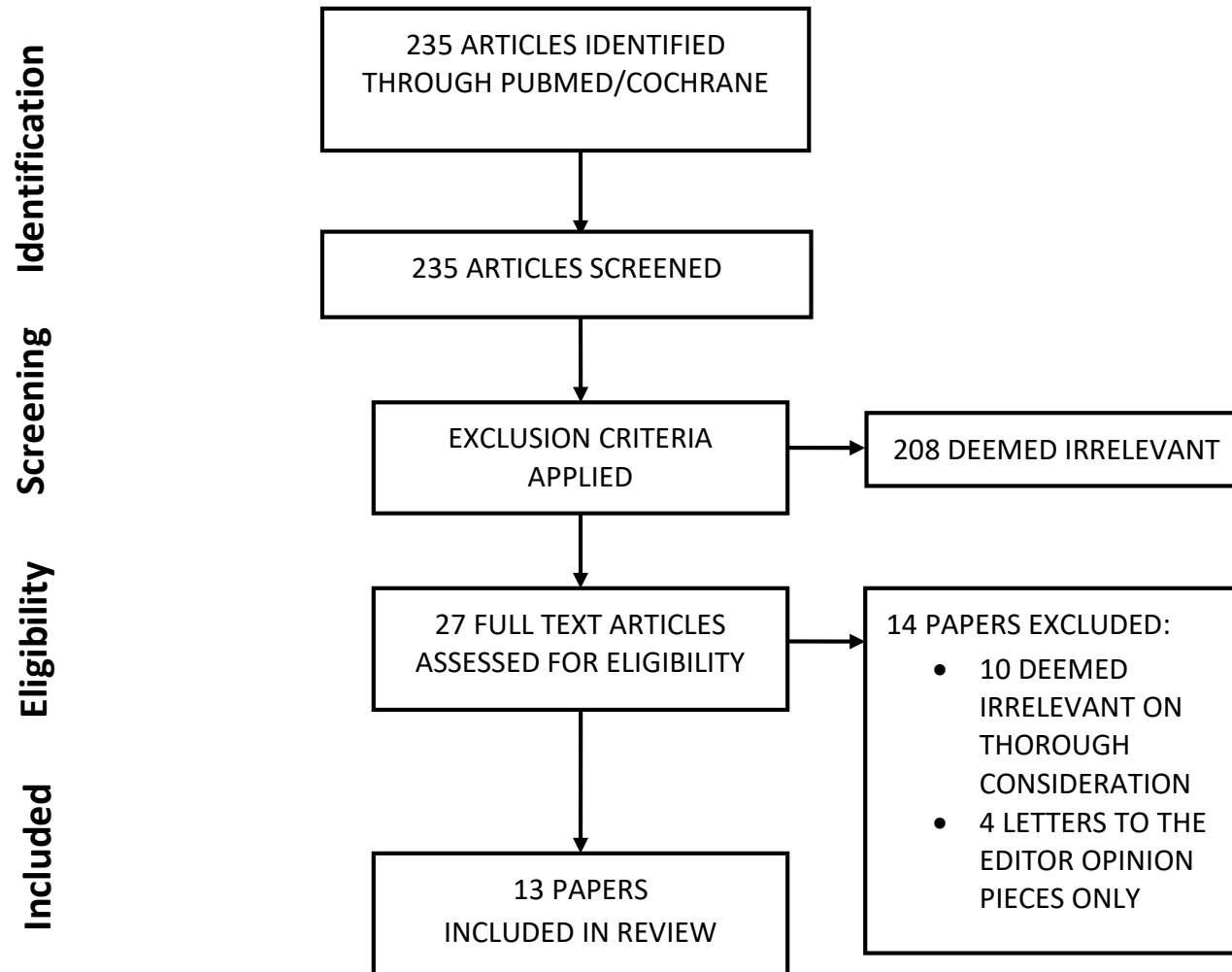
An indiscriminate search produced 235 results (1st stage). Papers that fulfilled requirements for inclusion in the study were identified, initially

assessed via title and abstract (2<sup>nd</sup> stage) and subsequently when considering each article in its entirety (3<sup>rd</sup> stage):

- Deemed relevant to the objectives of the review.
- Written in the English language.

Of the 235 papers identified at 1<sup>st</sup> stage, 208 were excluded based on the criteria outlined above. Due to the paucity of studies specific to Oral Surgery education, we decided to include all papers relevant to dental education in general.

27 papers were thoroughly assessed at the third stage, and a further 14 were deemed irrelevant to the subject area or exhibited a distinct lack of supporting evidence. The resultant 13 papers were considered eligible for inclusion in the study.<sup>7, 19-30</sup>



## *5.4 Discussion of Literature*

### *5.4.1 Effect of Covid-19 on Dental Education*

As expected, there was a lack of long-term prospective studies analysing the effect of Covid-19 on dental education.<sup>7, 19</sup> The evidence base was limited to expert opinions and working group theories. In such a dynamic scenario, even those experts most informed were theorising based upon limited information regarding the long-term effect of this virus on dental training, such as financial implications on institutions and students.<sup>20</sup>

Covid-19 has put pressure on health systems throughout the world, has had a profound effect on the global economy, and has provided a challenge to academic institutions.<sup>21</sup>

Training students in a clinical discipline such as Dentistry in the context of the Covid-19 era poses a difficult scenario for academics. There is a role for online learning and remote assessments, but a student's ability to perform the necessary practical tasks of the profession must be developed cumulatively throughout their clinical years with first-hand experience.

In Ireland, two institutions are recognised by the Dental Council for the purposes of training undergraduate dental students, Trinity College, Dublin and University College, Cork. On completion of the five-year degree course, students must demonstrate a minimal level of knowledge and clinical ability in order to be deemed safe to practice independently.

Additionally, academic staff members will be affected to varying degrees based upon their own personal circumstances. For example, home schooling children or caring for vulnerable relatives will mean they have less time to devote to their teaching activities.<sup>22</sup>

Dentistry has always been a traditional vocation, steeped in history and an established means of education and practice. The introduction of Covid-19 into the sphere has led to many of these long-held convictions being challenged, with a necessity to adapt and innovate in our means of training the dentists of the future.<sup>23</sup>

At the epicentre of examination in any field are the values of objectivity and fairness. The use of live patient examinations in Dentistry has long thrown a variable into the proverbial mix, and there have been utterances to retire such examinations in favour of more standardised techniques such as Objective Structured Clinical Examinations (OSCEs) for at least ten years now.<sup>24</sup>

Schools are facing the challenge of ensuring competency is assessed in novel formats, such as “open-book” examinations, online assessments and problem solving, as opposed to rote learning. Student studies have stated that they would prefer to be judged on a continuous assessment basis throughout their clinical years, rather than a high-stakes, all-or-nothing final examination schedule.<sup>25</sup>

Telemedicine has become increasingly popular in recent years, with evolving technologies allowing virtual consultations, and even remote operating, with the Da Vinci robotic surgical system, for example.<sup>34</sup> Multi-Disciplinary Meetings (MDTs) are often linked via online conferencing software, and laboratory results are now routinely communicated electronically. Teledentistry has become an area of growth within the profession, but to a

lesser extent than our medical colleagues. This involves the use of communication technology to remotely provide dental care services, for example consultations, investigations, diagnosis and patient education. It provides a useful tool to initiate a patient interaction, but at present definitive diagnosis requires an in person assessment and treatment for dental pathology.<sup>26</sup>

Teledentistry has been used for onward referral by General Dental Practitioners to specialists, and providing oral health advice to members of the public. Virtual consultations are of limited value without being able to examine a patient's mouth, and there are data protection / GDPR considerations with transferring patients' personal data via electronic means.<sup>27</sup>

#### *5.4.2 Changes to Teaching & Learning*

With the onset of Covid-19, there has been an exponential increase in the use of online resources for teaching and examination of undergraduate dental students. Platforms such as Zoom and Microsoft Teams have quickly been adopted for lectures and tutorials, and "open-book" examinations submitted

through software such as Turnitin have had to replace traditional examination halls. Such new platforms can be assessed for use in future dental education.<sup>28</sup>

Once the effects of the current pandemic lessen over time, these changes in teaching and learning may well have a place in dental education into the future. While hands on practical skills obtained while working in a patient's mouth can never be replaced, educational technologies are constantly evolving to become more true to life, and virtual reality simulation is likely to become part of dental education at some point in the future.<sup>35</sup>

#### *5.4.3 Personal Protective Equipment*

The use of personal protective equipment (PPE) has always been integral to the practice of Dentistry, working in close proximity to a cavity naturally populated by microbes and regularly being exposed to aerosol spray emanating from this contaminated environment. Standard precautions such as gloves, masks and safety glasses are familiar to all within the profession, but in response to Covid-19, health agencies throughout the world have been constantly updating guidelines for dentists regarding appropriate PPE, such as



the HSE's Guidance on Covid-19, and specifically "Guidance on Managing Infection Related Risks in Dental Services."<sup>29,36</sup>

The requirement for enhanced protection provides a further barrier to dental education.<sup>37</sup> Such equipment comes with significant cost implications, consumes clinical time which may have otherwise been used for teaching, and incorrect donning and doffing of PPE poses a health risk to our patients, staff and students alike.<sup>37</sup>

#### *5.4.4 Social Distancing*

Social distancing and restrictions on the number of persons able to be present within a confined space will also impact students' ability to gain practical experience. When in-person clinical sessions return, there will be strict regulations to minimise person to person contact, which will likely result in fewer procedures performed per dental student throughout the course of their clinical training.

The inability to congregate in groups also affects students' ability to learn from their peers, through pair-work in the clinic, watching their colleagues treat patients, to informal queries answered in the corridor or over lunch.<sup>30</sup>

Dental Schools, as part of a wider University body, have a duty of care to their students. It is paramount that the necessary supports and safeguards are put in place, to protect our students and minimise the effect of the unprecedented set of circumstances within which we currently find ourselves. This includes providing clear and relevant information relating to their course and progression at an early stage, counselling and psychosocial supports where necessary, flexibility with regard to absences and delays in meeting deadlines, as well as delivering educational resources of a consistent standard, despite a constantly changing macrocosmic landscape.

This review of the literature, performed in June 2020, identified that there were no prospective studies relating to the effect of Covid-19 on undergraduate education in Oral Surgery at the time. Studies included in the review were opinion based, prospective and based upon expert opinion only.

# 6. Methods

## *6.1 Aim*

This study assessed the perceived impact of Covid-19 on dental students who studied in the Dublin Dental University Hospital during the current Covid-19 pandemic, specifically the graduating class of 2021.

## *6.2 Methodology*

### *6.2.1 Inclusion Criteria*

All registered final year dental students attending the Dublin Dental University Hospital, Trinity College Dublin in academic year 2020-2021 were invited to participate on a voluntary basis. There was no incentive offered to participate and students were not disadvantaged in any way by choosing not to participate.

### *6.2.2 Training in Qualitative Research*

At the commencement of the study, the lead researcher undertook training courses with regard to conversational interviewing in qualitative research, and in qualitative coding and thematic analysis. Due to the restrictions imposed due to Covid-19, in person training was not possible, so online courses were undertaken.

Edx is an online course provider created by Harvard University and Massachusetts Institute of Technology (MIT). The platform hosts online University level courses to a worldwide student body.

The course undertaken was “Qualitative Research Methods: Conversational Interviewing (MITx – 21A.819.1x)”.<sup>38</sup> The course covered the following topics:

- The Science of Social Science
- Qualitative Research and the Research Process
- Establishing Validity in Qualitative Research
- Interviewing as Data Collection
- Drafting an Interview Protocol

- Interviewing Techniques
- Logistics of Interviewing
- Ethics & Human Subject Research

Before data analysis was performed on the focus group transcripts, a further course was undertaken with regard to qualitative coding.<sup>39</sup> This training course was provided by the proprietary software company (Delve) that was used for thematic analysis. Areas covered included:

- What is qualitative coding?
- Deductive and inductive coding methods
- How to prepare data
- Creating initial codes
- Deciding what to code
- Deriving themes
- Writing your narrative

### *6.2.3 Data Collection*

The “Consolidated criteria for reporting qualitative research” (COREQ) checklist was referenced when designing the study. This is a 32-item checklist which guides the research team in designing the study method, the context of the study, in describing findings, in analysis and interpretation. This provides a validity and reproducible methodology to qualitative research.<sup>40</sup>

The study was carried out via online focus groups with final year dental students:

- Focus groups with 5 students per group
- 20-30 minute sessions
- Topic guide to encourage relevant conversation
- 20-25 participants likely required to reach “data saturation”<sup>41</sup>
- Transcribe conversations, code and identify themes
- Draw conclusions from themes which emerge

A topic guide was designed to encourage relevant semi-structured discussion around the areas of interest to the researchers. This was used as a guide only

and did not prevent free flowing conversation between participants. The topic guide was also adapted as the focus groups progressed, based upon the responses given.

The topic guide was initially designed by two members of the research team based upon the aims of the study and the areas of discussion of relevance, using similar qualitative studies as a point of reference. This topic guide was then trialled in a pilot study with house officer staff of the DDUH. Following this, the researchers adapted the topic guide to focus more specifically on the teaching and learning aspect of changes in dental education. The topic guide was also reassessed following each focus group, and adjustments made based upon participants' responses.

The initial topic guide used included the following lead-in questions:

- How have you found your Oral Surgery training pre-COVID?
- Do you feel you have performed enough extractions before graduation?
- Discussion of good and bad experiences in the Oral Surgery Department

- What do you think the impact of Covid-19 will be on your training in Oral Surgery?
- Will taking out teeth be more challenging with restrictions?
- Do you find online/remote learning effective in Oral Surgery?
- How did you find the “open-book” examination format?
- Did you experience any technical difficulties?
- Is there anything the University could offer to increase your confidence level in Oral Surgery procedures post-graduation?
- Open forum / time for questions

#### *6.2.4 Ethical Approval*

Ethical approval was therefore sought at a local level through the Dublin Dental University Hospital Research Ethics Committee (Level 1 Ethics) in June 2020. Ethical approval was granted on 16th October 2020.

Final year dental students were informed of the study and given the option to participate on a voluntary basis. An invitation e-mail was distributed using the ‘5th Year Dental Science’ group already established on the DDUH Webmail



system. This means of communication is regularly used within the Dental Hospital for academic means so its use was appropriate in this setting. The e-mail text contained a brief synopsis of the research project design, methods and areas of interest. Contact details were provided, asking recipients to volunteer to participate in the research project.

Invitations to participate in each focus group were then sent to those students who responded, the first five students who agreed to participate were included in the first group, the next five respondents formed the second group, and so on until all six groups were filled. All subjects who agreed to participate in the study were included.

#### *6.2.5 Voluntary Participation*

Participants were informed of the option to withdraw from the study at any time and for any reason, without having to give an explanation. This information was included in the participant information sheet and was made clear verbally at the onset and throughout the study.

### *6.2.6 Informed Consent*

Written informed consent was obtained from each participant prior to entry to the study. Participants were given information explaining how their data will be used. They were given opportunities to discuss any concerns about the use of their personal information with the research team – a telephone contact number for the lead researcher was made available.

### *6.2.7 Confidentiality*

All personal information was coded and anonymized as far as possible. Comprehensive procedures were put in place to ensure that data was held securely, including the use of encrypted computers and other devices with appropriate levels of password protection.

### *6.2.8 Data Protection*

A data protection risk assessment was carried out, and this study was deemed to be low risk to participants for the following reasons:

- No participants were sourced from vulnerable groups
- This was not a health research study and did not impact on health services or on patients directly

- There was no health intervention
- No personal or sensitive data was sought
- No requirement for Data Protection Impact Assessment
- No samples were taken, no genetic testing was performed
- No contractual arrangements were required

A copy of the data protection risk assessment is included in the appendices of this study.

Focus groups were recorded, saved on a DDUH encrypted computer, and deleted post transcription. Transcripts from focus groups were pseudonymised with a participant number assigned to each candidate. The Principal Investigator only had access to the key, which was kept in a locked drawer in DDUH. Personal data contained on consent forms was also kept in a locked drawer in a locked office in DDUH.

The contact details of the principal investigator were provided in the participant information leaflet. Participants were able to access their own individual contributions on request at any time before the completion of the

study, and could rectify / remove any comments they wished, before analysis of the pseudonymised data commenced (on completion of all focus groups). This was stated clearly in the participant information leaflet.

If the participants wished to exercise their rights under GDPR, they were to make contact and their contribution(s) would be deleted or excluded from processing. If they wished to obtain a copy of their own contributions, this was provided to them in hard copy format. Participants were not profiled based on the data they provided, but if any participants had concerns regarding this, they were advised to discuss their concerns with the principal investigator. No participants made contact with the researchers regarding data protection before transcription, pseudonymisation and deletion of the focus group recordings.

#### *6.2.9 Qualitative Coding and Thematic Analysis*

Qualitative coding is the process of labelling and organizing qualitative data to identify different themes and the relationships between them. Coding qualitative research to find common themes and concepts is part of thematic

analysis. Thematic analysis extracts themes from text by analysing the word and sentence structure.<sup>42</sup>

The benefits of qualitative coding are as follows:

- Increases credibility
  - Gives organization and structure to data, allowing it to be examined in a systematic way
- Decreases bias
  - Qualitative coding enables awareness of potential biases in the way data is analysed
- Accurately represents participants
  - Helps to avoid over representing one person or group
- Enables transparency
  - Allows other researchers to methodically and systematically review the analysis performed<sup>43</sup>

Once transcribed, a proprietary software package, Delve (<https://delvetool.com/home>) was used to code the data and undertake thematic analysis.<sup>44</sup> Comments from participants were coded to facilitate in

identification of themes which emerged from the groups. Codes were initially constructed by the lead researcher, identifying similar topics of conversation arising from the focus group transcripts. The codes developed were verified by a second member of the research team. Content analysis was performed to organise similar codes into themes, allowing conclusions to be drawn based upon these incipient trends.

## 7. Results

### *7.1 Logistics*

Focus groups were carried out between May and June 2021, as students would be best able to assess experiences towards the end of their training. There was a window of opportunity between written and clinical exams, where final year students had reduced time constraints and would likely be more able and willing to participate.

It was decided to hold six focus groups (with 30 participants in total) to ensure data saturation within this narrow window of opportunity. Once the final year students graduated, it would be more difficult to organise such groups, and students' perceptions of their experiences may be skewed by their results.

Thirty participants were enrolled in the study, all final year students who responded to the introductory e-mail and agreed to participate by returning a signed consent form were included in the study, with no dropouts. Of the thirty participants, sixteen were female and fourteen were male. There were

six mature students who volunteered. Eighteen of the study group were Irish, twelve were international students.

There was excellent engagement in the focus groups overall. Students were vocal and keen to express their opinions.

There were some connectivity issues:

- Interviewer's wireless internet dropped during one group, leading to a 10-15 minute delay in restarting the session
- One student was travelling on a train and intermittently lost connection, with audio and video delays as their signal varied during the journey, often making their comments difficult to interpret and transcribe

Two students also had to leave the group early to break their fast for the end of Ramadan, but completed the majority of the meeting. There was a varied input by participants, with some very vocal, others contributing very little, and one participant who did not comment at all.



Following completion of the focus groups, the audio of each group was transcribed verbatim using a freelance transcriptionist service available through Trinity College, Dublin. Each group was pseudonymised to Participant 1 (P1), Participant 2 (P2), etc. and focus group recordings were deleted post transcription.

## *7.2 Qualitative Coding and Thematic Analysis*

The Delve tool was used to perform qualitative coding, identifying themes between focus groups and participants' comments. Data saturation was achieved with little or no new codes emerging from the fifth and sixth focus groups. Some outlying comments were considered in isolation.

Themes will be discussed individually below.

### *7.2.1 Experiences in Oral Surgery Before Covid-19*

The class of 2021 were in the second half of their fourth dental year when Covid-19 restrictions were implemented. They had experienced a "normal" introduction to the subject and would have ascertained practical experience in Oral Surgery assessment clinics, local anaesthetic sessions for minor

procedures, and assisting in more advanced procedures in Day Theatre. It was important to understand their baseline experience, in order to quantify the perceived impact of Covid-19 on their training.

Overall, participants felt their exposure to Oral Surgery procedures before the onset of restrictions was sufficient. However, many mentioned that their first exposure to the specialty was in a local anaesthetic minor procedures clinic, without any prior lectures or teaching of basic principles (such as performing a surgical scrub), common instruments and routine procedures.

*“I think the first session we had biopsies and we had never scrubbed up before, and it was the nurse that had to show us how to scrub up and we were expected to do it, but we had no idea how.”*

### **Meeting 6, Participant 3**

The general consensus from participants was how beneficial a formal introduction to Oral Surgery would be, at the start of the fourth dental year. They highlighted the benefit of teaching sessions discussing common procedures, Oral Surgery instruments, scrubbing, simple vs surgical

extractions, principals of flap design and radiographic analysis, before commencement of practical clinics.

*“A quick half an hour thing on what instrument does what, what way you put that in, what is a contact point or application point, that kind of thing? Just something really brief, it would be quite helpful to begin with, I think.”*

### **Meeting 5, Participant 5**

*“One or two practical sessions before we would just be thrown into clinics would be good, or even just a lecture on everything that we need to know the basics of, even if we’re not practically shown how to do it.”*

### **Meeting 6, Participant 3**

Despite not having an introductory theory session, participants commented that they felt they were able to adapt quickly and had good exposure to common presentations and procedures, with opportunities for practical experience varying somewhat between supervisors.

*“I thought we had a really good amount of locals clinics before COVID. I thought we were getting a lot of exposure.”*

**Meeting 3, Participant 1**

*“We got a lot of exposure to third molar assessments and stuff at the time. I thought the teaching was good and locals was really good as well, getting to do extractions.”*

**Meeting 5, Participant 1**

*“I think it was really dependent on what supervisors we had as to what we were exposed to.”*

**Meeting 4, Participant 1**

## *7.2.2 Experience in Oral Surgery After Covid-19*

### *7.2.2.1 Comments Regarding Clinical Experience and Ability*

Students were aware of the fact that they were likely to qualify with reduced patient contact and clinical training hours than previous years.

*"I think we missed about ten weeks of that last term in fourth year, and then we came back in September and we had a lot less clinics."*

#### **Meeting 5, Participant 4**

*"I've probably done two molar extractions and, you know, that's something that going into practice I'm going to be a little bit nervous about."*

#### **Meeting 2, Participant 5**

*"I think everyone should be doing twenty-five plus extractions and that hasn't been the case."*

#### **Meeting 1, Participant 5**

As a result of reduced clinical hours, there were many comments regarding a perceived lack of clinical experience gained among the year group. Their main concerns centred around the ability to assess the need for, and ability to perform surgical extractions, knowing what cases are appropriate for the General Dental Practitioner, and which cases to refer on for specialist level care.

*“Knowing for us how to assess whether or not we will be able to do it in general practice or it should be referred...so maybe distinguishing between extractions that we would be able to do versus ones that should be referred on.”*

#### **Meeting 1, Participant 4**

With reduced clinical hours throughout their training, many participants commented that their ability to ascertain first hand operator experience varied according to the attending supervisors within the department. Some demonstrators would allow a large amount of autonomy, whereas others would perform the procedures themselves, with students assisting or observing.

Students in the DDUH perform simple extractions on Restorative clinics, if the clinical supervisor deems it appropriate. Numerous students commented that this practice stopped with Covid-19, due to the risk of progression to a surgical extraction and the need to perform an aerosol generating procedure (AGP), restricted to a single surgery and enhanced infection control protocols.

*“I think some of the supervisors are better for letting us do things, because obviously we’re under pressure to get competences and numbers and stuff signed off, but sometimes they kind of take over and you’re just watching for the whole morning, whereas some of them will let you do everything and then it’s easy enough to get what you need done.”*

#### **Meeting 5, Participant 4**

*“Who’s supervising you has such a big difference on the treatments you end up doing and what you end up seeing.”*

#### **Meeting 3, Participant 1**

*“Some supervisors on the restorative clinics wouldn’t be comfortable with the students doing extractions, would send them all to locals. I actually had some supervisors saying to send it to locals in case it is a surgical, because we wouldn’t be allowed do any AGP”*

## **Meeting 2, Participant 2**

Students would also routinely attend the Day Theatre for exposure to more complex cases. Due to Covid-19 restrictions, the number of persons allowed in each theatre was reduced to six (including the patient). Students often split the session, some attending early for the first half of the operating list, with others scheduled to arrive later. The general view among participants was that this was actually beneficial, rather than having multiple students scrubbed for each case, and led to more involvement in the procedure.

*“I think the scheduling too is probably beneficial as well, having the split sessions...versus having a full module in there, which might be six to eight people, where you might not be able to see anything or do anything, versus just having one or two dental students in there, seeing a little bit more, doing a little bit more.”*



**Meeting 6, Participant 4**

Although feedback regarding time in Day Theatre was predominantly positive, participants commented on a wide disparity in scheduling. Some students were timetabled to attend “12 to 15” sessions, whereas others were scheduled to attend three. This varied considerably amongst modules within the class.

*“With Day Theatre, I only had four sessions this entire year. So I think our module in particular is quite big, there’s eight of us, so that’s why I had a few less than others.”*

**Meeting 4, Participant 1**

*“There’s just such a huge gap. The fact that P1 has been to ten, twelve more sessions than me is a little crazy.”*

**Meeting 2, Participant 5**

Although students' experience of operating rather than assisting varied widely, they found Day Theatre gave them exposure to interesting cases they wouldn't otherwise see, and found time spent here was beneficial to their training.

*"I'll just reiterate, when I was in Day Theatre, for me it was a really positive experience."*

### **Meeting 2, Participant 1**

Coming to the end of their undergraduate clinical training, and despite time lost with the pandemic, many students felt they had caught up significantly, and were confident in their ability to commence independent practice safely.

*"I think even if you spend another six months taking out teeth in locals or in A&E or something, I don't know how further on you'd be and you still have to make that leap to doing it out on your own."*

### **Meeting 4, Participant 2**

*“I’m a bit disappointed, because I think of course you have less experience compared to other years, but overall I think we still have sufficient training to be somewhat confident in the practice. But I still do feel like there will be some sort of disparity, if you compare it to pre-COVID times.”*

### **Meeting 3, Participant 5**

A small minority of students did state they felt they were not confident to extract teeth on their own. It is difficult to quantify if this is due to the effect of Covid-19, or whether this would be the case in any standard year group.

*“I don’t think I’d feel particularly confident to carry out a molar extraction if I had to do it in the morning on my own.”*

### **Meeting 4, Participant 1**

When reflecting on their clinical training overall, many participants suggested that of all the disciplines being taught, their Oral Surgery experience was least affected by the pandemic. There were many positive comments regarding students being facilitated to make the best of each clinical session, pushing on to get as much work done in a reduced timeframe.

*“I think overall we definitely made up for it, at least from an Oral Surgery perspective.”*

### **Meeting 6, Participant 3**

*“I felt that even people like supervisors were eager for us to get things signed off and for us to see things, because they knew we were limited too. So it’s kind of like everybody was on board with being efficient in the time that we did have, which I felt was good.”*

### **Meeting 4, Participant 1**

*“I think knowing that the pandemic was there and we’d miss so much gave us all such a massive kick up the butt to just get stuff done and to just not be afraid to do stuff and ask to do stuff, and I think that was nearly a good thing, because the amount of stuff we got done this year has been crazy, given how difficult it has been to do anything.”*

### **Meeting 3, Participant 1**

Despite participants feeling they had mitigated the effect of clinical time lost due to Covid-19, some students had interesting input into how the Dental Hospital could augment their training, and support them post-qualification.

Having on-demand video demonstrations of minor surgical procedures, such as removal of broken roots, was suggested. As was having a point of contact within the hospital for a defined period of time following graduation, as a safety net for advice and support.

*“Be nice to have a few people like that, that you could contact afterwards if you did have a really tricky case, that maybe you weren’t sure if you needed to refer or something.”*

### **Meeting 5, Participant 1**

*“If you do break a root, having guidance in terms of fishing it out, because that’s going to happen to us in practice, and you do need to fish it out, and knowing when to say this is too hard for me or when to say okay, go after it.”*

### **Meeting 2, Participant 1**

### *7.2.2.2 Comments Regarding Differences Between Clinical Groups*

Clinical modules varied in size and experience. Smaller groups appeared to have greater exposure to Oral Surgery procedures. Due to Covid-19 contact tracing restrictions, inter-module swaps were prohibited by the hospital. Absences due to sickness and close contact isolation could not be cross-covered and led to a disparity in clinical time spent in the department.

*“They were pretty strict with swapping and stuff like that. I think they were just like no, this is the rigid timetable because of COVID, they have to track who’s in which clinic.”*

#### **Meeting 2, Participant 2**

*“The smaller modules got to see more, basically, because we’re rotating quicker, whereas the module of eight would rotate slower.”*

#### **Meeting 2, Participant 2**

*“I would never compare myself within the year, I’d more so just compare myself within the module, because I think [differences] between modules is just too great.”*

### **Meeting 3, Participant 2**

The DDUH is linked with an Oral & Maxillofacial Surgery service in St James’ Hospital, Dublin, Ireland’s largest acute academic teaching hospital. Some students were placed there as part of their Oral Surgery rotation. There were many positive opinions given regarding this placement and the experiences therein.

Although, only certain modules were scheduled to attend, those that did felt it was interesting and worthwhile. Those in modules not included in the hospital rotation felt they had missed out somewhat. One module that was due to attend the OMFS Department in the hospital had their rotation cancelled due to Covid-19. Alternatively, those students who did attend felt they may have missed out on hands on clinical time, in local anaesthetic sessions in the Dental Hospital, for example, especially with reduced exposure secondary to Covid-19.

The general consensus was that one or two off-site sessions each, with everyone in the class being given the opportunity to attend, would be fairer and more beneficial to appreciate complex cases, such as oral cancer, without negatively impacting on time for first-hand experience.

*“I think going out at least once, it’s a great experience, just to see, and if that was something that you would like to do, I think it should be an option...if you’re going out every week it’s probably a bit of overkill, if I’m honest.”*

#### **Meeting 6, Participant 2 (Attended Hospital OMFS Rotation)**

*“It might make more sense to maybe instead of giving those three modules a full semester out there, maybe give all modules half a semester, so everyone can see it.”*

#### **Meeting 5, Participant 2 (Did Not Attend Hospital OMFS Rotation)**

*“I think our module didn’t have as much experience in Oral Surgery just because of that [placement].”*



**Meeting 1, Participant 3 (Attended Hospital OMFS Rotation)**

Covid-19 presented a unique set of circumstances for students and teaching staff alike. The DDUH had to adapt to a rapidly changing educational landscape, with no precedent to emulate. Restrictions on the number of persons per room, or students per clinic meant that some educational opportunities were lost along the way.

*“In A&E, if something interesting came in, maybe a lump or something like that that would be unusual, and usually you’d get everyone over to see it, just so you have that, that wasn’t often allowed because of the numbers.”*

**Meeting 4, Participant 2**

*“If you’re to be doing surgical extraction, it will only be three people allowed in the room. So that will be inclusive of patient, so in my experience, when there was one or two surgical extractions, one of us, either myself or (name) were to stand outside the room. So we didn’t really get to see what was going on inside the room.”*

**Meeting 4, Participant 5**

### *7.2.2.3 Comments Regarding Changes in Teaching Methods During Covid-19*

In the DDUH, academic teaching in Oral Surgery was traditionally delivered through Problem Based Learning (PBL) in the pre-clinical years, and via didactic lectures in fourth and final year. These were often held at lunchtime, between morning and afternoon clinical sessions. With Covid-19 restrictions, this was no longer possible. Lectures moved to a predominantly online format, often held in the evening, students logging in from home with a 7:30pm or 8:00pm start time, allowing staff and students time to get home.

Feedback regarding the move to online lectures was often perceived to be negative among the study group. Many found it hard to engage with an online lecture to the same extent that they would when attending in person.

*“I really struggle with online learning...I have a hard time self-regulating things like that? So the online learning stuff, for me I don't think I take it in as well. I don't think I register as much of it and don't think I find it as important to retain.”*

### **Meeting 2, Participant 1**

*“I wasn’t a big fan of the online lectures. I prefer in-person teaching, always. I just feel more engaged in it.”*

### **Meeting 5, Participant 1**

Students almost uniformly commented on the drawbacks of holding these lectures late in the evenings. Many found it particularly difficult to concentrate on didactic teaching after a full day in the Dental Hospital. Many felt that once they were home, their day as a student was finished, with numerous participants reporting that they took little from these teaching sessions due to fatigue.

*“I think certainly the evening lectures, just from talking to the class, I think half the class were asleep for most of them because there’s just no way to pay attention, seven o’clock in the evening after you’ve had your dinner and unfortunately most of them we couldn’t watch again, so I think a lot of that information was massively lost.”*

### **Meeting 6, Participant 3**

*“It’s hard to keep switched on, you nearly just want to have dinner and go to bed, the tiredness hits when you go home, do you know? And then we have lectures at seven, and sure you’re nearly falling asleep, not for the lack of wanting to be engaged, and they’re definitely well-delivered lectures. It’s just hard, because you’re just home, your day is done.”*

### **Meeting 5, Participant 1**

*“I did actually bring it up to some consultants, that it was very stressful and people were having a really hard time processing the information, taking it in, and even emotionally having enough time to recover from a day, to come in the next day.”*

### **Meeting 2, Participant 1**

Timing of lectures within the academic year was raised in all six focus groups. Lectures appeared to be weighted towards the end of final year, with many of these held in February and March. Students found this challenging, particularly when facing their final examinations very soon after. Numerous participants suggested holding such lectures earlier in the year, or spacing out lectures where possible.

*“We tend to get a lot of lectures, you know, closer to exams, and I know it’s trying to help us, but if it was before, you know, we can actually learn it and then we would have more time as well, versus, you know, later on in the semester when you’re trying to study and then you have these late time lectures.”*

### **Meeting 1, Participant 3**

*“We got bombarded with lectures from all of February and all of March. It was nearly every single night of the week, like you did not have time, and we were supposed to be studying after that.”*

### **Meeting 2, Participant 5**

When asked how teaching could be improved within the restrictions imposed due to Covid-19, many participants discussed the benefit of recorded, on-demand lectures. This would allow students to watch the lecture at a time that suited them, when they felt they were best suited to engage with the teaching and derive a better understanding as a result. A small bank of on-demand lectures was provided, such as in Oral Pathology, and feedback was

unequivocally positive. This was a very strong theme among all of the focus groups. Students also commented that this would prevent overlap and repetition between lectures and lecturers, which was noted by a number of participants.

*“A point of view of late evening lectures, you could probably avoid that if you had recorded lectures where maybe people could watch it when they’re re-energised on a Saturday morning or something like that.”*

### **Meeting 5, Participant 2**

*“Also I think that because there’s so much to cover, if it’s just a live lecture, sometimes you miss it. And so if it’s pre-recorded, at least you can go back to it and then write extra things down that you need to.”*

### **Meeting 5, Participant 3**

Participants also suggested that such on-demand lectures be augmented with a weekly tutorial or review session, in order to ask questions and to ensure engagement with the lecture programme. Other suggestions included use of technology to make these lectures interactive, with question boxes and online

assessments to encourage students to concentrate on the material being covered.

*“Maybe have like a couple of recorded lectures and then like an online assessment.”*

### **Meeting 1, Participant 2**

The overall consensus was that online lectures could be beneficial when students felt they were in a position to engage with the material, and a balance between online learning and in-person lectures would be preferable going forward.

*“I’d say they’ll probably realistically go back to some sort of hybrid, but I think it would be good to get in-person lectures going, just for your own sanity, you know?”*

### **Meeting 6, Participant 2**

Students were aware of the very particular set of circumstances within which they found themselves, and many commented that hospital staff made an exceptional effort to maximise teaching opportunities, ensuring essential material was delivered despite a constantly changing educational environment.

*“Obviously it wasn’t ideal, probably in-person is better, but I feel they probably did the best they could have, given the situation.”*

#### **Meeting 5, Participant 2**

*“So given the landscape, it probably worked as well as it could have.”*

#### **Meeting 5, Participant 5**

Comments regarding the variation in experiences of mature students were a theme which emerged from the focus groups. Some mature students, in particular, perceived themselves to be more motivated to learn than their younger counterparts, and felt they engaged more so with the online teaching and learning activities. A number of mature students who took part in the



research felt they were therefore less impacted, and more used to self-directed learning.

*“We come in hungry, for lack of a better term, you know what I mean? I’m here to work, I’m here to accomplish this goal, I’m going to work hard, I’m going to do this, whereas a lot of them don’t, you know, when you come in at seventeen it’s totally different, I’m sure.”*

### **Meeting 2, Participant 1 (Mature Student)**

#### *7.2.2.4 Comments Regarding Changes in Examination Methods During Covid-19*

Final year Dentistry examinations consist of both written examinations and practical examinations. The practical element was largely unchanged from previous years, but the written examinations in Oral Surgery were in an “open-book” format during Covid-19, where students could sit the examination from home, while being monitored remotely by staff members. They were advised to spend three to four hours on the examination, but had a twenty-four-hour period within which to do so. This proved to be a controversial topic among participants, with some students preferring the

traditional, “closed-book” format, with others embracing the new examination method, feeling it was more applicable to such a clinical course.

Some students reported spending upwards of twelve hours on the examination, others worked through the night in an attempt to perfect their answers. A few commented that when knowing they would be facing an “open-book” format, they found it harder to motivate themselves to study. Also, sitting the exam in their own homes seemed to dilute the formality associated with such an exam; participants in the most part felt it was an uncomfortable experience.

*“I would have much preferred being in the environment of other people. Doing it in our homes was so foreign and it was harder to get, I don’t know, it was just hard to feel like an exam.”*

### **Meeting 5, Participant 1**

*“You just don’t learn it as well or as clearly as you would have before. And it’s the weirdest thing because it’s like you’re doing all the same steps, it’s just not going in, and then you do have this little, it’s like you know the devil and the*

*angel. The angel's like, keep studying, the devil's like oh, well it's "open-book", you can just look it up, you know?"*

### **Meeting 2, Participant 5**

Participants stated that they found this style of exam particularly difficult to prepare for, and were not able to use past papers as a point of reference, as would normally be the case.

*"I think with the "open-book", that whole extra level of understanding and learning was never something that we had prepared for from day one, and I think it was actually quite a lot to put on people in final year."*

### **Meeting 4, Participant 1**

*"I feel we didn't really get any, well, very few sample questions that were really similar to what we were asked, or the style of question we were asked."*

### **Meeting 3, Participant 1**

There were a number of participants who also experienced technical difficulties during the examination, which they felt provided a distraction and a break in concentration. One student's computer shut down while being monitored by a staff member, another had problems logging in to the video conferencing software being used.

There were also a greater number of potential complications when sitting such an exam from home. One student had building works going on outside the house, another's family members didn't understand the nature of the exam and that the student was being remotely monitored, so continued to talk loudly outside the room.

Students undertook the examination from locations throughout the country, those in more rural settings mentioned they were particularly concerned with poor quality internet, and one student's small village experienced a lengthy power cut the night before the examination. This problem was resolved, but the participant commented on a heightened anxiety level due to such factors out with their control.

*“Yeah, it was still stressful, you’re just worried that your phone might die or wifi goes. That’s kind of out of your control, but when you’re sitting in a hall, there’s nothing like that.”*

#### **Meeting 5, Participant 5**

*“You’re already pretty stressed leading up to the exam and then you have some technical difficulties and you’re even more flustered.”*

#### **Meeting 6, Participant 4**

*“I found myself every five minutes having to check that I was still on. It was just a big distraction to be like, oh my god, am I still connected, have I lost it? Just felt like an extra thing to have to worry about during an exam.”*

#### **Meeting 3, Participant 1**

Despite some students stating they would have preferred a more traditional style exam, other students embraced the new format. Comments included that it was a more applicable style to the practical nature of the specialty, and more useful than rote learning in problem solving clinical scenarios.

*“I thought that required a higher-level kind of thinking, which I think is more practical in day-to-day situations...it helped you kind of train your mind-set in a different way.”*

#### **Meeting 4, Participant 5**

*“It’s quite realistic in terms of, you need a fairly good base on everything, but then if you’re just going, oh, what’s the dose I need to give here? In real practice, you’re going to look that up and you should be able to get it within thirty seconds.”*

#### **Meeting 5, Participant 5**

*“The types of questions are probably more important to know that we can answer them, as opposed to maybe being able to list whatever four or five things about a certain condition, and being able just to remember it on a given day. Probably makes more sense to be able to apply your knowledge into a clinical situation.”*

#### **Meeting 5, Participant 2**

## 8. Discussion

### *8.1 Effects on Education in Oral Surgery*

Thankfully, the effects of Covid-19 have lessened over time. With the advent of vaccines, immunological resistance to the novel coronavirus has advanced, at least in developed countries with high vaccine uptake. Many developed countries are still battling with both access to vaccinations, and with significant vaccine hesitancy within their populations.<sup>45</sup>

The majority of restrictions that affected dental students during the pandemic have been removed. There is still a requirement of mask wearing in all healthcare institutions, and within the DDUH FFP2 masks and visors are mandatory when performing AGPs. Social distancing, where possible, is still actively encouraged, and CO2 monitors are used to ensure adequate ventilation of treatment areas. On-site antigen tests are available to staff and students, and anyone testing positive is still required to self-isolate. The importance of good hand hygiene and cough etiquette is regularly reinforced.

In-person lectures and seminars were allowed to return in February 2022, and are now delivered in a similar fashion to that preceding the Covid-19 pandemic. Patients are now allowed to use the waiting room before appointments, student group sizes have returned to normal and clinics are back to regular capacity.

Despite the reversal of many of the changes made during Covid-19, there are many lessons to be learned from the experience, particularly with regard to teaching and learning, which can be carried forward into future dental education.<sup>46</sup> Virtual learning has increased in popularity and usage throughout the academic world, long before the onset of Covid-19.<sup>47</sup>

Dental education changed abruptly at the onset of the Covid-19 pandemic, with staff and students having to adapt to unprecedented methods of teaching and learning. Of all undergraduate degrees, Dentistry is the most practical, and so dental students were disproportionately affected when compared to their colleagues in other disciplines.<sup>48</sup> There are important lessons to be learned from the effect Covid-19 has had on undergraduate dental education.



Having experienced a unique period of dental training, this cohort of students was in a position to offer opinions as to which changes were thought to be advantageous and should be considered for long-term use, and which elements should be omitted after the effects of the pandemic ease.

Participants in the study did feel they had less clinical training during the pandemic, but still felt willing and able to practice independently towards the end of their final dental year. Two students did have reservations about their ability to perform Oral Surgery procedures independently, and stated that they would undertake further training post-qualification. Both Oral Surgery staff and dental students appeared to maximise teaching and learning opportunities, despite having to negotiate an undulating wave of restrictions.

When students returned to the DDUH full-time, clinical absences of students, staff and patients meant a loss of practical sessions throughout the hospital. There were strict limitations in place regarding attendance at specific clinical sessions, in order to log students' movements for contact tracing purposes. Scheduling was an arduous task during Covid-19, but there was a clear

disparity in student assignment to observe more advanced Oral Surgery procedures in the Day Theatre complex.

Students were forced to adapt to online learning, with this format having played little or no part of their undergraduate training to this point. Students generally found this to be a negative experience, with some exceptions. Participants in their final dental year felt that technology had some role to play in dental education, but recommended a return to in-person teaching once possible when restrictions ease.

Timing of online lectures in the evening was a particular challenge for students, who found their concentration levels had waned significantly after a day of clinical activity. The scheduling of lectures throughout the year also troubled participants, with a significantly increased workload of didactic material being placed upon them close to their final exams.

With regard to changes in examination methods, there was a divergence of opinion within the study group. The main concerns raised regarding “open-book” format exams tended to relate to a difficulty in motivating themselves

to study, when compared to a traditional “closed-book” exam. Students knowing that they had the option to source material proved a challenge in ensuring a profound level of recall of material. Interestingly, many participants stated they felt such rote learning was less important in a clinical specialty such as Oral Surgery.

Many students reported that the “open-book” style exam required a deeper level of understanding, and an ability to evaluate a topic and formulate an opinion, rather than regurgitating a learned list, which was forgotten after the examination. Some students felt this would provide a more useful exercise, as they prepared for independent practice.

Despite some students experiencing technical problems during the remote examination, no participants felt they had been disadvantaged as a result, and all completed the examination within the allocated time.

Data saturation is deemed to be achieved when the researchers are hearing no new information in relation to a topic. 15-20 participants are thought to be necessary in order to achieve this within conversational interviewing. A

total of 30 students were included in order to ensure data saturation would be reached.

## *8.2 Recommendations*

Below is a summary of the main points which emerged and recommendations made by students going forward:

- Hold a formal introductory tutorial in Oral Surgery before commencement of clinical work, outlining common procedures, basic instrumentation and first principals of operative technique, as well as discussing cases suitable for a newly graduated General Dental Practitioner, and those which should be considered for referral.
- Variation between supervisors was a strong theme, with some groups gaining more practical experience than others. It was suggested to have an 'observe, assist, operate' approach, where students would be assessed at each stage, so clinical supervisors can gauge a student's previous exposure.

- Students proposed that a member of the Oral Surgery team be available on a rota basis, available to supervise extractions being performed outside of the Oral Surgery department, such as on Restorative clinics.
- Split sessions in the Day Theatre were found to be beneficial, if smaller groups could be achieved. Students felt they were more likely to play an active role if one or two students were in attendance, rather than a full module of six to eight students.
- Time spent in the Oral & Maxillofacial Surgery Department, St James' Hospital, was thought to be hugely beneficial for a small number of sessions, but a full term was considered unnecessary and resulted in loss of first-hand operating time in Oral Surgery. A rota where the entire class is given the opportunity to attend and gain exposure to an acute public hospital was deemed preferable, but limited to two to three sessions each.
- An on-demand video resource with common Oral Surgery procedures would be useful to new graduates when practicing independently, as

well as a point of contact in the Dental Hospital to be able to discuss difficult cases.

- The dental A&E service within the DDUH was thought to be a useful source of acute cases for practical experience. Having the option of students attending at weekends to assist NCHDs running the service was suggested as a way of augmenting clinical exposure.
- Online lectures can be useful in some scenarios, but in-person teaching was deemed preferable. Where online teaching is implemented, students advise these lectures are not delivered in the evening, and are more evenly scheduled throughout the academic year.
- Recorded lectures were strongly preferred to live online lectures. Students felt having a resource to be able to reference multiple times would be very useful. This would also ensure that all relevant material was covered systematically, would reduce the workload on staff having to deliver the same lectures to each final year group, and would prevent repetition among lecturers. Students could watch these lectures at a

more convenient time, when they are best able to concentrate, depending on their own schedule.

- Where online lectures are utilised, a method of signposting or interaction is beneficial to maintain engagement, such as text boxes or MCQ questions. A regular open forum seminar could be used to discuss the content of the online lectures and address queries.
- Where “open-book” examinations are used, a shorter time restriction would prevent some students spending an excessive amount of time on a three-hour paper.
- Technical problems are difficult to mitigate in students’ homes. A proprietary remote examination centre could be utilised reduce the risk of such complications arising.
- “Open-book” style examinations may be of benefit in practical subjects such as Oral Surgery. The teaching material covered, and the critical thinking required may be more applicable to students’ day to day practice.

### *8.3 Comparative Studies*

Since undertaking this research, similar studies were carried out internationally. Thorpe *et al.* (2021) assessed the effect of Covid-19 on clinical experience and academic education in an Oral Surgery department in The University of Sydney, New South Wales, Australia. Their quantitative study found that there was no statistically significant evidence that dental students' clinical experience in Oral Surgery was reduced by Covid-19. They compared classes from 2017 through to 2020, and found that students in smaller class sizes ascertained greater experience in the Oral Surgery department when compared to their counterparts.<sup>49</sup>

Hattar *et al.* (2021) based at the University of Jordan, Amman, Jordan, evaluated dental students' opinions of online education during the recent pandemic, and reported reduced motivation with distance learning when compared to in-person lectures. In addition, it was reported that online assessments were not comparable to written examinations. Final year students also expressed a self-perceived readiness to perform a range of procedures independently, despite a loss in clinical time.<sup>50</sup>



Etajuri *et al.* (2022) circulated a questionnaire to undergraduate dental students at the University of Malaya, Kuala Lumpur, Malaysia. They reported that students adapted well to online education, but the quality of online teaching was perceived to be poorer when compared to in-person training. Students had reservations about their readiness to graduate on time due to missed clinical experience.<sup>51</sup>

Bock *et al.* (2021) conducted a questionnaire of undergraduate dental students in Aachen, Germany. They concluded that the pandemic had a positive effect on academic teaching, and a negative effect on clinical teaching and learning, but reported that the Oral & Maxillofacial Surgery department was the least affected within their Dental Hospital.<sup>52</sup>

Although studies now exist based on electronic questionnaires with quantitative data, this study is the first qualitative study of its kind to date. Despite the different methodologies used for these international studies, their findings are strongly aligned with the opinions of the students who participated in our study.<sup>53</sup>

#### *8.4 Strengths and Weaknesses*

The strengths of this study include a large sample size, over and above that which would have been required to achieve initial data saturation (approx. 15-20 participants). Those students who did engage were vocal in the most part, gave detailed opinions about the topics being discussed and made sound recommendations for the future, both where changes should be considered and where the current teaching and learning practices should remain.

Qualitative data can be difficult to interpret, as it is based upon convergence and divergence of opinions. There is no numerical data to perform statistical analysis, and it is impossible to prove statistical significance. The use of qualitative coding in this study increased the validity of the results obtained, enabled the identification of themes, helped to reduce bias and facilitated reproducibility for future research. Despite using proprietary software to aid in qualitative coding, the risk of operator bias still existed when selecting codes and in grouping codes during the thematic analysis. This weakness was reduced by two researchers agreeing on the codes selected.<sup>54</sup>

This study is representative of a particular point in time, carried out with a cohort of undergraduate dental students who endured a unique experience. It would therefore be difficult to replicate this study with a similar group in the future. Furthermore, there was the potential for subject bias, with those students with an active interest in Oral Surgery being more likely to participate in the study. The interviewer for the focus groups was a postgraduate student in Oral Surgery, and had no bearing on student examinations or results achieved at the final Dentistry examination. Despite this, he had acted as a supervisor in Oral Surgery local anaesthetic clinics, teaching a number of students who volunteered for the study. These students may have proffered the answers they perceived the research team were looking for, rather than their true opinions.

Having undertaken a course in conversational interviewing prior to holding the focus groups, emphasis on the interviewer remaining as impartial as possible was identified as a tenet of such qualitative research. Despite best efforts to adhere to a topic guide, the nature of focus groups leads to a conversational style between and among interviewer and participants alike. This can lead to the possibility that the interviewer's opinions have a direct

influence on students' responses, and therefore have an impact on the results obtained.

### *8.5 Further Research*

Although our participant group will be hard to replicate in future studies, there are still many areas where this field of research can be further expanded. Potential areas of study are listed below:

- A quantitative study of students' results in their final year Oral Surgery examinations, both academic and clinical, versus their counterparts in previous and future years. This would assess if there was objective evidence of a reduction in knowledge, understanding and clinical ability among students due to Covid-19.
- Repeat studies with subsequent class groups, to assess how the effect of Covid-19 on undergraduate education in Oral Surgery diminishes over time.

- Students from other Dental Schools could be recruited to elucidate similarities and differences in their experiences, compared to students within our hospital. One Dental School in Ireland remained closed to undergraduate students for a significantly longer period of time than the DDUH, and some Dental Schools in Scotland did not allow their final year class to graduate on time, adding an additional academic year to the course. The similar qualitative study using focus groups to discuss the experiences of these students would be interesting to compare and contrast with our study.
- This study could be replicated in developing countries, who are still struggling to control the spread of Covid-19 with limited resources, to assess if their dental students have had a comparable experience. Study groups could include recent graduates who were not affected by the pandemic to control for variations in the curriculum.
- A retrospective study to assess referrals from newly qualified GDPs (whose training was affected by Covid-19) to specialist Oral Surgeons, both in number and complexity, may identify a hesitancy to perform

dental extractions and minor procedures previously within the remit of general practice.

### *8.6 Future of Teaching & Learning in Oral Surgery*

We have all had to adapt to a multitude of enforced changes during the Covid-19 pandemic, we can only hope such circumstances are once in a generation. Education in general is constantly evolving, developing new methods and techniques as technology advances exponentially.<sup>55</sup> The use of technology was certainly expedited by the recent pandemic, but its' role in teaching and learning is here to stay. Our specialty of Oral Surgery should embrace such new departures, which may facilitate the acquisition of knowledge and clinical skills for our students.

New technologies currently being trialled in undergraduate dental education include the use of 3D printed simulation models constructed using Computer Aided Design and Computer Aided Manufacture (CAD/CAM) technology. Such technology is already used in Oral & Maxillofacial surgery, when creating surgical stents for resection of oral cancers and free flap reconstruction. Similar technology could be used to give junior students experience with dental extractions, implant placement, etc. with a realistic tactile experience, and without risk to patients. This would be a significant improvement from the phantom heads currently used, which give a poor representation of a real patient's mouth.

The use of at-home kits to improve manual dexterity, coordination and clinical skills could also be considered. Surgical trainees are often provided with takeaway procedural training sets, using cameras and Bluetooth technology to practice laparoscopic skills, suturing at depth, hand tying, etc. This is something that could be introduced at the commencement of clinical placements in Oral Surgery, to bring students up to speed quickly and improve their operative ability, meaning they can make optimal use of their time when exposed to patients in the department.

Virtual reality technology is an area of exponential growth, not only in social settings, but also in teaching and learning. Headsets, earphones and hand controls can give an immersive experience to the user, and is an area which could play a significant role in future dental education. Haptic technology, currently used in gaming controllers and smart watches to give tactile feedback, have been trialled in VR gloves to give a realistic sensation of touching virtual objects. This has been expanded to dental education, to give a life-like sensation of a pair of extraction forceps, and help students to gauge the technique and force required to extract an intact tooth, for example. Such technology has already been developed, and is an area of ongoing research.<sup>53</sup>



A combination of 3D printed training models and haptic enhanced virtual reality may one day replace the phantom heads that have been used to teach practical skills to undergraduate dental students for decades. Teaching and learning is constantly changing, no more so than over the last three years of Covid-19, and dental education must embrace these changes and new technologies in order to ensure undergraduate teaching in Dentistry provides graduates with the optimal skillset to enter modern, independent dental practice.<sup>56</sup>

## 9. Conclusions

Online education was a resource previously under-used in teaching the academic elements of Oral Surgery. The pandemic forced the implementation of such methods, but this study shows there is a place for the use of distance learning in our specialty going forward. Recorded lectures ensure a standardised delivery of accurate material, reduce burden on clinical staff and facilitate student learning at a time most convenient to them.

“Open-book” examination in Oral Surgery was a necessity due to Covid-19 restrictions. Participants felt that this style of exam required a different learning strategy and a varied skillset in order to be best prepared. Understanding the basic concepts, while knowing where to reference more complex information when required, may well be better suited to a very practical specialty such as Oral Surgery.

Covid-19 has had an effect on every aspect of our lives, with healthcare and education being two sectors which experienced the worst effects of the

pandemic. Oral Surgery training, as part of an undergraduate dental degree, sits at a crossroads between academia and healthcare, and so had to disproportionately adapt and overcome, in testing times, to ensure students were given every opportunity to graduate in a timely fashion, and with the skillset required of independent practitioners.

Out of every cloud comes a silver lining, and the Covid-19 era has given us significant food for thought regarding the delivery of teaching and learning in the Oral Surgery Department.

*“I never teach my pupils; I only attempt to provide the conditions in which they can learn.”*

Albert Einstein

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# **11. Appendices**

## **11.1 Appendix A**

# **Ethical Approval Application**

## Application Process for School of Dental Science REC

### Procedures for Research Ethics Review

All staff and students conducting research are required to ensure that their research is carried out in compliance with the School research ethics policy. If the study is deemed to require ethical approval, the Checklist for School REC suitability should be completed to determine whether the study is suitable for consideration by the School level 1 committee or needs to be submitted to an appropriate level 2 committee.

The process for applying for ethical approval is outlined in the following steps:

**1. Review the Trinity College Dublin ‘Policy on Good Research Practice’**

This is available from the following link:

<http://www.tcd.ie/about/policies/assets/pdf/TCDGoodResearchPractice.pdf>

**2. Determine whether ethical approval is required and whether the application is suitable for consideration by the school “level 1” REC**

<https://www.tcd.ie/dental/research/research-ethics/Correct-Committee-Selection.pdf>

If the study is suitable for evaluation by a Level 1 committee, the researcher should complete this application form for ethical approval from the Dental School REC. Students should ensure that this is approved by the project supervisor before being submitted (as indicated on the form). Applications should be sent to the ethics committee administrator, Ms. Anne Kenny (anne.kenny@dental.tcd.ie) for review by the School’s Research Ethics Committee.

If the checklist indicates that the study requires the approval of a Level 2 committee, the applicant should download the application and procedures for the appropriate REC (e.g. the Faculty of Health Sciences REC, the Joint REC or another suitable Level 2 committee).

**Please note that all research involving non-human animals must be approved by the Animal Research Ethics Committee**

**4. Submit sample Patient information leaflet and Patient informed consent form.**

Applicants must use the consent form template provided (Appendix I) to comply with the Health Research Regulations (2018).

**5. Respond** if necessary to any requests for further information, or clarification, that the Committee might make in relation to the approval request. In some cases, this may include a request for further information. Discuss these with your supervisor if necessary, **and confirm to your supervisor when the approval has been granted.**

**6. All applicants must submit an annual report for ongoing projects and an end of project report upon completion of the study.** Templates for project reports are available in Appendix II and III.

**Completed Applications should be sent by email to the REC administrator, Ms. Anne Kenny ([anne.kenny@dental.tcd.ie](mailto:anne.kenny@dental.tcd.ie))**

## Section 1: Research Ethics Checklist

### RESEARCH APPLICATION CHECKLIST

**Please answer all question yes, no or not applicable as appropriate to the following questions. If you answer no to any question, please explain why and the relevant question number in the comment box at the end of the form**

	YES	NO
1. Is this a level 1 application (as per website insert link)?	x	
2. Is this a level 2 application (as per website insert link)?		x

Please tick the appropriate box	YES	NO	NA
1. Are you undertaking the proposed research study in your capacity as a staff member of the School of Dental Science?		x	
2. Are you undertaking the proposed research study in your capacity as a student of the School of Dental Science?	x		
3. If you are a student, has your <b>supervisor read, approved and signed</b> the completed form?	x		
4. Have you <b>signed</b> the application form?	x		
5. Have you <b>checked</b> that your application meets the criteria for this research ethics committee?	x		
6. Are you recruiting participants for this study?	x		
7. Are the participants purposefully recruited from a vulnerable group?		x	
8. Is this a health research study?		x	
9. Does the study include a health intervention?		x	
10. Are you collecting personal or sensitive data?		x	
11. Have you <b>completed</b> and <b>included</b> a risk assessment (for data) for this study ( <a href="#">Risk Assessment Link</a> )?	x		
12. Do you require a Data Protection impact assessment?		x	
13. If applicable (yes to Q8), have you completed a Data Protection impact assessment ( <a href="#">DPIA link</a> )?		x	



14. If accessing personal or sensitive data have you successfully <b>completed Trinity GDPR</b> online course? <a href="#">LINK</a>	x		
15. If accessing collecting personal or sensitive data, and you are an undergraduate or master's student has your <b>supervisor successfully completed</b> Trinity GDPR online course?	x		
16. If accessing collecting personal or sensitive data, have all Trinity members of the research team listed, successfully completed Trinity GDPR online course? <a href="#">LINK</a>	x		
17. Have you <b>included</b> a copy of the questionnaires, interview template, data extraction list?	x		
18. Are you collecting samples, no matter how small, that could be used for genetic testing?		x	
19. If applicable, have you <b>included</b> the consent form and participation information leaflet?	x		
20. If applicable, have you <b>included</b> all relevant letters of permission /access from external agencies/organizations/ schools/ industry / clinical site hosting the study, from the appropriate responsible people agreeing access included including access to databases?			x
21. If applicable, have you <b>included</b> the letter to the participants?			x
22. If applicable, have you <b>included</b> any posters/other material used to advertise the study?			x
23. If collecting personal or sensitive data, have you included detailed information on how you will implement security measures to protect the personal data in all its forms and all types e.g. device encryption?			x
24. Have you <b>included</b> any other documents that are needed for your study i.e. Garda clearance, debrief documentation?			x
25. If collection personal or sensitive data do you agree to only use the minimum data necessary to carry out the research?			x
26. Have you put in all the necessary security arrangements required to collect, process store and destroy any personal or sensitive data required for this study?			x
27. Is there any contractual arrangement required in order to carry out this study?		x	
28. Have you read and will abide by the requirements regarding research reporting, data storage and reporting of adverse events ?	x		

**If you have answered NO to any of the above questions (except 1,2, 6, 23) please explain:**

- No participants from vulnerable groups
- Not a health research study, will not impact on health services or on patients directly
- There is no health intervention
- No personal or sensitive data being sought
- No requirement for DPIA
- No samples being taken, no genetic testing

- No contractual arrangements required

## Section 2: Project Description

<b>Name of Applicant</b>	Paul Kielty
<b>Academic Supervisor/Lead Researcher</b>	Mr. Dermot Pierse
<b>Academic Division</b>	Division Three – Oral Surgery
<b>Title of project</b>	Impact of COVID-19 on Undergraduate Student Experience in Oral Surgery
<b>Timeframe of research</b>	1-year data collection, 2 years for completion of project
<b>Purpose of research</b>	The study will look at the impact of COVID-19 on students commencing final year undergraduate dentistry, and the experience of and attitudes to oral surgery. It will look at the number of procedures carried out (such as teeth extracted) compared to previous years, and focus groups with students will aim to identify trends in perceived experience of oral surgery and student's thoughts on readiness to progress to independent practice.
<b>Participants in the research</b>	Final year undergraduate dental students and dentists one and two years' post-graduation
<b>Recruitment procedures</b>	Final year dental students will be informed of the study and given the option to participate on a voluntary basis. Participants will be informed of the option to withdraw from the study at any time and for any reason, without having to give an explanation. This information will be included in the participant information sheet and it will be made clear verbally at the onset and throughout the study.
<b>Methods</b>	

Semi-structured interviews either in-person or via electronic platform such as Zoom, lasting 20-30mins per session. It is expected that 3 or 4 sessions will be required
<b>Ethical considerations and potential risks to participants</b>
<p><b>Voluntary participation</b> Ensuring voluntary participation without coercion is an important ethical consideration. Participants will be informed of the option to withdraw from the study at any time and for any reason, without having to give an explanation. This information will be included in the participant information sheet and it will be made clear verbally at the onset and throughout the study.</p> <p><b>Informed consent</b> Written informed consent will be obtained from each participant prior to entry to the study. Participants will be given information explaining how their data will be used. They will also have opportunities to discuss any concerns about the use of their personal information with the research team – a telephone contact number will be made available</p> <p><b>Confidentiality</b> All personal information will be coded and anonymized as far as possible. Comprehensive procedures will be put in place to ensure that data is held securely, including the use of encrypted computers and other devices with appropriate levels of password protection.</p>
<b>Published ethical guidelines to be followed</b>
<a href="http://www.tcd.ie/about/policies/assets/pdf/TCDGoodResearchPractice.pdf">http://www.tcd.ie/about/policies/assets/pdf/TCDGoodResearchPractice.pdf</a>
EU General Data Protection Regulation 2018 (GDPR 2018)
<b>Signature of applicant:</b>
<i>I declare that I have read the TCD Ethics Policy and will follow the guidelines therein. <b>For student applications:</b> I also confirm that this application has already been reviewed and is supported by my supervisor.</i>
<b>Signature of the Chair of the School's Ethics Committee</b> <i>In my capacity as Chair of the School's Ethics Committee, I confirm that this project has been approved by the School's Ethics Committee</i>

### Section 3: Consent

#### 3.1 Will you obtain consent for this research?

Yes

No

If the answer is **no**, please skip to section 4.

#### 3.2 Please specify the type of consent:

Informed consent (from an ethical perspective)

Explicit consent (for health research only)

*Explicit consent: informed consent that is documented, (you must maintain evidence that it has been recorded). Please note that explicit consent is now a mandatory safeguard under the Health Research Regulations unless data are irreversibly anonymized (no key held ) or a consent declaration has been obtained from the health research consent declaration committee HRCDC) See [here](#) for further information.*

**NB:** Consent to the use of personal data is not an appropriate legal basis for health research or any other research given the imbalance which exists between the data subject and the researcher. **Please ensure you use scientific research<sup>1</sup> in the public interest<sup>2</sup> as your legal basis.**

### 3.3. How will you ensure informed / explicit consent is obtained from the research participants?

Good practice in relation to informed consent will guide the consent process. Written informed consent will be obtained from each participant prior to entry to the study. Participants will be given information explaining how their data will be used. They will also have opportunities to discuss any concerns about the use of their personal information with the research team – a telephone contact number will be made available. Participants will have the option to withdraw at any time.

**N.B. Please indicate if you have modified the consent form and/or the participant information leaflet included in the link above?**

Yes  No

If **yes**, please highlight the changes made and why these were necessary.

Removed section on biological samples as not relevant

Removed section on biobank as not relevant

Removed section on genetic testing as not relevant

Adjusted as appropriate to the study only. Both included with application.

*If template is changed substantially - this will need to be reviewed by Deputy DPO for Research: email: [researchDPO@tcd.ie](mailto:researchDPO@tcd.ie)*

### 3.4 What is the time interval between giving information and seeking consent or participation?

<sup>1</sup> Article 9, 2, (j)

<sup>2</sup> Article 6

Minimum two weeks. Potential subjects will be informed about the study and information leaflets provided either hard copy or electronically. Dates for focus groups would then be scheduled a minimum of two weeks following this.

**3.5 Will the participants be purposefully recruited from any of the following groups (tick as appropriate) (i.e. children, prisoners, adults with mental illness where having/had a mental illness is an inclusion criterion of the study population)**

	YES	NO	Not known
Children under 18 years of age		X	
Adults with learning disabilities		X	
Adults with communication difficulties		X	
Adults who are unconscious or very severely ill		X	
Adults who have a terminal illness		X	
Adults with mental illness		X	
Adults suffering from dementia		X	
Prisoners		X	
Young Offenders		X	
Those who could have been considered to have a particularly dependent relationship with the investigator, e.g. those in care homes, students, line manager of participants		X	
Other groups who may be considered vulnerable (Please specify below)		X	
Study will involve undergraduate dental students, but principal investigator carrying out focus groups and analysing data is a postgraduate student and so no dependent relationship exists			

3.6 If participants are to be recruited purposefully from any of the potentially vulnerable groups listed above, please complete the following:

- (a) The extra steps taken to ensure that participants from any of these vulnerable groups are as fully informed as possible about the nature of their involvement
- (b) Who will give consent
- (c) How consent will be obtained (e.g. will it be verbal, written or visually indicated?)
- (d) When consent will be obtained
- (e) The arrangements that have been made to inform those responsible for the care of the research participants of their involvement in research

3.7 Will participants include women of childbearing potential?

Yes  No

IF NO, PLEASE EXPLAIN WHY

*NOTE: This information is required regardless of whether there are potential implications for the well-being of participants*

3.8 If women of childbearing potential are to be involved, do the study design and the Participant Information Leaflet address the 9 essential points listed in the linked checklist, found here: <https://www.tcd.ie/dental/research/research-ethics/Research-on-women-of-childbearing-potential.pdf>

Yes  No

IF NO, PLEASE EXPLAIN WHY

*NOTE: This information is required regardless of whether there are potential implications for the well-being of participants*

## Section 4: Confidentiality, data protection, data processing and data storage

### 4.1 Does the study involve collecting, using, accessing or sharing personal data<sup>3</sup>?

*Please read footnotes 1 & 2 to ensure you are answering this question correctly*

Yes

No

If you are not collecting personal data, please skip to question 4.2

If yes please give details of the personal data to be collected and list all media/ forms utilized: online, hard copy, audio, video, photographs etc. and processing activity. Finally, please indicate how the personal data being collected relate to the aims and objectives of the study. (Justification)

Data Collected	Justification	Processing Activity
<i>Transcription of comments made by participants in focus groups</i>	<i>To identify trends and useful themes among subjects</i>	<i>Microsoft word, excel, powerpoint saved on a password protected computer in DDUH</i>
<i>Anonymised data regarding number of oral surgery procedures performed by undergraduate classes</i>	<i>To compare and contrast oral surgery experience pre and post COVID-19</i>	<i>Data will be sought from DDUH records, there will be no requirement to identify the individual students</i>

### 4.2 Does the study involve collecting, using, accessing or sharing sensitive data<sup>4</sup>?

Yes

No

If you are not collecting personal or sensitive data, please skip to question 4.14.

If yes please give details of the sensitive data collected.  
Please indicate below how collecting such data is relevant to the aims and objectives of the study.

Data Collected	Justification	Processing Activity
----------------	---------------	---------------------

*See questionnaire appendix xxx question 12-17*

<sup>3</sup> Personal data is information which can identify a person – in particular: a name, address, email, telephone number, an identification number, location data, an online identifier, or and IP address.

<sup>4</sup> Sensitive personal data means genetic, biometric and health data, as well as personal data revealing racial and ethnic origin, political opinions, religious or ideological convictions or trade union membership.

**4.3 Who will determine the ‘how’ and ‘why’ the data is used? (i.e. data controller or joint controllers if more than one)**

DDUH are the data controllers

**4.4 Specify the name/s of any personnel who will have access to the personal and/or sensitive data? Please list all individuals including those who are employees or students of other institutes/hospitals etc. Indicate the format in which they will receive the data i.e. identifiable or pseudonymised?**

*(For other personnel working under contract - such as data inputters and transcribers see 4.5)*

<b>Personnel names</b>	<b>Data access to</b>	<b>Format available to these</b>
Paul Kielty	<b>Primary data collection</b>	<b>Identifiable data from focus groups</b>
Dermot Pierse	<b>Supervisor role / feedback / corrections / improvements to study methods</b>	<b>Pseudonymised</b>

**4.5 Specify the name/s of any service providers such as transcribers, third party’s carrying out analysis, data collection etc.?**

*Indicate the format in which they will receive the data i.e. identifiable or pseudonymised?  
Please confirm and attach the agreement that is in place with the service provider.*

<b>Personnel names</b>	<b>Data access to</b>	<b>Format available to these</b>
<b>Research team members only</b>		

**4.6 During and after the study, what steps will you take to protect the confidentiality of personal or sensitive personal data collected as part of the project? (e.g. Participant**



**identities, contact details, consent forms, code keys that link personal or sensitive personal data to other data, data collected from patient/client records). Please specify details for all that apply and likewise for all media forms utilised (online, hard copy, audio etc.)**

Please note: Double encryption is required on all computers, laptops and mobiles devices. Personal data should not be stored on portable devices unless absolutely necessary and it should be stated here if this is necessary and why. Cloud storage of personal data require secure clouds as recommended by TCD and if cloud storage is used it should be indicated here.

Personal/sensitive data type	Media Format	Storage Details:
Consent forms with personal data	Original hard copy	Locked cabinet in locked office in DDUH with access only by principal investigator
Pseudonymisation key	Original Hard copy and/or soft copy	Locked cabinet in locked office in DDUH with access only by principal investigator  Double encrypted computer in locked DDUH office
Pseudonymised focus group transcriptions	Original Hard copy and/or soft copy	Locked cabinet in locked office in DDUH with access only by principal investigator  Double encrypted computer in locked DDUH office

**4.7 Please specify that you have a log and controls in place to record who accesses, changes, discloses or erases all personal data collected. In the case of repository data, changes and erasures only need to be logged**

Locked cabinet containing personal data can be accessed by principal investigator only. No one else will have access to (or require to have access to) anything other than pseudonymized focus group transcriptions

**4.8 Indicate clearly when processing (i.e. pseudonymisation, anonymization, deletion) will occur.** Please indicate who will be responsible for these processes and who will retain the key code if applicable

Will occur within a week of each focus group held

Will be carried out by the principal investigator only

Key code will be kept in a locked drawer accessible by principal investigator only

Original recordings of focus groups will be destroyed as soon as transcription for each focus group is complete

**4.9 Accepted best practice recommends secure retention of personal non-anonymised (of all the types listed previously) for 7 years. If there is any reason to apply for a variation from these guidelines, please give details and provide a justification.**

Consent forms will be handed to Mr Dermot Pierse for storage up to seven years. This will contain personal details only and consent to participate only.

No data linking particular participants to information gathered during focus groups will be provided.

Pseuonymisation key will be retained by the principal investigator only

Personal/sensitive data type and media format	Format	Retention time, when it will be destroyed
Consent forms with personal data	Consent forms with non-anonymised personal data	7 years
Pseuonymised transcriptions of focus groups	Soft or hard copies	7 years
Pseudonymisation key	Soft or hard copy	7 years

**4.10 If identifiable data or material (photographs etc.) will be retained after the study is completed, is it stated on the informed consent form that this will be done and that material will not be used in future unrelated studies without further specific permission being obtained?**

Yes  No

**4.11 Researchers must allow the participant access to their personal data including their transcript if they so wish (right of access and right of rectification). Please give details of these arrangement.**

Contact details of the principal investigator will be provided in the patient information leaflet. Participants can access their own individual contributions on request at any time before the completion of the study, and can rectify/remove any comments they wish before analysis of the pseudonymized data commences (once all focus groups have been completed). This is stated clearly in the patient information leaflet.

#### **4.12 How will you ensure the participants can use their other rights as required under GDPR?**

**These include:**

- right to erasure;
- right to object to processing based on public interest;
- right to data portability;
- right to object to profiling or making decisions about individuals by automated means?

Participants will be given a contact number for the principal investigator. Should they wish to exercise their rights under GDPR at any stage they can make contact and their contribution(s) can be deleted, excluded from processing. Should they wish to obtain a copy of their own contributions, this can be provided to them in hard copy format. There is no plan to profile patients based on the data they provide, but if any participants have concerns regarding this, they can discuss same with the principal investigator.

#### **4.13 Do you have a procedure in place if a data subject wishes to withdraw from the study for example? Please expand.**

Participants will be given a contact number for the principal investigator. Should they wish to leave the study at any stage they can make contact and their contribution(s) will be removed from the study in entirety and transcription records deleted.

#### **4.14 Are there any potential confidentiality issues through identification of the study site?**

Yes  No

If yes, please expand.

**4.15 Are there elements of genetic testing involved in the proposed project? If yes please explain. If yes, please note that you must contact [researchDPO@tcd.ie](mailto:researchDPO@tcd.ie) and conduct a DPIA.**

Yes  No

If yes, please explain and please note that you must contact [researchDPO@tcd.ie](mailto:researchDPO@tcd.ie) and conduct a DPIA . [here](#).

## SECTION 5 - RISK, BENEFIT AND HARM

**5.1 What is the potential for an adverse outcome (for example, illness, pain, discomfort, distress, inconvenience) for research participants?**

*NOTE: for the protection of both the investigator and the participant, this list must be suitably comprehensive and must also appear in full in the participant information leaflet. Any substantive adverse events must be reported to the Dental School Ethics Committee.*

There are no perceived adverse effects for the participants in the study

**5.2 Will individual or group interviews/questionnaires discuss any topics or issues that might be sensitive, embarrassing or upsetting**

*If Yes, give details of procedures in place to deal with these issues. Give specific names of counselling or other support services that might be offered to participants.*

No, the topic guide will facilitate questions around experience in oral surgery and subject's thoughts on their confidence performing dental extractions.

Subjects will be encouraged to contact the researchers if they have been affected adversely where they will be put in touch with an appropriate support service

**5.3 Is it possible that criminal or other disclosures requiring action could take place during the study**

*If yes, please provide specific detailed procedures in place to deal with these issues and who will be informed if disclosures occur. This information needs to be also included in the participant information leaflet.*

No

**5.4 If participants are to undergo a clinical assessment, what is the nature and extent of this assessment?**

N/A

**5.5 If applicable will there be ongoing clinical supervision of the participants by a duly insured clinical practitioner during the study?**

N/A

**5.6 Will the research participant's General Practitioner be informed that they are taking part in the study?**

No

**5.7 Will permission be sought from the research participants to disclose information**

Yes

**5.8 What is the potential for benefit for research participants? please outline only the direct benefits.**

Focus group discussions may help subjects to verbalise opinions or concerns that they may not have otherwise shared, and it may be beneficial to find that their peers share their concerns

## **SECTION 6 - FUNDING & PAYMENT**

**6.1 Outline sources of funding for the study if applicable and how you will manage possible conflict between the funders of the study and the aims and results of the study (if applicable).**

None

**6.2 Will the results of the study will be used or disclosed for commercial purposes? If yes please also indicate in the participant information leaflet and indicate that the participant will not commercially benefit.**

No

**6.3 Will payment be made to research participants?**

No

**6.4 If you answered YES to question 6.3, please specify for what purpose the payment will be made and the amount to be provided to each participant.**

N/A

**SECTION 7 – ETHICAL APPROVAL FROM OTHER COMMITTEES, FROM NON-TRINITY FACILITIES**

**Ethical approval from Trinity research committees if granted, does not supersede any requirements that outside bodies which may have the need for similar applications to be made to local ethical approval bodies in advance of the study commencing.**

**7.1 Has ethical approval been sought from any other organisation(s) in which the study will take place?**

YES

NO

NA : *If NA, please explain why.*

X

If you answer YES go to question 7.2

If you answer NO go to question 7.3

**7.2 If you have answered YES to question 7.1, where has approval been sought from and has ethical approval been given? If a DPIA was required for this application please insert as an appendix to this application.**

**YES**                      **Awaiting Reply**    **NO**                      *If No, please explain why*

**7.3 If you have answered NO to question 7.1, is it your intention to seek ethical approval from the organisation(s) in which the study will take place?**

Study only to involve DDUH

**7.4 Do you require, and have you sought access to collect data from specific groups either within or outside Trinity to conduct your research please list them here and attach the letter(s) of permission to your application. This includes sports clubs, hospitals, care facilities, community services, etc.**

Facility/Institute	Responsible Contact
--------------------	---------------------

N/A

## SECTION 8 - DECLARATION OF APPROVAL AND SIGNATURES

The lead investigator/student (if applicable) must provide all data below and sign:

- 8.1** If applicable please state briefly what preparatory work you will need to undertake to become competent in your chosen method of data collection (e.g. training in the use of a standardised schedule/test, clinical procedures, or practice in conducting an interview).

<p><b>Practice in running a focus group, learn methods of analysing transcribed comments in qualitative capacity</b></p>
--

- 8.2 LEAD INVESTIGATOR / STUDENTS DECLARATION:**

I confirm that the information provided in this document is correct and that I am not aware of any other ethical issue not addressed within this form. I understand the obligations to and the rights of participants particularly concerning their safety and welfare and their data protection.

I undertake to provide an annual report **within 12 months of the date of approval** to the Dental School Research Ethics Committee with details of the number of participants who have been recruited, the number who have completed the study and details of any adverse effects. Any serious adverse effects will be reported immediately to the Dental School Research Ethics Committee, and, if involving medication this will also be reported to the Irish Medicines Board.

<b>NAME: (BLOCK CAPITALS)</b>		<b>PAUL KIELTY</b>	
<b>STAFF / STUDENT I.D. No.</b>		<b>19302911</b>	
<b>SCHOOL / DEPARTMENT:</b>		<b>DIVISION III DDUH</b>	
<b>COURSE OF STUDY: (if appropriate)</b>	<b>ORAL SURGERY</b>	<b>YEAR</b>	<b>1</b>
<b>SIGNATURE:</b>	<b>P.Kielty</b>	<b>DATE:</b>	<b>15/06/20</b>

Please insert details of all co applicants

<b>NAME: (BLOCK CAPITALS)</b>		<b>DERMOT PIERSE</b>	
<b>STAFF / STUDENT I.D. No.</b>			
<b>SCHOOL / DEPARTMENT:</b>		<b>DIVISION III DDUH</b>	
<b>COURSE OF STUDY: N/A (if appropriate)</b>		<b>YEAR</b>	<b>N/A</b>
<b>SIGNATURE:</b>	<b>D.Pierse</b>	<b>DATE:</b>	<b>15/06/20</b>

**RESEARCH SUPERVISOR**

Student applicants are required to have their Research Supervisor complete this section.

Name of Supervisor: \_\_\_\_\_ **DERMOT PIERSE** \_\_\_\_\_  
(BLOCK CAPITALS)

Position: \_\_\_\_\_ **CONSULTANT ORAL & MAXILLOFACIAL SURGEON** \_\_\_\_\_

State the educational value of this research:

I confirm that I have reviewed this application and I am not aware of any ethical issue not addressed within this form.

I undertake to ensure that the student provides an annual report within twelve months of the date of approval, yearly thereafter and a final project report within 6 months of the completion of the



study to the xxx Ethics committee with details of the number of participants who have been recruited, the number who have completed the study and details of any adverse effects, complaints and the date of completion of the project.

Any serious adverse effects must also be reported immediately to the **Dental School Research Ethics Committee**

I undertake to make arrangements with the student regarding the storage and destruction of the data.

Signature of the Supervisor: \_\_\_\_\_D.Pierse\_\_\_\_\_

Date: \_\_\_\_\_15/06/20\_\_\_\_\_

Office Use Only:

REFERENCE NUMBER	
XXX Research Ethics Committee Meeting Date	
Approved	
To be resubmitted	
Date	

## **11.2 Appendix B**

# **Data Protection Risk Assessment**

## Data Protection Risk Assessment

<b>Project Name:</b> Impact of COVID-19 on Undergraduate Student Experience in Oral Surgery	<b>Date:</b> 15/06/20
<b>Project Owner:</b> Paul Kielty	<b>Site:</b> DDUH
<b>Email address:</b> <a href="mailto:paul.kielty@dental.tcd.ie">paul.kielty@dental.tcd.ie</a>	<b>Phone Number:</b> 0857195280

### Template Version Control

Reference	Date	Author	Comments
2.0	May 2019	TCD DPO	

### Risk Assessment Circulation

Name	Date	Reviewed/Consulted
<b>Paul Kielty</b>	15/06/20	<i>Reviewed</i>
<b>Dermot Pierse</b>	15/06/20	<i>Reviewed</i>

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## Risk Assessment - Objective

In line with the risk-based approach to data processing of the GDPR, carrying out a Data Protection Impact Assessment (DPIA) is not necessary for every processing operation. Instead, a DPIA is only mandatory where a type of processing is *“likely to result in a high risk to the rights and freedoms of natural persons”*.

The Article 29 Working Party, consisting of the representatives from each data protection authority in the EU, has adopted guidelines on DPIAs and whether processing is likely to result in a high risk for the purposes of the GDPR. The guidelines are available [here](#).

The Office of the Data Protection Commission has provided detailed information on DPIAs, available [here](#).

Not all processing activities will require a DPIA to be undertaken. It is recommended therefore that you review the examples listed below and answer the screening questions to determine if a DPIA will be necessary. In cases where it is not clear whether a DPIA is required, the Trinity College Data Protection Unit recommends that a DPIA is carried out, as it is a useful process to determine risks and support compliance with data protection law.

**It is important to note that a DPIA is required as standard for research studies conducted at St. James’s Hospital, Tallaght University Hospital and all clinical sites in which Trinity researchers are active.**

If you require further assistance or advice you should contact the relevant Data Protection Officer:

Trinity College: [dataprotection@tcd.ie](mailto:dataprotection@tcd.ie)

St James’s Hospital: [research@stjames.ie](mailto:research@stjames.ie)

Tallaght University Hospital: [dpo@tuh.ie](mailto:dpo@tuh.ie)

## Instructions

You should complete all of the questions in this template and forward the completed document to the Unit to receive feedback on any risks identified and recommendations on the actions or controls needed to address those risks.

It is the responsibility of the School or Business Unit Project Manager as the ultimate risk owner to ensure that the required controls are put in place and to sign off on any risks arising from the processing.

The Risk Assessment should be updated when appropriate to reflect any material changes to the processing as the Project progresses.

## Examples

The following examples should be used to assess whether a particular processing operation requires a DPIA:

Examples of processing	Possible Relevant criteria	DPIA likely to be required?
A hospital processing patients' genetic and health data via the hospital information system.	<ul style="list-style-type: none"> <li>- Sensitive personal data or data of a highly confidential nature.</li> <li>- Data concerning vulnerable data subjects.</li> <li>- Personal data processed on a large scale.</li> </ul>	Yes
Storage for archiving purposes of pseudonymised sensitive personal data concerning vulnerable data subjects involved in research projects or clinical trials.	<ul style="list-style-type: none"> <li>- Sensitive personal data.</li> <li>- Data concerning vulnerable data subjects.</li> <li>- Possibly prevents data subjects from exercising a right or using a service or a contract.</li> </ul>	Yes
An organisation systematically monitoring its employees' activities, including the monitoring of the employees' workstations, Internet activity etc.	<ul style="list-style-type: none"> <li>- Systematic monitoring of individuals on a large scale.</li> <li>- Potentially excessive or unlawful processing of personal data.</li> <li>- Data concerning vulnerable data subjects.</li> </ul>	Yes
The gathering of public Social Media data for generating profiles.	<ul style="list-style-type: none"> <li>- Evaluation or scoring.</li> <li>- Data processed on a large scale.</li> <li>- Matching or combining of datasets.</li> <li>- Sensitive personal data or data of a confidential nature.</li> </ul>	Yes
Processing of personal data from patients or clients by an individual physician,	<ul style="list-style-type: none"> <li>- Sensitive personal data or data of a highly personal/confidential nature.</li> </ul>	No

other healthcare professional or solicitor.	- Data concerning vulnerable data subjects.	
---	---	--

## Project Details

<b>Project name</b>	Impact of COVID-19 on Undergraduate Student Experience in Oral Surgery
<b>Project owner(s)</b>	Paul Kielty
<b>Project start date</b>	15/06/20
<b>Number of individuals whose personal data will be processed</b>	Maximum 50
<b>IT systems used</b>	Microsoft Word, Excel, Powerpoint
<b>Third parties involved</b>  (Provide details including information on the contractual arrangements in place and confirm what due diligence has been carried out)	None

### Description of Project

- Quantitative assessment of number of dental extractions performed by final year students**
- **Compare and contrast number of extractions performed by incoming final year students during 4<sup>th</sup>/5<sup>th</sup> year versus previous year(s)**
  - **Will they qualify with significantly less OS/MOS experience?**
  - **How can the effect of reduced hands on clinical time be mitigated?**
  - **Will course duration have to be extended as a result?**

- Qualitative assessment of student opinions, readiness to extract teeth independently**
- **Focus groups with approx. 5 students per group, 20-30min sessions**
  - **Topic guide to encourage relevant conversation**

- **Common things impact student confidence**
- **Topic guide should evolve over time with new answers given by participants**
- **20-30 participants on average to reach “data saturation” (4/5 sessions)**
- **Data saturation where you are hearing repetitive comments as interviews continue, no new information/comments**
- **Is taking out teeth more challenging with PPE/restrictions?**
- **Do you find online/remote learning effective in oral surgery?**
- **Do they feel ready to qualify/ready to practice independently?**
- **What are the issues if you do not graduate on time?**
- **Is there anything the University could offer to increase their confidence level in OS while adhering to restrictions?**
- **Is there any technology which could help? E.g. virtual reality simulation**
- **Transcribe conversations and identify trends in comments/opinions**
- **Potential to repeat this with year ahead who will not be affected to the same extent as an undergrad student in OS**



## Screening Questions

Note: Each screening question should be answered, and you should add any additional, relevant question(s) dependant on the risk and/or processing operation(s) you are assessing. These screening questions will help you to identify if a DPIA is required and provide valuable insight into the processing operation risks and areas to focus on.

Screening Question	Yes	No	N/A	Notes
Does the processing require systematic and/or extensive evaluation ( <i>via automated means</i> ) of personal aspects of an individual(s)?		X		
Will decisions be based on such evaluations that are likely to produce legal effects, or equivalent effects concerning the individual(s)		X		
Is the processing on a large scale and/or does it involve special categories of data (sensitive data)?		X		
Is the processing on a large scale and does it involve data relating to criminal convictions and offences?		X		
Does the processing involve systematic monitoring of a publicly accessible area on a large scale? (i.e. CCTV)		X		
Will the project involve the collection of new information about individuals?		X		
Will the project compel individuals to provide information about themselves?		X		
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		X		

Screening Question	Yes	No	N/A	Notes
Is the information about individuals likely to raise high risk privacy concerns or expectations?		X		
Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information or a third-party without adequate safeguards in place?		X		
Does the processing involve the use of new technology or systems which might be perceived as being privacy intrusive?		X		
Could the processing result in decisions being made or action being taking against individual(s), in ways that could have a significant impact on them?		X		
Will the project require you to contact individuals in ways which they may find intrusive?		X		
Will any of the processing activities make it difficult for the data subject(s) to exercise their rights?		X		
Will the operation involve processing considerable amounts of personal data at regional, national or supranational level, which could affect many data subjects?		X		
Will the processing involve individuals who are considered 'vulnerable'?		X		
Does the processing operation involve any significant risk of the personal information being leaked or accessed externally?		X		

## Personal Data

List the types of personal data that will be collected, used, accessed or shared for the purpose of the Project.

Data Collected	Justification	Processing Activity
<i>Transcription of comments made by participants in focus groups</i>	<i>To identify trends and useful themes among subjects</i>	<i>Microsoft word, excel, powerpoint saved on a password protected computer in DDUH</i>
<i>Anonymised data regarding number of oral surgery procedures performed by undergraduate classes</i>	<i>To compare and contrast oral surgery experience pre and post COVID-19</i>	<i>Data will be sought from DDUH records, there will be no requirement to identify the individual students</i>

## Lawful Basis – Ordinary Personal Data

If processing ‘Ordinary’ personal data then you must satisfy at least one of the lawful bases as set out under [Article 6 GDPR](#):

Consent	X
Performance of a contract	
Legal obligation	
Public interest or exercise of official authority	
Vital interests of data subjects	
Legitimate interests	

If using *Consent*, then describe the consent process and attach supporting documentation.

## Lawful Basis – Sensitive Personal Data

Sensitive personal data is defined as:

- Processing of personal data revealing
  - racial origin
  - ethnic origin
  - political opinions
  - religious beliefs
  - philosophical beliefs
  - trade-union membership
- Processing of genetic data for the purpose of uniquely identifying a natural person
- Processing of biometric data for the purpose of uniquely identifying a natural person
- Data concerning health
- Data concerning a natural person's sex life
- Data concerning a natural person's sexual orientation

If processing sensitive personal data then, in addition to the Article 6 lawful basis, you must also satisfy one of the conditions as set out under [Article 9 GDPR](#):

Explicit Consent	
Employment / DSP rights	
Vital Interests of the data subject or another person	
Carried out (internally) by a not-for-profit organisation	
Information that has been already made public by data subject	
Necessary for the establishment, exercise or defence of legal claims	
Necessary for substantial public interest	
Necessary for the provision of medical care/ administration	
Necessary for reasons of public interest in the area of public health	
Archiving purposes in the public interest/ Scientific or Historical Research purposes/ Statistical purposes	

If using *Explicit Consent*, then describe the consent process and attach supporting documentation.

## International Data Transfers

Will the data be transferred or stored outside the EEA at any point or placed with Cloud providers that store data outside the EEA? Provide details.

Description of data transfers
No

If you are transferring personal data outside of the EEA have you ensured that suitable conditions for transferring the data are in place? Provide details or state if unsure:

Adequate jurisdiction	
US Privacy Shield	
Standard Contract Clauses	
Binding Corporate Rules	
Authorisation from the Data Protection Commission	
Unsure	

## Data Retention

How long will the data be retained for and why? Provide details.

Data retention
<b>Up to 5 years until the research has been completed and after final publication of study results.</b>

## Data Subject Rights

What plans are in place for responding to a request from an individual in relation to their data protection rights?

These include:

- right of access;
- right to rectification;
- right to erasure;
- right to object to processing based on legitimate or public interest;
- right to data portability;
- right to object to profiling or making decisions about individuals by automated means.

### Data Subject rights requests

Contact details of the lead researcher will be provided. Subjects can access any data stored about them and can withdraw from the study at any time.

## Training

What guidance and training will be provided to individuals involved in this project or activity to enable them to understand their data protection responsibilities? Provide details.

### Data protection training

An explanation of their rights will be detailed in written format with the patient information leaflet, and will be explained again verbally at the start of each focus group, with an option for subjects to withdraw before any recording takes place.

### Processing Risks

Describe the source of risk and nature of potential impact on individuals. Include associated Compliance and Corporate risks as necessary.

Risk detail	Risk rating (High, medium, low)	Solutions/Mitigating Actions	Effect	Outcome	Measure approved
<i>Hacking into computers where project data is stored.</i>	<i>Low</i>	<i>All computers storing data are password protected. The external hard drive and remotely accessible computer are also encrypted and locked in an office (on Trinity's campus). Access is restricted to designated staff only.</i>	<i>Reduced</i>	<i>Low</i>	<i>Yes/No</i>

# **11.3 Appendix C**

## **Introductory E-Mail**



Dear Student,

We are conducting a research project entitled "The Effect of Covid-19 on Undergraduate Education in Oral Surgery" and are looking to recruit final year dental students to participate.

The study will involve small online focus groups with final year students, 4-5 students per group, lasting approximately 20 minutes, discussing the changes to teaching and learning brought about by the Covid-19 pandemic.

The focus groups will be moderated by the principal researcher, and the audio recordings will be transcribed and anonymised to participant 1, participant 2 etc. All identifiable material (including consent forms) will be kept in a locked drawer in the DDUH which can only be accessed by the principal researcher. No identifying material will be available to academic staff involved in your final year examinations.

It is expected that a minimum of 15 participants will be required for the study, but we will schedule as many focus groups as is necessary to include all final

year students who are interested in taking part, in order to maximise sample size.

If you would be interested in participating, please reply to this e-mail, and I will contact you with further details and attach a Participant Information Leaflet.

We are hoping that the results of this study will help us to understand the effects of Covid-19 on your training in Oral Surgery, and what we can learn and implement in the future from a teaching and learning perspective.

Thank you for your time and I wish you all the best for your upcoming exams.

Kind regards,

Paul Kielty

Postgraduate in Oral Surgery (DChDent OS)

Principal Researcher

## **11.4 Appendix D**

# **Participant Information Leaflet**

## Participant Information Leaflet

**Name of Study: Impact of COVID-19 on Undergraduate Student Experience in Oral Surgery**

Site **Dublin Dental University Hospital**

Principal Investigator(s) and **Dr Paul Kielty**

Co-Investigator(s) [paul.kielty@dental.tcd.ie](mailto:paul.kielty@dental.tcd.ie)

(insert names, titles and  
contact details)

**Mr Dermot Pierse**

[Dermot.dierse@dental.tcd.ie](mailto:Dermot.dierse@dental.tcd.ie)

Study Organiser/ Sponsor (if  
applicable) **N/A**

Data Controllers **Trinity College Dublin**  
**Dublin Dental University Hospital**

Data Protection Officer **Data Protection Officer**  
**Secretary's Office**  
**Trinity College Dublin**  
**Dublin 2**

*You are being invited to take part in a research study that is being performed by Dr Paul Kielty, Postgraduate Student in Oral Surgery at Dublin Dental University Hospital.*

*Before you decide whether or not you wish to take part, please read this information sheet carefully. Ask Dr Kielty any questions. Don't feel rushed or under pressure to make a quick decision. You should understand the risks and benefits of taking part in this study so that you can make a decision that is right for you. You may wish to discuss it with your family, friends or GP.*

*This leaflet has five main parts:*

*Part 1 – The Study*

*Part 2 – Data Protection*

*Part 3 – Costs, Funding and Approval*

*Part 4 – Future Research*

*Part 5 – Further Information*

## Part 1 – The Study

### Why is this study being done?

COVID-19 has had a huge impact on everyone in our country and across the world. As students who are starting the final year of a vocational degree such as dentistry, the researchers want to understand how this pandemic has and will affect your undergraduate training in oral surgery.

We plan to hold focus groups of 4/5 students per group, with an open forum for comments, questions or concerns. Some of the questions that would be interesting to discuss include:

- Will you be exposed to as many oral surgery procedures as previous final year students?
- Is taking out teeth more challenging with PPE/restrictions?
- Do you find online/remote learning effective in oral surgery?
- Is there anything the University could offer to increase their confidence level in OS while adhering to restrictions?
- Is there any technology which could help? E.g. virtual reality simulation

### Why have I been invited to take part?

You were chosen because you are a final year dental student in Dublin Dental University Hospital. We plan to speak to 15-25 final year students as part of this research project.

### Do I have to take part? Can I withdraw?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time and without giving a reason. You will have up until the point of data analysis, which will occur at the end of the study, to request the withdrawal of your already collected data. Whether you choose to take part or not will have no effect on your undergraduate training in Oral Surgery. If you wish to opt out, please contact the principal researcher via the contact details at the top of this leaflet.

**What happens if I change my mind?**

- If you change your mind, you can withdraw from the study at any point up until the analysis of data at the end of the data collection period. The transcriptions will be pseudoanonymised but can be deleted/removed at a participant's request. If you choose to withdraw, this will not affect your training in Oral Surgery. Should you wish to withdraw at any stage during the study, please contact the principal investigator using the details at the top of this leaflet.

**How will the study be carried out?**

- The study will take place throughout the academic year 2020/2021
- The study will take place in Dublin Dental University Hospital using face to face focus groups and/or electronic formats such as Zoom
- Focus groups of 4/5 students per session lasting approximately 20-30 minutes
- May require 4/5 separate sessions to collect sufficient data
- Will be an open forum for discussion of undergraduate oral surgery training
- A topic guide will facilitate relevant conversation
- The conversations will be transcribed by the principal investigator and trends will be sought

**What will happen to me if I decide to take part?**

You will be asked to take part in a focus group with a researcher and 4-5 other final year dental students that will last no more than 30 minutes. An invitation will be sent to final year dentistry students via their DDUH e-mail accounts.

The session will be tape-recorded, and then typed up for research purposes. The resulting transcripts will be pseudoanonymised i.e. they will not contain any names, each participant will be assigned a subject number. Once the typed transcripts have been prepared the audio tapes will be destroyed.

We do not anticipate that there are any potential hazards associated with taking part in the session, but you are, of course, free to withdraw from the study at any stage if you feel uncomfortable with any of the discussions or do not wish to participate further.

**What will happen to my Data?**

- The transcriptions will be pseudoanonymized and stored on a password protected computer in a locked room in the DDUH. The key (relating subjects to their assigned number) will be kept by the principal researcher only in a locked drawer, in a locked room in the DDUH
- No one apart from the principal researcher will be able to link any subject to any particular comment made during the focus groups. Specifically, anyone involved in the organization and marking of students in their undergraduate Oral Surgery training will only be presented with pseudoanonymised data, and will not be able to link comments to any particular subject
- Recordings will be made using a digital method, such as voice recorder on a phone, or the 'record' function on video conferencing software. Once transcribed and pseudoanonymised, all digital recordings will be deleted.
- It will be necessary to retain the Consent Form (personal data) in order to provide evidence of consent in accordance with Article 7 GDPR requirements. These will also be kept in a locked drawer in the DDUH and will not be linked to the pseudoanonymisation process in any way, i.e. there will be no way to identify a subject's comments based upon their consent form

#### **Are there any benefits to taking part in this research?**

- We aim to use the information gathered from the focus groups to assess the impact of COVID-19 on undergraduate training in Oral Surgery. When analyzing the results of the study, we hope to be able to suggest ways in which this effect can be mitigated to some degree.

<b>Are there any risks to me or others if I take part?</b>
--

- There are no anticipated disadvantages or risks to you as a person or as a student of DDUH
- Health Information (Data): There is a risk that a connection to your identity could be made. Great care will be taken to ensure the confidentiality of all data and the risk to participants of a breach of confidentiality is considered very low.



**Will I be told the outcome of the study? Will I be told the results of any tests or investigations performed as part of this study that relate to me?**

The study results will form part of the principal researcher's thesis, a component of a Doctorate of Surgical Dentistry (Oral Surgery) degree. The final will be available to read in the DDUH library once approved. It is hoped that the results of this study will be published in academic journals in the future. Subjects will be thanked as a group for their participation, but no individual will be identified at any stage.

## Part 2 – Data Protection

### **What information about me (personal data) will be used as part of this study? Will my medical records be accessed?**

- We will be looking at the number of oral surgery procedures performed by the final year class as a whole versus previous final year groups
- We will be asking for your comments, concerns and suggestions about oral surgery training in DDUH in the current climate of COVID-19
- Comments will be pseudoanonymised with a subject number assigned to each participant. The key to the number pairing will be kept in a locked drawer in a locked office in DDUH accessible only by the lead researcher.
- The consent form must be kept on file for 7 years as per GDPR regulations. These will also be in a locked drawer in DDUH
- Your medical records will not be accessed

### **What will happen to my personal data?**

- Focus groups will be recorded
- The discussions will then be transcribed and the recordings deleted
- The participants will be pseudoanonymised during transcription
- All personal data will be held for a maximum of five years and then destroyed by electronic means or shredding of any paperwork

### **Who will access and use my personal data as part of this study?**

- Identifiable data will be accessed only by the lead investigator
- Pseudoanonymised data will be shared with the research supervisor, and potentially other members of the Oral Surgery department DDUH. Once anonymised, data cannot be traced back to any particular subject.

### **Will my personal data be kept confidential? How will my data be kept safe?**

- A Risk Assessment of the data protection implications of the health research was carried out, and overall risk of data breach was deemed to be low.
- Any presentation or publication in relation to the study will only discuss results of the subject group as a whole and will not identify any particular subject
- Persons carrying out the research or otherwise having access to the personal data are bound by a professional code of secrecy (like doctors)
- Training in data protection law and practice and GDPR training has been provided to those individuals involved in carrying out the research.

### **What is the lawful basis to use my personal data?**

By law,<sup>5</sup> we can use your personal information for scientific research<sup>6</sup> (in the public interest<sup>7</sup>). We will also ask for your informed consent to use your data as a requirement of the Irish Health Research Regulations.

### **What are my rights?**

You are entitled to:

- The right to access to your data and receive a copy of it
- The right to restrict or object to processing of your data
- The right to object to any further processing of the information we hold about you (except where it is de-identified)
- The right to have inaccurate information about you corrected or deleted
- The right to receive your data in a portable format and to have it transferred to another data controller
- The right to request deletion of your data

By law you can exercise the following rights in relation to your personal data, unless the request would make it impossible or very difficult to conduct the research. You can exercise these rights by contacting the lead researcher or the Trinity College Data Protection Officer, Secretary's Office, Trinity College Dublin, Dublin 2, Ireland. Email: [dataprotection@tcd.ie](mailto:dataprotection@tcd.ie). Website: [www.tcd.ie/privacy](http://www.tcd.ie/privacy).

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<sup>5</sup> The European General Data Protection Regulation (GDPR)

<sup>6</sup> Article 9(2) (j)

<sup>7</sup> Article 6(1)(e)

## Part 3 – Costs, Funding and Approval

### Has this study been approved by a research ethics committee?

Yes, this study has been approved by Dublin Dental Hospital Research Ethics Committee. Approval was granted on.....

### Who is organizing and funding this study? Will the results be used for commercial purposes?

- This study forms part of the DChDent degree thesis of the lead researcher. A study budget is provided by DDUH for this purpose
- There is no external funding of this research project
- Results will not be used for commercial purposes

### Is there any payment for taking part? Will it cost me anything if I agree to take part?

No, we are not paying patients to take part in the study. However, you will be reimbursed for travel expenses if you need to make any visits that you would not normally have made as part of your undergraduate training.

## Part 4 – Future Research

### Will my personal data and/or biological material be used in future studies? (May not apply)

- There are no further studies planned at this time
- If significant results are identified, the pseudoanonymised data of the group as a whole may be used to compare against other class groups, as the effect of COVID-19 changes over time
- Any such research would be carried out within five years of the start of this project
- Future studies would require ethical approval if new data is to be collected
- No identifiable data will be included in this research or any future research project
- After five years, all personal data stored as part of this research will be destroyed

## Part 5 – Further Information

### Who should I contact for information or complaints?

If you have any concerns or questions, you can contact:

- Principal Investigator:

Paul Kielty, Postgraduate Student in Oral Surgery

[paul.kielty@dental.tcd.ie](mailto:paul.kielty@dental.tcd.ie)

- Research Supervisor

Dermot Pierse, Consultant Oral & Maxillofacial Surgeon

[dermot.pierse@dental.tcd.ie](mailto:dermot.pierse@dental.tcd.ie)

- Data Protection Officer, Trinity College Dublin: Data Protection Officer, Secretary's Office, Trinity College Dublin, Dublin 2, Ireland. Email: [dataprotection@tcd.ie](mailto:dataprotection@tcd.ie). Website: [www.tcd.ie/privacy](http://www.tcd.ie/privacy).

Under GDPR, if you are not satisfied with how your data is being processed, you have the right to lodge a complaint with the Office of the Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, Ireland. Website: [www.dataprotection.ie](http://www.dataprotection.ie).

### Will I be contacted again?

If you would like to take part in this study, you will be asked to sign the Consent Form on the next page. You will be given a copy of this information leaflet and the signed Consent Form to keep.

Once dates for the focus groups have been set, you will be contacted in small groups and invited to participate.

## **11.5 Appendix E**

# **Participant Consent Form**



Trinity College Dublin  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin

**STUDY NAME:** Impact of COVID-19 on Undergraduate Student Experience in Oral Surgery

### Consent Form

There are 3 sections in this form. Each section has a statement and asks you to initial if you agree. The end of this form is for the researchers to complete.

Please ask any questions you may have when reading each of the statements.  
Thank you for participating.

Please initial the box if you agree with the statement. Please feel free to ask questions if there is something you do not understand.

General	Tick box
I confirm I have read and understood the <b>Information Leaflet</b> for the above study. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.	
I understand that this study is <b>entirely voluntary</b> , and if I decide that I do not want to take part, I can stop taking part in this study at any time without giving a reason. I understand that deciding not to take part will not affect my future medical care.	
I understand that I <b>will not be paid for taking part in this study</b> .	
I know how to contact the research team if I need to.	
I agree to take part in this research study having been fully informed of the <b>risks, benefits and alternatives</b> which are set out in full in the information leaflet which I have been provided with.	
I agree to being contacted by researchers by e-mail/phone as part of this research study.	

Data processing	Tick box
I agree to allow personal information about me to be shared with third parties including; national and international hospitals, and academic research institutions for the purpose of dental education research, as described in the Information leaflet.	
I understand that personal information about me, including the transfer of this personal information about me outside of the EU, will be protected in accordance with the General Data Protection Regulation.	
I understand that there are <b>no direct benefits to me</b> from participating in this study. I understand that <b>results from analysis of my personal information will not be given to me</b>	
I understand that <b>I can stop taking part in this study</b> at any time without giving a reason and this will not affect my future medical care.	

FUTURE USE OF INFORMATION		
RETENTION OF RESEARCH SAMPLES IN THE FUTURE [please choose one or more as you see fit]	Y	N
<b>OPTION 1:</b> I give permission for my personal information to be stored for <i>possible future research related</i> to the current study on dental education <b><i>only if consent is obtained</i></b> at the time of the future research and the research is approved by a Research Ethics Committee.		
<b>OPTION 2:</b> I give permission for my biological samples/personal information to be stored for <i>possible future research related</i> to the current study dental education <b><i>without further consent</i></b> being required but only if the research is approved by a Research Ethics Committee.		
<b>OPTION 3:</b> I agree that future research projects into dental education may be carried out by researchers working for <b><u>commercial/pharmaceutical companies.</u></b>		
<b>OPTION 4:</b> I understand <b><u>I will not be paid for any</u></b> future use of my samples/personal information or products derived from it.		





## **11.6 Appendix F**

### **Focus Group Transcripts**

Notation:

[nonverbal communication] e.g. [laughing]

(inaudible 00:00:01)

(redacted information) e.g. (name)

<overlapping speech>

Filename: Meeting 1 (audio\_only.m4a)

Speaker Identifiers:

I: Interviewer

P1: Participant 1 (female, European? accent)

P2: Participant 2 (male, Irish accent)

P3: Participant 3 (female, North American accent)

P4: Participant 4 (female, North American accent)

P5: Participant 5 (female, Irish accent)

I: Okay, so we're up and running, so we're recording there. So first of all, really just how have you found your Oral Surgery training before COVID? So I suppose you guys were impacted halfway through fourth year, so you didn't have a huge amount of training. But is it an area that you guys were nervous about or you know, compared to restorative, is it something that you felt like you needed further training in? Or anything you want to say really about Oral Surgery before COVID hit.

P1: I think like the teaching is very similar to what we had before, like I think in terms of clinics and things like that. But just some of the, whatever we didn't have time to do in the class sessions and then I would, personally I would send emails that sometimes didn't get replies, so that was a bit issue. Not so much in Oral Surgery but mainly in division two, restorative, some supervisors wouldn't really reply to emails so that was a big issue I guess.

I: They weren't replying to you, is it?

P1: Yeah, so you know because we didn't really have time together and talk about things? If I had a question.

I: Okay, yeah. And is this before COVID now or after?

P2: I think --

P1: More that the interact--, this is, so this is after COVID

I: Okay.

P1: So before you could ask questions and <you know you could>

I: <I see what you mean.>

P1: talk to people and <things like that.>

I: <Not having that face-to-face contact.>

P1: Yeah.

I: Sure.

P2: Before COVID I think we had a lot more exposure to things, like we had a lot, for example I think most of us at least, I don't know about the others but we had like eight, if we had eight bays or maybe, sorry, it was probably six bays with maybe twelve patients coming in for assessment clinics? I think that was the main thing we were doing in fourth year, whereas now that would be down to only maybe half that.

I: Yeah. Okay. So it's kind of --

P3: Yeah, and before...

I: Sorry.

P3: Sorry. For module six anyway, I think (name) and I, we experienced the Saint James clinic or hospital, so with Mr Barry there, so we got to see a lot of procedures and stuff and surgeries, which I found very interesting but we also weren't seeing as many cases as other people who did do Oral Surgery in the Dental Hospital, and especially now that we missed out on another, like a whole semester in fourth year

I: Yeah.

P3: because of COVID. That was a little bit, I think our module didn't have as much experience in Oral Surgery just because of that.

I: Okay. And is it because, is it just module six that always goes to James's, or how is it decided who, which group goes up there?

P3: It's always multiple--

P?: (inaudible, overlapping speech, 00:03:09-10)π

P4: It's always module six, in like the first semester,

I: Yeah.

P4: and then Hilary Term it'd be module five.

I: Okay.

P4: But that never happened, and then it would have been module four, so it's always the last three modules that go.

I: Okay.

P3: So not everyone goes, really.

I: So it's kind of pot luck, is it?

P4: But also it's just that module six, it's already kind of neglected, we're the last module and then there's eight of us,

I: Yeah.

P4: so we like already had very limited experience compared to everyone, and when we had, was it (inaudible, 00:03-:42-45) afternoon, and we barely did anything, whereas like the Thursday afternoon probably had, I don't even know, ten patients and we'd be lucky if we saw three.

I: Oh really?

P4: And one, and like, you know, maybe there'd be one extraction between four of us,

I: Yeah.

P4: and then two biopsies.

I: Yeah.

P4: So I mean, like I said, we're already a neglected module, and then on top of that with COVID, yeah, we probably are behind.



I: Yeah. I know, like you said it's great to see neck dissections and mandibulectomies and free flaps, but you're not going to be doing that in your first year out in general practice. So do you think maybe that the Saint James's module could be delivered on a voluntary basis instead of certain groups always going or doing it, I know some groups go up during the summer, but how would it be done better?

P4: I mean...

I: over the weekends or something, or...?

P4: I think it was interesting, but it was a lot for us to go from restorative clinic and then taking the LUAS and everything

I: Yeah.

P4: to Saint James every week. And having to pay for that as well, the travel, so maybe if they perhaps did, you know, one module, one week and it kind of rotates,

[00:05:05]

I: Yes.

P4: it would be a little more fair that way, because I just, personally I thought, like it was interesting but like you said, we're not going to be doing any of that stuff and it would be more valuable for us to be in DDUH doing their molar assessments and things like that rather than trekking out to Saint James every week kind of thing. Or was it every week, <name>? It was pretty frequently.

P3: Yeah, it was every, no, it was one week LA, one week Oral Surgery.

P4: Right. Yeah. Every second week.

P3: Yeah.

P4: Also like, I feel like there was also an issue with (inaudible, 00:06:21) we wouldn't know if they were cancelled or something like that.

I: Yeah.

P4: So I feel like...

I: Communication isn't great, for sure.

P4: Yeah.

I: Okay. So procedure-wise, now that you're nearly out the door, do you think you've done enough Oral Surgery, hands on? Would you be confident taking out a tooth now in a couple of months' time?

P5: I think it really does depend if the patient has perio or something like that, that makes it easier, but I feel like the same, we haven't, I don't know, we would have the Friday afternoons or the Monday mornings, and then no one would really turn up. It's always the case, like sometimes you'd go into locals and not do extractions.

I: Yeah.

P5: Overall it was fine but I feel like we still could, I think everyone should be doing twenty-five plus extractions and that hasn't been the case.

I: Okay. And <twenty-five would really be the target for other years as well?>

P5: And then <even (inaudible, 00:07:13) I actually, to be honest> I (inaudible, 00:07:15-16) this year.

I: Sorry, say that again?

P5: I just saw my first surgical this year, whereas I feel like people were doing surgicals in other modules. So just depends on how they distribute the module rotations or something, that,

I: Sure.

P5: because certain supervisors actually see a lot more as well.

I: Yeah, it seems to be very kind of almost pot luck, where, you know, where you are on a certain day, you could see three surgicals in one day or you could have three patients who don't turn up and you see nothing, and I think as well because of the local sessions with COVID and everything, you know, now it's only two students per session. So you know, you're pretty limited to the number of sessions you have.

P2: I feel like simple extractions are definitely fine, like once you have the hang of those it's okay, and then you'll do more extractions in the first couple of months out than you've done your entire undergraduate anyway, so I feel like it's not going to be too big an issue. At least that's my opinion on it.

I: I suppose it's the same every year, but yeah, like P3 said, I suppose it's about making sure once you're safe to practise and you know when to stop and when to refer, then it's a case of learning on the job, I suppose. Yeah, you're out in the practice and you know you're, when there isn't a comfort blanket there, you're kind of left to your own devices a lot and that's really when you cut your teeth a bit and, excuse the pun, but you learn a lot more in probably the first month, you do

more extractions than you would have done in two and a half or three clinical years, you know, so.

Okay. And -

P3: I just have to <say on that,>

I: <Sorry, go ahead.>

P3: just with the extractions, I was just going to say, just in terms of, it's very silly but at the start I feel like, even like instrumentation orientation of the extraction instruments, getting very orientated with that was a bit slow for us and then how to hold the instruments and use the instruments, and I kind of just learned that as I got a different supervisor, someone, a supervisor that was more keen on teaching us that. And I feel like it's just something simple, like give us a small lecture or some slides to show these are the instruments, these are how you would use them, or these are the indications of when to use them. But I know we can look it up in the book and stuff, but I feel like sometimes it's just easier when someone just tells you,

I: Tells you, yeah.

P3: and shows you rather than just I suppose relying on who is coming in to supervise to show you.

I: Sure.

[00:10:00]

P3: Because some of them don't show you, some of them just leave you on your own and you're like, I don't know how to hold this luxator, that's just like really early on in fourth year, I think. That was only from my experience.

I: No, that's a great suggestion. So is there anything in particular you find difficult about extractions that you feel could be taught better, or if there are certain, like you said, techniques or anything that could be taught better?

P1: I think troubleshooting, like if an extraction doesn't go the way that you want to, it's not so much, I guess most of them you would learn from actual cases and usually that's not as common. But like if you can't take a tooth out and actually even show you how to stabilise it in the meantime, fistulas, things like that.

P4: Yeah, and even just going off that, kind of knowing for us how to assess whether or not we will be able to do it in general practice or it should be referred, because I think maybe quite a few extractions in locals are, you know, there are oral surgeons there who can take that out, but if we took that in practice, we wouldn't really have a chance of doing it because we wouldn't be, you know, so comfortable. So maybe distinguishing between extractions that we would be able to do versus ones that should be referred on.

I: Sure. Again, like in a kind of a formal teaching lecture type setting? So go through x-rays and say look, these ones are ones that you take on and these ones are ones you'd refer. Is that what you mean?

P4: Yeah, like we did that for third molars, but you know, how would you do for just a retained root or, you know, something like that.

I: I suppose that can change over time. So has anybody had like a bad experience in Oral Surgery? Anything that's kind of gone wrong and you've, kind of put you off or upset you?

[silence, 00:14:00-12]

I: P2, we won't mention the periotome.

P2: I've (inaudible, 00:14:17-18) the periotome again, I have to say. I've gone back.

I: Have you?

P2: [laughing]

I: Was it, was it,

P2: I have, yeah.

I: did it work for you?

P2: It did work the second time, yeah. It was a great, great case for it.

I: Well that's just it, you see? The more you do, the better technique and everything, so.

P2: Maybe, yeah.

I: Okay, so overall what do you think the impact of COVID has had on your Oral Surgery training?

Do you think you're at a lesser-off position than the year ahead of you?

P2: I think of the three divisions, it's probably had the least effect on the division three, so Oral Surgery, neuromed.

[00:15:00]

I: Okay, cool.



P2: It's probably had a bigger effect on division one, and the, sorry, division two and then specifically paediatrics has been pretty heavily affected I think. But oral surg, we might have missed out on seeing some really advanced, you know, maybe cancer cases or, like I haven't seen many cyst enucleations or things like that, but that's not something that I think I'll be doing next year anyway.

I: Sure.

P2: And I think the grounding we've got in extractions is pretty good. So I'm fairly happy with it.

I: That's good to hear. Anyone else?

P5: I think it's just in terms of, we obviously have less, I suppose less exposure, like we're less frequently in theatre or surgery. But I remember at the start of fourth year, we were in there every second week and that really reinforced all our knowledge, and I feel like if that is what's normal, we would have been fine. I feel like we're no better off than I'd say what fourth years would be with their less exposure in div three.

I: Okay. That's good to hear. So going into the kind of teaching side of it, how did you find the kind of online learning or remote learning over the last year in the division?

P3: I found the evening lectures were really tough to do, just because you know, you “then if it goes, you know, past an hour, it’s like eight o’clock and then you don’t really have much time after that, and that’s the only way they can really do it, but it was very tough to do that, to bring home, you know, and you still have to do a lecture after hours.

I: Would it always start at seven o’clock?

P5: I think most of the time, yeah. Most of them did.

I: So is there any way you could do it better, is there any-?

P5: Seven. I think they could have, well, probably getting everyone an afternoon off, or a morning off if possible, like a Friday afternoon everyone’s off and then group all the lectures in a three-hour block or something with a few breaks in between. We’d rather that than, yeah, after a full day of clinics like (name) said, to come in at seven o’clock trying to pay attention to something whereas we’re just tired.

I: Yeah.

P5: Obviously before COVID it was fine, because I think it’d be during lunchtime,

which wasn't ideal but still, you'd be, at five o'clock you'd be finished or half five you'd be finished, you weren't bringing it home.

I: And have the lectures -

P3: And I know that for--

I: Sorry, carry on.

P3: Just for, I know for every division, it's not just division three but we tend to get a lot of lectures, you know, closer to exams, and I know it's trying to help us, but if it was before, you know, we can actually learn it and then we would have more time as well, versus, you know, later on in the semester when you're trying to study and then you have these late time lectures. It was pretty tough.

I: Okay. Would it be better -

P4: I think one of good thing was that they recorded lectures, not a lot of them but some of them, but if they did that more often, you could just watch it on your own time, because they knew, they'd be apologising in the lecture, like we're sorry, we know you're not paying attention, it's just like, okay, then how about you just give us the lecture in a recording then?

I: Yeah.

P4: Instead of making us just be like zombies.

I: Yeah. Yeah, <if they kind of had an on-demand ->

P2: <I know it would be kind of a big ->

I: Sorry, (P2).

P2: It would be kind of like a big technological step up, but for the oral pathology lectures, they had mini kind of Q and A pop-ups that came up on it? So if that was an option for recorded lectures, I guess that's kind of two steps ahead. But where it's a recorded lecture with questions in it and then you know kind of test and engagement, but I understand they're difficult to arrange and do, so.

[00:20:03]

I: Yeah, that might be something they could do, just make sure that it's all available on a Dropbox or something and whenever you have time personally you can just crack on with them.

P5: I think case kind of lectures we had, we had them with Doctor Clarke. They were very useful, those two. She'd show us a series of pictures and walk through those? So those kind of things are I think a lot more useful and practical than just, I suppose, pure didactic lectures with notes on them. Yeah.

I: That's the only problem with recorded lectures, I suppose you lose that interactive element that it's just somebody talking through something and you can't really stop to ask them questions or, you know, would that be a problem? I don't know.

P2: Could you do something like a recorded lecture assessment-based system?

I: How do you mean?

P2: And then maybe have actually, maybe have like a couple of recorded lectures and then like an online assessment thing.

I: Yeah. You probably could.

P2: And the have that worth either clinical credits or...

[silence, 00:21:43-00:22:03]

I: Can you hear me, guys?

P2: Yeah?

I: Sorry. I think there was a bit of a delay or something. But that's great, thanks. So, and yeah, as regards the examinations then, how did you find last summer's exams?

P2: The twenty-four-hour "open-book" or...?

I: I suppose yeah, certain, like any of the Oral Surgery summer exams, you know, they were all "open-book", yeah, so yeah, the twenty-four-hour exam. How did you find that compared to a traditional three-hour paper or two-hour paper?

P2: I definitely wouldn't say twenty-four-hour "open-book" is the way to go in future. It was really, just like having a full day for it meant that, it was scheduled to be like three hours but most people spent seven or eight hours and I heard of people spending ten or twelve hours on it.

I: And do you think the people who spent ten or twelve hours, like would they, did they do better or, you know, do you need to spend that long on it?

P2: I think there's probably a correlation between time spent and results, but maybe not a direct one.

I: And were there people staying up all night, kind of doing an all-nighter kind of thing?

P1: I actually, obviously I went for almost the whole thing, you know, much more than four hours, but actually I still think that was more worth it than the stress of just sitting a quick exam. I actually preferred it. Just less stressful, I got a takeaway halfway through like. [laughing]

I: Yeah. How long did you spend at it? Roughly?

P1: I think about, when did it start? At least ten hours.

I: Okay.

P1: That's just me.

I: Yeah. It's funny how, yeah, some people just sit down for two, three hours and just blast it out, and other people, yeah, are up all night looking at references and everything. Okay, so is there anything the university could offer, now that you guys are nearly out the door, that would help to improve your confidence in Oral Surgery or, you know, any further training that you guys think they could do post-qualification or anything?

[00:25:00]

P2: Well there's only the RCSI CPD, which is really good, and anyone can go along to that, so I think if you're having trouble with it you can always kind of upskill yourself as well. And then as long as you're safe, which I feel like most people are, or, sorry, I feel like everybody is, then that's probably all that really matters.

I: What are the RCSI offering?

P2: They'll, they're always just running a lecture series every month and they have all kinds of stuff for all the different dental topics, and there's the IDA that does lecture series as well.

I: Yeah. So rather than just lecturing, is there anything else from a practical perspective?

[silence, 00:26:27-00:26:40]

I: Stumped.

P2: I think it's probably fine.

I: Okay. Alright. Okay. So any positives to take from the COVID period, from an undergraduate perspective? Were there parts of it that you thought that was great, you know, that should be kept even when COVID is hopefully gone end of the year? Any of the kind of unforeseen events that



happened to you guys and the way that you guys had to go about your course differently to everyone else? Is there anything that you were like, god, that was actually really good, that worked really well, that we should look at keeping in the future?

P3?: Scrubs.

I: What was that, sorry? Scrubs?

P3?: Yeah.

I: [laughing] Yes, I agree. Definitely.

P2: Getting penalised when your patient DNAs.

I: Yeah, definitely. But from a teaching perspective, you know, I know the online lectures were tough in that they were at the end of the day, but the actual method of using online teaching, is it as useful as sitting in a classroom? If the times could be improved? You know, like I said, if they could, like you were suggesting, booking off an afternoon, if they gave you an afternoon to go home and sit and? At least you could sit in your pyjamas with a cup of tea and work through the lectures on the laptop. Is that beneficial or should they just go straight back to the old-fashioned kind of sitting in the lecture hall?

P2: I guess if you're going to take an afternoon off and people are going to be in anyway, then maybe a lecture hall might be better. But maybe if there was, if it was going to be a lecture hall would there be a lot more focus on engagement and things like that? Again, I know that's hard, but. Or maybe moving some of the technology from the online lectures into the in-person lectures. Like Angus Burns, the orthodontist who does a lot of in-class surveys during his online ones? They could be done during the in-person ones as well.

I: Sure.

P1: I actually really liked the online lectures, because often they would have during lunchtime and (inaudible, 00:29:15) things like that. I cannot focus when I'm hungry so I really liked coming home, getting a cup of tea and doing it. [laughing] So I think it's very convenient.

I: Sure. Are the online lectures better when they're live? Or like you said, I know from a recording point of view it's handier, but is it better if you're able to interact with the person who's teaching you and they're there in front of you at the time? Or is it better if it's just a didactic lecture that they, you can sit down and open up and talk and watch at any stage?

P4: But if it's recorded and you can go back, you can probably clarify something yourself, so would you even need to have a conversation? So there's always that.

[00:30:04]

I: Yeah.

P5: I don't see why there couldn't be a bit of both. I suppose when they give us the lecture, just have that recorded then, say if someone missed the lecture, they can go back to it. But also then you can focus your attention on the lecture and be like right, I'll get those notes later or I'll get that part later, that I missed there.

I: Yeah, that's very true. That's grand. And I suppose, from an Oral Surgery perspective, do you feel ready to practice independently?

P4: I feel like I probably feel confident about anterior teeth, but for third molars, I would probably do another course for it. And then probably, yeah, like surgical extractions as well. I would probably take a course for it, or (inaudible, 00:31:26).

P2: I suppose it also depends what instruments you have in the practice you work in, because I'm used to using the ones in the hospital but you might not always have those where you're going to work. So.

I: Definitely.

P2: Maybe more experience might get you more used to compromising using other things.

I: That's definitely the case, yeah. Might be in trouble (name), there won't be a periotome to hand, I'd say.

P2: Just use a scalpel.

I: That's true, you could use a scalpel. But it is true, yeah. Okay. I've kept you guys long enough, supposed to be twenty minutes and it's been forty, so thank you. Anything else you want to ask? Any questions, any last comments or anything you want to add that might be useful?

[silence, 00:34:19-29]

P5: I think one thing I've found is of all the division three consultants, supervisors, everyone, are just actually really nice and approachable. It's always a very good thing I think, in division three specifically.

I: Yeah. That's good to hear. That's nice to hear. I'll feed that back anonymously to the department. Okay guys. Thank you, I don't want to keep you anymore. If anybody has anything else they want to say or add, fire me an email. If there's any comments that you thought oh, I should have said that or you come up with some amazing ingenious plan that we can use going forward with teaching the years behind you guys, but that was really informative and there was some really good points there, so thank you very much.

P5: Thank you.

I: Thanks guys, take care, and like I said drop me an email if you have anything else you want to add, alright? Appreciate your time.

P2: Sure thing.

I: Take care.

[end recording]

Notation:

[nonverbal communication] e.g. [laughing]

(inaudible 00:00:01)

(redacted information) e.g. (name)

<overlapping speech>

Filename: Meeting 2-1 (audio\_only.m4a)

Speaker Identifiers:

I: Interviewer

P1: Participant 1 (female, North American accent)

P2: Participant 2 (female, Irish accent)

P3: Participant 3 (female, North American accent)

P4: Participant 4 (male)

P5: Participant 5 (female, North American accent)

I: Okay, so we're recording there guys. So thanks again for coming on. So I just wanted to ask a few questions about your experience in Oral Surgery as an undergraduate. So first of all, how much experience in Oral Surgery did you guys have before COVID? You've probably had six months or so, six, seven or eight months before COVID struck. So you would have got some basic foundation in Oral Surgery at that stage, I assume.

P1: Yeah, I think six months and we had LA clinics as well, which is kind of Oral Surgery. So probably

I: Did you get much hands on?

P1: once a week? Sorry?

I: Did you actually get much hands on? Did you take many teeth out or did you do many procedures?

P1: LA clinics you definitely would have. When did we start Oral Surgery?

P2: We started the start of fourth year, with locals. Right?

P3: We were, we had Oral Surgery at the start of fourth year as well, right? We were in <Oral Surgery in like...>

P2: <Yeah, both of them.>

P1: For us, it was the assessment clinics at the beginning of fourth year.

P2: Yeah.

P1: So we weren't actually in the theatre until fifth year, and we had locals clinics at the beginning of fourth year.

P2: I think with us, P1 as well but our module's kind of small, so our rotations were quicker. It was every three weeks for us instead of every, or what? Was it every three weeks?

P2: Yeah.

P2: Or every two weeks even.

P4: Every three weeks, yeah, that's correct. I think we had...

P2: Oral Surgery every two weeks, no?

P3: Yeah, I believe you're right. It was pretty consistent.

P2: Yeah, <that was the module....>

P3: <It was like every other week,> whereas after COVID, then they had to break the module up even further

P2: Oh yeah.

P3: so you were paired, <so you had your...>

P2: <Because we were with like, (two or three? 00:01:58), yeah.>



P3: So our module I think is seven, so one individual was by themselves, and then there were four groups basically.

P2: Yeah. But anyway, yeah, so the smaller modules got to see more, basically, because we're rotating quicker, whereas the module of the eight would rotate slower I guess. So we got to see a bit more than I think bigger modules, I think, and yeah, I think the beginning, we saw a lot of assessments and stuff, but it was before COVID started. But yeah, definitely not as much hands-on. But the locals clinics we definitely did get to do a good bit of extractions and biopsies.

I: And the other thing that the other group were saying was that there was, I think was it two of the groups go up to James's and they were saying that, you know, they got to see neck dissections and all these fancy things, but then they probably missed out on some of the basic extractions and stuff, because they were elsewhere. Did that affect any of you guys?

P2: Yeah, we weren't in those modules, that module, but it would have been nice to have had that opportunity too I guess. I guess it's not as relevant for our course or whatever, but it would have been interesting.

P1: P5 was in a module of eight, so now that she's on she might have an opinion about the amount of exposure she had there.

I: Sure.

P5: What are you talking about?

I: Hey P5, thanks for jumping on.

P5: Hi. I'm trying to find my iPad, so I'm on my phone. Just...

I: No, that's fine it's really, just audio is fine anyway, if you don't have camera don't worry. It's just, hey, I see you. So we're just, hey, so we're just starting off really, chatting about how much experience you guys had before COVID hit. So we're just talking about the fact that a couple of modules go up to Saint James's and maybe get some of the more, you know, you're seeing all the maxfax, your head and neck cancer, but maybe missing out on some of the basic extractions and biopsies and stuff.

[silence, 00:04:11-24]

P1?: Yeah. I feel like this year obviously with COVID, I feel like from last year we got the normal amount of LA clinics and stuff, where we were able to do, like I was with you, we were able to do biopsies and extractions and stuff. A decent amount anyways, and I've had...

(inaudible, distortion in recording, 00:04:53-55)

P3?: Which has also made it really difficult to get the competence, just because we haven't been in.

[00:05:00]

P1?: Like in total, I'll be in four times in the entire year. Some people have had a semester of six times. But I'm on the very low end of that spectrum, so.

I: Sure.

P2: It was kind of hard to organise things as well, because they were pretty strict with swapping and stuff like that. I think they were just like no, this is the rigid timetable because of COVID, they have to track who's in which clinic. So they weren't even really lenient on like okay, you're missing out on some clinics, how about you sit in this. So it wasn't...

P5: Yeah, especially this year, I was out for a close contact thing, and I would have swapped with someone, but because of those rules, they freaked out about it and basically, like do you know, if you're out because of a close contact, you should be able to swap with someone who's not out. Do you know what I mean? Especially with COVID.

I: Yeah, sure.

P5: So.

I: That would definitely make sense. Okay, so you guys are nearly ready, nearly ready to qualify, you're nearly out the door. So when you're going into practice now, what do you find difficult about extractions? Is there anything that you feel like you're not competent with or you're kind of worried about starting off by yourself?

P3: I just find, I found with you, Paul, last semester we got a lot of surgical extractions. So when we were in LA, we weren't really doing the extractions, we were more observing you doing the extractions, because all the surgical extractions were booked into you. So it would just be, I feel like we would learn a lot more, take away, I don't know, just doing the hands-on stuff is where you get all your skill from. And so I think if they assessed these a little bit better, prior to just booking them in to the clinic, I think it would be hands-on experience. I just found that was, it was just disappointing to turn up to LA clinic and be suctioning and watching the surgical extraction.

I: I know.

P1: I think to play on P3's point there, the two aspects that I would really like to explore more would be if you do break a root, having guidance in terms of fishing it out, because that's going to happen to us in practice, and you do need to fish it out, and knowing when to say this is too hard for me or when to say okay, go after it.

P5: There was a root lecture on that though. I don't even think, though, that that, like that's a very specific thing that even general dentists might have difficulty with. There was a (Remi? 00:08:08) lecture on that for...

P1: No, I know, but not having someone step in, and just having them guide you through that process, as opposed to, actually Dr Beattie was really good at the end of A and E clinics, near the end there, the last couple of sessions, she said okay, go after it, but she would stand there and help you with it, as opposed to stepping in and getting it out. And the other thing is maybe teaching sectioning of a tooth.

I: Yeah, which is something you might well do in practice.

P5: Yeah, I was going to say (break in audio, 00:08:48) luck really, but I feel quite confident with extractions except molar extractions. I just haven't, I've probably done two molar extractions and, you know, that's something that going into practice I'm going to be a little bit nervous about. I'll be able to go for it and do it, I think, but I am going to be nervous about it, and having more practice with molar extractions would be nice, because they are a bit more complex. That's what I think.

I: But yeah, I think definitely compared to when L5 I had your group last year, I think -

P2: It's kind of weird because the more practice you get, like if you're doing it regularly enough, you build up the confidence, but I found that because of COVID, I was just saying that when you have such a long break and then you go back to it, you feel kind of rusty, so it would be nice to have

more regular intervals with it, rather than having a semester, then a semester off and a semester back on. But I know that's the same thing with every other clinic really.

[00:10:18]

I: I know, it's tricky. It is.

P5: Have it be more of a drop-in system, where if you're doing an ex--, do you remember that time when I came in with, I had come in because I had a surgical case.

I: Yes, I do.

P5: And you happened to just have one student there. And that kind of system is kind of nice as well, where you can maybe even in these COVID times where everything's limited, where let's say your patient doesn't show up, then you can drop in to locals and you can help out there and get the experience, or if you have a tough extraction, rather than doing it on clinic, you can do it down with an oral surgeon, who can really teach you the proper techniques, they're like...

[break in audio, 00:11:15-22]

P2: Some other supervisors, I heard from other people...

[break in audio, 00:11:24-34]

I: Can you hear me? I think my internet's playing around. Sorry, jumped off there for a second.

[silence, 00:11:38-57]

I: Can you hear me, guys?

[silence, 00:11:58-00:12:18]

I: We were fine for the first one, but it's...

P5: Echo, echo, echo. [laughing]

P1: You're definitely clearer on your phone. Maybe if you hotspot off your phone to your computer.

P2: Oh my god. [laughing] That's so weird. What's going on? [laughing]

P1: Aaaah.

P2: Oh no. [laughing]

P3: It's so trippy. Yeah, I have to agree with P1, the connection on your phone was much clearer. It was really hard to understand you on the wifi.

P2: He's muted.

P3: You're muted.

P1: You're muted, Paul.

[laughing]

P2: Maybe he's just talking to himself, I don't know.

P1: [laughing] Right, I talked to myself all the time.

I: Okay.

P2: [laughing] The realisation.



P5: I love that. [laughing]

I: Okay, you can hear me now?

P5?: Yeah.

P2?: Yeah. [laughing]

P1?: There we go.

I: Okay. Now that's actually much clearer on my laptop.

P2: And it's recording too.

I: And it's recording. I don't know whether the first part was recorded, but anyway. So it seems much clearer, so let's keep going, hopefully. Can you hear me?

P3?: Yeah.

I: I am, yeah. Okay, I've unmuted my phone and I've muted...

[silence 00:13:48-00:14:04]

[end recording]

Notation:

[nonverbal communication] e.g. [laughing]

(inaudible 00:00:01)

(redacted information) e.g. (name)

<overlapping speech>

Filename: Meeting 2-2 (zoom\_0.mp4)

Speaker Identifiers:

I: Interviewer

P1: Participant 1 (female, North American accent)

P2: Participant 2 (female, Irish accent)

P3: Participant 3 (female, North American accent)

P4: Participant 4 (male)

P5: Participant 5 (female, North American accent)

P1: I'll try it on this computer. Perfect. Pause. Stop recording. It should, I think it's recording now?

P5: Yeah, it's recording.

I: Looks good.

P5: I have a little pink button.

P1: Perfect.

I: Yeah, that's actually much clearer as well. I can see you all, you were all very jumpy on my laptop, so.

[laughing]

I: Okay. So where was I? So what were we saying there? You were talking about, yeah, so definitely the locals clinic, I think P5, when I had your group, a lot of the cases coming in were routine extractions, whereas P3, when you were with me, yeah, it was like an Oral Surgery clinic. I was doing all the heavy lifting and yeah, it was a shame because you didn't really get much hands on at all.

P3: It was several weeks of that, too.

I: Yeah, and I was struggling with them, like they weren't easy teeth at all. They were really tricky, you know.

P3: It's unfortunate too, because I had, so I had you and then prior to you I had Dr Fisher, so she was getting all the surgicals into LA, knowing that she would be getting them. So unfortunately, me and (name) were, we got kind of unlucky. I think I had more sutures in my portfolio than I do extractions. It was unfortunate, but what can you do? It's part of it, it's part of this.

I: You're right, it's not really for undergrad teaching.

P3: And a lot of this too, it's funny just because, like one of the competence requirements is to get your flap, and a lot of us in the class don't even have our flaps done, and there were so many opportunities in LA clinics to do these flaps. So it's just, I don't know. Unfortunately it just seems like the cases aren't being designated to the right area.

I: Yeah.

P5: <On the other hand...>

I: <And it's hard in locals, as the supervisor> as well, because you have three cases to get through in three hours and you don't know the cases until you get there normally.

P2: Yeah, just to bring it to how COVID affected the clinics and stuff as well, more specifically, I think with Day Theatre, because they're only really allowed to have the two people in per session and then, or for the first half and then two for the second half, so you're only seeing one procedure really for the day? And then you only have it every three or four weeks. And then some people missing some for whatever reasons. So even us with the six in our module, we didn't have that many throughout the year. And then when we do go in, sometimes the patient DNAs, so that was the only session, or that was the only person booked in for that morning. So you end up just seeing nothing or you end up practising cannulation on an arm, like a plastic arm. So.

[00:05:06]

P1: I have to say though, compared to when I've talked to the JHOs and stuff, they have said that we've done more, whereas they've seen more. So they would...

P2: I didn't get to do much in Day Theatre at all.

P1: Okay.

P2: Yeah, I literally, I think I've, if there was a procedure going on I might be allowed raise the flap, like if someone did the incision I'd just kind of retract it and then I think I did like one or two grade three mobile teeth. Most of it was done by the oral surgeon or the JHOs, so I actually didn't get to do that much at all.

P5: Yeah, I...

P3: I was in a similar with P2 as well where, because of COVID, two of us would go into theatre or would be assigned to theatre for that morning, but we wouldn't both go in at the same time, and like P2 said, if someone, you know, didn't show up or showed up at ten o'clock and the first person was there from eight o'clock to ten thirty, you really wouldn't see much. So yeah, I was in the same situation where a few of my Day Theatre sessions were me showing up and just standing around really, not doing much.

P5: Yeah, we did a bit of suctioning in theatre. I've spoken to P1 quite a bit just personally about her experience in theatre and mine and they're so drastically different. P1 is like yeah, I've done extractions, I've done, and I'm like, I've suctioned for someone. You know, it's just very, to me theatre was a place for me to just shadow people doing things, rather than me actually doing anything. Whereas LA clinics were where I actually got to do stuff I guess, I don't know.

I: Yeah. Yeah, definitely.

P1: I think it's also, I was in with Dr Collins and Mr Pierse, and they tend to encourage you to take the reins as well. I think it's quite specific as well to the oral surgeons.

P2: A hundred per cent, yeah, a hundred per cent.

P4: Yeah, all my extractions were Dr Collins and Mr Pierse.

P1: Yeah.

P2: Yeah, there was definitely a very obvious difference.

P3: And we had a, well, with our module we were in Day Theatre sometimes with one of the oral surgeons who wouldn't let you do anything. Like you were just passing instruments. So again, it just kind of defeats the purpose, because you want to be there doing hands-on, working in the patient's mouth.

P5: But I suppose it's hard for us to know. P1 might know a little bit, but I don't know how this differs from other years, like I'd say other years probably have the same complaints or whatever as us, <with COVID.>

P1: <With COVID, yeah.> No, definitely I've heard the same kind of comments about the same people or the same supervisors and stuff throughout the year.

P2: Yeah.

I: Yeah.



P1: I don't know...

P2: Also, for COVID as well, if you're looking for specific things that affected our Oral Surgery because of COVID, the whole fact of only booking in two extractions and one biopsy to locals was a big deal for us, because again, we barely had any local sessions this year, and when we did, we'd come in for eight forty-five, first person DNAs, and then there's another person in for extraction and then the biopsy DNAs or whatever. So it kind of doesn't give room for, they could have definitely fit in more people time-wise, but because of COVID it was restricted. Or if we had seen three people, but we had loads of time to see another person just in between, we still couldn't take them on because it would have exceeded the three people. So it was really limiting with that, like obviously it has to be done, but that was a major, like for me and (name) were in locals together, we had like an hour break in between patients where we would just go mount study models and stuff. Felt like we were standing around for a lot of it. It was good because we got to go through cases and talk through things as well, but it's not the hands-on stuff.

[00:10:56]

P3: I think for LA too, it would have been nice if they'd limited each session to one biopsy and left the rest of the slots for extractions, because there were some LA clinics where we only saw biopsies. And I know that's important, but we probably won't be doing that in general practice as opposed to the extractions, which we should be getting hands-on experience with. So I feel like that would have been nice too, if they'd just kind of limited more.

I: I think that was the unwritten rule, or maybe it was a written rule. But it was supposed to be one biopsy and two extraction cases.

P4: <I don't know (inaudible, 00:12:44-5) but...>

P5: <The other thing...>

P4: Sorry.

P5: No, that's alright.

P4: Like last year, pre-COVID, I remember each patient would have multiple extraction, where this year after COVID, we'll have one or two teeth to be extracted. Where pre-COVID, I remember me, (name) and P2 will have two patients but they need eight extractions together, where after COVID I remember literally one tooth extraction each person. But now...

P2: Could have been just the cases we got, but yeah, <definitely impacted.>

P4: <(inaudible, 00:13:16) definitely, I know.

P5: Do you know what I just thought of, on that? Part of this could be because of the whole AGP thing. I never thought about this before, but because we're not allowed to do AGPs on clinic, one of the things that we were allowed to do would be extractions on normal clinic. So you'd be more maybe prone to do your patient, like beforehand you would be doing crown preps and things that took your time on clinic, so then you wouldn't have time so you'd be referring your patients for their normal extractions down to LA. But now, we can't do our normal stuff on clinic, so you end up doing more of your extractions on clinic and LA is now getting flooded with surgicals and things that you're not allowed to do on clinic. Do you know what I mean? There's just less extractions going to LA, because everyone's just doing them on the non-AGP clinics, because it's one of the few treatments you're actually allowed to do on normal clinics.

I: <So how did you...>

P3: <But then that came down to supervisor> as well, because

P2: Yeah.

P3: a lot of us had supervisors that just didn't allow even the most basic extraction, where it was like a grade three mobile tooth, like you still had to

P2: Yeah.

P3: book that into LA.

P2: Yeah.

P2: When you disconnected there, we were talking about how some supervisors on the restorative clinics wouldn't be comfortable with the students doing extraction, would send them all to locals. So it's kind of not our Oral Surgery experience, more our restorative extractions. But...

I: That's interesting, yeah.

P2: <It would have been...>

P5: <But I do feel> like COVID has probably made more extractions at normal clinics than previous times.

P2: Yeah, I actually had some supervisors saying to send it to locals in case it is a surgical, because we wouldn't be allowed do any AGP on, like that was also limiting, but I didn't have any surgicals to do or any extractions to do so that was not a factor. But yeah, just regards to different supervisors allowing you to do extractions or not, I got to do a good bit on clinics because mine encouraged me and were happy to supervise them and assist if I needed it, but I know some supervisors would send everything downstairs and...

[00:15:25]

I: So there's no actual guidelines as regards

P2: Yeah.

I: what teeth are suitable, or it's just completely <up to the supervisors.>

P2: <Yeah, it would be good to have criteria.>

P3: <It just came down to supervisor, what they're comfortable...>

I: Okay.

P5: There really should be a guideline for supervisors.

I: Yeah, that's what I was going to say. That would be useful, wouldn't it?

P5: Yeah.

P1: It would but it's also, like it's under their licence and if they don't feel comfortable stepping in and taking it out, then you can't tell them that they need to be doing it on clinics.

I: True. Yeah.

P2: It's true, yeah, but then there should be a way of knowing if supervisors can...

P5: Like they shouldn't be hired for the job if they're not going to be... [laughing]

I: <Well that's... yeah, true, I mean...>

P2: <They should have competence to do that>, if we're kind of >expected to have competencies.>

P3: <I wonder> if maybe...

P5: Like if we're expected to do it, our supervisor should be expected to know how to do it.

I: I agree, yeah. Definitely, I think, <because these are all extractions that should be done in general practice, you know? There's no reason...>

P1: <Yeah, there's floating endos> and there's floating prosthos, so if your supervisor doesn't do crown preps, you go get the prostho, or if your supervisor doesn't do endo you go get the endo consult. So why is it not fair then to expect, like if they don't do extractions in their own private...

P5: But there's been a handful of times where I've had my supervisor be like oh, is Dr Fisher there? She's come up, and my supervisor has been like, if she's okay for you to do it and she's in the building, you can do it. So that's kind of the same idea.

P1: Yeah, and I wonder if you had a floating...

I: Oral Surgery cover.

P5: Or you just knew who was on call <if you need them.>

P1: <Yeah, and it doesn't even> have to be an oral surgeon, it could be one of you, like a postgrad or something.

I: Yeah, yeah. Just somebody who's comfortable to

P1: <And that person could be (the cover? 00:17:08) for you.>

I: <take it on and if the tooth breaks> they can do a surgical or whatever.

P1: Yeah.

I: That's interesting, yeah, that could definitely work. Okay guys.

P1: Because that would be good exposure for you guys as well, you'd see a lot of stuff really quickly.

I: Definitely.

P1: And it doesn't have to be like

P5: The other...

P1: every day. Sometimes, like endo cover is only certain days and prostho cover is only, so you could have

P5: Really?

P1: only extractions on Fridays and there's an Oral Surgery cover or something, like that would make a difference.



I: Yeah. That's true.

P5: The other thing that I just thought about on another topic is just, I don't know if this would be feasible but because of COVID, there's a lot of pair work going on, which used to be individual work, and you could try and organise for someone instead of, like for example, on a Wednesday morning, instead of using the whole ortho session as a pair, have the first person be in Oral Surgery and then the second half of the session they go to ortho, so you're not wasting half of the session if that makes sense? So there's a lot of pair work going on now in younger years, in all of the years, and you could separate those pairs and have one of the pairs be in surgery or be in LA, just to utilise and to give more hours in these things, rather than having people working in pairs.

I: Sure, yeah.

P1: <(inaudible, 00:19:12-13)>

P3: <But when we were in pairs in LA,> because only three people were allowed in the room, so that was the supervisor, the patient and <then one student, someone else had to be at the doorway.>

P5: <No, I'm not talking about pairs in LA.>

P1: <P5, the problem with that is...>

P5: <We're talking about pairs in> restorative and pairs in ortho, so like <there was a day where like...>

P1: <Some of that is> while we're in ortho, the third years are in wherever. Those clinics are already being used for other people.

P5: No, that's not true. When we were in ortho on Wednesday mornings, Oral Surgery was open, because, like since I had such few Oral Surgery sessions, they organised for me to come in for half of my ortho session on some Wednesdays, because those off Wednesdays, they were just...

P2: Also, side note,

[00:20:00]

P5: So it's every other week.

P2: I don't know if A and E is part of Oral Surgery, is it? I don't know.

I: Kind of.

P2: Is it? Yeah, so normally I think a lot of people would expect to do extractions for A and E, but it was like a ghost town whenever we had A and E. I don't know why, but any time we came in, again, we were just standing around for a couple of hours and maybe one person would come in for either one extraction or, and me and (name) would basically just have one extraction every second week for each other.

I: Yeah, it seemed to be really quiet during COVID, whereas now...

P2: Yeah, so I think COVID might have affected attendance with that, in regards...

P1 <Didn't have much to do.>

I: And then...

P1: Sometimes I was really, really busy and sometimes I had nothing in A and E.

I: And now it's crazy, like a lot of dentists have stopped taking medical card patients.

P1: Fridays are usually all restorative clinics, so if you had arranged for Fridays, maybe you were in the morning and Ciara was in the afternoon or something like that.

I: Yeah. Exactly, yeah, if we're in a side surgery, you know, you're still on restorative clinic and you just bring your patient over, do your extraction with us and go back, you know? So yeah, that's definitely something we could maybe look at doing.

P1: The other thing is I, like as the class rep, I've had a lot of feedback on the weekend A and E sessions, when we were on call. Oh?

I: Oh, my.

P1: There we go.

I: Yeah.

P1: And it's all been very positive. I think a lot of people took a lot out of those sessions. Some people had nothing come in, which is just the luck of the draw. But I do think...

P2: I think those ones were good, like I only did one extraction for my one but I got to do an extraction kind of more independently than I would have in the other clinics. And it was daunting to begin with, but actually kind of gives you an actual idea of what it would be like to be in practice as well. It was nice to be more independent and do the thing from start to finish completely but also have the supervisor there, but it was, you know.

I: And yeah, certainly the second half of final year, that's what you should be doing.

P2: And it was also diagnosis as well, because the A and E patients, there's no diagnosis unless you make it, you know? So it was good to have that all done kind of by myself and then just have someone double-check my work, rather than have it completely.

P1: I think it was done away with two, three years ago, the weekend A and E sessions, on-call sessions. But I've only heard positive things, where...

I: So you think that should be brought back?

P1: Yeah.

P5: Definitely, yeah.

P2: Oh, that used to be the thing? I didn't know, I thought

P5: Yeah.

P1: it was just for COVID.

P5: I think three or four years ago they did away with the on-call.

I: Okay. That's useful. Okay, I don't want to keep you guys too much longer, <but we can talk...>

P5: <I'd like to have (audio distortion)>

I: Oh. Oh.

[laughing]

P2: She's breaking up.

I: Go again, P5.

P2: No.

I: Gone.

P2: Oh.

P1: Did you have other questions for us?

I: Yeah, I just wanted to spend just five minutes and I'll let you go. Just to ask about the teaching side of it I suppose and the online lectures and the "open-book" exams and kind of the changes in teaching practice, and how did you find that?

P1: <(The lectures were awful.? 00:24:24)>

P2: <I think being> fifth years, we had most of our teaching finished, right? I don't know. It's kind of hard because I'm not sure how to compare it. I didn't know what the previous years had, but...

I: You did the twenty-four hour exam <last summer.>

P2: <Well, yeah, that.>

I: How was that?

P2: With regards to lectures I don't know, but the exam itself was definitely different, but I think with division three, it was a bit more straightforward than the other two. The other two were a bit more brand new kind of style of exams, whereas this one was like a middle road, it wasn't as hard to...

P1: Adapt.

[00:25:00]

P2: adapt.

P3: With respect to the online teaching, I think having the online lectures gave them the opportunity to just do them whenever, and so we were having them at eight o'clock at night and we wouldn't be finishing until quite late. So we'd be in clinic for the whole day, morning, afternoon session, and then we'd come home, barely have time to eat and then we'd be going into a lecture. And lectures literally would start at seven-thirty or eight o'clock at night, and you're not, who's taking in information at that time of night? Like that was difficult. I mean, it was difficult for me,

P1: <Exactly, yeah.>

P3: <I'm sure it was difficult> for others as well. <No-one's taking in information at...>

P2: <Yeah, and like I had to,> I was cooking my dinner while watching them. It wasn't really practical. I was like, how am I going to have time to cook and eat dinner and watch a lecture and then still be ready by nine p.m.?



P3: It just felt like it really gave them the opportunity to just have them whenever, you know? So.

P5: We got bombarded with lectures from all of February and all of March. It was nearly every single night of the week, like you did not have time, and we were supposed to be studying after that.

P2: I think I blocked that out of my memory. You know what, I was like, I don't remember the teaching part of it? I actually blocked all of that out.

P3: We had lectures at eight o'clock and then they'd wrap up at nine, and you'd be trying to head to the books to study for nine o'clock. <Like it just doesn't work.>

P5: <That's like, it was like>

I: Awful.

P5: a month or two months before our exams, and they're giving us lectures until eight p.m. and we've got clinics every day. It was...

P3: It was kind of notorious for packing on lectures right before exams, like you just...

P1: I did actually bring it up to some consultants, that it was very stressful and people were having a really hard time processing the information, taking it in, and even emotionally having enough time to recover from a day, to come in the next day, and

P5: It was so bad.

P1: the response was kind of, well, the person giving you the lecture has to take time out of their evening as well to give it. And I was like yes, but they're taking one night out of the month and we were there at least <three or four nights.>

P2: <We have exams to study for too.>

I: Yeah.

P3: Yeah. It was really difficult.

P5: It was like three to four nights a week. So you'd maybe have one, like a Friday night off, maybe.

I: And why are they all packed in at this time of the year? Why could they not have been <delivered earlier in the year?>

P3: <They always just seemed> to do it right before exams. It's just, I don't know why, and I don't think anyone can answer that, but it just always, I don't know if it comes down to bad planning or they just think that

P2: <Yeah, because it's not COVID stuff.>

P3: <if they give it to us before> the exam it'll be fresher in our minds, but it just seems that always...

P2: I think it seems more like they're busy organising the year, so then by the end of the year they're like, okay, what have we not covered? And then they kind of try to gather all the stuff they haven't covered and then <(inaudible, 00:28:04-5)>

P1: <I don't know that really> lectures are any different. They definitely had the same volume of

P2: No, that's what I'm saying. I don't think it's COVID-related, because

P1: crazy lectures...

P2: this would happen like even

P1: Yeah.

P2: before COVID.

P1: It's just that they were at lunchtime, which also wasn't ideal because then you're rushing off, like after clinic you're trying to shove something in before your next clinic, go to lecture and then come back.

P2: Or you'd be missing the lecture just because you didn't have time to, like you'd be finishing clinics late, like we missed so many lectures because our supervisor liked running over time with clinics. So we'd be out by one o'clock and the lecture would be half-over. So both of them aren't ideal. You'd either be missing it or lunch.

I: Yeah. How could it be improved, then?

P2: Just like you said, kind of planning ahead, so having the lectures a bit earlier in the semester.

P1: Or integrate it. Like to be honest with you, we don't get many lectures up until all of a sudden, at the end of fourth and suddenly into fifth year, they're like oh crap, we've been giving you PBL this entire time and making you figure it out for yourself, all of a sudden we want to explain things to you, and so let's give you all these lectures. And you're like okay, well, <A, it's so long ago...>

P3: <This would have been nice during PBL> we were all confused. [laughing] And had no guidance.

P2: Like CBL was the way to be doing it, the way they gave us something to look up and research, and then have a recap or one of the consultants go through it with us at the end of the week as well? That was a lot better than having PBL where there's no...

P1: Having that afternoon off to be focused on that topic and you're actually talking about that topic, maybe it's only once a week and it's a Friday afternoon or a Thursday afternoon or something, the whole class attends, you actually have the brain space and the capacity to take the information in. Nearly (inaudible, 00:30:13).

[00:30:14]

P5: Paeds did these e-books, so they didn't really have to do lectures. They maybe did one brief lap-up if that, because they were just like, everything's in the e-books. That's the study material for you to use, we don't need to waste eight hours of your time in the evenings giving you lectures, because we've prepared material for you to read and for you to, you know?

I: Interesting, yeah.

P5: But also, like this is a personal thing, but I think that I would prefer something to be right after, like either at lunch or right after clinics, so that way when you go home, you go home. Like you go home at seven or whatever, like from five to seven you're in lectures and you go home and you have your dinner. For it to be that awkward time of six-thirty to eight or something is right in dinner

time, and that's a COVID thing. That is because they were giving people to get home to get to their computers and do Zoom and whatever. But I think having it and then when you're home you're just home, rather than it being this awkward...

P1: Yeah, even if the lecture was in LLT right after clinics, it would be fine and everyone would come in and you'd just do the lecture and by the time the lecture's done, you just go home.

P5: Just go home, you have your dinner, you whatever. Yeah.

P1: Study for finals.

I: Yeah. And what about on-demand lectures, if they were all recorded on Dropbox or something and you just logged in whenever you had an hour to sit down and watch it?

P1: I really struggle with online learning. And it could just be I have ADHD tendencies and so I have a hard time self-regulating things like that? So the online learning stuff, for me I don't think I take it in as well. I don't think I register as much of it and don't think I find it as important to retain. Definitely with the online exams, I have less knowledge in my brain and memorised than I otherwise would have.

I: Okay. That's interesting.

P5: I think it's a matter of getting used to, though, because we've never really done it, so you just have to get used to motivating yourself to go and watch that lecture in your free time, do you know? There's less of that self-motivation factor when it's someone's giving you a lecture right now, you're like I have to be there. Whereas if it's just in a Dropbox, but at the same time it is up to you as a student, so.

I: Yeah. And if you had a short assessment on a Friday or something like that.

P5: Yeah.

I: do a quick assessment or something.

P1: That would be more productive than PBL, to be honest with you.

I: Really? Yeah.

P1: Yeah.

P5: That would be my...

I: At least you'd know what you need to study and what's relevant, you know.

P1: Yeah.

P5: Have we lost half of our group?

P1: Yeah.

I: Yeah, I think a few of them have gone off for dinner and I'm conscious, like we're an hour now, so I don't want to <keep you guys any longer.>

P1: <I don't mind.> If you have to go it's not a big deal, but I do think

I: <No I don't, I'm fine.>

P1: <I definitely have less> in my brain and, like last year at Christmas time I was like okay, OAC this. You know, you have the procedures kind of memorised and when you go into clinic or you think okay, see, and you think okay, I have all these things memorised. When you go in then to clinic you're more able to make those connections and make those links. Whereas now, definitely histology, I don't memorise anymore, because it's all... [laughing]

I: Pink and purple.



P1: Yeah, like if you can look it up on the exam, you still need to know stuff on the exam, because you can't just go in blindly.

P5: Yeah, though because of COVID and because of the style of exams and all of this, your brain feels more clouded and, everyone says the same thing, your brain feels more clouded, you're not able to memorise things the way you normally would, there just isn't, there's a lack of clarity that you would normally have when it comes to learning material. And I think everybody says the same thing. Everyone's just like, I feel like I'm reading something and I wouldn't be able to recite it to you, you know what I mean? It's just things aren't sticking the same way. And that could be a lack of social life, a lack of other things going on. It could be the fact that things are online and they're "open-book", so you don't have that motivation to memorise it the same way you would. It's hard to really know why it's happening, but it's definitely a COVID thing.

[00:35:08]

I: <Yeah, that's interesting. >

P5: <I think it's a COVID thing.>

P1: <Yeah, there's definitely a decline> in knowledge. Yeah. Even if you ask the JHOs, they would be able to better, I can't even tell you, it's snappier, if that makes sense.

I: Yeah, that's interesting. You think with "open-book" exams, you kind of don't need to have everything ready to go in your brain because you can Google it quickly and you can look up what you need to find.

P5: You still want to, but there's this weird subconscious mental block. It's not a conscious thing being like oh, I don't need to know this so, it's like a subconscious thing where you're learning it and you just don't learn it as well or as clearly as you would have before. And it's the weirdest thing because it's like you're doing all the same steps, it's just not going, and then you do have this little, it's like you know the devil and the angel. It's like the angel's like, keep studying, the devil's like oh, well it's "open-book", you can just look it up, you know? So it's like, I don't know, it's like this weird...

P1: It's also really a different method of study, whereas before it was more rote learning, which I think is good for basic concepts, how do you manage OAC, how do you do this, and then you can kind of improvise from there. Whereas this year, for me it was more about reading around the topic and diversifying as opposed to getting the basics down. So maybe, as P5 was saying, talking about the e-books, like the basics in an e-book would be really, really useful because then you could actually, like organising the material is nearly easier if you have it structurally...

I: In order, yeah. Interesting. That's great, that's really useful. Okay. I think we've kind of covered everything. Let me just have a quick look, was there anything else I meant to ask? Use of technology, we've kind of gone through that. Is there anything else that, like on graduation, do you guys feel like you're able to practise independently now as nearly, very close, nearly-dentists?

P5: I feel okay personally, but I think I tend to be a little bit more confident maybe than some people. And I've heard from other people I know, like I talked to (name) and (name) and people in my group, and they feel that because of COVID, they really haven't got the same experience and they've said, and you'll hear it when you speak to them, but they've said I don't feel prepared the way I should be. You know? But that could just be a personality thing, but they've said because of COVID I don't feel I've gotten the same level of experience. Personally, I feel okay, like we've done all our course, we've got similar numbers to other years, you know. I don't feel like...

P1: But P5, I think we (emphasis "we") have similar numbers to other years. I think some people, maybe what we were talking about the knowledge block, some people have sort of let it go and there's been this unwritten, unspoken twenty per cent rule that people have been talking about, they're like well, as long as I have eighty per cent of what all the other years have had, it's not been said by any consultant or anything like that, but people in their own heads have said as long as I have eighty per cent, because it's a COVID year. But even, I was talking to Dr Clarke and people were freaking out about having not enough extraction experience. And she thought they meant I'd only taken three teeth out. But it ended up being that people had taken, you know, and fifteen was the normal number for people to be taking out

I: Okay, that's pretty good.

P1: in past years, and I think most people were around that number.

I: Around the same, yeah.

P1: So it also could be a mental thing of people, we've been told so much this year that our experience has been altered and our experience is different, whereas I feel we've actually been full-time since the beginning, we were a little bit slow at the beginning of the year, but I don't think we've actually had that much of an impingement on our...

[00:40:20]

P5: But that's what I was saying, I think me and you are fairly confident. Some people would just be less confident and to be honest, you might ask that question in a non-COVID sense, like how are you feeling prepared and you might get the same answer. Some people might be like, oh, I don't feel prepared at all, just that's a normal thing for people, you know?

I: Do you think there's any difference between the mature students and undergrad students?

P5: Yeah, I'd say, yeah, I'd say that's a thing, for sure.

P1: <It's also like, when we>, we come in hungry, for lack of a better term, you know what I mean? I'm here to work, I'm here to accomplish this goal, I'm going to work hard, I'm going to do this, whereas a lot of them don't, you know, when you come in at seventeen it's totally different. I'm sure (inaudible, 00:41:27-8)

P5: When they come in freshman year, they think it's like a college experience and then they quickly learn that dental school is not your average college experience, you know? And we come in thinking of it more as like a postgrad, you know? So it's like... [laughing]

I: Yeah, definitely. Yeah, it's...

P1: I'm sure you even found the difference between your first and second.

P5: That's what I was just saying, I think it's so sad we just finished our exams, and like I know it's COVID, but we could have done something in a park, you know? We didn't think to organise anything, you know?

I: I know, yeah. It's so funny at the moment.

P5: Yeah.

P1: Well, and it's nearly an attitude of I'm going to go in and take as much as I can from this. Like I'm going to get as much done as I can, take as much experience as I can, and I'm not going to say that all of the younger kids are like, well I'm just going to do the bare minimum to get through.

I: I know, yeah.

P1: But it's like they look at the course as like okay, well this is what I have to do to get through, whereas for me it's like okay, I'm paying, well maybe it's an international thing. I'm paying a lot of money and a lot of time or a lot of whatever to be here, and this is what I'm paying for, so I'm going to take as many, do as many crowns as I can. You know?

I: Yeah. It's true, definitely.

[00:45:06]

P5: The fourth years would be really, really interesting to talk to, because I think, like what we're talking about with the fuzzy brain and all the rest of it going on with COVID, we at least had the foundational knowledge in normal times, whereas I think they <would really, really struggle>

P5: <(inaudible, 00:45:24-26) Dentistry> through COVID, yeah.

P1: to get the basics and to keep up with the course.

I: Yes, yeah. That's interesting, yeah.

P1: And that might be because they've been in less often, like their course has really, I think they thought we were going to really suffer but I think their courses really suffered.

I: They're behind. Well that's something I can always look at doing, yeah, once I've gone through, written up you guys, I could always go back and do fourth years. That would be something to kind of expand it.

P1: Yeah, JHOs on one end and then fourth years on the other end.

I: Yeah, exactly. Yeah. Yeah. It's great, so I think I've covered everything. I was going to ask for positive experiences during COVID but you kind of answered it, and I think you've, like you said, there's been lots of beneficial things that have come out of it as well, so, and really just anything else you want to say or anything else you want to add that we didn't cover. I think we've gone through most things really.

P5: Yeah.

P1: I'll just reiterate, when I was in Day Theatre, for me it was a really positive experience. Oh. Frozen. [laughing]

P5: Hello, hello?

P1: Oh there we go.

I: Hello. Sorry. Somebody was ringing me there.

P1: That's okay. For me it was a really positive experience. I was one of the lucky ones who was in twelve to fifteen times throughout the year, so that's a lot of, I mean I think you even said you're in all the time, why are you always here?

I: [laughing] I said?

P1: Yeah, I definitely got comments from people being like, you're in, like people were like I never see some people and I see you all the time, and you're like...

P1: <There's definitely> a disproportionate, there's a massive scheduling problem, massive. There's a disproportionate...

P5: Yeah, there's just such a huge gap. The fact that P1 has been to ten, twelve more sessions than me is a little crazy.

I: How many have you done, P1? How many have you done, P5?

P5: Three.



P1: This year.

I: It's crazy though, isn't it? To think that, if it was like two or three out you could say fine, but <that's crazy numbers.>

P5: <No, it's like> ten difference. Yeah.

P1: Yeah. But for me, I was talking to the JHOs and they think that I've had more experience doing things, and that could also be, when I'm in there I'm like, I want to do this and I get pretty up in, but it could be also Dr Collins, it could be a mixture of things. But every time I've gone in, I've taken at least two teeth, whereas the JHOs were saying, when they went in with their whole module, they said each of them got to do one step of the procedure. And so you're not seeing things through all the way, and I think this is nearly more productive than one step, because you're doing everything yourself.

I: Yeah.

P5: This is another positive, kind of on a different note. Part of it could be that I'm a little bit lazy, but part of it, we have had to work in pairs and we've had AGP rooms separate, and we've only been allowed a limited number of patients on clinics. The back side of this is that we're not getting as much experience, you could say, because we're not allowed to bring as many patients in, we're working in pairs, all that. The positive side, number one, it's less stressful, which is the lazy bit. Number two, you get more time to do things right. So you're not rushing to get through a crown

prep, you're not rushing to get your impressions done, you're not, so you're actually learning how to do things right, because you're not, have this pressure. Like it used to be there's some supervisors that would give people bad grades if they didn't bring in three patients a session or something, you know? That pressure is eliminated, because they like us to just have one in now, max two. So we're actually learning how to do things a little bit better, because we have more time to do it properly and we're allowed to go through the steps and go through the time of learning a little bit more. So that maybe is good.

I: Does that affect your requirements at the end? Would you still hit the number of crown preps and the number of fillings <and the number...?>

[00:50:02]

P5: <Well that's> the thing is that we actually have, I think, for the most part. There might be a little bit short but like...

P1: It's...

P5: Crazy.

P1: I don't know if you know how our portfolios work here, but basically between fourth and fifth year you record the number of procedures that you've done, and it's graded, it's twenty-five per

cent of your mark. So they expect us to do, I think the year before COVID was told thirteen fixed, six acrylic, three (chromes? crowns? 00:50:34), you know, thirty-seven debridements. So there's these numbers in your head all the time, that you're trying to hit, and definitely what P5 was saying, you're going, like I need another debridement, I need another one of these, I need another root, I'm not going to graduate if I don't have eleven roots or whatever it is.

I: Yeah, yeah, yeah, yeah.

P5: But (inaudible, 00:50:56) like don't worry about your numbers, your numbers aren't going to be a thing, just get the work done and that was probably a bit of a better situation for like...

I: It's more quality time over quantity.

P5: Exactly, yeah.

P1: There's still a, like I need to get work done push, because you're still recording the numbers. But you are limited in terms of, like you can't bring in three patients and do two crown preps and a denture prep. You know. So it still lets you focus on doing it right, but you're still under pressure to get stuff done.

I: Yeah. Guys, that's great, thank you so much for your time, that's been actually

P5: No problem.

I: really useful, and I'm pretty sure my recording for the first half. Oh, my battery's dying now. My recording for the first half has saved I think, so.

[end of recording]

Notation:

[nonverbal communication] e.g. [laughing]

(inaudible 00:00:01)

(redacted information) e.g. (name)

<overlapping speech>

Filename: Meeting 3 (audio\_only.m4a)

Speaker Identifiers:

I: Interviewer

P1: Participant 1 (female, Irish accent, speaks quickly)

P2: Participant 2 (female, Irish accent)

P3: Participant 3 (male, Irish accent)

P4: Participant 4 (male, Irish accent, audio volume is low)

P5: Participant 5 (female, Asian accent)

I: Okay. Yeah, we're recording there. So yeah, thanks again guys for your help today. So I have just a few questions to fly through with regard to your experience in Oral Surgery. So first of all, how did you find Oral Surgery training before COVID came along? I suppose since last March it's obviously affected all of us hugely, and particularly for you guys with the clinical years. But you probably had six months or eight months of Oral Surgery teaching beforehand. So how did you find it initially and how has it changed since?

P1: I thought we had a really good amount of locals clinics before COVID. I thought we were getting a lot of exposure, and then obviously with COVID, with how reduced everything was, plus we missed a term, I felt like that was quite limited. So I think we could have benefitted from more but obviously that wasn't possible. I also thought just with our locals clinics, it was really variable, depending on who was supervising different groups, what level of help they were getting, because I know there were some occasions where a JHO maybe was supervising, and obviously that's not the same as someone like you or an oral surgeon, do you know? [laughing] There was a lot of variability.

I: Yeah. Sure. And your access to theatre, has that changed at all?

P2: They had it more frequently in previous years, didn't they? And so we are on a reduced basis, so less people in theatre at the one time. So you might get to do more, but it's, say, once every couple of weeks versus having it more frequently, which might have been better for us, to have more exposure to it.

I: And yeah, when there was, say, I think there was four coming each time initially, and then it was brought down to two. So when you were coming in groups of four, were you still getting lots of hands-on or were you standing in the corner a lot?

P1: We...

P3: Well we didn't really have, before COVID we didn't really have any Day Theatre sessions.

I: Okay. So it was just...

P3: So our first time was after COVID, yeah, back when we started in September for fifth year.

P1: I think in total we've, well me and P5 have had it probably four or five times in our entire time in Dentistry. And I know last year they would have had it every second week for all of final year, which is, like, huge.

P2: Yeah.

I: Some groups seem to have loads of sessions and other groups have three or four.

P1: <I think it's also...>

P3: <Yeah, for exa->

P1: Sorry, go on.

P3: Yeah, so for example, like me and (name), we have five theatre sessions just this semester, when we came back after exams, whereas (name) and (name) I think had one. So it's quite outrageous, you know? I think P4 has only had one as well actually.

P4: Yeah, no, actually was talking to Sarah Lachlan who chooses who gets to go to theatre when, and I was like, how is it that when I have one session and P3 has five? And she went back to the start of Michaelmas and showed her documents, but I don't think, she doesn't know what's happening on the ground. A lot of days Dr Collins wasn't there and people had to sub in and stuff, so yeah, we haven't got much exposure in theatre.

P1: I think our module in particular, because there's eight of us, so obviously they can only have two people in, that's once every four weeks. And then also we were given theatre on a Wednesday morning, so every second week we had ortho. So we had even less, we just had none last term. It was insane.

I: And who did you say was in charge, P4, of your allocations?



P4: Sarah Lachlan.

I: And she's administrative obviously, she's non-clinical. And did she have any, is it, I assume the policy is that it's supposed to be even, is it? And it just hasn't worked out that way?

P1: <Yeah.>

P4: <Yeah.>

P2: I got one this term as well.

I: Yeah.

P3: I'm going on my fourth one this term I think.

P4: Or five?

P3: It's very variable between us. I don't know how they worked it out exactly, the way it turned out.

I: And, yeah. I wonder is that because of COVID, it's kind of thrown everything all over the place, or?

P1: I think to a little bit it probably is COVID, because they're just not used to having to only have two of us in at a time. So then they obviously very rapidly probably just threw a few names in each week rather than figuring out who exactly was getting however many.

I: So you think some people will go out with maybe a lot more experience and some will not have had it. But do you find that the theatre sessions are useful in that you do actually learn stuff that's useful to your practice when you qualify in a few weeks' time? Or would it be better spent doing more locals clinics or something?

[00:05:00]

P2: Maybe more locals. I thought locals was very good, but then it all depends too I think who you have in theatre as, like whoever you're in with, because some person might give you a lot of the reins and say okay, you do that full-mouth clearance, but then another person might be a bit more cautious and not let you do as much, because I know we were very lucky with who we were in with. We got loads of extractions and that, but other people were like oh, I don't really do anything in theatre. I think it varies.

P3: Yeah, I feel locals a lot more hands-on. So for example, when we were with you, when you were supervising us, we got to do a lot of things, biopsies, extractions all of that. Whereas in theatre, sometimes you'd just be looking over the shoulder, four people

P2: Yeah.

P3: trying to see a hint of a cyst. [laughing]

I: I know, yeah.

P1: I thought theatre was better for the academic side of things, like seeing a cyst that you'd never see really anywhere else, whereas locals was probably better for the actual clinical part of Dentistry.

I: Yeah, sure. So procedures-wise, like taking out teeth and routine stuff, how many procedures have you got, not numbers-wise, but have you got enough under your belt now, do you think, that you're happy enough with the number of procedures that you've performed?

P1: I think yeah, but I feel like even if I'd done a hundred more, I probably still wouldn't feel very confident. I feel like it's just one of those things that'll happen over time. Yeah, I did get a decent amount.

P2: Even if you've done loads, you still want to do more. You never feel like oh, I don't want to do any more, you'd still jump at the chance to do another one, as a student. But we'd probably be comfortable I'd say, taking out, doing extractions or whatever, even if we had to do them on our own now, I think.

I: Would you be happy enough to jump in and crack on with it or, you know, without that safety net I suppose of somebody looking over your shoulder?

P1: I think it'd probably make us sweat but we'd probably [laughing] try it.

P3: I think we'd be competent enough to do it, you know? Maybe not a hundred per cent confident, but I feel like we'd be able to do it, you know what I mean?

I: I suppose yeah. Okay. And have you had any bad experiences in Oral Surgery to date? So has anything gone wrong or anything that kind of put you off?

P1: Don't think so.

I: No. Not yet. Okay. And so do you think, with regard to COVID I suppose in the last year, now that you're nearly finished all of the training you're going to get, do you think it's impacted your training to the point where you would have been happier graduating, experience-wise, if COVID hadn't happened? Or now that you've gone through the last eighteen months of COVID, have you got

enough from your clinical time in the Dental Hospital, I suppose particularly in Oral Surgery but really overall? When you finish up, do you think it's the right time to finish up or if they offered you an extra six months or something, you know what I mean, do you think that you've got to the point now where you're ready to graduate?

[00:10:18]

P1: I think that because of COVID, in all aspects of final year but Oral Surgery included, I think a lot of effort was made to try and make sure we were really confident. People really took the time to make sure that they could give us as much information or explain things, even if they couldn't practically do it with us, and I feel maybe if COVID hadn't happened that maybe we wouldn't have been given that extra time. So it's hard to say, but I think we probably have been negatively affected a little bit by it, but I still feel I would probably be as competent now as I would be if we'd had a normal year.

I: Okay. That's good to hear.

P5: I feel like if you compared to previous years, in a sense I'm a bit disappointed, because I think of course you have less experience compared to other years, but overall I think we still have sufficient training to be somewhat confident in the practice. But I still do feel like there will be some sort of disparity, if you compare it to pre-COVID times.

I: Great. Thanks P5. Okay, and with regard to the teaching methods and that sort of thing, how did you find online learning, the remote teaching and that sort of thing that was given?

P1: I definitely didn't like it.

I: Really?

P1: Yeah, I much prefer in-person stuff.

I: Why is that?

P1: It's just really hard to get yourself focused and engaged in something when you're sitting in your bedroom at home, and you have your parents talking in the hall or the dog barking or, I don't know, there's just so much that can distract you. It doesn't feel like you're in college, it feels like you're watching TV or something. I just <found it hard to like...>

P2: <Yeah, you are detached> from it, aren't you?

P1: Yeah, you are really detached from it actually, yeah, that's a good way of putting it.

P2: And then I think some people might forget that, like I know that they could do that anyway, but it was easier for people not to sign in? Do you know, whereas

P1: Yeah.

P2: we'd usually have full attendance if we were in college. But this time you'd notice, say, the numbers would drop in the Zoom call. Or maybe I think some people mightn't have been as comfortable asking questions over Zoom. I know I'd kind of hesitate, whereas if I was in a lecture hall I'd probably just ask a question, whereas on Zoom sometimes I just didn't. I don't know why, but.

I: Really?

P1: I also, oh sorry.

P2: No, go ahead.

P1: I also found that, do you know if I was in a lecture sitting next to P2, I might be like, what do you think of that? Or ask her a question, whereas you don't have that learning off each other, or even in the common room being like, I just did this and it was really hard, and then someone being like oh, how did you do that? You just don't really have that because we never saw each other at all really this year.

I: That must have been tough as a class as well, to not have that, yeah, you learn a lot from each other for sure.

P1: Yeah. Yeah, it was definitely weird.

I: Those little opportunities to learn you definitely miss out on. And how did you find the exams?

P1: I thought div three was fine, but in general I really don't like "open-book" online exams. I just don't think they adequately assess knowledge.

P3: I feel like the exams were, I don't know. I know Dentistry is such a clinical subject, but I feel like the exams were just too clinical if you know what I mean. Too clinical to be able to write down your answers. For me personally, it's easier, for example, to talk through a case or something like that, or when you're given a case and you're expected to just write down the answer, I feel like it was just very tough to gather your thoughts and actually put them on paper in an organised fashion for them to understand. Whereas for example if you were talking through a case, they might ask you specific questions to direct you towards the right answer? If you know what I mean. It was very different, and I wasn't the biggest fan of it either.

[00:15:11]



P1: And I feel we didn't really get any, well, very few sample questions that were really similar to what we were asked, or the style of question we were asked. And I think, like obviously because it's one of the first years they've done an "open-book" exam, it was kind of like, I feel like they merged a "closed-book" and an "open-book" into this middle that none of us were familiar with and that was just difficult to wrap your head around in the four hours we had to do the exam and then to try and get the information out was just a bit messy.

P2: I do think the div three was fair, like it was nearly the most similar to previous years.

P1: Yeah.

P2: Maybe say other divisions were just a bit more like they'd ask you something that you'd do, but you nearly could be like, I'll show you how I do it but I don't really know how I can explain what I do? You know.

I: Yeah. Yeah, yeah.

P3: Actually though, I agree with P2, actually, like I was saying, what I was talking about was the exams as a whole, but I do believe division three was a bit fair because in general in previous years, it is quite clinical. Even the past paper questions, they weren't too far off previous years, but I'm sorry, I'm specifically just wandering off, talking about division one and three as well.

I: No, no, it's good to hear. And the actual doing the exam, did you have any connection issues, like logging in or any problems with the technology that was used?

P3: Yeah, one time I put my phone on driving mode by accident, turns off the camera, sat there for about ten minutes and then I get a call off Michael O'Sullivan, telling me that my camera's off and I should turn it back on. That's the only difficulty I encountered. [laughing]

P1: I didn't have any actual difficulties, but I found myself every five minutes having to check that I was still on. It was just a big distraction to be like, oh my god, am I still connected, have I lost it? Just felt like an extra thing to have to worry about during an exam.

I: Yeah, yeah.

P3: (inaudible, 00:17:10-11)

I: Is there anything -

P2: I don't know if anyone

I: Sorry, P2, go ahead.

P2: else found it really weird to stare at a screen for that, like, intensely for three to four hours was just hard. I don't know, I thought when I'd look up I was nearly dizzy because I was just staring at the screen and hadn't taken my eyes off it for that long. And I don't usually, like I write everything so it was weird for me to even type, do you know? Very different.

P1: Yeah, I agree.

P3: And then there's always the fear that you submit the wrong paper or something like that, you know?

P2: Yeah.

P1: And I also absolutely hate the fact that right now I have the three exams on my laptop, and if I wanted to go check exactly what I wrote, I could. I hate that, I think that should not be legal like.  
[laughing]

P2: Toxic.

I: You could always delete them.

P1: I know but then I can't, because I'm like if there's a discrepancy or something.

I: [laughing]

P1: [laughing] Paranoid.

I: Once you graduate you can delete them.

P1: Yeah. Burn the laptop. [laughing]

I: Yeah, because I think the previous year, the final years last year, one of them, the wifi went down or something. Did you hear about that?

P1: Yeah.

I: And they had to run over to their neighbour's house and try and log back in and everything. So yeah, it can happen. And so is there anything that they could do with regard to either the teaching methods or the online exams to improve it or to make it easier?

P1: I think if we'd known that they were going to phone you if there was an issue it might have been helpful, because I didn't realise that they would ring you and be like, your camera's off. I thought that if it turned off, they would just be like oh, she's gone, you know. I feel like if they'd been like, we will contact you if there's an issue, so you wouldn't have to keep thinking about it,

would have been nice. It's probably just stupid and pedantic for me to have even been worried about that.

P3: Yeah, I nearly didn't answer the phone as well.

P1: Yeah.

P3: Because I was in the middle of an exam, you know? [laughing]

I: Oh yeah. [laughing]

P1: Yeah, it would have been nice to get a warning that that's how they're going to contact you.

I: Or if they gave you a number and said this is the number, if you see this number on your phone, we're ringing you.

P1: Yeah.

P3: Oh exactly. For us, he gave us his number and said if anything happens, and then I had it written down beside me, and then when I saw the phone call come up I was like, I'm not going to answer this, and then I looked at the number and realised it was his. Yeah.

I: That's good at least.

P2: (It's good to have that? 00:19:40) I probably wouldn't have answered, P3. I didn't know at all.

P1: I don't think I'd have answered, I wouldn't have, I had my phone on silent, so I was probably just going to

P3: Exactly, that's the problem.

P1: ignore it.

P3: I had mine on silent, but it was sitting right in front of me. Some people had it to the side where they wouldn't see anything.

I: Yeah.

P1: Yeah, mine was to the side. In terms of the learning side of things, I think, I just personally really did not like online stuff. I think if they could do in-person seminars with small groups of people. I know obviously with COVID that's difficult, but we are in-person every day with each other. We are kind of in bubbles, as modules. So I don't think it would be risky to have, like, the eight of us in a room with a supervisor. We did it for oral med seminars. I don't see why we couldn't have done it

for Oral Surgery as well. Obviously in March when we were fully at home, that was different, but I think we lacked a few, I think me and P3 and (name) were actually talking about this today, just how there's a few areas of Oral Surgery where I feel we were literally just never taught and kind of just expected to know. Like flap design, we never covered that in PBL, we never had a lecture on it and it was kind of just one of those things that you had to go and find yourself. Which isn't bad, but it also would be nice to know that you have everything you need to know. Or suturing as well, that was something that kind of, we did it in third year in CMS but we didn't have proper material on it. I feel it was just one of those things that you pick up as you go, and you never feel like you really fully have learned the theory of it.

[00:21:07]

P2: I think as well, what I found last year too was we would cover everything in PBL, and then we might get a topic given to us by maybe three or four, well no, maybe two or three different people. So it was just overwhelming, the amount of material I had, whereas if it was all condensed in one area, you'd feel a bit more comfortable studying it. But I was going from my PBL to one lecture by one person and then another lecture by another person, and it was just, I think it overwhelmed me a little bit. I felt like I needed to know everything, which was...

P1: I completely agree, and then you have, I think just the thing that tops my head is trauma, like fractures. We had three lectures from one person and then two lectures from another person and we covered it in PBL, and it was like trying to merge all of these things that are just a little bit different but also slightly similar and trying to keep them all in like a separate file in your head is just chaos. [laughing]

I: That's interesting, yeah. I didn't realise that, yeah.

P1: Yeah.

P1: Yeah, definitely. Because a lot of it is interesting, even the stuff we're not supposed to know, but it would be nice to have everything that we actually need to know in one place to access.

P3: I do feel like the whole thing; I think Oral Surgery was a bit unorganised I guess? In a way, because for example, we'd have a lecture and then they might ask us what do you guys want to cover next? You know, it's not really, like we want to cover what is necessary to cover, you know? What we need to know as dentists and what is going to come up on the exam. Whereas asking us what we want to cover next, I don't know, it was just a bit, personally for me it felt a bit unorganised. It's like they didn't know what they wanted to do.

P2: And I think as well, for one part of our div three, if you had had an Oral Surgery session with that person, you wouldn't have even needed to study it, whereas I'd never had an Oral Surgery with that person. So I just never came across it, so I knew it but not as well clinically as other people would have. I think maybe that's nit-picking, but I'd love it if it was condensed and say less overlap so it'd be easier to learn.

P1: I think it'd just be easier for us and for them. There's no need to have two really qualified people waste their time giving the same topic slightly differently. I feel like it would be such a better use



of their time and ours to just have a condensed and easy-to-find information in lecture. Or even if PBL was just better set out, like, with more specific papers for each topic and stuff.

I: Yeah, the whole PBL versus didactic learning is another debate for another day. But yeah, is there any other way they could augment your teaching, even though you're going to be qualifying? To say look, I know it's hard as well because obviously there's a lot of international students who'll be heading back across the world, but you know, is there anything that you think that you're missing that maybe could be made up as part of your training? So you know, is there any other area that you feel could be offered to you when you finish?

[00:25:54]

P4: Never taught anything about sectioning teeth for extractions. There was a lot of emphasis on trying to get the whole tooth out, whereas I feel like some teeth that we took out, they may not have needed it, but it would have been good to just try sectioning the tooth, because we never (inaudible, 00:26:12) that.

I: Did you use a drill at any stage, P4?

P4: Well apart from one time doing a surgical extraction, but we <(didn't really learn how to? 00:25:19)>

P1: <I agree with P4 on that.>

I: And if you felt a tooth was going to have to be sectioned, would you feel confident to crack on in practice or would you stop?

P4: If I had a safety net I'd do it, but if not, I would refer.

P3: For me for example, I've never picked up a drill to section a tooth.

P1: I've done it once, and I don't feel overly confident. Even just surgical extractions in general I feel, I didn't really get that much exposure but I know some people in locals were doing them, you know, just happened to get them every week so they would be a lot more competent than I would be at doing them.

P4: If we had, like I think we arrived first day in locals without any, or say Mr Hearty would do your competence on a plastic tooth, we just arrived into locals, we were handed a luxator, whereas I think we'd benefit from just having a didactic conference, kind of like what they have in the OSCE where you run through the steps and run through the instruments, because I don't think we ever had anybody show us all the instruments for Oral Surgery. We were just given it and hope for the best.

I: Yeah.

P3: (inaudible, 00:27:34-35) if I'm honest with you, some of the instruments I still don't know the names of.

I: Well, that's going to change between now and the OSCEs, P3. [laughing]

[laughing]

I: There's actually a box of instruments down in the locals rooms, there's a cabinet in the first room on the right and there's a box of instruments there, so anytime you're free, just run down and just pick them out. But at the same time, you guys, you've so many things to sign off and you've so many forms to carry around, so if they said to you oh, you have to do a surgical extraction or you have to do sectioning a tooth, does that just put more pressure on ye or?

P1: I think maybe not a competence or a form to get signed, but I think it would have been helpful if we'd had, like maybe our first locals, if that was just an induction in the skills lab where we just sectioned plastic teeth or got used to the instruments. Just so that, because I feel, like now if you haven't done one on a real patient, you haven't done one at all because you haven't practised on a fake tooth at all. You've literally had no experience. Whereas if you qualify and you haven't done say a post and core, at least you've done one on a plastic tooth, at least you have had some experience with it.

I: True.

P2: Well in the Dental Hospital, they're probably a bit more cautious about, you know, say calling it, oh, we'll section a tooth, because initially it goes, it's always a surgical setup then, so there's a bit more, whereas usually in practice you might just decide okay, I need to split the tooth. I remember in Dr (Nare? 00:30:05) did, didn't he do a

[00:30:10]

P1: Yeah.

P2: lecture on sectioning teeth and it was really good, but at the same time, if I was in practice now I don't know would I be confident to do it myself.

I: Yeah. Fair enough, yeah. Okay guys, I'm conscious of the time, I don't want to keep you any longer because you've been great. Last thing I suppose, any positives from the experience, anything that you thought jeez, that went really well, you know, and COVID, did it help at all? Was there anything that was really good that came out of the strange year that you guys had?

P4: I actually liked the online lectures. I think, well not particularly the online lectures but the flexibility of, like if you're running late you can just pull out your phone and watch it there and then. But I generally don't take notes in lectures so that's different, but I do like actually working. It's handy to stay at home and take those.

I: And you found that you actually were, like were you getting as much out of it as you would have if it was in-person?

P4: Yeah.

P4: Well yeah, I think there's situations where you need to be in a room to learn things, but things that are very theoretical, I definitely think on Zoom, it's easy, well, it's no disadvantage.

I: And were the lectures live? Were they scheduled for certain times or were they on a Dropbox, you just logged in and watched them whenever you want?

P4: Live.

P1: The vast majority were live, but we did have a couple with Dr Bolas I think that were recorded.

I: Okay. And which is better?

P1: I preferred the recorded, because you can go back and watch them again or you can watch them, probably shouldn't say this, but at double speed [laughing] if you're in a rush or anything. Whereas I feel like the live ones, if your internet is a little bit iffy or something, you can miss a couple of minutes or the important part. What always happens is they're like, oh, and this is really

important, and then it'll freeze and you'll miss whatever they were going to say. Whereas with the recorded, obviously you can just watch it.

I: Sure.

P3: I guess another thing and the main positive, I think you were saying just positive overall, about the year, I think we're actually kind of lucky to be able to graduate I guess? And get all of the experience we did during COVID, because I'm aware that, I think someone was telling me a dental school in Scotland I think, for example, they're not graduating.

I: I saw that, yeah.

P3: Yeah, and I know for example, I think it was UCC, a lot of the students didn't even go back until January or February or something like that.

P1: Yeah, they had much less restorative exposure than we did. And they get -

P3: So as much as I hate to say it, they did a great job getting us back in and [laughing] I know I'm praising them, but they did get us back in and got us working.

P1: And I feel, I think I said this a few minutes ago but I feel people really made a big effort to make sure we had as much opportunity as we could. I don't know is that normal in final year, because

obviously final years are always a priority, but I really felt people bent over backwards to try and be accommodating and to do whatever they could to give us as much exposure and the best education they could this year.

P2: Even our module is the one who goes to James's, so we miss a full term of Oral Surgery clinic.

[00:35:00]

[silence, 00:35:00-13]

P2: In, over the next few weeks to see more cases. I think it's really nice that you're not just left and being like oh, they'll be alright, that they...

[silence, 00:35:23-54]

P3: He's back.

I: Hey guys, sorry.

P1: [laughing]

I: My internet is not playing ball at all tonight. Yeah, it just shows you how online everything can be messed up so easily. But sorry P2, just to finish off, you were saying about the fact that you're the group that goes to James's and so you've missed out on a lot of Oral Surgery clinic, have you?

P2: Yeah, so say, I think I might have seen two third molar cases or something initially, and I know one person in my module had only seen one. But after a couple of weeks, mine went up to four or five, but I know that other people's log books look so full in comparison to mine and module six in general. So Dr Clarke arranged for us to go in there over the next couple of weeks and see more cases, so it's really helpful.

I: Okay. That's good.

P1: And I-

P3: And just pushing back as well, sorry, I'm jumping back to one of the previous questions, just one of the problems I guess as well, which I don't really understand, is why we get different levels of exposure, I guess, by module? So for example, like P2 was saying her module gets to go to James's, and they see some, I'm sure they saw some really interesting things, like cancers and resections and all that kind of stuff. Whereas, like me and my module probably, we just haven't seen any of that, you know? I just don't understand why it's done like that?

I: And is it purely based on the group that you're in, is it?



P1: Yeah. There's a lot of variability depending on even your supervisor, because I know some of the oral surgeons see a lot more wisdom teeth and some see a lot of the cysts, and I think from term to term even it was crazy how different some of the clinics we were having were.

I: Yeah. And do you think James's was useful, P2?

P2: So maybe for one or two weeks, you know, you see, there was always, like every week there was cancer of the lateral border of the tongue, so for the first two weeks I'd say we were really interested and picking it up and having a look. But after that then, I don't think, I know that we had done a lot on fractures as well with (Stassin? 00:38:07), he had gone through that with us a lot. So when it came to learning it in PBL, we had kind of covered all of that and lymph nodes and stuff. But I think it'd be probably better if every module got to go say for a week or something.

P1: I think actually as well, just to say there, because you were saying you saw a lot of oral cancer. I've actually never seen oral cancer pre-treatment.

I: Oh really?

P1: Yeah. Yeah, and I know I'm not the only person, because I raised the issue with some of the people in div three, but they told me it was fine. But yeah, I've never actually seen it, which I think is kind of a...

P2: What I found was I hadn't seen oral cancer pre-treatment, like before it was very, very obvious when we were out in James's, but Dr Galvin is pretty good for, say if she sees something that she thinks is cancer, she'll come and find you and say

P1: Oh really?

P2: come down and look at this, yeah.

P1: I said it to Dr Healy and shew as saying, just because our A and E was on a Friday evening and apparently, if they have somebody that they think might be oral cancer, they send it to A and E urgently, so it's generally not a Friday evening, it's usually a Tuesday evening or midweek, so I just never got to see one.

I: I'm sure you will at some stage.

P1: Hopefully I'll keep that streak up. [laughing]

I: [laughing] But I suppose, and it can be so variable, so you know, seeing one is great I suppose but once you know what to look for, it really is more important, you know.

P1: Yeah.

I: But yeah. That's the one thing actually, your group and the other groups, it seems to be the variability in the groups and in the module seems to be huge and that seems to be one of the main issues, that some people are coming out with loads of theatre experience, some people are coming out with trips to James's, some people are coming out with loads of LA sessions and surgical extractions, it just seems to really vary throughout the class group.

[00:40:21]

P2: And I find that, say, like I know you're not meant to compare yourself, but you kind of have to, to see where you're at, like have I done enough relative to anyone else? But I would never compare myself within the year, I'd moreso just compare myself within the module, because I think between modules is just too great to kind of...

P1: It's actually mad the difference in what we all have. I feel like even in, not just div three but every aspect. Who's supervising you has such a big difference on the treatments you end up doing and what you end up seeing.

P2: Yeah, like if your supervisor doesn't like extractions, you're not going to do them on clinic. Like everything's

P1: No.

P2: heading to locals, you know.

P1: Yeah, because we were really lucky, our module in clinics, because our supervisors were always really happy for us to do them, but I remember there were people who in fourth year weren't allowed do extractions on clinic, which means they're only getting, locals is their only chance to do them.

P2: And then none of your patients show up for locals because of COVID.

I: Yeah, I know.

P1: Yeah.

I: We'll have to book the supervisors to come down to the locals clinic and learn how to take out teeth.

P1: Yeah, exactly, they're not comfortable. [laughing]

I: Guys, thank you so much. I've said everything I need to say. Anybody else want any last comments, anything you want to say before we wrap it up?

P1: I actually just said, I think you were frozen there Paul, but just on something good about COVID was just that I felt the oral surgeons really tried to get our competences. They were bringing people in for cannulation who weren't involved in the case at all, but I felt they really bent over backwards to try and get them for us, so that was good.

I: And the general consensus seems to be everyone seems, despite what's happened they seem happy at the stage they're at and they feel like, you know, obviously for everyone it's always really difficult, the first month or couple of months in practice is a steep learning curve, but most people seem pretty happy to be going out the door.

P1: Yeah, I think this year has been hard but I think it's been worth it, hopefully, because we've come a long way since last year. [laughing]

P2: Yeah, despite COVID I think I've learned the most this year.

P1: Definitely.

P3: Like the difference in what I've learned between fourth year and fifth year. I was clueless in fourth year, if I'm honest with you. But now...

I: And now?

P1: And now we're extra clueless. [laughing]

I: [laughing]

P3: I feel slightly less clueless now. [laughing]

P1: But I think knowing that the pandemic was there and we'd miss so much gave us all such a massive kick up the butt to just get stuff done and to just not be afraid to do stuff and ask to do stuff, and I think that was nearly a good thing, because the amount of stuff we got done this year has been crazy, given how difficult it has been to do anything.

I: Yeah. So. Guys thank you so much, you're a star, appreciate that. Let me just, I'm going to stop this recording.

[end recording]

Notation:

[nonverbal communication] e.g. [laughing]

(inaudible 00:00:01)

(redacted information) e.g. (name)

<overlapping speech>

Filename: Meeting 4 (audio\_only.m4a)

Speaker Identifiers:

I: Interviewer

P1: Participant 1 (female, Irish accent)

P2: Participant 2 (male, Irish accent)

P3: Participant 3 (male, Asian accent)

P4: Participant 4 (female, Asian accent)

P5: Participant 5 (male, Asian accent, slightly deeper voice)

I: Okay. So we're just recording there now. So yeah, thanks again guys for your help with the research project. Really just to fly through a few questions about your experience in Oral Surgery for the last couple of years. Just wanted to start off by asking how you found your Oral Surgery

experience pre-COVID, so you would have had probably six, eight months before COVID kicked in, and how it changed then in probably March last year. So really how were you getting on for the first few months and did you feel that the course was sufficient, maybe for the first six or eight months? Were you getting enough hands-on experience before COVID came in and stopped what happened?

P1: I think it was, like for us before COVID we would have had weekly Oral Surgery sessions and I think it was really dependent on what supervisors we had as to what we were exposed to, so I know in the first half of the year, all I saw was assessment of wisdom teeth, and that was it for like, which was good as well because I suppose it's a common thing, but I felt like that's the only exposure we had, and then after Christmas for a few weeks, we got to see a few more different things that weren't, more TMD and facial pain and things like that, and some cysts, which was interesting. So I feel it was really supervisor-dependent and that really affected then what we did see. I don't know was that like that for other people. I just felt that it was very one-dimensional for one half of the year. And I think then, I suppose Oral Surgery in terms of the assessment clinics, I don't think I had any this year. I might have had one actually in September, but that was it. And then with Day Theatre, I only had four sessions this entire year. So I think our module in particular is quite big, there's eight of us, so that's why I had a few less than others. But we still got everything done, we still managed to get all of our comps done and things like that. But yeah, I think it just varies with the size of your module and who you have.

I: Fair enough. And when you were saying you were seeing lots of wisdom teeth, was that in the clinic, in the kind of assessment clinic, or was that in theatre? Oh. I think P1 is frozen, is she?



P2: Yeah, I'd say it was the assessment clinic, we didn't have theatre last year.

P1: Sorry, I think...

P2: Yeah.

I: You didn't have clinic--

P1: Sorry, I think my wifi went.

I: No problem. So you were saying that that was in the assessment clinic, so you didn't have any theatre at all for the first six or eight months, did you? No.

P1: No. None in fourth year at all, and just four in fifth year then, so I had one in Michaelmas, two in Hilary, and one in Trinity.

I: Okay. And is that the same for everyone else? Is that kind of a rough average of what you would have got?

P1: I think maybe give or take two, as in plus or minus, well, plus two. Not saying two, no-one had two Oral Surgery clinics, but yeah.

P2: The bigger modules as well, I think, get less because obviously it's eight people compared to, say, six, and then it also can depend on what's going on in the morning or, because I know myself and (name) in our module, we never had to go in for split times, we always both just came in first thing in the morning and got to stick around for the full day. So even if you weren't doing as much, you got to see more. Whereas other modules I know only came in for the two hours or something, and that might be only two hours for one term then. It just depends on whether you're let in or whether, I don't know what exactly the terms, maybe if there's two theatre sessions running at once or whatever.

I: And is this after COVID now, P2, is it, that you can

P2: Yeah.

I: go halfway through? Yeah.

P2: Yeah, after COVID, no, we had no theatre before COVID.

I: Because I think beforehand

P2: But...

I: four students would be there for the whole session, and there would be two in each theatre. But when there's

P2: Yeah.

I: four of them, I don't know how useful it was, you know?

P2: I found that as well in locals as well, I don't know if that's, for you, included in this, but definitely before COVID we used to have four of us in there and I know we had ours on a Friday evening, it was often a bit of a graveyard slot, it was very quiet. And then since then when we came back, although we had less of them, there's only two of ye, so you were probably on the go the whole time. If there was three or four patients, you were moving from one to the next. So that was a bit better that way.

[00:05:14]

I: So it's better with less students per clinic, even if you're getting --

P2: Probably yeah. Yeah, I'd say so, especially with things like doing extractions or something. Maybe it's a bit different if it was in theatre and you get to observe things even if you're not getting any hands-on, but yeah.

I: Anybody in the group that goes to James's?

P2: Yeah.

I: Yeah.

P3: Myself and P2, we went to James's (last year? 00:05:40)

I: How did you find that? Did you think that was useful? And do you think that you missed out on hands-on clinical time in the hospital? Or do you think it was worthwhile going?

P3: It was worthwhile going, yeah. We did get to see, I'd say mostly different things than what we see in the dental hospital, so yeah.

I: Okay. Good. So...

P2: Yeah, we did a lot on obviously trauma and cancer, they were the two main things. We saw mandibular fractures and stuff. It was maybe, I don't know, after a couple of weeks or a couple of sessions, you'd seen the main things, we'd gone through the seminars or whatever we did out there on the main facial traumas and fractures and things like that. So maybe after a while it got a bit repetitive, because in the surgery you weren't really doing much or anything like that. You were

just observing. But I suppose you got to see a bit of it, which was interesting, but yeah, I think a whole term maybe could have been a bit much for us.

I: And other people then don't get to go at all. Is it just

P2: No, they don't.

I: two of the groups or something, isn't it? Or two of the modules.

P3: It's only our group that went to St James's.

I: Just one, is it?

P2: Yeah.

P4: My module was supposed to go, but it got cancelled due to COVID, yeah.

I: Okay. And so was everybody supposed to go at some stage throughout the year? Or, you're not sure.

P2: I think it was just the two modules.

I: Two modules, okay.

P2: Four and six I think, they were the two that were going to go.

I: So maybe would it be better if everybody went twice or something like that instead of...

P2: Yeah, yeah, something like that. Definitely.

I: Fair enough. Okay. So look, and you guys are nearly out the door and not long now, and I'm sure you'll all fly it, but how much experience have you had? I suppose how many procedures have you performed, how many teeth have you taken out? Not numbers-wise, but do you feel confident that you've got enough done?

P5: Just looking at my portfolio, because you know we had to submit the reflections and the number of cases that we've done pretty soon, so I realised the bulk of maybe the extractions that I did was probably done in pre-COVID, so it was a bit lopsided, where probably seventy-five per cent of all the treatments that we did, in terms of extraction-wise, was done with, speaking for my own case it was done with you in module three in Michaelmas in fourth year. So whereas in terms of extractions done, this year is pretty sparse, I would say, although we probably got to see more in terms of Day Theatre, but most of the treatments probably done by the consultants. Yeah.

I: Thanks P5.

P1: Yeah, I don't think I'd feel particularly confident to carry out a molar extraction if I had to do it in the morning on my own.

P3: To me I think it's slightly different for me, because before COVID, in fourth year, I'd only get to do three extractions in total from locals clinic, but beginning of fifth year onwards, I think I got a lot more extractions done because it could be due to just increased number of clinics, we had locals and then especially A and E, where I got to do more extractions compared to locals. Yeah.

I: In A and E, is it?

P3: Yeah, A and E, yeah.

I: Okay. And did everybody go to A and E or was that just a voluntary thing that you did? Because I think some people went in at the weekends, didn't they?

P2: Yeah, so we all, well everyone would have been out (timed out? 00:09:29) for A and E and I think we all did one weekend. Now the weekend, you probably would have just been seeing traumas or maybe big facial swellings or something, but definitely I found, I was obviously in the same A and E one as (name) and it used to be on a Monday, and I think we were, I don't know what they would have done in other years, but it seems like they were prioritising getting extractions for

us in A and E, rather than say reviewing something that came in or maybe doing something else. It was good, we were trying to get as many extractions as possible.

I: And who covers it? Is it just whichever SHO is on call, is it?

[00:10:21]

P2: It's usually, I don't know is it the oral surgeon or what? We used to have Doctor Beatty with us on a Monday evening, I think she was a couple of days maybe on a Monday or Tuesday as well for other groups. So we had her.

I: Would it be useful if there was a student or students assigned to A and E every day?

P2: Yeah, I'm sure it would. I don't know how it helps out, if we're a help or a hindrance down there, but I'd say it would definitely be (audio distortion, 00:10:54-5) every day in the A and E, they're definitely getting the same things. So yeah, I think it would be good to get more of that and trying to get the extractions and that sort of an experience.

I: Sure. Great. Anybody had any bad experiences in Oral Surgery or had any disasters or anything that's gone wrong that's kind of turned you off? Nothing?



P1: I don't think so. I don't think I've had any traumatic experiences. [laughing] But I think it's just the apprehension and it's something that's so new to you and it's maybe, you just feel turned off it because when you know nothing about something and these are nearly expert people in their field, it's just quite intimidating and it's hard to, I just feel it's completely different to what you learn for the other three years, so it can be just hard to adapt more so than anything else? But yeah. Sorry, I'm going to turn off my microphone because I'm just, the sign is going off there and it might be a little loud. I can turn it on if you (inaudible, 00:12:01) again.

I: No, I can hear you fine anyway. But yeah, I think it's definitely one of the things that when people graduate, I'd say along with molar endo, difficult extractions are things that most people would probably be a little bit anxious about. Is that fair? Does everyone think that or is that just...? Yeah.

P2: Yeah.

I: Okay, so what do you think the impact of COVID, what has it had on your training in Oral Surgery?

[silence, 00:13:46-58]

P5: I would say in terms of surgical extractions, so for example in the LA room, if you're to be doing surgical extraction, it will only be three people allowed in the room. So that will be inclusive of patient, so in my experience, when there was one or two surgical extractions, one of us, either myself or (name) were to stand outside the room. So we didn't really get to see what was going on inside the room. Yeah, so you can't really see much through the door anyway, so yeah.

P2: As well in certain clinics if something, or even A and E, if something interesting came in, maybe a lump or something like that that would be unusual, and usually you'd get everyone over to see it, just so you have that, that wasn't often allowed because of the numbers and things like that. (Start of it anyway as well? 00:15:08-9), so that would be one aspect.

[00:15:10]

I: But when you look at your log book and requirements and assessments and all that, you've all pretty much got there I'd say, have you? You've all got the competencies done and that kind of thing? So yeah, so just ask a little bit about how you found the online learning, the online lectures, the recorded lectures, the live lectures, do you think they were as effective as in class, in the lecture hall? Did you like them? Did you not like them? Any comments about the online teaching.

P2: <Probably...>

P1: <I quite liked it> but I don't think a lot of people did. I liked I suppose that you could be, sometimes in a lecture hall you're coming in straight from a clinic or lunch and you're kind of rushing, whereas often if, like in most cases you'd have a bit of time to prepare for your lecture if it was online. But I think I would have preferred more of a pre-recorded situation where you can go back on something, because often on Zoom it can be missed or something like that.

I: So you think it'd be better off to have it recorded rather than...

P1: In-person lectures as it is. Yeah, just even to go back over things and I suppose our lecture exposure is very limited, as in it's mostly, most of our learning over the five years has been (inaudible, audio distortion, 00:17:51) but yeah, I think I did like the online learning part of it.

I: We're losing you a bit there, P1, I'd say you're going under a tunnel or something. But thanks. Anybody else, what do you think?

P1: I think I would have preferred a...

[silence, some audio distortion, 00:18:14-39]

I: You can all hear me okay, can you?

P2: Yeah.

I: Yeah, yeah, I think she's obviously in and out of coverage there. So yeah, did you like the online lectures? Do you think that they worked well? Did you find you learned as much when you could sit in your bedroom, in your pyjamas, with the laptop as you would if you were sitting in front of somebody in a lecture hall?

P4: I feel like it's actually really useful because some of the lectures are recorded, so you actually can go back and refer back. But that's just a small, that's just Doctor Bolus's lecture, which is the radiography one, whereas the others are just live lectures. It would be helpful if they can record the lectures.

I: And do they check your attendance, when you log into these things or...?

P4: Not sure how do they actually check the attendance. But normally for DDUH they would check attendance for all the lectures pre-COVID.

I: Yeah. Okay, so you think it'd be better off to have a Dropbox or something with all the lectures, that you just log into whenever you have a free half an hour and you just jump in and watch a lecture.

P4: Yeah.

[00:20:00]

I: Fair enough. You're back, P1. We lost you there.

P1: Sorry.

I: No bother, sure look, yeah, no hassle. And then just with regard to the exam, the “open-book” exams that you had, did that work well? Did you like it? Would you prefer the old-style exam? Any technical issues?

P1: I think in terms of managing technicalities, the hospital did it very well. I think given the circumstances with the Zoom and everything, it did work. But I think if I had a choice, I would have preferred a “closed-book” scenario. We’ve kind of been trained for the past four and a half years before that. I think with the “open-book”, that whole extra level of understanding and learning was never something that we had prepared for from day one, and I think it was actually quite a lot to put on people in final year, to say the (true? audio distortion, 00:21:09) traditional style isn’t going to cut it really, because when you’re taking your notes from third year (inaudible, 00:21:13), and you’re learning your stuff, you still have that finals kind of mindset in mind and you’re learning it for, obviously you’re learning it for your knowledge but that’s what you’re making your notes for and everything. And then when they turn around and tell you you need to be doing this and that, I know it was the situation, but I still think if we can all sit in clinics together, putting ourselves around the place, why can’t we all sit in a room with our masks on and do an exam? You know? But I don’t know, that’s just how I felt about it. It was kind of picking and choosing what worked for them, I think, a bit. But that might be a bit (inaudible, 00:21:55) I don’t know.

I: No, it’s good, that’s good feedback, thank you. Anyone else?

P5: I actually preferred the open style exam book actually, because I thought it was more application-based. Most of the time we’re not going to remember, I mean when we go out to

practice, we're not going to remember the finer details in terms of all the academic content, and actually most of the real-life challenges I think will be having conversations with patients. So I thought one of the helpful questions that came on the exam was what conversations will you have with the parent, for example, of the patient with regards to the tooth? For example. And I thought that required a higher-level kind of thinking, which I think is more practical in day-to-day situations. But honestly I wouldn't have minded a "closed-book" either, but I thought the "open-book" was a bit, helped you kind of train your mindset in a different way.

I: Yeah. And how did you find with the camera, I think you had somebody looking at you for the three or four hours, did you?

P2: Yeah, you did, but I think that was all forgotten about fairly quickly to be honest.

I: Wasn't off-putting or anything, it didn't throw you off.

P2: No, not really at all. You'd forget there was people there I think. Also, so I don't know what other people did, a lot of us just sort of had obviously the thing on the laptop in front of you or the computer, and had your phone set up with the camera the other side of you then. So it wasn't directly in front of you, it was just sort of a side-on view. But no, it wasn't too off-putting really at all. Yeah, no, it was grand.

I: And nobody had any technical issues or anything? There was one person in the other group who, his camera went off or something and he got a phone call from one of the consultants to advise

him basically or to tell him to switch his camera back on. Did you know who the point of contact was? Were you given an emergency number or anything, or told look, if this number pops up on your phone to answer it, or was there any arrangements like that?

P1: I think --

P4: Mine actually, my connection actually went off and I had to email Doctor Clarke because she was in my group, but we weren't given any contact details or anything.

I: Okay, and your connection went off in the middle of the exam?

P4: Yeah.

I: And was that your connection that you were writing the exam or the connection for the camera for the person watching you?

P4: For the ca--, for my phone.

I: Okay. And so how long were you offline for?

: Yeah, it was just for five minutes but I was just a bit stressed because I didn't want them to think that I'm doing something illegal.

I: That's kind of distracting, I think, when you're trying to get through the exam.

P4: Yeah, it was.

I: And what do you think, P4 would you prefer then if it was an old-fashioned style "closed-book" exam?

[00:25:00]

P4: I think both works, but the "open-book" is actually pretty much, it's more challenging than a "closed-book". Thirty minutes per question is actually really short as well. So it's a lot of time pressure too, because it's more thinking questions so you might need more time to think, compared to the "closed-book", it's just regurgitating everything.

P2: I found the word count as well was a bit off-putting, and referencing and stuff. Now obviously the div three weren't as strict beforehand with regards referencing and things like that, they didn't really care too much. But the word count definitely was off-putting, like P4 was saying, thirty minutes, it's almost like it's a "closed-book" exam so you're just putting down what you know. I can understand word count in twenty-four hours or something to do eight questions, so people aren't



writing reams and reams of paper, but it was just a bit off-putting, thinking how much have I written now? Trying to cut it down. You know, sometimes you do put long sentences together, maybe you could be more concise, but when you're just trying to get through an exam, you're not really thinking of all that too.

P4: And also, one actually asked for a specific style, which is a bit stressful for all of us, a specific style of referencing.

I: Oh right, okay, like the Vancouver style or something, was it?

P4: I think it was Harvard, I forgot which style but the professor did actually ask for a specific one. So it was really tough.

I: Were you prepared for that before the exam or you only found out when the exam started?

P4: Oh, she told us before that, but it was just really hard to compile everything during the exam.

I: Yeah, yeah. Definitely. And were you aware of the word count beforehand as well?

P4: Yeah, we were.

I: Okay.

P2: Yeah.

I: Okay, so kind of a mixed bag really. So I suppose particularly with Oral Surgery, taking out teeth and stuff, when you go into the first, like if you go into the practice on the first day and there's a lower left seven on the list for an extraction, would you be happy to take it on?

P2: I think yeah, you'd probably think you'd like a bit more experience and training taking out teeth, but I'd say it comes to the stage where you need to just get out and do it on your own. It's always nice, no matter what you do in the dental hospital, because there's someone there supervising you and there's the different consultants around as well, adds that sort of safety net. I think even if you spend another six months taking out teeth in locals or in A and E or something, I don't know how further on you'd be and you still have to make that leap to doing it out on your own. So I think...

P1: I'd agree with P2 there as well. I think it's kind of like you just need to get a little push and just do it for yourself. Obviously apply all the tools and the knowledge that you've learned along the way and not rush into things and know your limits as well. But I think, you know, for something that you would have done the same time the year beforehand, there's no reason why you couldn't do it once you've qualified and things like that. But it's just I suppose using your judgement in the right way as well and making sure that you're not taking on something that is beyond your limits. I think that's one of the most important things, being aware what you can and can't do as well. But yeah. I think I would feel, you know, [laughing] there's some things I think I'd be grand and then for other things obviously a bit more wary, but that's kind of natural as well, you know, probably. Yeah.

I: Did you get much teaching on where that level is, between what most GPs would take on and what you should probably be referring? Would you have an idea, if you looked at an x-ray or looked at somebody's mouth, would you be able to say I'm going to send this one on or I'm going to book this person for next week to take it out myself?

[00:30:09]

[silence, 00:30:09-19]

P1: I wouldn't say we've had much teaching on that sort of thing. I think it nearly (audio distortion, 00:30:28-37) have a look at it as well, but I think it terms of realising (inaudible, audio distortion, 00:30:41-48) but I don't know would I know much about that really, you know, the way some things (audio distortion, 00:30:54-56) the likes of you might see straight away and be like oh yeah, look at that there, that's going to be hard, but I probably wouldn't notice it. There's nearly a skill in itself to realising, to reading things properly. I'd say we wouldn't have had much experience with that. Maybe with third molars, and I think there is a bit of that, but as in what would be a difficult extraction in the case of third molars with their impaction and root angulation, and I suppose there's an element of that that would apply to other teeth as well. But most of it was in relation to the third molars.

I: So would it be good to have a lecture at some stage in maybe fourth year or something and just fly through a hundred x-rays and say look at this tooth, look at the shape of the roots, are they

convergent, divergent, should it be easy, should it be difficult? And is there anything else, I suppose you did miss out on some degree of teaching and everything, so is there anything that the university could offer, even post-graduation, is there anything they could do to augment the training that you've had and make up further for some of the time that you lost?

[silence, 00:33:42-50]

P1: Yeah, I think even anything, one thing I think I've definitely learned anyway is the more you go through the course and reach your final [background noise] sorry, the announcement, that you appreciate [laughing] sorry. You appreciate your learning more because you can see the more complex cases coming through and you're definitely, I know I'm definitely more interested in things that I mightn't have been interested in in third year when we were initially taught things, as you say, even with implants and other things, even like minor Oral Surgery courses or things like that. So yeah, I think you appreciate it more as you go through the course and the learning. But that was just what I felt anyway. I think at this point, looking back you might have taken it for granted earlier on, but now you realise how important it is and you'd be paying for a course like that in a few years' time, you know, so important to take up, take in as much as you can.

I: Absolutely.

[00:36:54]

[silence, 00:36:54-00:37:07]

I: Okay guys, we're pretty much there. Just any positives that came out of a really tricky year, eighteen months, anything that there's like a silver lining that you thought, well, COVID really made your training, last eighteen months of your clinical training very difficult, but was there any positives that you took out of it that worked really well or that you think God, that's great, that was never happening before but that should be kept for the years behind you?

P3: I think because we know that we had limited opportunities or clinical time, I think we were more motivated to use our time wisely. Yeah, so in terms of patient management I think we'll do it a lot better than we used to do before, and I think it's really a blessing for us. We still get to do a lot of hands-on clinical practice compared to other dental schools. Yeah.

I: Yeah, I think it'd be interesting to speak to some of the students in Cork as well, because I think they missed out a lot more than you guys did, didn't they? They were out for a long period of time.

P1: Yeah, I think it just made you realise that look, any bit of training is better than nothing. Even when I think it was the lockdown in January when there were eight thousand cases a day, we were still able to come in and things. Obviously it wasn't the same as before, but look, we were still able to keep going through and we did still learn. It mightn't have been to the same levels as before, but it is what you were saying, we were more, that was our only time that we were going to get so we had to just make the most of it, get everything done, tune in, there was no messing around. You just had to make the most of that maybe hour or two hours you had. And I think that actually, I feel the supervisors did as well, I think everybody realised this is the only chance we're going to get, so let's make it worthwhile for everyone, instead of, like I felt that even people, like supervisors were

eager for us to get things signed off and for us to see things, because they knew we were limited too. So it's kind of like everybody was on board with being efficient in the time that we did have, which I felt was good.

I: That's good to hear.

P1: Yeah.

I: Great stuff guys, thank you so much. Really that's everything I wanted to ask. Any final comments or questions or just an open forum if anybody wants to add anything or anything you think might be useful with regard to the research?

[00:40:02]

[silence, 00:40:02-12]

I: Stunned into silence. You're all happy enough. Okay. Great stuff, I'm just going to stop recording there now.

[end recording]

Notation:

[nonverbal communication] e.g. [laughing]

(inaudible 00:00:01)

(redacted information) e.g. (name)

<overlapping speech>

Filename: Meeting 5 (audio\_only.m4a)

Speaker Identifiers:

I: Interviewer

P1: Participant 1 (male, Irish accent, softer voice)

P2: Participant 2 (male, Irish accent, volume louder)

P3: Participant 3 (female, English accent)

P4: Participant 4 (female, Irish accent)

P5: Participant 5 (male, Irish accent)

I: Okay, so we're recording there guys. So yeah, thanks again for offering to take part undergraduate dental student over the last couple of years and the effect of COVID. So really just wanted to fly through a few questions and really get you guys talking amongst yourselves really, there's no hard and fast thing that I want to discuss, just really what you guys think about how you got on over the

last couple of years, seeing as you're nearly out the door now. So just to start off, how did you find your Oral Surgery training before COVID, the structure of it, did you get enough clinical time, did you get enough assessment clinics? Is there anything that was missing before COVID came in?

P1: I thought I had good exposure. Our module anyway, I thought, was quite good. We had a lot of clinics with Doctor Collins and stuff, and we got a lot of exposure to third molar assessments and stuff at the time. I thought the teaching was good and locals was really good as well, getting to do extractions and stuff. Anyway.

I: Did you actually get to do most of the procedures when you were there?

P1: In locals, yeah, we usually got to do the extraction ourself, unless it, we used to get, so you'd have a go at it anyway, unless it got quite difficult, then the supervisor might take over or that. But yeah, I suppose we didn't get to do the biopsies and stuff ourselves, but that was still quite early in fourth year, so we hadn't had that much experience in those clinics yet. We were just learning.

I: Perfect.

P2: Our own module as well, we were slightly different. We spent the first term of fourth year not doing Oral Surgery in the dental hospital, but out in James's in the cancer unit with Mr Barry and Professor Stasin, and we got to see pretty cool stuff out there. At that stage we hadn't really done much of the PBL material on cancer treatment or anything like that, so yeah, we were kind of put into the deep end at that stage, at the start of fourth year. But once it came to the theory of



treatment for cancer and things like that, it became much easier for us to learn it anyways, and even with fractures and things like that as well, having seen it in the flesh out in James's made it a bit easier to comprehend when we came to learning the theory. But I suppose on the other hand, we probably are a bit lower on the number of maybe third molar assessments that our module have done in comparison to some other modules, and we're actually, I think Doctor Clarke actually noticed that herself, so our own module have been given extra Oral Surgery clinics this semester to just see a few more things from an Oral Surgery point of view as opposed to max-fax.

I: Yeah. Thanks P2, yeah, a lot of people were saying that, that it seems to be just, is it two modules that go to James's or something? Just depending on which module you're in, there was no voluntary option to put your name down for it or anything, was there?

P2: Yeah, no, it was just compulsory for our module, there wasn't any kind of pick and choose. It was just we're out in James's and that was that.

P1: And P4, ye would have went if it wasn't for COVID, wouldn't ye?

P3: Yeah, I think there's two other modules that would have gone because of COVID.

P1: I think it's --

I: Oh right, okay. So you just --

P1: <Module four and module, I'm not sure if there's another module.>

P3: <Module four and then another one. Module two I think.> I can't remember which one it was.

P1: Was it one maybe or that? I'm not sure. But usually three modules get to go

P3: Yeah, they get to go.

P1: to James's. I think that's it. So usually half the year. And yeah, we were, I don't know, I was looking forward to that anyway as well, just another thing I missed.

P3: Yeah, even though we were low in third molar assessments, I found the experience at St James's really valuable. Seeing first-hand actual on a patient, and what the reconstruction they had to do was, I thought it was really (inaudible, 00:04:29-30).

P2: (Stay and? 00:04:31) and neck dissection, yeah, that was interesting.

P3: I thought it was really interesting.

I: And did you scrub, were you in and could you see?

P3: Yeah.

P2: Yeah, yeah.

P3: We saw a lot.

I: Yeah, that's good.

P3: Yeah it was good.

I: That's really good.

P2: I don't know, it just doesn't really make much sense to me that you have a fifty per cent chance of seeing it, as in it's not very fair, say in a normal year, that half the modules don't get it, so it's kind of luck of the draw. Maybe, I don't know, in the future if they're restructuring it, it might make more sense to maybe instead of giving those three modules a full semester out there, maybe give all modules half a semester, so everyone can see it.

[00:05:08]

I: Yeah, that would make more sense. So you were assigned there for the whole term, were you?

P3: Yeah.

P2: Yeah, Michaelmas of fourth year, from September to December, yeah.

P3: So it'd be every, half of the module would be one week, the other half would be the other week, so (inaudible, 00:05:23) two weeks.

I: And the week that you're not in James's are you in the clinic or...?

P2: In locals.

P3: Yeah.

I: In locals, okay. Oh yeah, okay.

P3: I remember when we first went there, because we would only see the surgery, Mr Barry said oh, would have been a good opportunity to come in the morning, to see the pre-assessment, because then we could see the full picture. But unfortunately we had clinics then, so we couldn't go.

I: It's hard, yeah. Okay, and then obviously when COVID came along, how did it change? And obviously you were out for a period of time, but how long were you out for in total, and then when you came back to college, how did it affect your rotations and your hands-on experience in Oral Surgery?

P4: So I think we missed about ten weeks of that last term in fourth year, and then we came back in September and we had a lot less clinics. So I think in Oral Surgery we were only in there every say three weeks. I think we had one session <the first semester.>

I: <In locals or...?>

P4: In Oral Surgery, the assessment clinic, and then in locals as well we only had two sessions.

I: Instead of...?

P4: It would be every second week otherwise.

I: Okay.

P2: Yeah, we found as well, even in locals, we had very little locals clinics and even when we did have it, I remember one or two sessions where there was only a couple of patients maximum. So we didn't really get a lot out of those.

I: Yeah, there was a period

P2: Wasn't ideal.

I: there was a lot of no shows, a lot of last-minute cancellations and a lot of downtime then as a result.

P5: I think the Friday afternoons were kind of screwed by that, weren't they? You guys were Friday afternoon, weren't ye?

P2: Yeah.

P5: Yeah. No one ever showed up then.

I: Yeah, it's a bad time. And did you ever get the suture boards out or the instruments out and practise or get some hands-on?

P2: Yeah, yeah. Yeah, yeah.

I: So at least try and make some use of the time. Okay. So now that you're nearly at the end of the programme and you're nearly out the door, how many procedures have you guys performed, not a specific number but do you feel like you've got enough done, now that you're very soon going to be standing on your own two feet without that safety net?

P5: We've done a good few extractions I'd say, but...

P1: Yeah.

P5: I'd be competent enough with a lot of extractions at this stage. I think a lot of the training in locals and stuff, they probably could have left you at it a bit longer, I found anyway. A lot of it is just almost getting the feel for it and trying to find out for yourself. It kind of defeats the purpose when they put it into the application point and then take your hand and put it in and, I don't know, whereas you would find it if they gave you an extra five minutes. I know it's not nice and you sweat a bit, but I think that would have been a bit better. Surgicals though, I've done one and I've seen two other ones. Talking to my sister, she says once you get good at surgicals in practice, you'll be fine. So that's something I would have liked to have a lot more experience with.

P1: Yeah, it'd be great if we were allowed do some more surgicals or get a bit more experience with that, or even, yeah, like P5 was saying, there's such a difference when we're left just go for it, you know what I mean, and try and learn from it, because I don't know, from doing a few extractions

that are straightforward, you can do any straightforward extraction. But it's the ones that are tough, that we're going to be out next year doing by ourselves, and if we had had a tough one that we kind of messed up in Oral Surgery and had a supervisor there to help us, you know what I mean, learn from it and reflect back on it and think what did I do wrong there or whatever. I know it mightn't be the best for the patient, like a supervisor just watching you do something wrong or trying to guide you, but at least then when you're in practice and something does happen and goes wrong, you know how to approach it, rather than okay, trying and then the supervisor being like oh, you're doing it wrong, and then taking over and doing the whole thing then and you're kind of like, oh, you know, you don't learn as much. But I know there's a balance there, you can't just let people fire ahead at everything. But it's just some supervisors were great for it, letting you go for it, and then some would just be a little bit more hesitant. But yeah, definitely learned a lot more from clinics, from the LA sessions and Oral Surgery sessions where we were allowed try do something or go for it.

[00:11:20]

I: It's definitely a balance.

P1: Yeah.

I: So maybe booking less patients to locals or something might be worthwhile. But yeah, so I mean if you were faced now with a big lower seven with big divergent, thick roots and a pretty decent endo in a couple of months' time, would you be happy to crack on and take it out or at least attempt to take it out by yourselves?



P4: I think you'd have to if they were in pain, you'd probably have to give it a go, but I think that's where we'd wonder should we refer it on instead of getting ourselves into trouble.

P5: I think it would depend a lot where we are as well. If I had a good principal dentist and I know that they're comfortable with surgicals, then I'd be happy to go ahead and put it, but on my own in practice, I don't think I'd go straight into something like that in the next couple of months.

I: Definitely that's a big factor, for sure, who's there with you.

P5: Yeah.

I: Has anybody applied for training schemes or JHO or any of that kind of carry-on? No? Or anybody going to the UK?

P3: Yeah, I applied to the UK, for the VT scheme.

I: Say again, P3?

P3: I've applied to the VT scheme in the UK.

I: Have you? Oh yeah, good stuff, yeah. Okay. And what else was I going to ask? Has anybody had any really bad experiences or anything that's gone particularly wrong in the local sessions or in theatre or anything?

[00:15:55]

P5: Nothing huge. I mean I cracked a crown off once and had to go surgical.

P4: Broken roots.

I: Broke roots, yeah.

P4: Yeah, I think I broke the buckle plate once, I was taking out a canine.

I: And how did you deal with it?

P4: Doctor Fisher did. [laughing]

I: Yeah, exactly. That's the whole point of being a student.

P5: I had Doctor Fisher as well when I broke my crown.

I: What did she say, P5? Sorry, you broke up there.

P5: She just said don't, you pushed too hard or something like that. I don't know.

I: Okay.

P5: Yeah.

I: You can look at all the lectures and you can watch videos, but a lot of it is just that tactile sensation, you know.

P5: Yeah.

I: Okay, so just the main things I suppose I want to focus on really are the teaching, the changes in teaching methods, so how did you find the online lectures and the live lectures, recorded lectures? Were they useful, were they as good as the in-person lectures that you would have had before?

P2: I think they worked really well.

I: Okay, cool.

P4: I think the time they were on mightn't have been ideal, but then I know we had a lot of hours that we were in clinics and stuff, so it's hard to figure out a time that everyone was available for a lecture. But they were at seven or eight in the evening, and I just found it really hard to concentrate, but maybe that's just me.

P1: I wasn't a big fan of the online lectures. I prefer in-person teaching, always. I just feel more engaged in it. I find it's hard to keep engaged when you're just looking at one person on the, do you know, when you're in the lecture you can have your notebook out and you're in that environment. I don't know, once I go home I feel like I'm at home, do you know? It's different.

P5: I'd be very similar, <once I'm home I'm home.>

P1: <That's just my own opinion.> Yeah, it's hard to keep switched on, you nearly just want to have dinner and go to, the tiredness hits when you go home, do you know? And then we have lectures at seven, and sure you're nearly falling asleep, not for the lack of wanting to be engaged, and they're definitely well-delivered lectures. It's just hard, because you're just home, your day is done and it's...

P5: Yeah, I'd say the same as P4 as well there with the time as well. I've noticed that since we started online stuff, nearly everything is in the evening, it's rare we get a lecture at any other time, and it's just, makes sense in a way but at the same time, no-one is really listening.

P1: Yeah, I don't think the lectures in the evening time worked this year, for a few people I know anyway, and myself included.

P2: Yeah, I know, what I was getting at was obviously it wasn't ideal, probably in-person is better, but I feel they probably did the best they could have, given the situation.

[00:20:08]

P5: Yeah.

P2: It probably wasn't

P1: They were good lectures.

P5: possible to have forty-whatever people in a room at once. So given the landscape, it probably worked as well as it could have, I guess?

P3: Also I think a good idea would be, like in oral medicine, we have seminars every week and I think that kind of reinforced the learning and what I knew, what I didn't know, so I don't know, I just think maybe it could be supplemented, the lectures with seminars too, just to go over scenarios or what you need to focus on, because obviously with PBL, you can go on and look at things for hours but not know the direction that you're going, but if you're looking at a seminar or going

through something, like (inaudible, 00:20:53) assessment or looking at OAC, you kind of know what specifically things to look at.

I: And those seminars, were they the full module or...?

P3: Yeah, it was the full module.

I: And you're sitting with a consultant, just discussing through cases or discussing through different topics.

P3: We would go through topics, yeah, every week. So just before clinic, we would just go through things for at least an hour before, forty-five minutes, and I think it kind of reinforced things that we should know and not know.

P3: The knowledge, yeah, for sure. I think I learned a lot through the oral medicine, that's for sure.

I: Okay, that's good.

P1: What worked well though I thought in those, though, as well, was it was kind of up to us as well, as in we'd arrive, obviously the very first seminar, Doctor Healy just decided what we did and asked us questions on it, and then the next seminar, she was like, okay, decide among your module who's next and then we'll go in that order for the year. That's what we did anyway, so it would be me and

P4 might do it together and we'd do it the next week on something, and then the week after it was (name) and whoever, and they'd decide themselves something that they're not sure of and that module, we'd text into our own group chat, what should we do it on? And then people might be like, oh, let's do white patches or something, would you mind doing it on white patches this week? And that way it was nice as well, because we got to cover things that we weren't sure of ourselves.

I: And you're presenting back to the group, are you?

P1: Yeah, and then you'd come in with your presentation ready then and maybe go through RAS or something or whatever, and the supervisor will give you pointers on it and stuff. It was good.

I: And can you circulate that PowerPoint to the group then for learning?

P1: Yeah, we did that, we would. If one particular seminar was really good, like we did one on dry mouth, we'd send it into the group chat or we made a little Google Drive ourselves, and then we'd have that then for finals, which was handy.

P3: It even is good to know what the DUH is looking for, because obviously there's specific things that each dental school has, so it's good to know what specific things they're looking for, in terms of an examination point of view. It's good to know.

I: That's great, that's good feedback for sure. How did you find live Zoom lectures versus recorded lectures? Which is better?

P5: Didn't really get many recorded lectures, did we?

P1: Doctor Bolas gave us a few.

P2: Doctor Bolas, yeah.

P5: One or two in the first lockdown, a long time ago. I don't think we had any during...

P2: There was a few orthos as well.

P4: <We had -->

P5: <Really?>

P2: Two ortho lectures.

P3: (Toner? 00:24:18) as well, (inaudible, 00:24:19-20)



I: And are they just on-demand that you can watch whenever you want or...?

P1: Yeah. Doctor Toner's, I don't know what the guys think, but Doctor Toner's pathology videos were honestly some of the best

P2: They were very, very good.

P1: teaching tools, like the best learning I've had. It just was so, it stopped, I don't know if you've seen them, Paul, but she goes through a case and she'll present patient, forty-eight years old comes in, white patch on the lateral border of the tongue, and gives a case, and then it'll stop, it'll freeze and a question will pop up, what are your differential diagnoses at this point? And you type in an answer. I don't even know if they go anywhere, but it pops up automatically and then you submit and then it waits and she tells you what her differential is, and

[00:25:13]

?: (inaudible, 00:25:12)

P1: it was really good for even oral medicine, more oral medicine and stuff and then pathology combined, and then later on she'd show a slide and be like, on this slide we can see whatever,

Civatte bodies, and then it might pop up again, what is the differential diagnosis? Yeah, I don't know, I thought they were so good for the exams.

I: Keeps you engaged I suppose, rather than just

P5?: Yeah.

P1: Yeah.

I: sitting back and listening to somebody talk for an hour.

P3: <Then you can -->

P2: <Yeah, I feel from> a point of view of late evening lectures, you could probably avoid that if you had recorded lectures where maybe people could watch it when they're re-energised on a Saturday morning or something like that, whereas you don't have that option if it's just someone says right, I'll give you a lecture at seven o'clock this evening when you've had a full day of clinics, you're just in the door home, you haven't had dinner, probably not going to be productive learning for you.

P1: <I think if we had...>

I: <A lot of people actually> from the other groups as well, sorry, P1, were saying seven o'clock was a really bad time for everyone.

P2: Yeah.

I: So ironically I scheduled most of these Zoom meetings for seven o'clock, but anyway. What time would be better? Would it be better first thing in the morning, lunchtime?

P2: I think that's probably the best, whenever you can, because, I don't know, I find myself, I get probably my best study done maybe on a weekend morning? But then you can't have, maybe not many consultants would want to be doing that on Saturday mornings and maybe some other people might want to take, I don't know, a weekend morning off books as well. But it depends on person to person, that's just me, whereas maybe I'd like to be listening to a lecture that time, but I don't know. I just feel if it's on-demand, then everyone can suit themselves and it can work best for everyone.

P3: Also I think that because there's so much to cover, if it's just a live lecture, sometimes you miss it. And so if it's pre-recorded, at least you can go back to it and then write extra things down that you need to.

I: And do they normally share their screen and go through a PowerPoint or...?

P3: Yeah.

I: And do you have access, do they send on that PowerPoint afterwards that you can look through?

P4: Mostly they do.

P3: Mostly they do.

P4: They don't always.

I: With recorded lectures you probably need some kind of incentive, I know the exams are a big incentive, but to make sure that you actually get, learn from them rather than just passively read them, you know?

P5: That's the other thing, I think if you had a bank for every week, if you miss a week it's suddenly hard to make that up as well. Like, imagine if you've got five hours of lectures every week and suddenly you miss one or you just don't do it, that would add up pretty quick. Whereas at least with the live lectures, you kind of have to be there, like they see you're not logged in. There's that to it.

I: And were they taking attendance or...?

P5: No, but I think they had an idea.

I: They know who's supposed to be there, yeah.

P5: Yeah.

P2: Just one thing as well with the live lectures in the evenings, it very much depended module to module, it could be luck of the draw. One day it was on, so if you had a full day of restorative clinics, say on a Tuesday, it might be just your module having that, and you mightn't get as much out of that lecture, whereas a module who had the day off might have gotten much more out of it.

I: Yeah. Yeah. Was there any overlap--

P2: So that's another thing that might favour recorded lectures.

I: Yes, yeah. And was there any overlap in the material or were all the lectures worthwhile? Was there anything that was covered, not covered very well that could have been done better? Again, trying to stick to Oral Surgery I suppose, really. Was there anything about, say, one of the other groups talked about knowing which teeth to tackle in general practice and which ones, at what level you need to start thinking about referring on, if you went through a hundred x-rays or a hundred clinical pictures or something and discussed them and said oh, this one would be good to crack on with, this one's probably one you need to refer.

[00:30:15]

P5: Yeah.

I: That was one suggestion, but...

P5: That would definitely be helpful, yeah, because the amount of times, like even in theatre the last day and, what was it? Mr Pierse said to me, that distal root there, why is it curved? And I looked at him and I was like, I don't know?

I: [laughing] Yeah.

P5: We only see the x-rays we do, so that's what, thirty x-rays for the thirty teeth they've taken out, whereas you could fairly quickly go through a slide with an x-ray and the next slide hard [audio distortion, 00:30:44-49] You could do that pretty quick in a lecture, I'd say.

P1: Yeah, that'd be definitely beneficial, I'd say.

P5: Yeah, definitely.

P1: That type of lecture would be a good one to add on.

I: Okay, that's good. With regard to the "open-book" exams that you've had, how did you find that compared to the traditional form of exams? Did you like them? Did you not like them? Did they work well?

P4: I think they were a bit of a false sense of security, because you think you'll have time to look things up, but they were really tight for time. But I think they were okay. I think they were fair enough as well, because they couldn't make them too easy because they were "open-book".

P2: I'll have to wait on our results before we can comment. [laughing]

P5: Yeah. [laughing]

I: What was that P2?

P5: I think they--

P2: I would have to wait for the results before we can comment. [laughing]

I: Yeah. [laughing]

P1: I thought division three was the fairest exam, like

P2: Yeah.

P1: the way they structured it, I don't know if everyone else thinks that. I thought it was

P2: Yeah.

P1: a well laid-out exam and it had a good flow to it. The issue with some of the other ones was that it didn't have a good flow and it was hard to follow on a laptop, where division three, it was nice, there was a picture, there was a good stem to a question and then a question that you could tackle there and then, and like they were saying, the questions weren't that look-up-able, you kind of had to use what we'd learned from those seminars or learned from on clinic and those kind of things to answer them. I don't know if everyone else was the same, but I used very little notes for most of it, to be honest.

P5: I'd say the "open-book" thing is definitely, it's a good experience and I'd say it should be part of the course somewhere. I don't know if it's the answer for every exam.

I: I think it's going to be here to stay, you know?



P5: Would you think?

I: I'd imagine so, in some form.

P5: Yeah.

I: It seems to work very well.

P5: I think in a lot of ways, especially for a lot of things in Dentistry, it's quite realistic in terms of, you need a fairly good base on everything, but then if you're just going, oh, what's the dose I need to give here? In real practice, you're going to look that up and you should be able to get it within thirty seconds. So I think it's --

P2: I feel as well like the types of questions are probably more important to know that we can answer them, as opposed to maybe being able to list whatever four or five things about a certain condition, and being able just to remember it on a given day. Probably makes more sense to be able to apply your knowledge into a clinical situation.

I: Generally, the consensus seems to be that most people feel it worked well. Would that be fair or am I leading the witness?

[00:35:25]

P1: I thought Oral Surgery, the division three paper worked really well because it was multiple cases. I don't know, that's what I thought, I don't know if the lads think the same, but having

P2: Yeah.

P1: a case per question,

P5: Yeah.

P1: much, much easier to wrap your head around and straightforward than having this one massive case at the top that you're scrolling up on your laptop trying to come back to. I just found that that was the only, that was the big flaw with division two now. But then when we got onto division three, it was like, now this is a nice,

P2: Yeah.

P1: this is a better paper. I can read this question and look, if this case has thrown me a little bit, at least when I get onto my next question, onto the next piece and that's

P2? P5?: (You can park it, yeah.? 00:36:12)

P1: the paper. I thought in that way it was, I think that's what worked really well, in my opinion, for division three and the Oral Surgery and stuff. It was good that way.

P5: And it's (inaudible, 00:36:22-23) too as well, if they literally put all of the photos and all the x-rays in front of every question, it would have made life a lot easier for us. I wouldn't say it's about the one case for eight questions, that's fair enough, but just keep all the resources handy for when you read the question and say okay, and then just get that quick.

I: Or if they could send you a separate pdf file or something that you could just--

P5: Yeah, alt tab and check it quickly and then go back. Yeah, that could be good too.

I: All these things are very easily fixed, I suppose,

P5: Yeah.

I: it was such a new departure for them as well, I'd imagine. So any technical issues with logging in or the cameras going off or anything that happened that threw you off during the exams?

P5: I think I was the only one who, so Blackboard never worked for me, the whole week, and so the first day I was actually a few minutes late starting the exam. So I don't know if you'd seen how it

works, I was supposed to log onto a folder in Blackboard and then at half nine the thing comes up and you download it. That didn't happen for me. Onto IT about it as well and they couldn't figure it out, so. The first day was (bad? 00:37:35) for me, so eventually I got it emailed to me directly. Then the second day and the third day, I had flagged it with them beforehand so they just emailed it to me straight away at half nine, so there was no real difference then.

P2: I was very nervous about my wifi. I was doing it back in (village), so wifi is not great down there. Thankfully, somehow it did hold up, but the days coming up to it, I was just fingers crossed that it wasn't going to crash, because even at the moment now at home it's pretty bad, they were saying. I was lucky, thankfully.

I: I didn't know they had electricity in (village) so.

P2: [laughing] We actually, I got a power cut actually the night before the div three exam.

I: Really?

P2: At eight o'clock, I couldn't study, I had to stop studying at eight o'clock the night before the exam. But thankfully it was back the night before, or the morning of it.

I: Oh no.

P2: Yeah, no, literally, we got a power cut eight o'clock the night before the exam, and it was a massive fault as well, so it was all from (village) across to loads of towns around us. So anyone, all my relations who I'd say potentially I could have gone to sit the exams, they were also down in power. So I was thinking if it wasn't back in the morning, then I would have been in a very bad way, but thankfully it was back.

I: And did you contact the hospital and let them know that you were in trouble or?

P2: No, well, we phoned them up, my dad phoned them up, the council, and they said it was expected to be back by midnight. So just woke up the next morning and my light turned on, so I was lucky.

I: [laughing] That's the thing, that's the problem with technology, and even when I was doing one of these Zooms last week, my internet went down in the middle of the meeting, and it's just one of those things that you have no control over. Do you think it added to the stress of the exam, were you more worried about technical problems or your camera? Because you had somebody watching you all the time as well, didn't you?

P5?: Yeah.

P1: Yeah, absolutely.

P5: I think that we, they gave us a trial run the week beforehand, and I actually found that helped an awful lot. They did a mock exam on Blackboard and we went into it the same you would to sit the exam, we had the phone set up. That actually was quite helpful, just to have some idea what it's going to be like. But yeah, it was still stressful, you're just worried that your phone might die or wifi goes. That's kind of out of your control, but when you're sitting in a hall, there's nothing like that.

[00:40:15]

P1: Not as stressed, that was kind of a lot of us, especially like P2 was saying, I was out in the countryside as well and I had very little phone signal in my house. So if the internet was gone, I wasn't hotspotting anything. I would have had to move to another house probably, across the road or something, which was annoying because at least you know in the writtens, get yourself to the exam hall and you're there and there's nothing that can go wrong really. And I don't know if the lads thought as well, but I would have much preferred being in the environment of other people. Doing it in our homes was so foreign and it was harder to get, yeah, I don't know, it was just hard to feel like an exam. It did obviously feel like an exam but it was just, I missed the environment of being in an exam hall, do you know, seeing people around me doing the exam and stuff. It just, yeah, that was just really weird. I didn't like that.

P5: Turning the page every two minutes.

P1: Yeah, you kind of get it good for your timing as well. I know that shouldn't be, but you kind of know where, I don't know. I just, yeah.

I: Anything that could have, was there any distractions like your family walking in or the dog barking or roadworks outside that put you off?

P1: Yeah, my mam started a Zoom call, a Skype call with one of her clients, mid-, I think division one exam, and she was a good bit away from where I was now and she thought I wouldn't hear her, so she was well away in the kitchen and stuff. But it really did throw me. I went up to the door and shouted out at her, I was like turn off the Skype as loud as I could, and she had the headphones on in the kitchen and she looked up, but that kind of threw me for about five or seven minutes, to recompose and get back into the exam. That's another, those variables are stressful, trying to factor those into your exam. When you're in an exam hall, you know you have the quiet, you have your clock up in front of you, you have everyone beside you, you're all in the same boat, whereas just, yeah, that kind of variable was stressful.

P2: Our next-door neighbours were clearing a site, so they had a rock-breaker in, which was just a steady noise [laughing] the whole week. Just this dull noise in the background. Not great.

I: You could have gone over, slipped them an envelope and said just leave it off for a week, lads, and come back next Monday or something.

P2: Oh, we tried, we tried. [laughing] Yeah, I don't think, the exams just aren't in their vocabulary.

I: Yeah, I can imagine. Yeah. Guys, that's great, thank you so much. I don't want to keep you much longer. I think I've asked everything I want to ask. I suppose really you feel like you're ready to go out the door? Is there anything that you feel that you still need to learn? I suppose as well, you definitely missed out on time. Is there anything that the university could offer post-graduation, like a resource, is there anything that would be useful for you guys when you're in practice that you could reference back to?

P4: I don't think we'd go to lectures if they were offered. [laughing] for a while anyway.

P5: Yeah.

P1: I suppose it might be nice to have contact, like I don't know. Might be nice to have contact information of someone like Doctor Fisher or something, that if you did have a case that was a difficult extraction, she might, you could

P5: Yeah.

P1: text or something, you know? Be nice to have a few people like that, that you could contact afterwards if you did have a really tricky case, that maybe you weren't sure if you needed to refer or something.

[00:45:41]



P5: I think in general, it doesn't really apply to when we finish, but in general the teaching, I think it would be helpful if we were more encouraged to talk about mistakes, I think? Because I found some of my biggest learning experiences in the hospital were when I messed it up and I realised okay, I couldn't do that again. There's kind of a stigma in terms of don't talk about it to anybody.

I: Really?

P5: Kind of.

P4: Yeah, you'd never want to admit you did something wrong.

P5: Yeah, exactly, whereas I feel like if you had almost a PBL session with what did you, what happened and what you learned from it?

I: (inaudible, 00:46:15)

P5: Because me and (name) were like, we live together and we were talking about it, and you're almost at the stage now where it's like, shit, I never made that mistake, how do I actually fix that?

I: Yeah.

P5: Yeah, that kind of thing.

I: It's very true. Last thing really, any positives, anything with the way that COVID has affected your training, anything that is kind of a silver lining, you think god, that actually was brilliant, that worked really well? As a class, you seemed to make up time well even though you missed those ten weeks or more, compared to say the guys in Cork seemed to miss a lot more. But overall, you seem to be there or thereabouts compared to any other final year class, where you are now, despite the fact that you missed that time. So any major positives that you would take from such a strange year or eighteen months?

P4: We were lucky to be in when everyone was working from home.

P3: Even though we did have limited clinical time, I feel like in comparison to other dental schools that we did have a lot more clinical, hands-on experience than the others. Especially during this time as well.

P5: I think in terms of Oral Surgery, we were actually quite lucky in that COVID didn't really affect a lot of the div three stuff because none of it was really aerosols. Our restorative stuff, that was a big change and that took a lot more effort. But locals kept going, we missed a term obviously but we were lucky in a lot of ways that even all the aerosol stuff was pretty much theatre, where you're fully scrubbed anyway, so.

P1: I thought a positive this year as well was, obviously it would have been better, the fewer numbers, just having your one partner when you're going in was nice. You got to do a bit more.

P5: Yeah.

P1: I don't know if that was the way it was supposed to be, but in fifth year, I'm not sure if COVID, if that was COVID-related, but going into A and E with just me and P4, I feel like we had, on that day you'd get a good opportunity to get an extraction or even two yourself, because you're working on your own. And then when there used to be four of us going in to locals, and god, we got very little done back when there was four of us. Very, very little done.

P5: I was very lucky especially, because our module is only six people, so I think one in three I was either doing theatre, maybe a week off, and then Oral Surgery or theatre, a week off, locals. I was in a lot more I think than a lot of other people. I got a lot of theatre this year, which was good.

[00:50:00]

I: That's great, guys. So listen, I've really asked everything I want to ask you guys. Thanks so much for your time. Anything else anybody wants to add? Any final questions, comments? Anything you think might be relevant based on what we're looking at studying? Anything that you think could be improved for the years behind you? Because the fourth years obviously have been impacted as well, and if they're going to be following in your footsteps next year, what would you change, what would you keep? Just any general comments really would be great, and then we'll wrap it up.

P4: I think some of the supervisors are better for letting us do things, because obviously we're under pressure to get competences and numbers and stuff signed off, but sometimes they kind of take over and you're just watching for the whole morning, whereas some of them will let you do everything and then it's easy enough to get what you need done.

P5: Yeah, that happens sometimes in theatre as well. I know I was in with Doctor Collins and Ciara an awful lot. Sometimes there'd be an easy enough extraction and Ciara would have it out in thirty seconds, and you're like let me give that a go. Yeah.

P2: I wonder is there a possibility for introducing maybe extractions a bit earlier in the course? Or locals, maybe in third year? I don't know.

I: Possibly. Yeah.

P5: I would say yeah, before you start locals, I don't think we ever got any actual teaching on how to extract. It was kind of just go into locals and they showed you, get that in there and wiggle. I don't know, even a quick half an hour thing on what instrument does what, what way you put that in, what is a contact point or application point, how do you, that kind of thing? Just something really brief, it would be quite helpful to begin with, I think.

P1: I'd agree with P4 as well in the sense, it would be nice. The sessions where you do get to do a lot is so, so good. You come out of them so happy and delighted that you did that, and then the

sessions where it's something so small and you're not allowed to do it or you have to watch, and it's your fifth time maybe. I remember once there was, it was my fourth time watching a small punch biopsy on a tongue, and I was like, literally, I could be at home studying and I'd be getting more out of it than standing here watching this. Do you know what I mean? And it was just frustrating at times. If we had a thing where if we watched one, we could do one or do you know, kind of thing, something like that that was more regulated. I don't know. But yeah, do more, obviously within reason.

P2: It would surely be very easy to add it into the portfolio like that. Maybe add a column where you need to get signed off, the first one you see, have a tick beside it, I've seen someone do a punch biopsy. <Then>

P1: <Yeah, and maybe answered> questions on it.

P2: you're qualified to do it, yeah.

P1: Yeah.

I: That's a common mantra in surgery, see one, do one, teach one, you know? So yeah, you all seem to be kind of there or thereabouts, which is great, it's really reassuring. And of course there's been bumps in the road, but as a class, you seem to have done very well to mitigate those and make the best of the learning opportunities that you had, so fair play. Anything else anybody wants to say

before I stop recording? We've been talking for an hour now so I think that's more than enough.

Okay. I'm going to stop it here now.

[end recording]

Notation:

[nonverbal communication] e.g. [laughing]

(inaudible 00:00:01)

(redacted information) e.g. (name)

<overlapping speech>

Filename: Meeting 6 (audio\_only.m4a)

Speaker Identifiers:

I: Interviewer

P1: Participant 1 (male, North American accent)

P2: Participant 2 (male, Irish accent)

P3: Participant 3 (female, Irish? accent)

P4: Participant 4 (male, North American accent)

P5: Participant 5 (male, Irish accent)

I: Okay, guys, so we're recording there. So just, yeah, thanks again for participating in the study. So really just to discuss your experience of Oral Surgery over the last couple of years and how it's been affected by COVID, and now that you're nearly out the door, any suggestions you might have for

the years coming behind you, really. So first of all, just wanted to ask how did you find, I know you didn't have a huge amount of practical Oral Surgery experience beforehand, but how did you find the setup of Oral Surgery teaching before COVID? So COVID was what, probably March, so you had seven or eight months of fourth year. How did that work? Did it work well? Is there anything you'd change going forward?

?: <I think that...>

P1: <And locals clinics count> as Oral Surgery or no?

I: Yeah, yeah. Yeah.

P2: I think your first exposure really is probably, well, you might have a few patients on clinic that you have to do an extraction on, but asides from that, your first formal exposure to it would probably be locals, which is obviously great. I suppose we're lucky with COVID that taking out teeth, it's not really an aerosol-producing procedure, so it wasn't cut short really, besides the time obviously we were gone, but sure that was inevitable, you can't avoid it I suppose. But one thing I would say is taking out teeth is your bread and butter, as a dentist, and I feel like it should be started from third year, because I feel like you get to fourth year, I think you do a few locals clinics maybe at the end of third year, maybe? But you kind of come in and I think they just expect you to be able to take the tooth out, like wingardium leviosa kind of.



P3: I feel like the education of extractions particularly is not done well at all. It's very disorganised. We didn't even have a supervisor for locals the first few sessions, we just had one of the JHOs come help us, so we were never taught how to do it at all. I feel like, yeah, if they taught us a bit better or maybe had a couple of lectures or practical sessions before we were just flung in there, like P2 said, it would be a bit more efficient. It was just all over the place.

P2: Yeah, no, I think it's a difficult thing to teach with regards to obviously how much pressure do you use, etcetera. But I acknowledge that, but yeah, maybe a few more introductory things, and I feel like sometimes there's a bit of miscommunication maybe, and it's just you're thrown in and it's like oh, how don't you know this sort of thing? It's like well, it's my first time, you know?

I: Okay. What could be done then, maybe at the end of third year or the very start of fourth year? What kind of lectures or practicals or what would you suggest would be the best thing to introduce to have to give you guys that introduction?

P3: I think even just a couple of practical sessions where you go in and, like I remember our first locals sessions, it was actually the nurse who showed us all the instruments that we were never really shown that before, even just to have a session where we go in and we look at the instruments, we learn what they do, just the theory behind even extractions of oh, you know, point of elevation, whatever else, because it was mostly just the nurses that did that with us. And even things like, I think the first session we had biopsies and we had never scrubbed up before, and it was the nurse that had to show us how to scrub up and we were expected to do it, but we had no idea how to do anything really. So I think even yeah, just probably one or two practical sessions before we would

just be thrown into clinics would be good, or even just a lecture on everything that we need to know the basics of, even if we're not practically shown how to do it.

P4: Yeah, basic principles as well, like lab design and atraumatic extraction versus a surgical extraction, all that. I think there's little emphasis on surgical extractions for dental students, so maybe a little bit more exposure to that and more experience. Yeah. I'm sure we're not going to be expected to do surgicals, but it still, you might break a root and then go retrieve it, so it might be beneficial, yeah.

I: So that's good. Okay. So, and now that you're nearly out the door, do you think that you've got enough, not numbers-wise, but do you feel like you've got enough experience? Have you done enough procedures overall?

[00:05:09]

P3: I think it's very fifty-fifty, depending on what supervisors you had. Simple extraction, sure, I'd be confident enough, but anything a bit more difficult, I feel like we've never really experienced it. I don't know, maybe some people have, but I know a lot of people that went on elective in third year to Guatemala, etcetera, they're very comfortable taking out teeth, but the rest of us I think not as much.

P2: Yeah, it's difficult to know. I mean you're midway through one and you're kind of thankful that there's someone looking over your shoulder sometimes, like is this going to come out or is it not?

But I think, look, that's just part of diving into practice as well. Obviously there's going to have to be learning curves and you're just going to have to stick to your principles and take your time with things, and look, if you can't get it out, you have to know where to go, and as long as you're a safe pair of hands, you can't go too wrong as long as you don't go trying to take out wisdom teeth that are impacted and this sort of stuff.

I: Yeah. Yeah, that's exactly it really, I suppose. Do you think now, having got to the end, you've been very proactive, coming in and catching up as much as possible, but do you think compared to previous years, did you miss out significantly in your experience? Or do you think you're in the same level as other classes?

P3: I think we're the same level by now, but certainly the extra few months and we obviously got an extra two weeks at Christmas. I think we started the term a bit earlier as well and we're obviously finishing a good bit later. So I think overall we definitely made up for it, at least from an Oral Surgery perspective.

I: Okay. So you're happy enough, there's nothing that you feel that was greatly missed or that you feel that you were disadvantaged, based on what happened?

P3: I think the one thing that was a bit unfortunate is that obviously in Day Theatre, there's only six people allowed in the room because of COVID, so I found that a lot of the sessions that we were there, the dental nurse students were prioritised over us, because it was the nurses that decided who stayed in the room. So they got to observe and all the dental science students had to leave. So I think there were maybe three weeks in a row where I didn't even get to be in theatre at all,

because the nurses just told us to leave. So that was a bit unfortunate, but obviously what can you do, really, other than more sessions?

I: Okay. And were any of you guys in the group that were going to James's?

P1: No, I didn't go.

I: No.

P2: I went. I was with actually yourself, I don't know if you remember.

I: I do remember, yeah, but that was third year or was that fourth? That was third year, was it?

P2: Fourth year, yeah.

I: Was that fourth year, was it?

P2: Yeah.

I: Okay. So was that useful or do you think that's something that --

P2: It was brilliant. I loved it. It was just a totally different environment, and obviously it's another level, really, to it. And it was very cool to just see the theatre going on and everything, and in terms of your, I think, look, if you're going to be going every week just to see maxillofacial surgeries taking place and (then divulectomies? 00:08:59) and that sort of stuff, as a GDP it's not going to really help you. But I think going out at least once, it's a great experience, just to see, and if that was something that you would like to do, I think it should be an option. I know they used to run stuff during the summer for students, I don't know if that's still happening anymore for the fourth years. But look, if you're going out every week it's probably a bit of overkill, if I'm honest, but it was nice to see, it was good to see, especially for the facial trauma, that sort of stuff as well. But yeah.

I: Great. Because it seems to me that some groups go for a full term and then other groups don't go at all. Is that right?

P2: Yeah, I don't think that's right. I think it should be rotated. Yeah.

[00:10:12]

P2: <I think...>

P3: <It's basically>, I think it's basically that they don't have enough space on the clinics in the dental hospital. I think for us it was module six that was going out there last year. I'm not sure how it was decided but it was just, they were just put there and the rest of us weren't.

I: Okay. Okay. So that's something that should be kept, but just spread out so that everyone gets a chance, from what...

P3: Yeah, I think so.

I: Cool. Okay, and how did you find the online learning and the Zoom lectures and that kind of thing? Was it useful, was it as good as in-house lectures or in-person lectures? Did you find that they were beneficial or anything you'd change or anything you'd keep?

P3: I think they were better, actually.

I: Really?

P3: I mean it's just the fact that you don't have to, if you're really tired one evening, you don't have to a hundred per cent pay attention but you can always, most of them were recorded or even the lecture slides put up, and yeah, I think even though they were evening so they were very tiring sometimes, at seven or eight o'clock in the evening, you don't really want to be paying attention to a two-hour lecture, but I think they were just as good if not better than in-person lectures, because it's the same material really, it's just you get to do it from the comfort of your own home in your pyjamas, like.

I: Yeah, yeah. Absolutely.

P1: I didn't really like the Zoom lectures. I guess I don't like Zoom lectures at all, I just stare at my computer and nothing goes in.

I: And you'd have to go back over it all at the end of the hour or two hours, and would you feel like you haven't really learned anything?

P1: Yeah, it was kind of like, I don't know, because after a long day you just kind of sit there and you're just like, just blank. Like you know, if you sit in a lecture, you know you have to pay attention.

P2: The thing generally would be, I'd say they'll probably realistically go back to some sort of hybrid, but I think it would be good to get in-face lectures going, just for your own sanity, you know? I think it's been a tough year for a lot of people and it would be good just for your own mentality just to actually be there in-person and go back to the way things were.

I: And the time, would they have, most of them were at seven o'clock or something, were they? This kind of time.

P3: Most of them were very late because we had to give time for people to get home, so I think they didn't start before seven or six-thirty most nights, so they were very late, which was definitely the disadvantage of them really. I think they would work well on days when people don't have

clinics during the day. I think those ones worked pretty well. The evening ones were definitely absolutely exhausting, but then the other alternative is you sit in a lecture theatre until seven in the evening, and then by the time you get home it's eight or half eight and just as tiring really, in a different way, so.

I: And if they gave you lectures in a Dropbox or something, and you could watch them on-demand, would that be...

P3: I think a hundred per cent, that would be better.

I: Would it? Would you use them, though, would you still, if you weren't forced to log in at a certain time, would you get as much out of them if you're watching them on a Sunday evening or, I don't know, do you think that would be useful or not?

P4: I think so. There were some (nocto? 00:13:21) videos that some

P3: Yeah.

P4: oral person...

P2: The fact that we could rewatch them, I think, was great.



P4: Yeah, and you could pause them, take some notes or whatnot. So.

P3: I think it certainly, in terms of asking questions, they're not very useful because obviously you can't follow up with questions, but then I think maybe a couple of question and answer sessions after a series of lectures would be good. I know pretty much all the other courses this year, all their lectures were not live lectures, they were all on-demand, watch-at-home lectures, so I don't know. From what I've heard from other courses, they seem to be working really well for them, so I'm not sure why we couldn't really do that, because the evenings were absolutely exhausting. We were wrecked for weeks, I think.

I: Yeah.

P2: I think sometimes as well, the dental hospital tends to forget they're actually dealing with the opposite problem, they're dealing with nearly overly keen students, rather than lazy ones. So putting videos up and recording them, you're guaranteed one hundred per cent that ninety-nine point nine per cent of the students are going to watch them. But yeah, I don't know.

I: Yeah. I suppose particularly in final year.

[00:15:13]

P4: Also I think that was old technology that they were using, though. But you had to install a separate Flash player.

P3: Yeah, the pathology videos were all on Flash player, and

P4: Yeah.

P3: unless you're a tech wizard, basically Flash player's not supported on anything anymore, so half of even our class couldn't watch it until someone figured out how to do it.

P4: Yeah. So I think updating technology as it comes, you know?

I: Yeah, yeah, okay, well that's good feedback for sure.

P4: Yeah.

P3: But yeah, I think certainly the evening lectures, just from talking to the class, I think half the class were asleep for most of them because there's just no way to pay attention, seven o'clock in the evening after you've had your dinner and unfortunately most of them we couldn't watch again, so I think a lot of that information was massively lost. Even if they were just recorded and put up afterwards I think would have been much better.

I: And were the topics covered relevant or was there stuff that was missed or stuff that was duplicated or...?

P4: There was definitely stuff that was duplicated, because we received lectures from Oral Surgery both from Doctor Clarke and Mr Pearse, and there were certainly lectures that pretty much covered the same thing, but I think they didn't really, maybe they didn't communicate with each other as well as they could have, and I feel like a lot of it, while really interesting, was definitely more than we needed to know and kind of off-topic a little bit sometimes. But they were really good, it's just I think it was sometimes almost a bit too much as opposed to not enough.

I: Yeah. But okay, great. And then with the exams, the summer exams last year and the "open-book" format and everything, how did you find that?

P2: It was okay. I think, to be honest, in terms of even the "open-book" exams that we've had, it definitely changes the way you study and your ability, like you know, beforehand you're like right, I'm learning this off, that's the end of it, and there might be one or two things, say, you're not fully a hundred per cent sure on how to apply actually clinically, but you'll just learn it off. But in this circumstance, you know that's not going to help you and you actually go to the effort of trying to understand it. So I think on a Bloom's taxonomy kind of scale, you're kind of going up there, which is good, it's better long-term for you, as a practitioner, than just rote learning stuff off, definitely. But you know, there has to be obviously some sort of balance, both of them have their pros and cons.

P3: Yeah, I feel like we never really, I liked "open-book", but I never really felt like we had a break at all. It was just, because everything was in your room most of the time, it just, you know, that work-life balance kind of goes out the window because you can't really just go into the exam hall, get it over with and it's done, it's just constant.

I: Yeah. That's final year anyway. [laughing] But any technical difficulties with it? Anybody have any issues with the person watching them or the camera or submitting or anything, no?

P4: I couldn't get access to the Zoom for div three actually.

I: Oh right?

P4: It was a thirty-minute window, so I ended up calling IT, but IT said oh, just keep trying. And then I tried it on two different devices and ended up having to use my computer and they're like, use a different device and all that stuff, so I tried my iPad, tried my phone, and then ended up just using my computer. So you're already pretty stressed leading up to the exam and then you have some technical difficulties and you're even more flustered, so I think in that sense of things, I think it was just how the room was set up itself. You had to have permission I think or something like that, so I don't know. Yeah.

I: <So that was -->

P3: <For my-->

P2: <We had-->

P3: Go on, P2.

P2: Yeah, we had, you were probably going to say the same thing, actually, to be honest, but we had a few issues with div one where

P3: [laughing] Yeah.

P2: the supervisor wasn't, neither of them were actually watching

P3: Paying attention.

P2: the student really, because any time we would text saying can I go to the toilet, neither would answer, and it ended up in all of us just having to say out loud, can I go to the toilet? And then they would say <back out loud>

P3: <So distracting. >

P2: yeah, that's grand. It was just, <it was a bit kind of like...>

P3: <And then they say> yeah, that's fine, which was just another distraction.

P2: It was a bit disrespectful on their part, to be honest, and just don't really care, whereas these are final exams, you know, so.

[00:20:04]

I: Okay.

P2: Nuts, like, now, to be honest. My computer actually shut down on me, div two, very first exam, downloaded the paper and it shut down, it just said oh, there's a problem with your computer. And now it uploaded it fine, it was grand, but it was a bit scary alright.

I: And did you miss time then as a result of that?

P2: No, it was weird, yeah, downloaded the exam, wrote my name on the paper in the heading or whatever, and then, it never happened to my computer before, but it just completely shut down, and I hadn't started really. I'd barely looked at the first question, and I got I back up running and it didn't happen again, thank god, but, which was fine, but yeah, that was about it.

I: Yeah. Thanks P2. Okay. And I suppose now that you're finished and you're going out the door, you're going to be on your own very soon. But you did I suppose miss time anyway, hopefully you've caught up with experience as much as possible. Is there anything that would be useful even once you're graduated, if there was some resource or something that the university could offer that you, if there was a resource they were going to create to make available to you guys post-qualification? Because I suppose we have such an international group, so it's not really something you can all come back to DDUH for, but is there anything that would be useful to have as a resource when you go off into practice?

P3: I think something like a Dropbox, maybe where obvious the relevant heads of departments or important people could upload maybe the newest guidelines or if there's any new sort of research that GPs should be aware of, because I feel like while a lot of us will try to keep up with the education as a GDP, it's not really what you do when you're working all day nine to five, by the time you get home you don't really want to be looking up the newest whatever guideline on this. So if there's kind of, even if there's an update to the (inaudible, 00:22:15) guidelines, you need to do something differently as a GP, I feel like those kinds of things would be good to know, but that's just in general for every GDP, not really just for our graduating class, so.

P4: BMJ has best practice, there should be a, yeah, BDI best practice.

I: Yeah, yeah, yeah. Is there any procedures in particular or going through the instruments or is there any area of Oral Surgery that you feel like it would be great to have a resource to go in and look at?

P2: One hundred per cent, yeah. I remember in fourth year, one of my just normal div or restorative supervisors told me to go on this thing called Glidewell on YouTube and just had a few handy videos on how to take a master impression for prep or how to do a prep. And I don't think they realise in DDUH how important it is to see that sort of stuff. You can't learn it out of a book, and just seeing where to put your hands, how to drill, you know? Very simple stuff, but imperative. So something similar would be great, in fact one of the best things I got in Oral Surgery, I remember I was taking out a tooth once, and I started with, I had (luxed it? 00:24:49) done all that, I went for the forceps and Mr Pearse actually pushed my shoulder up the tooth to kind of know how much pressure to apply. And it was invaluable, because that's a hard thing to teach. As a tooth, not a tooth, as a student you can apply a death grip or just do all sorts of stuff, and it's not your fault, it's just you don't know really.

[00:25:14]

I: It's that real tactile sensation and yeah, definitely. Okay. I don't want to keep you guys much longer, I'm pretty much done. Any positives or anything, considering it was such a tumultuous eighteen months for the, probably one of the most important periods of your lives, but anything that went really well actually, that you keep as a result of how things changed with regard to timetabling or the procedures you did or the way you were taught?

P2: In fairness to div three, they make it a lot easier than other divisions, in that,

P3: Yeah.



P2: they're great staff, to be fair. Your LA clinics are sorted, if a patient doesn't show up, it's not your fault, you don't get marked as a J or an N for it. It's a lot of stress off you actually, and they know you're there to learn and that's fine. So all of them have been fantastic, now, it has to be said.

I: Stop. No, that's good to hear. Thanks.

P4: And even they try to teach you, even pull out a box of instruments or a suture kit and you just practise suturing on the downtime waiting for a patient to come in, so that's pretty valuable as well.

P3: Yeah, I feel like div three has been the only one that hasn't really been as impacted by COVID for us, so we kind of managed to catch up pretty well and I think they were pretty happy with our progress overall, compared to previous years, so that's good.

I: That's very good to hear.

P4: I think the scheduling too is probably beneficial as well, having the split sections, like having the first person eight to whatever, ten thirty, or to ten, and then ten to twelve, versus having a full module in there, which might be six to eight people, where you might not be able to see anything or do anything, versus just having one or two dental students in there, seeing a little bit more, doing a little bit more. So maybe that's a little bit more valuable too.

I: And when you guys were doing locals, was it groups of four or groups of two?

P3: Initially it was groups of four with two students with each patient, and then I think with COVID, it's gone down to just groups of two and there's only one room being used at a time, and the other room was free I think, if there was anything that needed to be done from A and E. But that didn't really, we didn't really have a lot of locals this term at all, or this year really, so it's been reduced a lot.

I: And which way worked better? Is it better to have four students and be there more, and assist more I suppose? Or is it better to have just two students and actually get more hands-on when you're there?

P3: Well, the number of patients per student I think or per group is still the same because there were just more patients booked in originally when it was the four students, because there was two rooms being used. So it didn't really make a difference because you never really interacted with the other pair or their patients anyway. So it was basically the same.

I: Okay. I think it was four before, two at nine and two at half ten or something like that. And like you said, yeah, there'd be two in each room. Now it's three patients and two students, so they kind of buddy up. So you might get a little bit more, but maybe not noticeably so. Cool. So listen, that's really everything I've got to ask and thank you for your time. Anybody any questions or anything anybody wants to add before I stop recording? Happy enough. Okay. Let's stop it there now.