

# Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.  
The abstracts on this page have been chosen and edited by Paul Hellyer.

## Sexism is rife in the culture of dental education

Saeed S G. Combatting sexism – the need for real inclusion in dental education. *J Am Col Dent* 2021; **88**: 18–24.

### The ‘Warren Harding error’ lives on

Real-life examples include microaggressions from patients, inappropriate touching and sexual objectification by male faculty members. The author herself has been advised to ‘wear more pink’ and ‘act stupid’ because her intelligence intimidates men. Reporters of such behaviours are frequently shamed, retaliated against, gaslighted or pushed out. If occurrences are unreported, the long-term drip drip effect of misogyny damages both self-esteem and academic performance of the women involved.

Access to influential committees is often barred by society’s ‘tall, white, male’ expectations of leadership (the Warren Harding error). Mentorship may overcome these attitudes but examining personal biases should lead to personal reflection and change. Active non-judgemental listening to the experiences of female students and faculty is important.

Students and faculty who feel safe in the workplace will be more confident and more productive. Just as the profession has moved from reactive ‘drilling and filling’ to proactive health promotion, so instead of simply reacting to complaints of sexism, proactive self-reflection and behaviour change is needed to protect the profession.

<https://doi.org/10.1038/s41415-021-3635-2>

## Belongingness matters

Smith S G, Johnson K R, Davis C, Banks P B. Belonging as a pathway to diversity, equity and inclusion. *J Am Col Dent* 2021; **88**: 25–33.

### Improves productivity and reduces staff turnover

Lack of belongingness may trigger stress, poor decision-making, anxiety and depression. Each day, dental professionals relate to each other, to family, friends, patients and community. The strength of these relationships has the power to improve overall wellbeing. For some groups, however, (persons of colour, women, people with disabilities, the LGBTQIA+ community) ‘belonging has often been a luxury, and not a reality’.

Historically unrepresented and marginalised dental students have reported much lower levels of belonging than their peers. A strong sense of belonging, however, was strongly predictive of students’ intention to complete the course. Factors relating to students’ sense of belonging include provision of physical and digital space and extra-curricular activities.

In the workplace, a sense of belonging increases work performance, reduces staff turnover and is engendered when people feel trusted and are able to speak freely. Simply checking to see how someone is creates a greater sense of belonging than invitations to after-hours events and emails from the boss.

<https://doi.org/10.1038/s41415-021-3633-4>

## Shared decision-making is not informed consent

Sin M, Butt S, Barber S K. Assessing dentist and dental student knowledge of and attitudes towards shared decision making in the United Kingdom. *Eur J Dent Educ* 2021; **25**: 768–777.

### ‘Doctor knows best’ attitudes may be a barrier

Shared decision-making (SDM) encourages greater patient involvement through partnership, recognising treatment need, understanding patient attitudes and beliefs, explanations of the best options for treatment, deliberating and reaching a shared decision. SDM improves patient experience, creates favourable clinical outcomes, facilitates ethical practice and respects patient autonomy. Barriers to the introduction of SDM include time restraints, perceived threats to professional autonomy and beliefs that it is too difficult to do.

In this online questionnaire study, one of the first to look at SDM in a dental context, 130 dentists and 266 dental students (4<sup>th</sup> and 5<sup>th</sup> year) responded, recruited through email contacts and social media. A majority of both groups were able to give a collaborative definition of SDM but some reported lack of familiarity with the concept. Whilst dental students felt that SDM may cause patients to question their expertise, the majority of dentists were confident to engage in SDM with the patient. Time was not found to be a barrier in this study but the patient’s desire for a clinician to make the decision was considered a difficulty.

<https://doi.org/10.1038/s41415-021-3632-5>

## Root canal treatment for older patients...

Zilinskaite-Petrauskiene I, Haug S R. A Comparison of Endodontic Treatment Factors, Operator Difficulties and perceived Oral Health-Related Quality of Life between Elderly and Young Patients. *J Endod* 2021; doi: 10.1016/j.joen.2021.08.017. Online ahead of print.

### ...an important option, not to be dismissed for ageist reasons

‘A person of chronological age of 65 years or older is referred to as “elderly”’. That’s not a good first line. This reviewer is well over 65 and is definitely not ‘elderly’. The term carries negative connotations of frailty and weakness. I’m not ‘geriatric’ either. Words matter. Rant over.

This paper recognises that dentists may have ageist, negative, inaccurate perceptions of older people and, unjustifiably, offer more limited or sub-optimal care for them. Comparing treatment provided for 75 young (18–64 years old) and 75 older ( $\geq 65$ ) people, it was recognised that root canal location is often more difficult for older patients, particularly if it necessitated access through a full-coverage restoration. However, there was no significant difference in the technical outcomes of treatment between the two groups. Older patients reported a significantly better oral health-related quality of life than younger patients. Ironically, ‘the clinical implication of this study is to caution against stereotypical perceptions of the elderly patients’.

<https://doi.org/10.1038/s41415-021-3634-3>