

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 John R. Radford.

PEDAGOGY

Experienced general dental practitioners as clinical teachers: a qualitative study of their experience over the first three years as novice clinical teachers in an outreach setting

Radford DR, Hellyer P *et al.* *J Interdiscipl Med Dent Sci* 2014; **2**: 147
doi: 10.4172/jimds.1000147

A concept of 'consciously incompetent' thereby allowing the student to seek their own answers in order to become independent reflective practitioners would chime with the aspiration of a clinical teacher to be a 'reflective observer'.

Learning in dental outreach focuses on 1) personal development, 2) professional responsibility, 3) practice environment, and 4) enhancement of clinical skills (*Br Dent J* 2009; **207**: 371–376). General dental practitioners should be pivotal in delivering these outcomes. But what pedagogical approach does a general dental practitioner adopt when assuming a role as a clinical teacher? This study employed an autoethnographic approach. In this study, themes were identified from each of three 7,000 word accounts of teaching practice as described by three new clinical teachers. Reflection was a theme that pervaded these observations but not only for students. For example, novice teachers' were becoming 'unconsciously competent' through reflection. Pragmatically, a clinical teacher should 'set up the relationship between the patient and the student and then stand back...'. The abstractor is brother to the first author.

DOI: 10.1038/sj.bdj.2015.363

IMPLANTS – SATISFACTION V. SURVIVAL

A 5-year randomized trial to compare 1 or 2 implants for implant overdentures

Bryant SR, Walton JN *et al.* *J Dent Res* 2015; **94**: 36–43

There was a 'small number of relatively very dissatisfied outliers' (n = 9 from 62) although none of these patients experienced implant failure.

This study found there were no differences in satisfaction or survival of implant borne mandibular overdentures, when comparing those patients restored with either one or two implants. As background, two consensus conferences have concluded that overdentures supported by two implants is the minimum standard. However, another author is cited who argued such proclamations 'disregards those who cannot afford 2 implants'. This elegant randomised study carried out over 5 years, recruited 86 participants. Almost one quarter of the subjects dropped out over the study period, mainly as a consequence of death. After five years, no implants failed in those patients whose overdenture was supported by one implant, but in those patients who received two implants, 5 failed before loading (P = 0.11, ns) with one patient suffering a mandibular fracture at the failed implant. In 19 patients, there was fracture of the overdenture (35 fractured dentures in total), usually for those who received one implant.

DOI: 10.1038/sj.bdj.2015.364

'BRAIN WASTE'

International health professional migration and brain waste: a situation of double-jeopardy

Alam N, Merry LA *et al.* *Open J Prev Med* 2015; **5**: 128–131

How often are our '...taxi drivers, pizza deliverers...' healthcare professionals who have been trained in other countries?

From time to time, readers of this Journal are exercised by issues associated with dental manpower planning. These usually explore the implications for high income countries of migration of healthcare professionals from low and middle income countries. But the repercussions of such migration for these poor countries can be devastating. African countries 'have only 3% of the global health workforce' yet have a quarter of the global disease burden. This paper explores 'brain waste'; healthcare professionals who are not able to practise in their country of destination. Reasons for this migration to high income countries are 'push', triggered by political instability, and 'pull' caused by higher wages and better education for their children. Poor integration of internationally trained health professionals in their country of destination may be caused by 'inadequate language skills, a lack of local work experience and cultural incompetency.' Failure to recognise foreign qualifications also contributes to 'brain waste'.

DOI: 10.1038/sj.bdj.2015.365

IMPLANTS – SUCCESS V. SURVIVAL

Long-term results of a three arms prospective cohort study on implants in periodontally compromised patients: 10-year data around sandblasted and acid-etched (SLA) surface

Rocuzzo M, Bonino L *et al.* *Clin Oral Implants Res* 2014; **25**: 1105–1112

Over a 10-year period, antibiotic and/or remedial surgical therapy was performed on more than half the patients who had received implants, including one in five with periodontal health.

An aim of this study was to compare the outcome of placing implants in partially edentulous patients with and without periodontal disease. Some 250 implants were placed in 149 consecutively enrolled patients (26 lost to follow-up) between December 1998 and September 2001. By implication therefore, but not stated, the outcome for each patient was assessed 10 years after the implant was placed. All patients received initial periodontal treatment and supportive periodontal treatment during the study. Pus was associated with 10% of the implants placed in those patients with periodontal disease. When analysed at the implant level, survival was 93% in patients 'who did not adhere to' supportive periodontal therapy. In addition, over 20% of patients who initially presented with periodontal disease, demonstrated a probing depth ≥ 6 mm at one of their implants. There was no comparison of outcome data for sandblasted and acid-etched implants.

DOI: 10.1038/sj.bdj.2015.366