EDITORIAL

Famous for 15 minutes

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Apparently inspired by the pop-artist Andy Warhol in the 1960s the expression 'famous for 15 minutes' was coined to indicate that not only celebrities would be well known but all of us thanks to the widening reach of electronic communication; at that time, television. We might therefore generously credit the creator of the iconic Campbells Soup Can images with a prophetic vision of what was to become the Internet. But that seems a little too far-fetched.

What is grounded in fact though is that if we were already spending hours of screen time prior to the pandemic they were nothing compared with now. The necessary change to technological solutions for means of communication enables us to be our own broadcasters in the same way that mobile phones have granted us the potential to be our own reporters and journalists. The meteoric rise in teledentistry, webinars and online meetings has had a marked effect on our lives and businesses enabling us in many cases to at least 'carry on' even in markedly changed circumstances.

The journal has been receiving many submissions on all of these subjects and two published in this issue focus specifically on teledentistry and interactive video consultations.^{1,2} While these capabilities may be currently necessary, do they work? Practice teams seem to have been adapting well and patient satisfaction is high. The paper by Rahman *et al.*, reports that patients who used the virtual clinic and telephone consultation had 97% and 94% satisfaction with their experience, respectively. All respondents agreed, or strongly agreed, with statements indicating that the teledentistry system would be very useful in saving time and a substantial proportion (96%) would use it again.

What fascinates me as much as the current popularity is the history. Who would have guessed that the first paper we published on the subject was in the year 2000?³ Not only the notion but the technology has been around for

over two decades yet it has taken a pandemic to arm-twist us into implementing it. Presumably one reason is the human trepidation of change. In this we are all the same, albeit to varying degrees; dentists are often branded as slow adopters of new ways. Yet if the pandemic can be credited with any advantages at all then this one, of jump-starting so many of us into using more technology than we would have hitherto been comfortable with, is amongst the top contenders.

In the longer term it will be interesting to see how many of these processes continue or whether we will relapse into the 'old ways' as being more familiar, convenient and time-tested. I suspect that, as with innova-

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tive developments in general it will be a mix of both. We will keep the best parts of the new and meld them with the fluffy slippers aspects of the old.

But video conferencing is not alone. A variety of options for using distanced techniques for teaching and learning have, again by necessity, been brought forwards. How to proceed with dental school courses has been a particular instance. Because nothing can possibly substitute for actual clinical experience, undergraduates will still need to be taught how to operate in appropriate corona-safe practice surroundings and with personal protective equipment, however time-consuming and restricted this process may need to become in suitably adapted institutional clinics. There is though, as with the relative previous reluctance to embrace communication technology,

an irony that non-patient, technology-enabled teaching techniques have been around for years but remained largely ignored. Haptics, for example, is the study of human touch and interaction with the external environment involving a computer-mediated technique and can be used for teaching clinical dexterity skills. This seems suddenly to have been discovered by eager students and yet was featured in a *BDJ* series authored by Professor Pat Reynolds and others in 2007/8, exploring how dental education might develop in the next 50 years and the role of e-learning.⁴ At the time somewhat sneered at as being unrealistic, a mere 13 years on it is proving to be a hit with a new generation who have grown up in tune

with the real reality of virtual reality.

So, will it be us who experience the 15 minutes of fame as we are invited into our patients' homes for a consultation or will it be the technology itself that withers back to the watercoloured B-roads of electronic memory?

Reference

1. Rahman N, Nathwani S, Kandiah T. Teledentistry from a patient perspective during the coronavirus pandemic. *Br Dent J* 2020; **229**: <https://doi.org/10.1038/s41415-020-1919-6>.
2. Patel T, Wong J. The role of real-time interactive video consultations in dental practice during the recovery and restoration phase of the COVID-19 outbreak. *Br Dent J* 2020; **229**: <https://doi.org/10.1038/s41415-020-1922-y>.
3. Cook J, Austen G, Stephens S. Videoconferencing: what are the benefits for dental practice? *Br Dent J* 2000; **188**: 67-70.
4. Eaton KA, Reynolds PA, Grayden SK, Wilson NHF. A vision of dental education in the third millennium. *Br Dent J* 2008; **205**: 261-271.

<https://doi.org/10.1038/s41415-020-1996-6>