

Portsmouth and King's College London) but often time for comprehensive induction including rotations in the mother school or even shadowing for a period of time are currently not realistic.

If clinical teaching is to be increasingly provided in outreach settings by part-time committed experienced practitioners, and is to be high quality and as effective as possible, then these issues need to be considered carefully by Directors of Dental Education.

*P. Hellyer, K. A. Jones, D. R. Radford,  
Portsmouth*

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## Dental research

### Trainee collaborations

Sir, Trainee research collaboratives are a novel way to carry out research at scale, harnessing the enthusiasm of trainee clinicians. The idea is simple: use trainees' exposure in practice to increase sample sizes for research purposes. Currently, numerous successful trainee research collaborations have been developed within medical specialties in the UK. The concept could be translated to dental research. Key advantages for trainees include development of research skills, and the ability to contribute to large, potentially impactful studies even when rotating through temporary posts.

Trainee research collaboratives (TRCs) are groups run primarily by trainees that undertake patient-based projects at scale.<sup>1</sup> These projects may be audits, observational studies or interventional studies such as randomised controlled trials.<sup>2</sup> While the concept of trainee research collaboratives has existed for decades, they have proved particularly popular in UK surgical specialties in the last seven years.<sup>3</sup> No trainee collaborative for dentistry exists.

TRCs would facilitate dental trainee involvement in large, impactful projects, overcoming barriers of short, rotational posts. Since dental trainees work throughout the country, there would be the opportunity to capture data at a regional or national level, increasing

sample sizes for studies, ensuring that studies have adequate power. Data collection from multiple centres is also advantageous because of recruitment from heterogenous populations and practice settings.<sup>4,5</sup> Over time, we hope TRCs would develop to encompass dental core trainees in various fields of dentistry including specialties such as orthodontics where sample size is particularly problematic. TRCs would also give dentists the opportunity to develop research skills, acting as a stepping stone to further academic work.

*R. Budhdeo, T. Mirza, Luton  
S. Budhdeo, Norwich/London*

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## Restorative dentistry

### Occlusal hypervigilance

Sir, a 50-year-old female was referred to our hospital department, following a six-month history of right-sided facial discomfort and complaining that her bite felt 'wrong', which had 'driven her crazy' and 'driven her to tears'. Her GDP had placed a ceramic crown on tooth 36 and adjusted it multiple times, with no improvement. Intraorally the ceramic crown appeared sound, had light occlusal contacts in intercuspal position and was not in occlusion on lateral excursions. After examination and appropriate investigations, a diagnosis was made of occlusal hypervigilance, which is an anxiety-related disorder. Sufferers have heightened attention to their occlusion and become 'exquisitely sensitive about the way their teeth meet'.<sup>1</sup> It is linked to a misbalance between perceptual cognitive processes such as catastrophising.<sup>2</sup>

Careful communication was key to managing the patient's expectations for whom a hard acrylic stabilisation splint was constructed and a referral made for the treatment of the cognitive, emotional and affective disorder components of

the diagnosis.<sup>3</sup> Psychological approaches such as cognitive behavioural therapy or mindfulness may be appropriate in such cases.<sup>2</sup> The patient was very keen to have the crown adjusted, or an extraction, but we strongly advised against this as the repetition of occlusal adjustment or treatment can reinforce the patient's view that the occlusion is incorrect.<sup>2,3</sup>

How can we as dentists predictably provide the conformative approach as we are often taught not to regularly check the occlusion before a restoration, only afterwards?<sup>4</sup> It is extremely important to consider this small, but very specific cohort of patients who may encounter difficulties adapting to any changes, no matter how minor. It may be a consideration to complete an occlusal examination prior to embarking on restorative work to ensure a conformative restorative approach is achieved, which is often viewed as the safest approach to prevent any occlusal disharmony or problems.

*A. Carter, by email*

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## PTFE tape inspiration

Sir, I have read your recent article<sup>1</sup> with some interest, as you have referred to my original article on the subject in *Dental Update* (in the last century).<sup>2</sup>

PTFE has become a popular material used in dentistry and I am delighted that so many dentists have found uses, and in fact more applications, for this simple and cheap material.

I ought to share with you that I have invented nothing, and my mentor Dr Alan Leigh was my inspiration in this, and he is (at 87 years) still a remarkable mind, having graduated only second to the famous Maclean from Guy's.

Alan was never a self-promoter but a clever dentist who was always looking for better solutions and adapted well known engineering principles to achieve better dentistry.

It fell to students like me to write up and enlarge the concept with further applications, and that is just what I, and now you, have done.

*H. Stean, by email*

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