

I see

Eyesight: a study of the staff of a dental school

BDJ Open 2017; **3**: 17008; <http://dx.doi.org/10.1038/bdjopen.2017.8>

We use visual turns of phrase on a regular basis. 'I can see what you mean', 'Looking forward to your birthday', 'I have a future vision that includes good things', might serve as loose examples. Such familiarity is significant in that it strengthens the often unspoken but crucial importance that good eyesight brings.

The need for accuracy in clinical dentistry is paramount and the connected necessity of hand-eye coordination can dictate the skill of the practitioner in terms of quality of treatment outcome, longevity of the result and patient satisfaction. It is perhaps perverse then, that few if any regulatory authorities in the world set down standards of eyesight or even regularity of vision testing for dentists and other dental clinicians.

This study at Otago Dental School in New Zealand surveyed the dental staff members and established that most of the teachers (92%) considered their eyesight was satisfactory to practise dentistry. Of the 97% who had been tested at some stage, 15% had their eye examination due to sight deterioration with 22% needing correction. Almost two thirds were myopic and a third were hyperopic.

In recognising the importance of self-care in this respect, 49% wore spectacles only,



with about a quarter of this group alternating between spectacles and contact lenses. Of those with corrected vision, 80% followed their optometrist's recall advice. While 4% had had laser-eye surgery, a further 27% were interested

in this. Magnification was used by 72% with no significant differences between genders, age of staff member, place of qualification or registration status.

It would be interesting to read similar research on the status of dental students' eyesight and pattern of attendance for checks. The participants in this study were unequivocal on this aspect with 81% opining that screening of dental students' eyesight should be mandatory, while regular eye examinations as a condition of dental practice was supported by 67%. It may be that in time such regulations come to be applied in the same way that immunisation and other health checks currently are.

Four participants reported that they were colour blind and this also has significant ramifications for the dental clinician especially in relation to taking tooth shades in cosmetic dentistry. We have explored this in the *BDJ* but always welcome further debate.¹ Overall, this is an under-reported aspect of dental life but one where a clear vision needs to include clear vision.

By Stephen Hancocks

1. Mushtaq F *et al.* Should prospective dental students be screened for colour vision deficits? *Br Dent J* 2016; **221**: 227-228.

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Author Q&A

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Did anything in particular drive you to carry out this study on eyesight?

We had noticed that some of our BDS students worked with their heads very close to the mouth, both in the simulation clinic and when treating their patients. This observation and the problems presented by the occasional student struggling with concepts of cavity shape and the extent of tooth preparations made us wonder if some individuals needed their vision corrected.

We therefore investigated the self-reported eyesight status of our 3rd, 4th and 5th year BDS students, finding that over 31% were unsure if their eyesight was satisfactory for dentistry (*Optometry in Practice* 2016; **17**: 113-120). Our next step was to include their clinical teachers, who should be their role models in all aspects of professional behaviour.

What was the biggest challenge in carrying out the research?

With the study being self-reported, our dentist-teacher participants might not have been prepared to participate, disclosing problems with their deteriorating eyesight or lack of visual acuity. However, our response rate was a very satisfactory (95.6%), with previous research showing an association between self-reported eyesight status and measured visual function. It was concerning to find that 8%

of the teacher group were unsure if their eyesight was satisfactory for work.

What are the barriers, if any, to introducing mandatory eye testing for dentists?

There could be resistance from individual dentists and further processes would be required by the regulatory authority. Eye testing would represent another hurdle and expense in the registration and annual renewal process. There is also the need to develop a set of visual standards for dentistry, which could be uniformly applied by optometrists. As professionals it is presumed that individuals will take responsibility for their personal health, including their eyesight, which is particularly influenced by the ageing process. As we had discovered, especially with the young future members of our profession – the students – this is not always the case. ■