UPFRONT

I write this as a dentist, and a mother to a 21-month-old boy. I cannot begin to comprehend the anguish these events have inflicted upon the author and her family, and I have nothing but admiration for the strength and bravery she has demonstrated in offering this frank account for publication.

I feel I would be more clearly able to identify the red flag signs of sepsis now, and hope if I ever have cause to use this knowledge, it goes some way to honouring the memory of William Mead.

L. E. Crane, Glasgow, UK, by email

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Research

Research: GDPs may need more training

Sir, I am interested to know why we are not teaching basic research skills to GDPs? It has been shown that in research-active NHS organisations there appears to be better patient outcomes and increased morale in their doctors.¹

I am led to believe that the current dental education system provides teaching and training on a wide variety of subjects, which covers a number of areas aimed at clinical and non-clinical skills.

However, through analysis of the current programme it seems that it could be enhanced with the addition of specific, critical thinking skills, which are associated with the social sciences and research.

The topics covered as part of foundation training are clinical, communication, professionalism, management & leadership and legislation and regulation.²

But research skills, specifically the social science research skills of writing, researching and collecting qualitative data, are currently not included.

This inclusion, potentially, may enable professionals to remain in practice to conduct qualitative research, without paying for expensive master's degrees. Interestingly, dentists may be struggling to access NHS PhD fellowship programmes and funding.³

By opening up research possibilities to all, it may lead to more pure research degrees being completed, via publication outside universities, at a lower cost to everyone.

To follow, research is known to improve critical thinking skills, which is another cost benefit. Hence, can including the critical thinking skills associated with social science skills help dental professionals meet the GDC outcome A and allow an avenue for 'new-skill' development as part of the enhanced-CPD recommendations? (Effective communication – communication skills, complaints handling, raising concerns).

I believe current CPD relates to the 'maintaining' of existing skills, but does not target written communication, which research requires. These writing and analysis skills can also potentially help young dentists deal with complaint letters.

Equipping young GDPs to correspond better in writing to their own patients, rather than relying on their defence organisation or senior colleagues to write for them, can only be a good thing. I feel not every GDP needs a social science master's degree, but some of the skills associated with it are beneficial.

D. Martin, Nottingham, UK, by email

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Trauma

Trauma revisited

Sir, the clinical problem of diagnosing and managing traumatised teeth is threefold, in terms of prevalence, complexity and ambiguity.

In 2012, the International Association of Dental Traumatology (IADT) published guidelines for the management of traumatic dental injuries and we would like to bring some of the available resources to the attention of *BDI* readers. ^{1,2,3}

The Dental Trauma Guide is a non-profit website developed in cooperation between the Copenhagen University Hospital and IADT.⁴

The website contains a useful Trauma Pathfinder, which allows clinicians to input the presenting features of a traumatic dental injury, such as stage of tooth maturity, type of injury, and extraoral time. The Pathfinder uses this information to advise the clinical management indicated and to estimate

prognosis using interactive diagrams to support learning. Annual subscription of £25 is required in order to fully access the interactive learning tools.

Smartphone applications to aid in the management of dental trauma are available to download on Apple and Android, negating the need to digest the full content of the IADT guidelines in an emergency situation that may present with little or no warning.

ToothSOS, the official free app of IADT, provides information to both patients and professionals in the event of a traumatic dental injury. The app provides pictures to help patients recognise injuries and direct them to seek emergency treatment as required. For professionals, a copy of IADT guidelines is made readily accessible.

Dental Trauma is a free app designed to provide accessible first aid advice and is endorsed by IADT. It aims to help parents, teachers, sports coaches and others to make appropriate decisions if they witness or experience a traumatic dental injury.

InjuredTooth app is available to purchase for £5 and is targeted for use by dentists. A basic trauma pathfinder is included. Data protection regulations restrict the transfer of personal data outside the EEA, therefore the functionality of this app is currently limited within the UK.⁵

Facilitating access to evidence-based guidelines for the diagnosis and management of traumatic dental injuries may improve outcomes for affected children. Smartphone applications may have a useful application in this respect.

M. Olawale, S. McKernon and L. Gartshore, Liverpool, UK, by email

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