

# Dentist During Covid: A Bitter Sweet Victory

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## ABSTRACT

**Introduction:** During the second wave of COVID pandemic, due to the increase in number of admissions, we were posted in the COVID ward for a period of 15 days.

**Description:** This communication presents a brief about my experience in the ward and the duties performed.

**Conclusion:** Looking through silver linings, this experience can help reorient the education in the field of oral pathology for the future.

**Keywords:** COVID-19, Oral Pathology, Dentist

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The coronavirus pandemic has thrown the world into a pandemonium. Life as we know it has come to a standstill. From raising unemployment rates to separating families, the virus has left a path of destruction behind it. The number of lives lost have no requital. However, through all of this turmoil there are stories of hope. Hope, that there is a chance for humanity. Hope, that adversities can bring out the better side in everyone. One such beacon of hope has been provided by us, dentists.

Since the beginning of the pandemic dentists have risen above their call of duty. During the first wave dental interns, residents were posted for triage, swab collection and as data analyst at covid centers. But this wasn't the end. The second wave kicked in and it was all hands-on deck. It was our turn to rise and shoulder the responsibilities.

After overcoming the initial fear, covid duty has been a tremendous learning experience. As dentists, our impeccable infection control training activates immediately. As part of our dental education, handling emergencies is more theoretical, however spending a fortnight in a covid ward has acted as a boost to our confidence in handling emergencies. With mucormycosis cases rising the dentists' eyes proved to be game changing in certain cases. Our duties mainly included monitoring of oxygen saturation, sugar levels, blood pressure and advising blood investigations. This is where as oral pathologist we had an upper hand. Interpreting the lab investigations and advising the appropriate investigations.

This little observation showed me a scope of improving

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dental education with regards to oral pathology as a subject for undergraduates. Currently, our system of education concentrates more on 'what' we see rather than 'why' and 'how'. The evaluation of undergraduates revolves around identifying 'what' they see, ie. the histopathology. However, in my opinion for an undergraduate what becomes important is why are they seeing that and how will it affect the patient and their treatment plan. Identifying histopathologic features should be left up to the oral pathologist. The subject of oral pathology should aim at training undergraduates in designing an appropriate treatment plan for the patient based on the clinical and histopathologic findings. Hoping that this suggestion will be considered by the concerned authorities.