

enforcing quarantine and lockdown measures.

Guidelines and protocols to support affected individuals and measures to protect their livelihoods during and after the pandemic must be drafted and implemented. The misuse of power imbalances between civilians and the state must be dealt with firmly.

#### • Community level

Community participation is an essential tool in managing public health disasters (1). Popular opinion leaders' support to tackle stereotypes and prejudice, and provide advocacy for frontline and public health workers will facilitate this.

Multilevel interventions for neutralising stigma need to be adopted early in the outbreak. The stigmatised must not be treated as mere victims and should be integrated into mitigation efforts. Existing frameworks must be utilised to plan interventions, promote trust, and dispel fears and myths, to control the pandemic.

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### Positive impact of the Covid-19 pandemic on dental education

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This letter describes some positive effects of the Covid-19 pandemic on dental education in India. The apex body of

dental education, the Dental Council of India (DCI) has formulated some universal guidelines based on those of the United States Centers for Disease Control and Prevention, about the use of personal protection and following sterilisation protocols adapted for use in dental clinics, hospitals and academic institutions of dental education in India(1). All individual dental clinics, hospitals and academic institutions have to follow stringent and mandatory sterilisation protocols, hence with the Covid-19 outbreak, some unethical practices of the dental profession such as inadequate sterilisation and improper waste management may be reversed (1,2). Emergency dental procedures also have to follow stringent sterilisation guidelines, to avoid aerosol-generating procedures (1). Dental professionals have been utilising teledentistry facilities during the pandemic which focus on emergency relief of dental pain and infection, and elective planning and scheduling of dental treatment (3).

Postgraduate students, junior residents and lecturers in Indian dental schools have also got ample opportunities for teledentistry consultations, journal clubs, seminars, research write ups, virtual online learning and refreshing the basics. In the pre-Covid-19 era, dental professionals working in government institutions were unable to include problem-based learning in their teaching methodology due to multitask management (4). The junior faculty and post graduate students have been getting practical experience in tasks like taking swabs from potential Covid-19 patients, both asymptomatic and symptomatic cases; and in contact tracing, earlier only studied in undergraduate public health textbooks. More emphasis is now placed on the psychological aspects of care, along with virtual learning (5). The most important aspect is that dental professionals are performing productive tasks and are utilising newer avenues of academic learning, as an unexpected positive side effect of the Covid-19 pandemic outbreak.

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