

Initial dental patient assessment appointment: Advancing educational goals during COVID-19

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1 | PROBLEM

While the SARS-CoV-2 (COVID-19) virus induced havoc throughout every aspect of dental education, predoctoral clinical training suffered the most deleterious effects.¹⁻⁴ Just prior to COVID-19, our college approved two complementary routes designed to maintain patient flow while concurrently providing entry-level clinicians specialty-mentored experiences. As designed, third-year predoctoral students rotating through Clinical Oral Pathology (COP) have a formative summer session. This is followed by longitudinal, fall-spring summative assessments of the students' abilities to complete a comprehensive review of medical history, request a medical consult, and perform a thorough head and neck (HN) examination. COVID-19 facility closures mandated compression of this three-semester clinical educational experience in new patient assessment into a single semester.

2 | SOLUTION

Online educational modules that provided an interactive review of key topics (common oral lesions, medical consult requests, and prescription writing for common oral conditions) were prepared. Due to a compressed timeframe, every clinical session needed to be as meaningful as possible. Therefore, students were required

to participate in a pre- and post-rotation quiz that covered foundational knowledge necessary to conduct a thorough head and neck examination. An Objective Structured Clinical Examination that focused on material covered during the rotation assessed the students' competency.

3 | RESULTS

Students provided feedback describing their COP experiences in the context of (a) most favorable component, and (b) constructive suggestions (Tables 1 and 2). Overall, students appreciated the opportunity for "hands-on" HN assessment in a pathology-focused environment. Some issues are rectifiable; for example, increased organization, whereas other aspects, for example, patient attendance or presence of pathology, are beyond the course director's direct control. Predoctoral clinical training has inherent challenges; that is, provision of timely care while preserving educational goals. These data suggest that the described creative curricula enhancements supplemented the COVID-truncated dental student experience and provide an approach to augment clinical educational experiences during these times of faculty shortages. The use of these education data was determined to be IRB exempt by The Ohio State University Office of Responsible Research Practices - IRB# 2021E0665.

TABLE 1 What was the most favorable aspect of this rotation?

Positive aspects	Student responses (n = 108)
Working with oral pathology faculty and residents	25
Time was allotted for detailed medical history/medications review and faculty input	8
“Hands-on” demonstration of head and neck exam techniques	13
Opportunity to apply descriptive terminology and make clinical correlation with information learned in didactic courses	10
Received individualized and small group instructions	16
Huddle before and after clinic, oral pathology discussions	6
Improved skills/increased confidence helpful in pre-doc clinic	10
Miscellaneous: ability to schedule next appointment, esthetically pleasing clinic, faculty always near, encouraged to ask questions and discuss cases/environment conducive to learning, not being rushed to complete the head and neck exam, developing differential diagnosis, exposure to more complex medical histories, learning how to write a medical consult, experience not as rushed or chaotic as pre-doc clinic, thorough	20

TABLE 2 Constructive suggestion(s) for improvement of the Clinical Oral Pathology rotation

Constructive suggestions	Student responses (n = 108)
Accomplish more treatment and complete more forms in Clinical Oral Pathology (COP)	42
See more patients with pathologic lesions	15
See more patients with complex medical histories/medically compromised	9
Schedule students more days in this rotation	11
Reduce high rate of patient-broken appointments	5
Miscellaneous: counter surface too small for keyboard and mouse, instructor attitude, more organized schedule, replace having patients with doing clinicopathologic conferences, more space in the clinic, have exposure to oral pathology lab, assign the patient to the student who saw them during the rotation, no complaints, faculty checked-in too often, do not require that the patient schedule the next visit after COP, incorporate the OSCE into clinic time, have time for discussion or activities if the patient does not come to the appointment, have more time for discussion, have quizzes, incorporate with the New Patient Exam rotation, no response from student	26

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