Making it easier to be a patient in times of a pandemic

David Chambers
*University of the Pacific*, dchamber@pacific.edu

Michelle Brady
*University of the Pacific*, mbrady1@pacific.edu

David M. Ojcius
*University of the Pacific*, dojcius@pacific.edu

Evelyn Cuny
*University of the Pacific*

Follow this and additional works at: [https://scholarlycommons.pacific.edu/dugoni-facarticles](https://scholarlycommons.pacific.edu/dugoni-facarticles)

Part of the Dentistry Commons

**Recommended Citation**
[https://scholarlycommons.pacific.edu/dugoni-facarticles/507](https://scholarlycommons.pacific.edu/dugoni-facarticles/507)

This Article is brought to you for free and open access by the Arthur A. Dugoni School of Dentistry at Scholarly Commons. It has been accepted for inclusion in Dugoni School of Dentistry Faculty Articles by an authorized administrator of Scholarly Commons. For more information, please contact mgibney@pacific.edu.
ADVANCING THROUGH INNOVATION

Making it easier to be a patient in times of a pandemic

David Chambers EdM, MBA, PhD¹ | Michelle Brady DDS¹ | David Ojcius PhD² | Evelyn Cuny MS¹

¹Diagnostic Sciences Department, Arthur A. Dugoni School of Dentistry, University of the Pacific, San Francisco, California, USA
²Department of Biomedical Sciences, Arthur A. Dugoni School of Dentistry, University of the Pacific, San Francisco, California, USA

Correspondence
Michelle Brady, DDS, Diagnostic Sciences Department, Arthur A. Dugoni School of Dentistry, University of the Pacific, 155 Fifth Street, San Francisco, CA 94103, USA.
Email:mbrady1@pacific.edu

1 | PROBLEM

What responses are needed when a public health crisis, the COVID-19 pandemic, disrupts continuity of care in a dental school clinic? To what extent do fears regarding safety during treatment deter patients from attending appointments in dental school clinics and can the school control these factors to ensure educational experiences? Much attention has been paid to the precautions for protecting students, faculty, staff, and patients during treatment, including triage and procedures and barriers that ensure safe distancing.¹⁻³ The University of the Pacific, Arthur A. Dugoni School of Dentistry has adhered to strict state and county guidelines and informed patients of these protocols as shown in Table 1. Nevertheless, we observed a 40% disruption in mid-treatment for endodontic, fixed, and removable prosthodontic care. We asked patients how receiving dental care under these circumstances appeared from their point of view.

2 | SOLUTION

This project received IRB exempt approval 2020-15. The first author attempted to contact the 16 patients who had not attended a scheduled mid-treatment appointment during the first week of June 2020. Twelve were reached by phone after up to three attempts and gave verbal consent to be interviewed in English or Spanish for approximately 10 min each. Semi-structured guided interviews were conducted with the only standardized question being “Describe where you are in your dental treatment.” All subsequent discussion consisted of follow-up on patients’ comments. Patients were not asked about perceived barriers to care, although they all mentioned some. Interviews were not recorded, but notes were taken and transcribed and coded for themes.

3 | RESULTS

Perceived value of the care and trust in the school remained high. No respondent expressed fear of contracting coronavirus during dental treatment.

Factors outside of the dental clinic were blocking care seeking. These included uncertainty regarding protocol for testing by the county and fear of contracting COVID-19 on public transportation on the way to dental appointments. Other personal concerns assumed greater salience than completing nonemergency oral care. “I’m 87 years old. I get out of the apartment once every two weeks, and that is for food. I don’t understand what all I have to do now for dentistry. New hassle. I will wait until things get easier. A phone reminder isn’t going to make any difference. The temporary crown is good.”

This project highlighted the fact that patients place oral health care behavior in the context of their other needs, some of which may not be directly influenced by information or protocol under the control of dentists. Stanford’s Albert Bandura⁴ called this a self-efficacy mechanism, which influences thought patterns, actions, and emotional arousal on the patients’ part. Harvard Business School Professor Michael Porter⁵ argues that health care professionals tend to define care in terms of what happens between putting on and taking off the gloves or what staff do to encourage patient attendance. Patients, by contrast, define
TABLE 1 Measures taken to improve communication with patients regarding COVID-19 protocols during the pandemic

<table>
<thead>
<tr>
<th>Communication initiatives</th>
<th>Date implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Updated patient website</td>
<td>March 2020–Present</td>
</tr>
<tr>
<td>Group practice virtual huddles on patient communication</td>
<td>April 2020–Present</td>
</tr>
<tr>
<td>Patient information letters from student providers</td>
<td>May 2020–August 2020</td>
</tr>
<tr>
<td>Patient information video added to website</td>
<td>August 2020</td>
</tr>
<tr>
<td>Community outreach to patients via social media</td>
<td>August–October 2020</td>
</tr>
<tr>
<td>Student/receptionist script regarding COVID-19 testing</td>
<td>July 2020</td>
</tr>
<tr>
<td>PPE video displayed on patient waiting room monitors</td>
<td>October 2020</td>
</tr>
</tbody>
</table>

health in the entire context of their personal daily lives. The pandemic has shown that improvements in the former may have limited influence when the latter becomes larger problems.

CONFLICT OF INTEREST
The authors declare no conflict of interest.

ORCID
David Ojcius PhD https://orcid.org/0000-0003-1461-4495

REFERENCES

How to cite this article: Chambers D, Brady M, Ojcius D, Cuny E. Making it easier to be a patient in times of a pandemic. *J Dent Educ*. 2021;1-2.