

Rapid redesign and implementation of new preclinic and clinic scheduled model during COVID-19

Michelle F. Siqueira DDS, DSc | Douglas Brothwell DMD, MSc |
Alan Heinrichs DMD | Walter L. Siqueira DDS, PhD

College of Dentistry, University of Saskatchewan, Saskatoon, Saskatchewan, Canada

Correspondence

Walter L. Siqueira, DDS, PhD, College of Dentistry, University of Saskatchewan, Saskatoon, Saskatchewan, Canada.

Email: walter.siqueira@usask.ca

1 | PROBLEM

The College of Dentistry's DMD program must meet national standards for accreditation and its academic programming is structured to meet these standards. The COVID-19 pandemic required the college to rethink its academic schedule and devise an approach that simultaneously maintained academic programming requirements and minimized COVID-19-related risks from in-person activities for students and instructors. Before the COVID-19 pandemic, the college traditionally provided two daily clinic and/or preclinic sessions in the morning (9–11:30 AM) and in the afternoon (1:30–4:30 PM), and didactic lectures were typically taught in-person for about 1 h before, in between, and/or after those sessions. Students also had access to 1 h lunch break. This schedule required students to spend a large portion of their day in-person at the college. In devising the new schedule, various constraints needed to be considered, including the specific technical requirements students needed to accomplish during preclinical/clinical activities, restricted access to college spaces for students before/after hands-on activities due to COVID-19, as well as logistical constraints to avoid students commuting to campus multiple times a day (eliminating unnecessary stress from traffic, parking, or bus delay).

2 | SOLUTION

The college's solution was to shift to remote lectures and modify the clinic and preclinic session times into a com-

pressed single session held back-to-back (8:30–2:30 PM) with only a small mid-session break. Students were asked to leave campus as soon as the compressed session came to an end. Synchronous remote lectures were all rescheduled to occur later in the afternoon and start times took into consideration student travel time from the college to their homes. Pre-recorded lectures were also available in some disciplines to be watched at any desired time.

3 | RESULTS

A total of 67.5% of students reported being either satisfied or very satisfied with the new preclinic/clinic scheduling model (Figure 1). Also, 66.3% of students reported this model provided more time in the evening to study and for personal activities (Figure 2). Instructors did not report a decline in the quality of dental work provided by the students, and there was not an increase in repeated treatment due to poor quality. However, some challenges were encountered, especially early in the term, with regard to time management. Students were required to complete treatment, be evaluated, and follow a lengthy cleaning and disinfection protocol in a shorter time compared to pre-pandemic, where clinic and preclinic sessions were longer and there was less pressure to adhere to strict clinic end times. Over time, slight modifications to our clinical protocols were made without any prejudice to patient treatment to allow more time-efficient clinical sessions; for example, when students confirm patient appointments by phone, they now also complete health screening with the patient and update the patient's chart remotely,

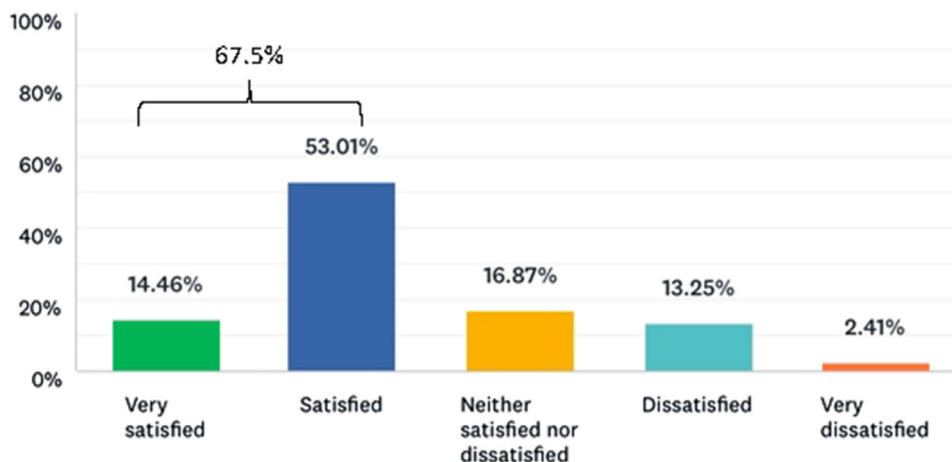


FIGURE 1 Anonymous survey answer from DMD students on the level of satisfaction with all clinic/preclinic times occurring between 8:30 AM and 2:30 PM daily

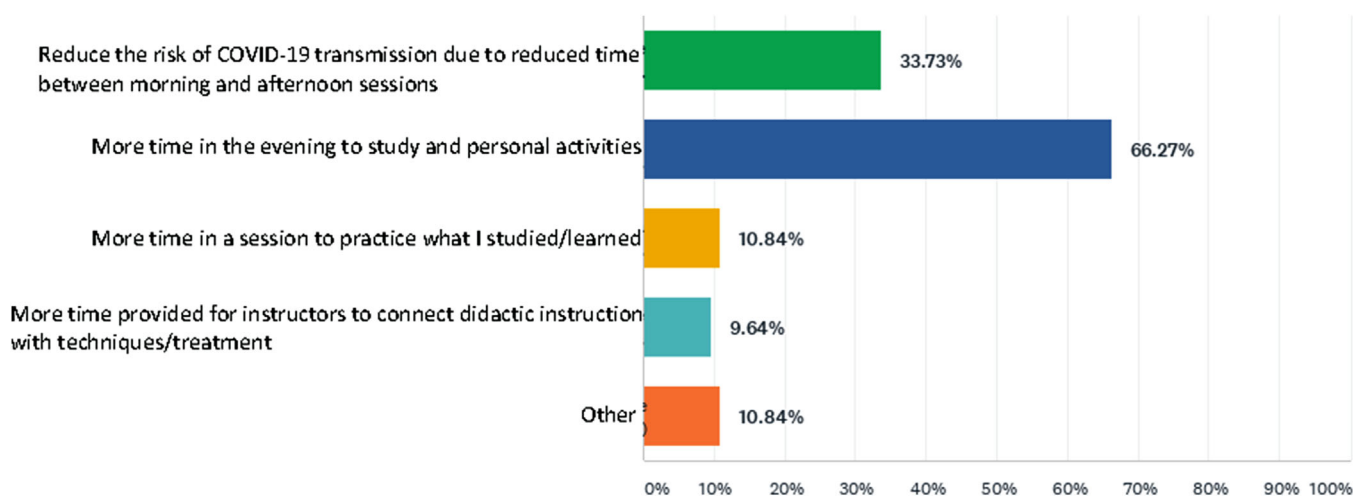


FIGURE 2 Anonymous survey answer from DMD students on what students found most satisfying about having their clinic/preclinic during 8:30 AM to 2:30 PM

allowing extra time at the in-person appointment for actual treatment.^{1,2} During that phone call, students also ask COVID-19 screening questions and advise patients about current College of Dentistry COVID-19 protocols.³

Given the success, this model might endure even after the COVID-19 pandemic concludes, with a whole new generation of dentistry students trained in this new time-efficient clinical and preclinical model. The silver lining is that these compressed clinical/preclinical sessions have not impacted the quality of patient care, and students are cultivating efficient work habits that will be valuable in the private practice setting following graduation.

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