

From the Office of the Dean

December 5, 2020

Dear Faculty, Staff, Students, and Residents,

The number of COVID cases in our state and nationally has increased substantially and continues to pose a threat to our School and our programs. We continue to monitor the situation and will adjust our operations as needed (based on local and university guidelines).

COVID SPIKES:

We recognize that everyone has been careful for many months. However, with the recent spikes in disease rates we need to continue to remain vigilant in order to keep our preclinical and clinical programs on track, to protect our community, and to serve our patients. I commend you on your continued commitments to our testing/surveillance programs and good etiquette (**W-Wash** hands, **W-Wear** masks, **W-Wait** to ensure 6-ft spacing).



The Winter Break presents several additional challenges. We recognize everyone is fatigued and the holidays are always a time to gather with friends and family. The Tufts travel guidelines and CDC guidelines (in particular, pertaining to risks posed by **travel and indoor large gatherings**) are meant to keep our community safe and to allow for all of us to re-engage in our educational, research, and clinical practices in January 2021.

CDC Guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html>

There is a strong belief that we will start to turn “the corner” in late winter/early spring, so this is hopefully one of the last large holiday sacrifices we need to make!

I thank you for your continued vigilance and sacrifices!

RETURN TO WORK IN JANUARY:

The official winter break ends on January 3, 2021.

1. REMOTE WORK

All remote workers will continue in their activities remotely, with an aspiration to move people back on site as the pandemic subsides/vaccines become more prevalent. Please check in with immediate supervisors as the situation develops.

2. ON-SITE WORK/PROGRAMMING (CLINICAL ACTIVITIES MAINLY)

Given the uncertainty of the pandemic and local/national exposures that are bound to happen we have decided that there will be **LIMITED clinical activity for the week of January 4-8, 2021** (e.g., emergency services and Program specific activities as approved and arranged by Chairs/Program Directors).

Instructions for cancelling patients will come from Program Directors and Deans next week. Please send specific questions to these leaders.

Instructions for emergency clinic coverage will be communicated in the coming week (i.e., faculty, student, resident, and staff coverage).

FULL CLINICAL activities (as defined by the local guidelines/mandates) will commence on January 11.

Essential workers (faculty and staff) and students/residents are expected to commence some form of “activities” on January 4th. It is expected all will be in the local area; this is not an extra “travel/vacation” week.

All must be prepared to participate in activities (on-line or on-site) that week. These activities will include **mandatory testing to return to practice** (schedule and protocol to be distributed--there may be an expectation to be tested on the weekends depending on schedules). Some members in our community will be engaged in limited clinical activities (e.g., Emergency coverage). There will also be faculty and staff development activities planned for this week (in a remote, online setting).

Specific guidelines for return dates/times and testing schedules/protocols will be shared by immediate supervisors/Deans/Chairs/Program Directors in the coming week.

Guidelines for externships/rotations/other activities will also be shared by immediate supervisors/Deans/Chairs/Program Directors.

GUIDELINES FOR CLASSES OF 2023 AND 2024:

The D23/24 students returning to Campus for the start of term January 4, 2021, must get their mandatory testing during the week of January 4 (first test on 1/4/2021 and second on 1/7/2021 or 1/8/2021) to be able to participate in all in-person activities scheduled for the term (e.g., loupe fitting, instrument distribution, and preclinical courses).

Audits certifying testing and the ability to return to full clinical activity will also be conducted.

APRIL TRAVEL/SPRING BREAK:

Traditionally our clinics have been open over Spring Breaks. This year there will be **no official spring break**. Clinics will remain open. Preclinical activities/make up academic sessions could also be planned during these weeks.

Students/residents must check in with their Deans/Chairs/Program Directors for specific guidance. Any travel plans/leaves must be approved as per guidelines from your Programs.

Faculty/Staff can continue to use vacation times as per your immediate supervisor/Chair’s approval processes.

DEAN’S REFLECTION: Heartbreak Hill: Pain, Sacrifice and Resilience:

In spring of 2020 (at the beginning of the pandemic) I shared my story of running in several marathons, culminating with the Boston Marathon.

I told our community that the COVID-19 pandemic was going to be like running a marathon; we were in it for the long haul, the full 26.2 miles. I said that the course was long and winding with many challenges and unknowns ahead.

Over the past 8 months Dean Gonthier and I have wondered where we would be around Thanksgiving time...would it be mile 13.1 (near the cheering Wellesley College crowd?) or would we be further along?

I truly believe we are now at around mile 20: just about to start the inclines of Heartbreak Hill.

“The final hill, the legendary Heartbreak, begins after the shops at Center Street and rises a half-mile to Hammond Street. In itself, the incline is merely challenging; but after 20 1/2 miles, the effort becomes the toughest stretch on the course. Once at the summit, however, the Prudential Tower comes into view, the BC band may be playing and a half-mile of downhill lies ahead to ease your breathing and punish your legs”.

<https://archive.boston.com/marathon/course/stage4.htm>

When we started our run, we ran with the crowds, discovering new protocols, modifying practice, and settling into the “rhythm” of the new normal: masks, distancing, donning and doffing, testing...

The miles covered each presented an achievement of sorts--another mile covered, another mile closer to the finish.

We are now in the toughest stretch of dealing with the COVID-19 Pandemic. We are indeed at the base of Heartbreak Hill.

When I trained to run the Boston Marathon, I ran up Heartbreak Hill several times just to get a feel and sense for what it was like. One time our running group was actually dropped off in Framingham and we ran 20 miles into Boston for what was our “longest run” during training--we got to run heartbreak hill.

Nothing however prepares you for the full 26.2. Getting to Heartbreak Hill there is a certain trepidation. Even though you have run the course before you are already dealing with disappointments and adjustments: the weather may be too hot or too cold, your expected mileage time is below what you wanted, your legs are tired, you have a cramp that forces you to walk, a blister that hobbles you. **Pain.**

However, you will your way on--helped by the crowds, helped by fellow runners.

Here we are with the “expected surge”, the uncertainty creeping back in. However, we continue. We know more about the virus, we stick to good protocols, we have those that are around us to support us--to keep us going. We adjust--travel and holiday wishes and plans cancelled. **Sacrifice.**

We keep going. Up. The. Hill.

When we reach the summit and see downtown Boston; we sense we can finish. Vaccines give us hope, the expected surge is predicted to peak in January and subside...we know we can finish. **Resilience.**

Keep up the run--keep up the good practices. We are at the base of the hill--there are some tough miles ahead. We will finish.

I remain inspired by all of you.

Dean Karimbux

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