

From the Office of the Dean

Dear Colleagues,

We have been through several phases as we face the COVID-19 pandemic.

Phase I dealt with the decisions of moving curriculum online, ramping down a busy clinical and research operation and moving most activities and operations off-site.

Phase II represented continuity. Continuity of academic programming, continuity of emergency services, continuity of operations in remote sites.

Phase III will represent a resumption of services. There will not be an immediate return to “normal” services. There are as you know too many variables to contend with. I do not know when services will return, but we will all plan as best as we can. My leadership team and I have outlined a process (see “**Resumption of Services**” below) that we will continue to develop and refine. As the plans are developed based on priorities (student graduation, patient needs, supply lines of PPE etc) we will engage and update our community.

Last week I communicated to our community about the plans for commencement. This week the University decided that an in-person commencement will be scheduled. TUSDM will continue to work with our D2Os to decide on how we can recognize them becoming Doctors in May AND how when we can gather in person to celebrate with them and their families.

4.1.20 Key Messages:

CLINICAL OPERATIONS

Based on national and local guidelines I have decided to extend the date of our clinical closure to **May 8, 2020**.

We will continue to keep the clinics open for emergency care provided by a clinical continuity team.

Please refer to the emergency call guidelines that have been circulated to all students/residents and faculty.

Plan of action (as in the past).

1. Patient Cancellations

Notification to patients.

Students/residents:

1. Students and residents as primary care providers should call all patients that are scheduled during the time period (up to May 8, 2020) and use the attached script.
2. If patients are asking you any questions that you cannot answer during please consult with your PC/Program Directors.

Your patients might also receive e-mails/texts/phone calls about the closure from TUSDM. Updates will be posted to our main web-site page. <https://dental.tufts.edu>

Direct Clinical Supervisors:

Please work with Chairs/Practice Managers to cancel patients.

2. Continuity of care-emergencies.

As of 3/31/20 153 patients have been seen in the emergency clinic. As we have transitioned to a phone on-call system we are receiving 6-8 calls per day and are able to treat them over the phone or refer them to our emergency clinic. This arrangement has reduced the burden on the hospital. We plan to continue this emergency clinic availability from 9-12 each day with phone on-call from 9-4 daily.

EXTERNAL CLINICAL ACTIVITIES

External rotations and externships etc will be cancelled up to May 8 2020. Our Academic Affairs Team/Dr. Nehring/Dr. Yered will inform site directors of this change. Please contact them for any issues that arise.

Clinic Re-opening.

Our leadership team will monitor the national and local environment/guidelines during this period and determine the type of opening/date of opening. We will communicate this to our community as soon as we can.

ACADEMIC PLANS

1. Didactic programming (DMD/AG). In person classes have stopped and online/distance education will continue. Where possible activities to engage students/residents in clinical cases/care will start to be implemented
2. Preclinical Programming. Preclinical exercises have stopped. If guidelines regarding "stay at home"/numbers of people in gatherings are relaxed, we may be able to restart preclinical exercises PRIOR to May 8, 2020. Classes will continue to be modified as possible (consolidation, focus on key points etc). Time can be made up for lost exercises once we start up again by using "unscheduled" times-evenings, weekends, some "vacation" time over the summer/last week before winter break etc. Faculty and staff who have down time from these shutdowns right now will rally to help to make up lost time.
3. Clinical Programming. As clinical operations are closed, the Clinical Progress Committee and the Advanced Graduate Education Committee and PG program directors are developing ways to continue some aspects of clinical learning through case discussion, reviews etc. These will be communicated with the student groups in the coming weeks.

Deans Kasberg, Ramesh and Thompson continue to hear from Class Leadership groups to obtain student feedback and modifications will continue to be made based on this feedback.

Program Directors will meet with residents to obtain their feedback.

RESEARCH OPERATIONS

The University continues to release new guidelines for researchers. These will continue to be distributed by Dean Kugel and his team. Any plans for resumption of activities will also be shared when appropriate.

HEALTH AND WELLNESS

The University has a resource pass that can help with questions you might have around "Public Health & Medical Issues FAQ" <https://coronavirus.tufts.edu/health-and-medical/>

If anyone has a concern about a COVID-19 Positive test/exposure please email-covid19@tufts.edu, or e-mail robert.kasberg@tufts.edu , Morton.Rosenberg@tufts.edu understanding.

TRAVEL GUIDELINES

Please stay up to date with the University travel guidelines <https://announcements.tufts.edu/announcement/travel-guidance-related-covid-19-coronavirus> including the Local and National restrictions on travel.

We encourage you (faculty, staff, residents and students) not to travel at this time due to the changing circumstances. Please also note the “two-week” self-quarantine notification for anyone returning to MA. This is especially critical as it pertains to any resumption of programming.

Faculty/Staff

I know many faculty and staff are contributing to essential services at the school. As I see some of you at TUSDM I am grateful for the service you continue to provide. Faculty and staff also continue to contribute to our educational, clinical, research and operational in remote sites. I thank you all for your perseverance.

I recognize that many in clinical faculty leadership roles, and practice managers and billing staff members are working to recognize clinic revenue that has otherwise remained in credit accounts. It is important to recognize all available revenue at this time, particularly as the lack of ongoing patient care will impact the school’s operating budget. I appreciate these many extra efforts being made by faculty, staff and residents.

In the coming months as we resume services many of us will be called upon to support our educational, clinical and research missions in ways that we cannot yet realize. Some of these efforts will require staggered schedules that might include work on weekends, new training and practice protocols and new screening process at our entrances. We will work with our partners in Human Resources as the plans are realized.

RESUMPTION OF SERVICES

The Following teams will be convened at TUSDM to start reviewing plans for resumption of services (FIGURE 1). (research will be under the guidance of the University). Many faculty, students, residents and staff will be asked to participate.

- Academic Continuity
 - DMD
 - AG
- Clinical continuity I-DMD
- Clinical continuity II-AG
- Operational Continuity
 - Facilities and Building
 - Supplies
 - Billing
- Health and Safety
 - Faculty, staff (clinical versus administrative), students, residents, patients

COVID-19 Preparedness Coordinating Groups/Resumption of services

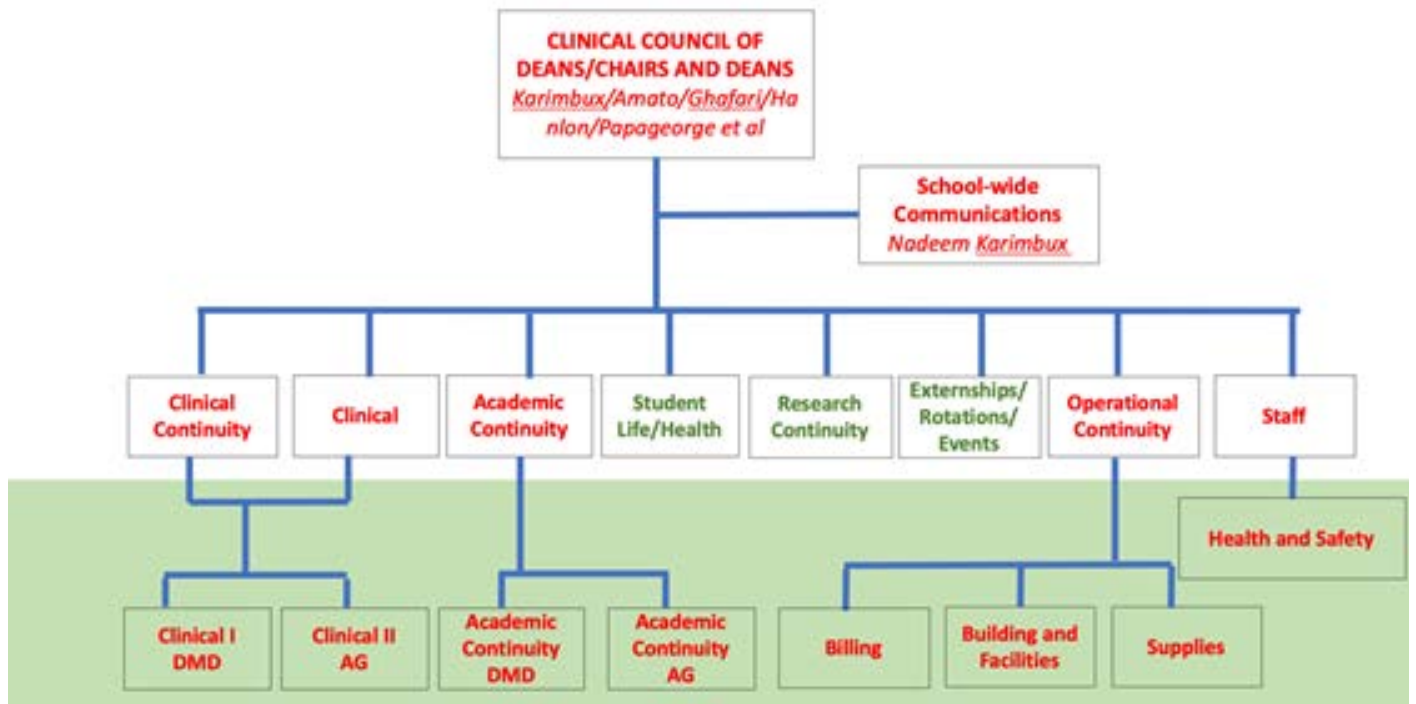


Figure 1. Preparedness and Resumption Teams

EXTERNAL ACTIONS/RESOURCES

1. Dean Hanlon has written to the Governor of Massachusetts to consider alternative pathways to licensure for the class of 2020 and for future graduates since the live patient examination has been delayed due to COVID-19.
2. The Commission on Dental Accreditation has set the following timelines for schools to deal with the COVID-19 pandemic:-

Tentative Timeline for Next Steps by CODA Related to Management of Interruption of Education Based on COVID-19:

- April 2, 2020, CODA to hold closed, special meeting to discuss USDE guidance and determine policies, procedures and Accreditation Standards that should be reviewed.
 - April 6-10, 2020, CODA Review Committees to consider potential, temporary guidance to programs and temporary alternatives to requirements of the Accreditation Standards.
 - April 13, 2020, CODA to hold closed, special meeting to discuss Review Committee recommendations and issue directive on final, temporary allowances to policies, procedures, and Accreditation Standards.
 - Mid- to Late-April, all programs must submit report to CODA related to status of program (reported changes or attestation that program operational as usual).
 - Early May, Review Committees convene to consider program reviews.
 - Mid-May, CODA to hold closed, special meeting to take action on program reports.
3. The Council of Deans representing all Deans from all North American dental schools will host a virtual meeting through the American Dental Education Association (ADEA) on April 3 to review and discuss the CODA timelines.
 4. I found this resource very informative (please note this in one Drs. Opinion). "Family and Friends Information Session" Dr. David Price, Weill Cornell Medical Center, Mar 22, 2020. <https://vimeo.com/399733860>

DEAN'S REFLECTION: IT'S A MARATHON NOT A SPRINT-ONE MILE AT A TIME.

I've run three marathons in my life (when I was younger). My first marathon was my best (Chicago in 2003). I had a game plan. I followed a prescribed training regimen. I followed the outlined runs religiously—despite the weather, small injuries, my work schedule, and time for my family. I kept going—the short runs, the cross training, the long runs, and then finally the “taper.”

The marathon went really well! I loved the crowds, I kept my mile-pace, I met my goals. The feeling at the finish was like no other—a real sense of accomplishment (even better than graduating from dental school, believe it or not).

My second marathon was in New York City a year later. This time around I trained better, I trained harder, I felt better prepared. On a cool November day in 2004, 36,000 runners gathered in Staten Island for staggered starts. Thousands of us set off in waves across both spans of the bridge. I could have sworn I felt the bridge moving to the slap-slap of shoes hitting the pavement. A fire-rescue boat shot rainbow-tinged plumes of water into the air under the bridge, the sky-scrapers of Manhattan in the distance. I went out faster than my regular pace, spurred on by fellow runners, the crowds, and the temptation of a “personal best.” And then coming over the Queensboro Bridge I felt a twinge, a twinge in my hamstring. The twinge turned into a toe-curling cramp that stopped me in my tracks. Aspirations, expectations turned to disappointment. Each mile was run, cramp, stop, stretch, walk, run-repeat. I was impatient, I wanted to quit. But then I remembered my wife and sons were waiting for me in Central Park. I remembered “Rich” whose name was inscribed on my shirt (Rich was a young periodontal educator and one of my dear colleagues who passed away tragically earlier that year). I picked up the pieces and went on. I made it to Central Park—joyful to see my family. I made it to the finish line. We will **all** make it to the finish line.

I mentioned at my leadership team meeting last week that we are in a “marathon” not a “sprint.” We are running a marathon with the COVID-19 pandemic and there are some differences and some similarities to a regular marathon. First of all, we haven't had a chance to train for this event. There are no roadmaps, no regimens, no guides. We want the answers but they are hard to come by. We want clarity and resolution but none of us have dealt with a challenge like the one we are facing now. During a real marathon, in the first mile there is the “tendency” to go out strong—to want get to the finish, to get that “personal” best. With the current situation, we want our seniors (DMD and residents) to finish on time. Faculty are doing everything they can to gauge competencies in a shortened clinical year. They have a plan. Yet we await national guidance. We want to see our patients and to care for them. We search for new protocols and guidelines for practice. Yet we wait for new practice and infection control guidelines. We project, make plans, start to execute and then are presented with a new paradigm and we start over. We have only run the first mile. The problem we find ourselves in is that that there are still 25.2 miles to run, and around each corner, over each hill, over each bridge there are more unanticipated challenges. So, let's keep the next 25.2 miles in perspective. One mile at a time, some stops, some starts. Always onward. I made it to the finish line. We will **all** make it to the finish line.

I remain inspired by all of your contributions (faculty, staff, students and residents) during this unprecedented time.

Dean Karimbux

P.S. My last marathon was Boston in 2005. I finished.