

## From the Office of the Dean

Dear Colleagues,

We continue to work on several key areas at the University level and the dental school level. These include financial considerations and resumption of services.

**4.16.20 KEY UPDATES:****FINANCIAL CONSIDERATIONS**

The leadership groups continue to look at the financial impact of the COVID-19 pandemic. The models are based on a variety of scenarios that still remain unpredictable. The models are thought of in best case versus worst case scenarios. On 4/15/20 we all received the communication from President Monaco regarding the “Impact of the pandemic on university finances and operations”.

Some of the highlights included:

**Hiring**

We will implement an immediate moratorium on new faculty and staff hiring including Tufts and agency temporary staff. Externally funded positions are exempt from this moratorium. Exceptions to this, which will be rare, must be approved by senior university leaders.

**Salaries**

We will enact a wage and salary freeze for all faculty and staff, except as provided for by contract. This includes a freeze on otherwise scheduled merit cycle increases and market adjustments. This does not include salary changes related to any approved faculty and staff promotions.

**Discretionary Spending**

Effective immediately, we will be suspending all new discretionary spending, including, for example, travel, food, conferences, furniture, and non-essential facilities spending. Spending to maintain essential university operations will continue.

**Capital Projects**

All planned capital projects will be put on hold indefinitely. Current projects in advanced stages of construction, such as the Cummings Center, will continue when permitted by government authorities...”

**RESUMPTION OF SERVICES**

The “resumption” teams (Academic Continuity, Clinical continuity, Operational Continuity, Research Continuity, Financial Continuity and Health and Safety) continue to meet at TUSDM to plan for resumption of services in our key mission areas-education, clinical care, research, community outreach and service. We aspire for a titrated start to clinical activities on May 11, 2020. Recognizing that this is an aspiration that will be dictated by many factors (national and local guidelines, supply lines of PPE and infection control needs, health and safety protocols for all involved etc). Please recognize as in the past this date might well change-based on current modelling in MA we are potentially preparing for further delays through the month of May.

This week we also have convened a “Peer Review Group”, chaired by Dr. Gina Terenzi. This group is charged with reviewing protocols, guidelines and best practices that are generated from the resumption of service groups. I thank the faculty and staff that are in this group.

We are also hearing a lot about a “point of care” COVID-19 test that might be used to screen patients and providers. I have asked Drs. Papas, Lerman and Sankar to assess the landscape for tests that might be helpful. The issues of accuracy, cost, turnaround time and volume of samples that can be processed is of issue.

As the other plans evolve, we will communicate them to our constituents. I realize how frustrating this can be since we cannot commit to a solid date/plan until we are more certain of all the variables. Our teams are committed to working hard and I know have set high goals for themselves. In recent meetings, I have expressed to them “Patience is a virtue”-see Deans Message”.

## **CLINICAL SERVICES**

### **Continuity of care-emergencies.**

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.

As of 4/15 200 patients have been seen in the emergency clinic. A record audit of the patients seen indicate that over 85% needed to be seen. Dr. McGarry, faculty, residents and staff have done an outstanding job running the emergency clinic. The phone system has received over 135 calls so far and has worked well due to the call center and faculty cooperation. This arrangement has reduced the burden on the hospital. Thank you to all who are taking care of these patients.

## **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. This group is now starting to look at the impact of COVID-19 on these clinical activities during the remainder of May, and for May-September.

## **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. In the past weeks several Town Hall Meetings have been held to address student concerns.

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

Dr. Pastan continues to guide yoga and drop in meditation via Zoom on Tuesdays and Thursdays. She is available for student meetings through Zoom; email her to set up an appointment [christina.pastan@tufts.edu](mailto:christina.pastan@tufts.edu). You can also follow her @drpastanspeaceofmind on Instagram for connection and offerings of grounding and self-care.

Boston Campus students in all programs can continue to access Counseling services now available remotely through Talk One2One. The phone number to access this service is 1-800-756-3124. This is both a 24-hour emergency helpline as well as a way to access the mental health counselors assigned to the Boston campus for ongoing counseling.

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](mailto:covid19@tufts.edu), or e-mail [robert.kasberg@tufts.edu](mailto:robert.kasberg@tufts.edu) , [Morton.Rosenberg@tufts.edu](mailto:Morton.Rosenberg@tufts.edu) understanding that confidentiality will be maintained.

## ACCESS TO ONE KNEELAND STREET

Recently members of our community have entered One Kneeland for a variety of reasons not realizing that access to all healthcare facilities has been limited. Access has been limited to allow only essential faculty, staff, students and residents into the building. This is mandated to maintain a safe environment. Please do not enter the building unless a direct supervisor, Chair or Dean has granted you permission. Guidelines and time for entry will be given to you at that time. Please note that your I.D.s may not grant you access as in the past.

## 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.**

## EXTERNAL ACTIONS/RESOURCES

1. CODA GUIDELINES. The Commission on Dental Accreditation (CODA) has released “[Reporting Interruption of Education by CODA \(Due no later than May 15, 2020\)](#)”. Our leadership teams in Academic Affairs and the Program Directors will work to submit the required paperwork to insure our seniors (DMD and residents) can navigate requirements given the interruptions to didactic/clinical education
2. Board Of Advisers (BOA) Meeting. We hosted a zoom BOA Meeting this week. Many in our leadership group participated. We gave an update on the phases we have been through in response to the COVID-19 situation. Our BOA members (many alumni and friends) are in practice and have also been affected by the pandemic. We thank them for their support and the concerns expressed for our students, residents, faculty and staff.

## DEANS REFLECTION

### “Patience is a virtue”

I am in a rush. I enter the bank. There are two lines of people. I choose what I think is the shorter of the two. I look over to the other line and see a man with a red scarf who is at about the same distance from the counter as I am. I look at my watch, as if the gesture will make the people in front of me move faster. Inevitably my line moves slower. The man with the red scarf has already taken care of his banking business and left. The slower my line moves the more agitated I get, the more I look at my watch, willing the line to move faster. Finally, I breathe a sigh of relief as the person in front of me steps to the counter. Unfortunately, that person takes their time and I am “cursed” to wait. I have no patience.

I can't remember when I first heard the phrase “patience is a virtue.” It must have come to my mind several times this week. Dean Robert Kasberg mentioned how patient our students have been during this public health crisis. I mentioned it to my leadership team in one of our daily meetings as they pressed to move clinical guidelines and protocols along.

When I looked up the definition of patience, I was surprised to see the use expressed in the context of a dental issue (sorry Dr. Trotman) and also the mention of toothpicks (and sorry to those stuck at home with toddlers/children/young adults!):

“Patience is a person's ability to wait something out or endure something tedious, without getting riled up. It takes a lot of *patience* to wait for your braces to come off, to deal with a toddler's temper tantrum, or to build a house out of toothpicks.”

From Vocabulary.com <https://www.vocabulary.com/dictionary/patience>

Virtue is also defined as the quality of being morally good.

Right now our patience is being tested.

We are all looking at our watches—willing the line to move faster.

D20s and senior residents have a deadline to complete requirements in order to graduate. They look at the people ahead of them willing the line to move. D21s want to be in clinics, they watch the line next to them move more quickly. Staff members ask how they can volunteer to move the line along and direct traffic—they know how things work. Administrators and faculty have clinical protocols and clinical equivalency matrices in place, and they will “the person at the counter” to stop asking mundane questions.

We ask for your patience, I ask for your patience.

COVID-19 is an unknown entity. It infiltrates the line, it makes the line stop, it makes the line hesitate, it forces people in the line to maintain a 6-foot distance, it forces the man to wrap the red scarf over his mouth and nose. It does not care which line moves more quickly. In fact, it *harms* those that move more quickly. COVID-19 makes people sick, it spreads, it is the unknown. It has changed the way we live, the way we function and it will continue to rule our lives until we have a successful treatment, or we are immune to its insidious effects. Unfortunately, “It” is the person at the counter asking the endless questions. Holding up the line, holding up our lives.

Each person has been patient. We have to continue to be patient.

I thank you all for waiting and for your outstanding virtue of patience.

Dean Karimbux

**Office of the Dean**  
Tufts University School of Dental Medicine  
One Kneeland St., 15th Floor  
Boston, MA 02111  
<http://dental.tufts.edu>