Self-scheduler for dental students booking consultations with faculty during the COVID-19 pandemic

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1 PROBLEM

In-person office hours became unavailable for 240 dental students at the University of Toronto Faculty of Dentistry because physical restrictions were imposed to curtail the spread of the SARS-CoV-2 (COVID-19). Transition to a virtual format was necessary for preclinical medicine and pharmacology consultations prior to clinical care. Administrative staff dedicated to individually schedule students with instructors for virtual meetings were not available.

2 SOLUTION

The solution of self-scheduling was implemented, which placed the responsibility for appointment creation on the instructors and students themselves. Self-scheduling, first introduced in London, England for scheduling nursing staff in a hospital, was adapted to the dental school setting. An appointment book (Figure 1) was created in the patient management system, AxiUm (version 7, 2020, Exan software, Henry Schein Company), for students to schedule themselves or self-schedule with the available instructor. Students selected the patient they wished to discuss and reserved the appointment time. The patient would not be in attendance at the appointment. At the appointment time, dental students clicked the videoconferencing link (MS Teams, Microsoft Corporation) for the virtual office listed on the course website within the learning management system (Canvas LMS, Instructure) to meet their instructor.

Implementation of this scheduling process involved four phases: assessment, planning, implementation, and evaluation.

Assessment of traditional preclinical consultation practices highlighted that some students procrastinated their responsibilities and that popular instructors were inundated with in-person student volume while other instructors had available times. Thus, issues included student time management skills and instructor workloads. Dental students must regulate their study and clinical workloads simultaneously. There is a need for educators to construct an educational context that supports the development of time management skills essential for the dental professional. Moreover, educator burnout, where the demands on an instructor’s time and attention are high, leading to emotional and psychological exhaustion, was another consideration.

The planning phase involved consultations with faculty and instructors to determine the feasibility of transitioning to a digital system, the information technology team to design the appointment book, and the academic administrative team to design the course webpage.

Implementation required tools like a one-page procedural information sheet for students and instructors on how to use the scheduler and an orientation to the course page where videoconference links were posted. Instructor–student consultation activities were observed and informal feedback for quality improvement was solicited.

3 RESULTS

The successful implementation of this educational innovation has facilitated effective instructor–student mentorships similar to that in pre-pandemic times. This virtual format respected instructor and student autonomous and individualized schedules. Other benefits included increased morale, engagement, and satisfaction; distributed instructor workloads; and facilitated virtual workspace for communication.
FIGURE 1  Self-scheduler appointment book in AxiUm (Exan Software, Henry Schein Company)

Observed challenges of implementation included staff and student training on how to self-schedule and how to remotely use and coordinate the three technologies (i.e., AxiUm, Canvas LMS, and MS Teams). The virtual workspaces required course directors to manually modify the posted schedules and meeting links when the schedule changed. Patient confidentiality issues arose when students inadvertently joined the virtual room without permission. This likely occurred because MS Teams settings were inappropriately set.

Self-scheduling can be applied generally to all preclinical and clinical courses that involve instructor–student preparatory collaborations (e.g., planning for medical management, local anesthesia, sedation, and dental treatment).

PARTICIPATING INVESTIGATOR

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