We have treated older adults in our long-term care facilities’ (LTCF) dental treatment centers for several years and many of our patients have shared a common phrase, “This too shall pass,” just not in the context of a pandemic.

We were in the early stages of the COVID-19 pandemic, in uncharted territory, with rules, regulations, and guidelines changing by the minute. The Chief Nursing Officer had sent Dr. Kady Rawal a request to report to the hospital for a dental emergency. Just the previous day we had received a hospital-wide email announcing the Dental Treatment Center would be open only for ‘urgent or emergent’ cases! Having texted our dental assistant, “On my way, be there in ten,” Dr. Kady rushed out of the house. She knew what she was being called in for, the referral read, “Urgent.” On her way to the hospital, she considered all of the scenarios on her mind, including a list of procedure-specific instruments that she would need. She had already reviewed our patient’s electronic medical chart thanks to remote access. “Remember no high speed hand piece, no suction, limit aerosol!” She asked our dental assistant to set up as she got into the car. She could hear the dental assistant asking the nurse on the other end of the line: “Is there bleeding, is there suppuration?”

Even though Dr. Kady was at the hospital just 14 hours prior, the facility felt different this morning. A strict no-visitor policy had been implemented. You walked through several doors with large STOP signs that alerted staff not to enter if they were experiencing any symptoms, had traveled outside of the United States, or had been in contact with anyone that was not feeling well. If you did not fall into these categories, you were asked a series of questions and had to have your temperature and heart rate checked before going through the last door. “All clear 98 F and 86 BPM, you can go right in, they are expecting you.” Dr. Kady was convinced her heart rate was well over 125 BPM!

It was surreal to walk into an empty dental clinic. Over the last decade, we have grown our program at Hebrew SeniorLife to include three dental attendings, numerous dental students, and two Geriatric Dental Medicine Residents. We are also joined by Geriatric Medicine Fellows and medical students fulfilling their rotation competencies. During regular operations, our Office Manager, Jo-Ann, who thrives in
a flurry of activity, handles a phone call as the other phone line rings. A nurse is at the door to reschedule a patient’s appointment and a family member or two are in the dental clinic requesting to be present for their family member’s next dental appointment. Normally, patients are waiting in their wheelchairs in the waiting area. The hygienist, Ann, is busy finishing up with a patient, setting up for the next patient, taking radiographs, or reviewing a medical history with the nurse practitioner on the unit. On most days, smiling faces greet us, “Good Morning!” It is usually quite busy, but on this day the silence was eerie.

The dental treatment room was set up, and the dental assistant helped with the new donning procedure. Our patient’s medical history was displayed on the computer screen; it was not out of the ordinary, multiple medications, a long list of primary diagnoses and a host of comorbidities. The nurse was kind enough to transport our patient down to the dental clinic in their wheelchair. Our patient stared at the dental team perhaps bemused at all of their Personal Protective Equipment (PPE). Dr. Kady knew that it was going to be difficult for our patient to hear her with two masks and a face shield, so she had written a greeting and some questions on a few sheets of paper in very large font. Our patient took their time to read and then answered the questions regarding their pain level and inability to eat; our patient’s presentation was then correlated to the nurse’s findings on the computer screen. “Now that you know all of this, tell me dear, who exactly are you?” asked our patient. The very first sheet of paper was handed back to our patient, it read, “Hello, good morning, I’m Dr. Kady – your dentist.”

“Oh right, it’s you! Dear, how are you? It has been a long time! I can barely see your eyes, and I didn’t get my usual warm and loving greeting. I didn’t even recognize you!” Dr. Kady knew this was going to be difficult, so she tried to get back to the issue at hand, “Let me get you out of pain and then we will talk more, promise,” she said as loud and clear as possible to avoid scrambling for a pen and paper. Usually the student on rotation would step in to help or our dental assistant would take her PPE off and write a note, but none of that today. News of PPE shortages had already made headlines. We were trying to be as conservative as possible while maintaining a safe working environment.

Hoping that our patient heard her, “Can I continue?” she asked loudly, and “Yes, dear,” came the reply. The dental team paused every few minutes to allow our patient to ask, “I know you told me, but who are you, again?” The dental assistant would point at the ‘I’m Dr. Kady – your dentist’ sign that now hung on the wall, our patient nods their head in affirmation, and gives the thumbs-up to continue. A few minutes later, we were done. The nurse came down from the unit to pick up our patient. The treatment room needed to be cleaned, PPE doffed, and hands washed. It was time to set up for the next emergency. With the new infection control protocols, we needed to allocate more time than usual.

The unit nurse was contacted by phone, upon arrival a detailed list of post-operative instructions were presented, and all electronic medical record notes were completed. Our patient waited for the final check prior to leaving the dental clinic. “I’ve survived the Holocaust,” our patient said, “The news is showing scary things about this new disease, but we will all be fine. May God bless you both for coming to fix me today... This too shall pass.”

The following day, the unit nurse was contacted to check on our patient; promptly, the nurse responded, “All is well. Our patient says thank you again.” The nurse was most likely juggling a myriad of new responsibilities and unforeseen concerns, so the conversation was brief. Dr. Kady pondered the interaction she had with our patient on the previous day. Usually, we greet our patients with big smiles, a welcoming handshake or hug, hold their hand, make small talk, and linger after appointments to talk about whatever is on their mind. On the previous day, there
were no such conversations.

Even with routine PPE, we have always been able to look our patients in the eye, and they have been able to recognize us. We rely on these interactions to help us understand if we are communicating adequately with our patients. We usually have several hands assisting in the treatment rooms. We have always spent ample time to explain and re-explain the reason for the dental visit. Often times we include family members to assist with the visit. In many cases, this helps us to better communicate and understand our patient’s chief complaint along with other associated issues. Patients love to stay back, talk to us, and catch up. A few years ago when Dr. Kady got married, patients would ask to scroll through her digital tablet to see the wedding pictures! Social interaction is a large part of our practice model.

In our facility, we have always followed the most stringent infection control and PPE protocols. In fact, for years, infection control rounds happened so often in our hospital’s treatment center that we often didn’t even notice the infection control officer passing through. Now, we would be faced with enhanced protocols and a cascade of continuously evolving challenges in our practices.

While all of our colleagues in private practice either have reopened or are gearing up to reopen their practices, Geriatric Dentists must be patient and work diligently to prepare to return to routine care.

Whether you are practicing as a Geriatric Dentist, overseeing a hospital-based dental clinic, or in a private practice that focuses on children, adults, or older adults with special needs, the challenges we routinely face are unique to say the least and in these extraordinary times our challenges are now magnified. In Geriatrics, we know that our patients are all survivors in their own right. Unfortunately, at this crucial point in their lives, they are faced with this new challenge. Physical distancing has undoubtedly been socially isolating for many of our patients. We have been fortunate that through Boston University’s Global Days of Service programs patients have been provided opportunities to help combat social isolation. Programs like ‘Pen Pals for Grandparents’, ‘Adopt a Grandparent’, and ‘Love for the Elderly’ have been instrumental in helping to fight loneliness amongst older adults.

Caregivers have acted in a manner that could be described as nothing short of heroic. Every day they have walked into the midst of the pandemic with grace, kindness, compassion, and dedication fully deserving of our respect and admiration. Without their constant focused care and communication with the dental team, we would not be able to serve this unique population during these challenging times. Without caregivers incorporating oral health as a part of their patients’ overall health in the midst of their daily routine, many of our diagnoses and treatment plans would never come to fruition. By treating the urgent and emergent oral health concerns within the LTCFs, dental teams have contributed to flattening the curve and minimized the burden on emergency departments in our local acute care hospitals.

After you finish reading our story, do take the opportunity to salute all of our colleagues in the medical field along with all of the emergency first responders who have worked tirelessly during this crisis to ensure that everyone gets the care that they need and deserve.

If you find yourself in the company of one of these special people please be sure to greet them with a smile and thank them for their service to the community.

For the readers of Wisdom, we close with this simple message: *stay strong, be well, and keep doing what you do best. Our patients need us, our community needs us, and hopefully if we all work together...This too shall pass.*

Clinical Assistant Professor, Department of General Dentistry
Faculty Practice, Dental Health Center
We need your wisdom! Please consider contributing sharing your ideas! Contact Dennis at scda@scdaonline.org