ON HOLD
COVID-19 CRISIS LEAVES CAREER PLANS IN A STATE OF FLUX

by Joseph DeRosier

JUST A FEW MONTHS BEFORE THE WORLD SCRECHED TO A HALT BECAUSE OF THE COVID-19 PANDEMIC, fourth-year dental school students were starting the final leg of their journey to become dentists.

They were making plans for their careers and looking forward to a commencement ceremony when they could hold their diplomas high over their heads as friends and family cheered them on.

Graduates will receive their degrees for which they worked so hard, but the two Chicago area dental schools, the University of Illinois at Chicago College of Dentistry and Midwestern University College of Dental Medicine in Downers Grove, won’t be holding commencement ceremonies in person and were still sorting out in late March how to handle any testing or requirements that include hands-on training and certification.

When word came down from Gov. J. B. Pritzker’s office that the state was going into a shelter-in-place mode to stop the spread of the virus, learning in classrooms and clinics at the dental schools ended as well.

Some oral surgery residents at UIC are still on the job.

Shouvik Ponnusany, the chief resident at the UIC oral and maxillofacial surgery program, has been working in the clinic treating emergency dental cases.

“It’s really our duty to appropriately triage and manage the urgent dental issues; the way we’re handling it now is to unburden the hospital system as best as we can,” Dr. Ponnusany said.

To lessen the possibility of the infection spreading, three teams of oral surgeons work three to four days together and then the next team takes over without having any interaction with the previous team. The rotation system guards against the entire team being infected at once.

He said some dental students are also helping in the triage effort.

“What’s been really impressive is that CDS, ISDS, ADA and AAOMS (American Association of Maxillofacial Surgeons) and the UIC college administration, everyone, has shown really good leadership,” Dr. Ponnusany said. “We just want everyone to realize we appreciate their donations (of personal protection equipment), their gratitude and their leadership at this time.”

As for his own residency work, he said, there were about 14 surgeries that had to be postponed over the first two weeks of the shutdown that will need to be rescheduled at some point.

“Our program director has asked us to send them our surgical log of what we have done now and the college will assess whether I have enough experience to graduate (in June),” he explained. “Luckily, we have more than enough numbers, but you’re in residency so you want to get in as much experience as possible. Every day that we’re not operating on elective cases, it definitely affects us, unfortunately.”

After graduation, he planned to join a private practice in the northern suburbs; the doctor there is taking referrals for emergencies from about 25 dentists in the area.

“Knock on wood so far there hasn’t been any change to that plan,” Dr. Pon-
"I think a lot of my classmates are going to have a difficult time finding jobs because all of these employers have a huge question mark above their heads, and they don’t know when they will have the capacity to hire more people. It’s very weird waking up every day and not knowing what’s going to happen.”
said she experienced “a lot of uncertainty” as well and is also concerned about the outlook for jobs.

The uncertainty is worrisome because some students who were going on to residencies are left wondering if those will still pan out, she said. Ms. Woo said she is fortunate because both of her parents are dentists, and she was planning on joining them after graduation.

“I think a lot of my classmates are going to have a difficult time finding jobs because all of these employers have a huge question mark above their heads, and they don’t know when they will have the capacity to hire more people,” she said. “It’s very weird waking up every day and not knowing what’s going to happen.”

She said the fact that an infectious disease is involved is also troubling.

“It’s not only hurting the students, but it is impacting everyone in our profession because we are the most exposed profession because of the aerosol equipment that we use,” Ms. Woo said. “So it’s alarming and it’s quite frightening, but I see a glimmer of hope as long as everyone follows the rules. We’ll get out of this.”

But at the same time, she said, she realizes change will be inevitable.

“I really think COVID will change the way we deal with dentistry from this time forward,” Ms. Woo said. “It’s such a weird feeling that we don’t know what the new normal is going to be once, or if, this passes, which is the scariest thing.”

Ms. Shukla said she too thinks things will change.

“I feel confident that dentistry will start taking new measures, reinforce all the infection control rules and approach it differently,” Ms. Shukla said. “Things will be tough and things are going to change, but I’m positive it will happen because that’s essential.”

Instruction on infection control was prevalent at UIC. Ms. Shukla said she was comfortable with the level of training she received.

She said she thinks infection control training might become more rigid.

Nicholas Callahan, an oral maxillofacial surgery professor at UIC, has been seeing emergency dental patients at the hospital during the shutdown and has experienced the virus’ impact first-hand.

He said his mission has been to make sure emergency dental patients can be treated at the dental clinic instead of adding to the already overburdened hospital Emergency Room.

Before patients can be seen, however, there is a screening process. When a patient calls in, there is an evaluation to determine if it is a true dental emergency; they then go through a 10-question screening concerning COVID-19 created by the Centers for Disease Control and Prevention. Once patients arrive at the clinic, their temperature is taken and the 10-question evaluation is repeated.

“Right now, we (dentists) are at one of the highest risks of contracting this disease or being exposed given our proximity to the patients. Almost everything that we do in our field is in an aerosol procedure.

“It will require a lot of precautions to protect ourselves and then, in turn, protect our patient. Many of us are young and vibrant and less likely to be extremely affected by this disease, but we have the potential to potentiate the disease to patients,” Dr. Callahan said.

Dr. Callahan said it is still uncertain how the virus will impact dentistry. He added: “How we adapt will say a lot about our profession.”

He said he suspects a move to use stronger universal protection, whether that means full face masks or N95 masks for all providers, are in the future.

“Being cautious and really protecting everyone with higher-grade masks and
eye protection is sometimes something that we are a little lax about, but now we don’t have the luxury of being lax,” he said.

And while the virus has thrown a curve to students, Dr. Callahan said it is an opportunity for “the dental community to step up” and provide the help patients need.

“We’re part of the medical community. We make a commitment to take care of patients and that commitment doesn’t stop if we get scared,” Dr. Callahan said. “We have to figure out a way to safely treat patients, and it’s just a reality that we have to deal with in the future that these scary things are out there; we have to know and prepare for how to deal with it.”

Dr. Callahan added that it is uncertain if things will ever get back to “normal.”

“The truth is it is never going be the same,” Dr. Callahan said. “This is a really a pivotal time in all of our lives, and we are going to look at this a moment as before COVID and after COVID, and it’s going to be a new normal. What is that new normal is ever evolving. I don’t think what we had two months ago, we will ever quite get back.”

COVID-19 updates and resources are updated daily at www.cds.org.

Joseph DeRosier is the CDS staff writer.

Photos courtesy of Shouvik Ponnusamy.