Learning alongside: Patients’ experiences of a university dental clinic

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Abstract

University dental schools provide services that meet community needs, particularly the requirements of people from low socio-economic backgrounds, and the requirements of dental students. People from low socio-economic backgrounds have reduced access to dental services and poorer oral health outcomes. Reduced access is linked to dental treatment costs within the private sector and lengthy wait times for public sector dental appointments. In Australia, those at greatest socio-economic disadvantage are eligible for health concession cards that enable them access to reduced or no fee dental services within the public health system. Limited public dental resources, and the often complex treatment requirements of this population group, mean that wait times for dental appointments can be significant.

University dental clinics address barriers to access by providing reduced fee services and shorter appointment wait times than is generally the case in public and private dental services. University dental clinics also benefit dental students by providing a clinical placement opportunity for training the next generation of dental professionals while serving population groups who may otherwise have difficulty accessing regular dental care. The literature provides evidence of the benefits of university dental clinics, however, there is a gap in the literature that presents benefits from the perspective of patients. This study sought to identify the benefits of university dental clinics by exploring and describing patients’ experiences at an Australian university dental clinic.

Purposive sampling of participants resulted in 23 university dental clinic patients participating in the study. Data was collected using semi-structured interviews. The essential grounded theory method of concurrent data collection and analysis resulted in three key themes being identified in the data: 1) aspects of attendance; 2) quality of service; and 3) learning alongside.

Introduction

It is internationally recognised that people from low socio-economic backgrounds have poorer oral health outcomes and reduced access to dental services (Atchison and Dubin, 2003). In Australia, those at greatest socio-economic disadvantage are eligible for a government health care concession card, which entitles card holders to health care, including dental treatment, within the public health sector. All Australian state and territory governments provide public dental services to concession card holders at reduced or no cost (Brennan, 2009). While public dental services play an important role in providing emergency treatment, there are significant waiting times for general dental care due to limited resources and the complex treatment requirements of vulnerable population groups, (AIHW Dental Statistics and Review Unit, 2002).

Keywords

university dental clinic; patients’ experiences; dental students
Literature suggests that patients’ attendance is influenced by many factors including: long waiting times, workforce maladjustment, financial constraints, patients’ attitudes, distractions, and psychological factors. In the public sector, access and a focus on emergency care are among the many factors influencing attendance. The majority of participants discussed financial reasons being an important factor influencing their initial attendance. Financial barriers, combined with patient-attitude factors such as perceived attitudes to oral health, geographical access and a focus on emergency care, are influenced by many factors including: patients’ experience of the students and the time required to fulfill treatment, the length of an appointment is often significantly greater than an appointment with a qualified dentist. The physical layout of the clinic also differs as patients are treated in open bays separated by glass panels and dividing walls, rather than in a more traditional closed private room. The clinic consists of 88 dental chairs separated into 11 bays of eight, allowing the treatment of 176 patients on average per day. Despite being literature regarding the benefits that university dental clinics have the education and training of students, a search of the literature did not find any published studies relating to the benefits of university dental clinics from the patient’s perspective. This qualitative study sought to identify the benefits of university dental clinics by exploring and describing patients’ experiences of attending an Australian university dental clinic.

Methods

Purposive sampling of participants and the essential grounded theory method (Birks and Mills, 2011) of concurrent data collection and analysis were used in this qualitative exploratory study. Participants were recruited using information sheets and posters displayed in the university dental clinic waiting room. Letters of invitation were sent to patients who were identified as non-returners in an attempt to increase variation in the data; however, no patients were recruited as a result of this strategy. A total of 23 participants (each holding a concession card) participated in the study. The age range of participants was from 28 to 76, with the average age group being 65+.

Data was collected using semi-structured interviews, approximately paired in pairs of student researchers, with one researcher undertaking the interview and one observing and writing field notes. Interviews took place in a quiet room, with the student researcher who had treated them in the clinic. Each interview was digitally recorded and transcribed. The research team listened to interview recordings numerous times and key themes were identified and further developed during iterative phases of data collection and analysis. Ethics approval for this study was received from the university Human Research Ethics Committee.

Findings

Three key themes were identified in this study: aspects of attendance, quality of service and learning alongside. Significant findings from this study include: for all participants aged 65 years and over and holding a concession card, a lack of time was not a sufficient reason in making the choice to attend a university dental clinic; and for the majority of participants the reduced cost as compared to private dental services was very influential when deciding to attend. A positive side benefit identified in the data was the opportunity for patients to contribute to the broader community through the facilitation of education and training for dental students. There are two main contributors to the quality of care received by participants attending the university dental clinic: firstly, the strength of their relationship with the attending student; and secondly, the model of clinical supervision and the expertise and range of clinical supervisors on the treatment team. Alongside other dentists, students receive a wide range of connections and experiences of attending a university dental clinic.

Quality of care

Aspects of attendance theme is included in Box 1.

Box 1: Aspects of attending a university dental clinic

1. Quality of care

2. Aspects of attendance

3. Quality of service

4. Learning alongside

You do what you can afford, a lot of people neglect their teeth, not by choice." (Participant 18)

"I am very grateful to [receive] the treatment for free, otherwise we wouldn’t be able to have that dental attention because we have a low income." (P17)

Other participants identified that their appointments took longer because the students were trying to achieve a high standard. “Sometimes it’s hard having your mouth open for that long, but I would rather have that treatment done well than for a short time and have problems later.” (P22) Despite the long appointment times resulting from the training a dentist was receiving, most participants viewed the long appointment times as beneficial to their overall treatment and as an opportunity to give something back in return for their dental treatment. There was a strong sense of participants being able to make a contribution to the community by attending the university dental clinic and thus providing students with an opportunity for clinical placement. “I’m helping train this person to become a good dentist, I felt like I was contributing to helping train this person to become a good dentist”. (P15)

The concept of the participant consistently seeing the same student but different supervisors is a situation unique to the context of learning alongside dental care, willing to work within the public sector.

Working Papers in the Health Sciences 1:14 Winter 2015 ISSN 2051-6266 / 20150083
Due to the preventive approach learnt throughout their time at the clinic, many participants indicated that they would return for routine treatment in the future if this treatment process is to ensure high levels of satisfaction. The experience of a university dental clinic encouraged participants to improve their oral health care, with the aim of preventing further dental problems. "I will be here in 6 months when I get the letter. If we didn't have this I would probably only have gone if something was wrong" (P5). Additional involvement in support of the learning experience alongside the theme is presented in Box 3.

### Discussion

People who are eligible for health care concession cards are at a higher risk of developing dental diseases. This increased risk stems from an overburdened system where patient demand is higher than the availability of practitioners, for example, prosthodontists and endodontists, in the university clinic setting. "You've got more than one specialist, whereas in a [non student clinic] environment you only have one person" (P18).

#### Box 2: Quality of Care

To a university dental clinic. Participants realised and understood the reasons for having different supervisors, with many feeling it gave them more treatment options and choices they felt they had been offered in past dental treatment outside of the university clinic. "Would have been nice to have the same supervisor however realistically I realise that this is not possible" (P12). Participants also identified the benefit of students receiving supervision from a variety of clinicians. "It was also interesting to see three different supervisors' points of view and I think from the student's point of view it would be good to have different supervisors' opinions, different ways of treating the same person rather than being stuck with the same supervisor with the same ideas" (P16). Additionally contributing to patients’ perceptions of quality is the availability of procedures, for example, prosthodontists and endodontists, in the university clinic setting. "You're getting state of the art procedures at the moment, and you've got backup" (Participant 3).

In addition to students explaining the treatment process, the interaction between the student and their supervising clinician in which they discussed the treatment process allowed patients to receive a higher level of information about their treatment. "I enjoyed having the dentists come and discuss what was happening. I had a better understanding of what was happening" (P32). For a number of participants, there was a benefit in not only being part of the learning process and that this involvement offered greater autonomy over their treatment options. "It's discussed and presented to you, then it's my option to use it or go ahead or not" (P4). The greater choices of preventive treatment options provided by students were identified by participants as an important contributor to high levels of satisfaction. Participants often identified that they were previously unaware of a preventive approach to dental care. "Oral hygiene was pointed out better and highlighted the options I had... never really been pointed out these things before" (P3).

#### Box 3: Learning

"I learned a bit - listening to discussion between the teacher and student. "It was really nice because you know about what's going on with you and things that I didn't even know were valid" (Participant 7)"

Participant 7 "I was aware... that a lot of these teeth can be saved and looked after, I'm more acutely aware that there's better time for me, but before I was going down the track of neglect" (Participant 3)

"They [public clinics] don't actually offer that service, they offer an emergency service, where they just want to get your teeth out, they don't want to fix it just want to pull it out" (Participant 22)

"Before it was damage control now we can look at something that's developing" (Participant 7)

#### Conclusion

University dental clinics provide patients, particularly those from low socio-economic backgrounds, with reduced fee services and shorter waiting times. "This is the best way to get access to care" (P3). The longer patient appointment times in university clinics compared with private dental care disciplines at university clinics would be beneficial to examine whether the patients’ experiences of university dental clinics provides information to support service provision improvements. Using qualitative methods for this study allowed the researchers to gain insights into patients’ experiences of one Australian university dental clinic. However, by using a prospective method, future studies may allow the ways in which participants’ views change over the course of their treatment (and indeed as the clinic evolves) to be recorded. In addition, research into patients’ experiences across dental care disciplines at universities would be beneficial to examine whether the patients’ experiences identified in this study, are unique to dental care.
References


