

Practicum experience to socialize dental hygiene students into long term care settings

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ABSTRACT

Introduction: As the population ages, educational health care programs must increase efforts to provide geriatric health knowledge to students and to socialize them into settings such as long term care (LTC). **Methods:** A new practicum was developed in which dental hygiene (DH) students were scheduled onsite in LTC facilities. A guiding objective for the practicum was to socialize students into this environment by providing them with practical knowledge and experience that could give them the confidence, attitudes, and desire to work with this population upon graduation. This study provides a qualitative analysis of data acquired from focus groups with the students and from individual interviews with the registered dental hygienist (RDH) instructors who guided them. **Results:** Six main themes were identified from the student focus group data: 1) communication challenges between students and LTC staff; 2) communication challenges between students and LTC residents; 3) uncertainty about follow up for oral health recommendations; 4) barriers to provision of daily mouthcare; 5) uneasiness of students in LTC environment; and 6) appreciation for the practicum experience. Transcripts from the RDH interviews revealed two themes: 1) challenges in the facility context; and 2) challenges and enhancements for student learning. **Discussion:** From these results, we determined that changes need to be made to the practicum, including: providing more classroom preparation before the practicum; beginning the practicum earlier in the year to provide students with more experience; arranging onsite visits to correspond to the schedules of the residents and staff; improving and increasing interactions between students and LTC staff; and developing and establishing clear protocols for what students should do under specific conditions, and how their recommendations for residents can be implemented. **Conclusion:** We believe that the practicum successfully contributed to the socialization of DH students into the LTC environment by building their awareness of the complexities of working in this context with this population.

RÉSUMÉ

Introduction : Avec le vieillissement de la population, les programmes d'enseignement des soins de santé doivent accroître leurs efforts pour instruire les étudiantes et étudiants concernant les soins gériatriques et les amener à se joindre à des cadres comme celui des soins de longue durée (SLD). **Méthodes :** L'on a donc mis au point une nouvelle pratique amenant les étudiantes en hygiène dentaire (HD) à faire des stages dans des services de SLD. L'un des objectifs de cette pratique a pour objet de familiariser les étudiantes avec cet environnement, en leur procurant des connaissances pratiques et des expériences susceptibles d'affermir leur confiance, développer leurs attitudes et les inciter à travailler chez cette population après la réception de leur diplôme. Cette étude présente une analyse qualitative des résultats obtenus de groupes cibles d'étudiantes et des entrevues personnelles avec des hygiènes dentaires agréées (HDA) instructrices qui les ont guidées. **Résultats :** Les étudiantes du groupe ciblé ont souligné six thèmes principaux : 1) les défis de la communication entre les étudiantes et le personnel des SLD; 2) les défis de communication entre les étudiantes et les résidents des SLD; 3) l'incertitude du suivi des recommandations en santé buccodentaire; 4) les obstacles de la prestation des soins buccodentaires quotidiens; 5) les malaises des étudiantes dans l'environnement des SLD; 6) l'appréciation de l'expérience pratique. La transcription des entrevues en HDA a révélé deux thèmes : 1) les défis dans un contexte de facilité et 2) les défis et l'amélioration de l'apprentissage des étudiantes. **Discussion :** De ces résultats, nous avons conclu qu'il fallait apporter des modifications à la pratique, notamment : offrir plus de préparation en classe avant d'entreprendre la pratique; entreprendre la pratique plus tôt dans l'année pour accroître l'expérience des étudiantes; organiser des visites sur place correspondant aux calendriers des étudiantes et du personnel; améliorer et accroître l'interaction entre les étudiantes et le personnel des SLD; élaborer et établir des protocoles clairs pour ce que les étudiantes doivent faire dans des conditions particulières et mettre en pratique leurs recommandations pour les résidentes. **Conclusion :** Nous estimons que la pratique a contribué efficacement à l'intégration des étudiantes en HD dans le cadre des SLD en les sensibilisant à la complexité du travail chez le type de population.

Key words: older adults, older seniors, geriatrics, dental hygiene student practicum, long term care, socialization

BACKGROUND

Developed countries worldwide have steadily increasing numbers of older persons as the population ages: in 2000, 20 per cent of the population in these regions was aged 60 and older, and this is expected to increase to 33.3 per cent by 2050.¹ In Canada, individuals aged 65 and older currently comprise 14.4 per cent of the total population,

and it is estimated that these numbers will increase to 24.5 per cent by 2036.^{2,3} There is some question as to whether the inevitably increasing need for health care in the growing older adult population can be met or if the health professions are severely underprepared in training and attitude.⁴ Oral health care, in particular, is an area of great concern, particularly for older adults living in long

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term care (LTC): a review of the literature reveals that the current provision of oral care in LTC facilities worldwide is inadequate, with frail dependent elderly people often receiving little or no oral care.⁵⁻²³

One of the steps that can be taken to address the growing numbers of older adults and the care they will require is to focus on the education of future health professionals. There are two key areas of focus for this educational initiative: curricula must ensure that students from all health disciplines learn how to maintain and improve oral health, and that students be socialized into working with older adults, particularly in the long term care environment.

The reason all health professions must be involved in oral health maintenance and promotion is because poor oral health, a potentially serious condition in itself, is also linked to or associated with other health complications to which older persons, such as the frail elderly in LTC or assisted living, are particularly susceptible.²⁴ For example, evidence indicates that poor oral health may lead to an increased risk of developing or worsening illnesses or conditions, including pneumonia,²⁵⁻³² influenza,³³⁻³⁵ heart disease,³⁶⁻³⁸ stroke,^{39,40} diabetes,⁴¹ and malnutrition.^{42,43} Poor oral health may also affect one's quality of life by impacting chewing, eating, swallowing, and speaking, as well as poor facial aesthetics—such as decayed teeth, breath malodour—all or many of which may result in self consciousness and isolation due to reduced inclination to interact socially with others.⁴⁴⁻⁵⁶

While many studies have provided considerable evidence of oral-systemic relationships, health curricula may not be adequately addressing this issue. For instance, a comprehensive study was conducted to explore the amount of information related to oral-systemic science currently being taught in the predoctoral or undergraduate professional curricula of nursing, medical, and pharmacy schools in universities across Canada, the United States, Europe, Asia, Australia, and New Zealand.⁵⁷ This study, which involved circulating an online survey to associate or academic deans at these schools, found substantial deficiencies in the provision of oral health education and oral-systemic health education to their students.⁵⁷ In a different survey of baccalaureate nursing students, it was revealed that, although students believed that oral health is important to nursing practice and knew that there was an association between oral health and other health issues, most of them lacked sufficient knowledge and understanding of the components of an oral health examination to be able to conduct a proper oral health screening.⁵⁸ Researchers concluded that the oral health content of nursing courses was inadequate, and that improvements would have to be made so that students' awareness of the importance of oral health to overall health can be translated to practice in a way that will benefit the health outcomes of patients.⁵⁸

One way to improve the oral health knowledge and practice of nursing students can be found in an interprofessional educational initiative at George Brown College in Ontario, Canada.⁵⁹ Recognizing the association between oral health and overall health, this program

initiative combines students from the Bachelor of Science in Nursing program with students from DH.⁵⁹ This program enables the students to learn from one another and to develop an understanding of how they can combine their skills and knowledge and thus work collaboratively to provide better oral care as well as better overall health care.⁵⁹ However, there is a lack of information concerning oral health education in the non dental health sciences, which may reflect the fact that much progress has yet to be made.

Improving the quality and quantity of oral health education, while extremely important and in need of growth, is in itself insufficient to ensure that there will be a health care workforce prepared to manage the increasing number of older adults. It is also essential to focus on the socialization of students in the area of geriatric health care, and there have been many calls to improve geriatric education in the health professions.⁶⁰⁻⁶⁸ Some of the obstacles that must be overcome concern the attitudes and perceptions of health care students towards working with the older adult population. In three different studies of medical,⁶⁹ dental,⁷⁰ and nursing⁷¹ students, it was revealed that many students, prior to any experience working with this population, exhibited negative attitudes and perceptions towards working with older persons and had minimal or no inclination to want to work with them. However, it was also found that, after having some experience working with this population, the same students developed more positive attitudes and perceptions. Researchers concluded that it is essential for there to be increased practicums in which students can interact with older adults, and that the positive attitudes and perceptions that arise from these experiences must be fostered and supported during their education, which may result in a desire to work with older adults upon graduation.⁶⁹⁻⁷¹

There have been reports of positive developments in which some educational health care programs offer training and practicums in LTC so that students can acquire first hand experience working with this complex population. The aforementioned educational initiative with the collaboration between nursing and DH takes place in the LTC environment.⁵⁹ One nursing school has developed a program of academic and service partnerships in which faculty and students conduct clinical practice in four LTC homes—two large urban residences and two small rural residences.⁶⁸ The objectives of this program are to increase communication, share resources, allow interactive learning, and use nursing expertise to develop the competence of nursing students, resulting in new nursing graduates considering a career in LTC.⁶⁷ Although it is too early to determine if the student objectives have been met, the preliminary report on this program revealed positive outcomes for the other objectives.⁶⁸ Other educational programs are targeted directly for students by providing them with LTC experience so they can learn to apply their knowledge in a practical setting as well as acquire a better understanding of the challenges and rewards of working with the frail older adult population. For example, there have been reports from nursing,^{72,73} medicine,^{74,75} and

speech-language pathology^{72,76} programs in the USA, from nursing schools in New Zealand⁷⁷ and Australia,⁷⁸ and from dentistry schools in Canada,^{79,80} all demonstrating that educational curricula are beginning to address the need to prepare future health professionals for the growing older adult population, particularly in LTC. In addition to providing students with practical knowledge of geriatric health care, these programs also aim to socialize students into geriatric health care environments so that they may seriously consider choosing to work with that population when they graduate.

The success of these programs with regards to student socialization has been mixed. In one study, undergraduate nursing students and graduate speech-language pathology students participated in a service learning project with residents with dementia at an LTC facility.⁷² Aims of this program included encouraging students to:

1. Acknowledge that the person, rather than the disorder, comes first.
2. Consider the impact of the relationship between a person and other people in the person's life, such as family, caregivers, and community members.
3. Become well rounded professionals with experience and insight beyond their fields.
4. Participate in qualitative analysis of their own learning processes through journaling.

Students were prepared for the project by classroom instruction and self study assignments. The speech-language pathology students, or the "experimental group", received more instruction about dementia and communicating with individuals with the condition than the nursing students, or the "control group"; the experimental group also had to create a "personalized connection kit" for each resident, whereas the nursing students did not.⁷² Results of this project, based on questionnaires, indicated that students from both groups obtained benefit in terms of taking more responsibility for their own learning, enhancing their personal growth, and gaining a broader understanding of community needs and service; therefore, in these respects, the project was deemed successful.⁷² Speech-language pathology students found the experience, regarding the socialization aspects of the project, to be very beneficial to their professional development and said that they were inclined to continue to volunteer or work or do both in the LTC community.⁷² Nursing students, however, felt more classroom time spent covering dementia would have been more beneficial to their professional development than community time, and they said they were unlikely to want to continue to volunteer or work in the LTC community after the completion of the course.⁷² The speech-language pathology students had more extensive training and knowledge to prepare them to work with the LTC population and dementia patients in particular, which contributed to their more positive attitudes.⁷²

In another study of baccalaureate nursing students, senior students spent four days of their clinical rotation in an LTC setting where they completed basic assessments of residents using the MDS (minimum data set), and participated with the care planning team at the LTC facility

to learn how the MDS contributes to care planning.⁷³ The main goal of the practicum was to improve students' attitudes about older adults and to create increased interest in geriatric nursing. While attitudes may have improved, based on focus group results a week afterwards in which most students rated their experience positively, none of the students said that they planned to work in LTC immediately after graduation, prompting researchers to suggest that their program is not as effective as it could be.⁷³

A common theme that emerges in most of the studies on student experiences in LTC concerns the emotional impact upon the students. In two different studies, one with medical students⁷⁴ and the other with nursing students,⁷⁸ it was revealed that many students were somewhat overwhelmed by the range and intensity of emotions they experienced while working with the LTC residents. In both reports, it was concluded that greater support must be provided to help students not only prepare for the emotions they will feel, but to teach them how to deal with those emotions in a way that will be beneficial. However, other studies of student experiences in LTC demonstrate more positive results arising from students' emotional experiences. For example, in various studies with dental students,^{79,80} medical students,⁷⁵ and speech-language pathology students,⁷⁶ many students expressed that the emotional learning they experienced helped them grow as professionals and as individuals, increasing their understanding and appreciation for the lives and situations of the older adults in their care. The many positive experiences revealed in these various studies may encourage students, upon graduation, to work with older adults and in the LTC environment.

If the health professions are going to be adequately prepared to manage the increasing numbers of older adults, it is important to increase and improve efforts to provide oral health and general geriatric health knowledge to health care students. Perhaps most importantly, however, would be to socialize them into the LTC environment, so they will have the knowledge, experience, confidence, attitude, and desire to return upon graduation or later in their careers.

ElderSMILES: A dental hygiene program practicum

ElderSMILES (Strengthening Mouthcare In Long-term Eldercare Settings) is a practicum that was initiated in the dental hygiene program at the University of Alberta in January 2011. The primary objectives for the practicum were to socialize DH students to the long term care environment, to assess resident's oral health and to provide daily mouthcare for residents. The purpose of this paper is to report the qualitative data based on the first objective which was the socialization of DH students to the long term care setting.

Two long term care facilities were chosen and were located within reasonable proximity to the university which facilitated student access to each facility. The two facilities differed in their structural organization and in some services offered, so each had the potential of providing a range of experiences for the students.

Table 1: Focus group and interview questions.**Focus group questions**

- From your practicum in LTC, describe the learning experience that stands out most for you. (*Note to facilitator – try to have each student respond to this question.*)
- Describe any challenges you experienced.
- Describe how communication and directions transpired from the time you entered the facility to completion of the day's experience. For example, were you met upon arrival and directed to your area as planned?
- Describe any challenges you had with performing the oral assessments.
- Describe any challenges you had with mouthcare instruction with residents.
- Describe any challenges you had with mouthcare instruction with HCAs? Others? (*If others, who were they? RNs? Other caregiver?*)
- How do you feel you were able to communicate with residents? HCAs? Others? (*If others, who were they?*)
- Did you feel part of an interdisciplinary team? If so, how? If not, why not? (*Provide an example.*)
- How would you describe the receptiveness of the facility staff to the ElderSMILES program, and having dental hygiene students on site?
- Please share any suggestions for the future of this practicum

Interview questions

- Overall, what stood out for you when you reflect on the practicum experience?
- Describe any overall challenges you experienced.
- Describe how communication and directions transpired from the time you entered the facility to completion of the day's experience. For example, were you met upon arrival and directed to your area as planned?
- How were residents identified for you and the students to see each week?
- Describe any challenges you or students had with performing the oral assessments.
- Describe any challenges you or students had with mouthcare instruction with residents.
- Describe any challenges you or students had with mouthcare instruction with HCAs? Others? (*If others, who were they? RNs? Other caregiver?*)
- How do you feel you or students were able to communicate with residents? HCAs? Others? (*If others, who were they?*)
- Did you feel part of an interdisciplinary team? If so, how? If not, why not? (*Provide an example.*)
- How would you describe the receptiveness of the facility staff to the ElderSMILES program, and having dental hygiene students on site?
- Please comment on how the assessment tools worked for you and the students? Easy to follow? Difficult to follow? Suggestions?
- Please share any suggestions for the future of this practicum.

Senior level DH diploma students were at each site one day per week over a 13-week period. A registered dental hygienist (RDH) who was also a clinical instructor in the DH program guided the students at each site. Students worked in pairs to complete an intra oral assessment for residents using a modified Oral Health Assessment Tool (OHAT)⁸¹ and, when appropriate, provided daily mouthcare and oral hygiene instructions to the resident. The chosen modification of the OHAT was selected because the Edmonton Zone of Alberta Health Services modified the OHAT developed by Chalmers⁸² and subsequently, has recommended incorporating it into the resident's assessment for long term care facilities. Students also assessed and recorded the amount of plaque and hard debris on the teeth using a disposable dental mouth mirror and a visual inspection. When possible, students also provided demonstrations for health care aides on how to effectively complete daily mouthcare for a resident.

There were 48 participating DH students, all of whom were in the final year of a 3-year diploma program. None of the students had any prior experience with long term care (LTC) facilities other than a few students with personal experience with family members. Each student was scheduled for the ElderSMILES practicum for two days and a few students were scheduled for three days. Prior to the start of the practicum, students and the RDH clinical instructors attended a workshop that included a presentation from one of the facilities and a detailed orientation to the processes to be followed during the LTC practicum experience. Students and the registered dental hygienist (RDH) clinical instructors were provided with a resource manual.

Onsite at each facility, the RDH instructor would begin each day with a briefing session and, after seeing each resident, the group would debrief and determine next steps. Oral assessment details and recommendations were recorded in the resident's care plan and when possible, discussed with the registered nurse who develops and monitors the resident's care plan.

METHODS

Following the 13-week period, two focus groups were conducted with DH students. Each focus group included three students who had volunteered to participate. Focus groups were chosen for gathering data from the students because this research method provides the opportunity to capture interaction with the group that can better reflect the collectivity of student experiences in the practicum.⁸³ Focus groups also allow for the expansion of ideas by stimulating the thinking of the individuals as they reflect on and respond to what other members of the group say, providing potentially rich and detailed perspectives from participants.⁸⁴ In addition, individual interviews were conducted with the two RDH instructors. The questions for both focus groups and individual interviews were developed by the authors, and approval for the evaluation of the practicum was granted by the Health Research Ethics Board at the University of Alberta as well as the Covenant Health Research Centre. Focus group and interview questions are outlined in Table 1.

The focus groups with students were conducted by the second author, who was not involved in the onsite practicum experience. She was assisted by a master's level graduate student who was not involved in the practicum but is a registered dental hygienist. The assistant recorded notes. The interviews with the RDH clinical instructors were conducted by the first author. Both the focus groups and the interviews were audio taped and transcribed verbatim. The full transcriptions were first reviewed by the second author who read each transcript and identified thematic categorization. The first author reviewed them independently and the two authors later met to compare themes. Any discrepancies that occurred in the categorization of data into a particular theme were discussed by the authors until consensus was reached.

RESULTS

Qualitative analysis of the transcripts revealed six main themes from the focus groups conducted with the students:

1. Communication challenges between students and LTC staff
2. Communication challenges between students and LTC residents
3. Uncertainty about follow up for oral health recommendations
4. Barriers to provision of daily mouthcare
5. Uneasiness of students in LTC environment
6. Appreciation for the practicum experience

1. Communication challenges between students and LTC staff

The predominant concern was that the health care aides (HCAs) were not present when the student was visiting the resident in LTC. This made it impossible for the student to demonstrate or to explain the importance of proper mouthcare to the HCAs, which was to have been part of the practicum experience. If the HCAs had been present, students believed that it would have improved their ability to work with the residents. Students also found that the HCAs were so busy with their many duties that it was not feasible to interact with them: *"We could not really communicate with them, just due to time factor."* Students also experienced communication challenges with the RNs: *"You kind of feel uncomfortable because you feel the nurses are kind of saying, 'What are you doing here? You are wasting our time'."*

2. Communication challenges between students and LTC residents

Communication challenges between the students and the residents were due to many factors, including residents not knowing or understanding what the student was doing, students' minimal understanding of the residents' cognitive and physical capacities, and the physical challenges of working with frail seniors. *"Some residents were great. Others, not so much."* Learning how to approach the residents in their rooms was a new and challenging experience for the students. In one student experience, she noted, *"She [the resident] thought we were there to do something to her and she didn't know us and she seemed afraid and that's*

why she was defensive. I guess what I am trying to say is if you can find a way to communicate with them, they may be willing to cooperate but if they do not understand what we are there for, they are not going to be receptive." Obtaining a meaningful level of rapport with residents in order to perform oral assessments and to provide some daily mouthcare for the residents in their rooms was challenging, but students appreciated the complexity of the rapport building process after their interactions with residents.

3. Uncertainty about follow up for oral health recommendations

Students expressed uncertainty and frustration about follow ups to their recommendations for oral care for residents: *"I feel after we leave, what happens next? All the referrals we recorded... does that ever get looked at by anybody?"* Students had the impression that what they were doing would not have any lasting impact: *"It almost seemed defeating. You know, you are writing these notes down and you know that no one is going to see that. That's what I felt."* It seemed to most of the students that, as soon as they were gone, mouthcare would again be minimally performed and their recommendations for oral care would be ignored.

4. Barriers to provision of daily mouthcare

Some of the barriers to provision of daily mouthcare that were encountered by the students included residents not being in their rooms when the students arrived: *"[We had problems] fitting into their busy schedules. They [residents] were not where they were supposed to be or they had something else planned."* They also faced uncooperative residents who created physical challenges for the students, by making it difficult to perform mouthcare: *"Basically, it took four people to brush her [the resident's] teeth and it was 20 minutes to get the whole mouth done."* Other physical challenges included the fact that many residents are in wheelchairs, which made it difficult for the students: *"You're bending down, it is dark in their room and the flashlight is bothering them. And I had one lady who would keep pushing herself in the wheelchair, moving around a lot."* Many students suggested that some of the greatest barriers to provision of daily mouthcare were due to the situations and inherent limitations at the LTC facilities. The fact that students were unable to interact with the HCAs during the practicum led to the comment: *"I think the biggest challenge was the people that actually would be providing the daily mouthcare were not the ones we were teaching it to."* As well, it was noted that: *"They [the staff] are really busy. Like they are overworked for sure. So to throw another task on top of everything else, well, it just seems almost impossible for them to do it."*

5. Uneasiness of students in LTC environment

Students experienced considerable emotional challenges working in the LTC environment. Many of them had never had experiences with older adults and had never been to a long term care facility: *"Some people [students]; including me, the initial reaction was a little overwhelming just because it is the first time we are dealing with this population. Like, I love old people but being in the facility where they are sick, they are in a wheelchair and slouched down... it was just*

overwhelming. So sad. And I was initially like, 'oh my gosh! I don't know how to deal with this.'" Many students expressed that they felt overwhelmed and did not know how to adequately deal with the people and situations that they faced: "It was really challenging emotionally. We went in one resident's room and she had ... her shirt bunched up and in her mouth and she was chewing on her shirt. My instructor helped remove it but she [the resident] just looked like she was in a lot of pain and maybe that was why she was chewing on her shirt." In another situation, it was noted that: "We [DH students] were approached by one older man and he was saying, 'Can you guys get me out of here?'" and we were like, uhm, now what?"

6. Appreciation for the practicum experience

Even with many challenges and frustrations experienced by the students, they still expressed appreciation for how much they learned during the practicum, with the onsite experience enriching their classroom, theory based learning. As one student noted, "I think it was a great idea and I'm so glad [the practicum] was started. Just the exposure for us as some students would have no idea about the cognitive changes and the combative ways. We would not ever have seen that and no matter what, it's just a great experience and it is good to have it." It also helped students become more aware of the need to improve the standards of oral care provided to LTC residents, for as another student said, "I learned a lot. We hear in our class that this population has poor oral health and are under served but to actually see how bad it is, that gets your mind going. What is being done? What can be done?" Students therefore recognized the value for having the practicum, and supported further developing and continuing the practicum: "Hopefully, [the practicum] can grow and improve in some areas" and, "...maybe this first year was somewhat unorganized and we lacked some communication, but now it gives us hope that improvement will be made."

From the interviews that we conducted with the registered dental hygienists who were clinical instructors, qualitative analysis of the transcripts identified the following two themes: challenges in the facility context, and challenges and enhancements for student learning.

1. Challenges in the facility context

The RDH instructors identified numerous challenges that arose from the situations they encountered at the LTC facilities, frequently echoing sentiments expressed by the students. They noted that it was difficult to work within the daily routine and activities of the residents. The scheduled time of the practicum being from 9 a.m. to 3 p.m., did not coincide with when morning mouthcare was provided, leading to the suggestion that a start time of 7 a.m. would be better, to be onsite when the mouthcare was provided by HCAs. Differences were found in staff attitudes towards the DH group at the two facilities, for it was noted that staff in facility #1 were accommodating and generally helpful, although the DH group did not feel as though they were a part of the health care team. Staff in facility #2 were not welcoming to the DH group, and it was noted that: "I think if we didn't show up, I do not think

anyone would miss us." It was also expressed that: "There needs to be a better system to incorporate us into the daily flow." RDH instructors also commented that HCAs were extremely busy, and so there was minimal interaction with them, preventing the HCAs from being involved in mouthcare instruction by the students. And finally, the RDHs expressed uncertainty regarding follow up on the recommendations for oral care for residents: "We made comments in the chart but I am not sure what happened after that."

2. Challenges and enhancements for student learning

The RDHs were able to provide important feedback as instructors as to their perceptions on the student experience. One practical concern that was noted was that facility #1 was very crowded, with no place to have a pre and post case discussion in private, which hampered learning opportunities. RDHs were aware that the students were often overwhelmed with emotion from their interaction and observation of residents: "I would ask if this was their first time in a nursing home and I was surprised at how many said yes." As a result, students needed a lot of coaching and encouragement. Recognizing that there was much variability in comfort level of students and their ability to communicate with residents, one RDH noted that: "I tried to partner a weaker communicator with a stronger one."

RDHs also felt that students should have had more didactic preparation prior to having the practicum experience, although some did extremely well. The instructors noted that students recognized the challenges of doing oral assessments in the resident's room, such as the lack of light and difficulty using a head lamp or a flash light. They also acknowledged some of the physical challenges facing students when they tried to complete oral assessments with some residents, noting: "There were a few residents [for whom] we used six handed Tai Chi in order to provide effective care." Tai Chi is a form of Chinese martial art emphasizing gentle force and a sensitive response to the movements of others with whom one is in contact. It was also noted by the RDHs that it was challenging for students to decipher the complex resident chart, but that it was good experience for students to review the charts and thus to learn about the complexity of the residents and about the different assessments.

DISCUSSION

Many lessons were learned from insights we obtained from the DH students and the RDH instructors in our study of the ElderSMILES practicum. It highlighted many of the challenges of working in the LTC environment with its complex population. One of the main issues that arose concerns the emotional challenges students face working with LTC residents for the first time. Similar challenges have been reported in other studies of student practicums in LTC, which often highlight inadequate preparation causing students to feel emotionally overwhelmed, and thus, to be potentially discouraged from returning to LTC upon graduation. For example, as reported in one study, after second year Bachelor of Nursing students completed a 3-week clinical placement in LTC facilities working

specifically with dementia patients, results indicated that students were, on the whole, completely unprepared for dealing with residents with dementia, having little or no knowledge and experience from which to draw.⁷⁸ Students mainly reported experiencing fear, confusion, shock, and sadness.⁷⁸ It was also revealed that the students did not receive adequate support from nurse mentors, the latter of whom underestimated how apprehensive and naïve the students were.⁷⁸ It was concluded that, unless nursing students receive a far more comprehensive education about dementia, it is likely that their unpleasant experiences in LTC during clinical placements will undermine their interest in working in such settings upon graduation.⁷⁸

Increased preparedness before a practicum appears to be a key element in the effective socialization of students into an LTC environment. In two studies of dental students who participated in LTC practicums, it was found that there was a significant gap between what they learned in the classroom and what they found to be the case in practice, particularly concerning the complexity of the LTC environment and residents.^{79,80} Similar to the results of our study, students suggested their knowledge and training was not sufficient to adequately prepare them for the practical challenges of working with the LTC population.^{79,80} However, despite this knowledge gap, the students did report overall positive experiences and an increased sense of professional responsibility towards the older adult population,^{79,80} and this is also what we found to be the case in our study.

Most of the previous studies done on student practicums in LTC, while highlighting similar challenges to those we encountered, did not involve DH students, but only students in other health disciplines.^{59,68,72–80} However, the oral health care provided to LTC residents has been shown to be severely inadequate^{5–23} making it imperative that DH curricula address this issue and develop practicums like ours, to increase the future likelihood of having a regular DH presence in LTC. One study which involved a collaboration of nursing and dental hygiene—consisting of clinicians and students from both disciplines—was able to address one of the main challenges that we encountered in our practicum, namely the difficulty DH students had working with the LTC residents.⁸⁵ In this collaborative study, nursing members of the team were able to use their specific training to interact with the residents in such a way that minimized disruptive or resistive behaviours, enabling the DH members of the team to use their specific training to conduct oral health assessments, scoring oral hygiene and DMFT (decayed, missing, and filled teeth).⁸⁵ Perhaps if the students in our practicum had been able to interact more effectively with the LTC staff, it may have had a similar result, reducing some of the physical and emotional challenges faced by our students when they were working with the LTC residents.

In addition to identifying challenges, numerous recommendations were made by the students and RDH instructors who took part in our study, which will enable us to modify the practicum in ways that will address some of the problems encountered in its first year of implementation. The recommendations include:

- Increasing classroom theory content prior to the practicum to better prepare students to manage and work with complex residents who have cognitive and physical impairments.
- Developing clear protocols for various scenarios that students may face.
- Increasing awareness with staff at the facilities as to what students are doing, in order to lead to more student–staff communication and interaction.
- Trying to ensure that LTC staff is present when the students are onsite.
- Providing oral care in service training sessions for LTC staff.
- Developing and establishing protocols for follow up in regards to referrals and recommendations made for residents.
- Starting the practicum earlier in the academic year to provide the students with more experience.
- Scheduling of the daily practicum hours to coincide better with the daily schedules of the residents.

Since the implementation and evaluation of the ElderSMILES practicum, many of these changes have been made and the practicum continues to be developed and offered. More theory has been added to the didactic course that accompanies this practicum, and case scenarios are being developed to facilitate small group discussions in class. Some detailed protocols have been developed to guide clinical instructors and students when onsite at the practicum and more mock scenarios are being created that will be used for learning activities in class time.

The practicum is in its third term onsite; it has been noted by the clinical instructors that dental hygiene has established a known presence at the facilities and that it took more than the initial 13 week term for this relationship to be developed. Additionally, at one facility early in 2013, students were able to provide numerous in service education sessions for the staff and the sessions were very well attended. The clinical instructors have also been able to discuss follow up referrals and recommendations with the registered nurse on the units who are responsible for ensuring any recommendations made in a resident's care plan are attended to. As we complete our third term onsite in the same LTC facilities, relationships are developing with facility staff and we have an increased presence and involvement in the oral care for residents.

The scheduling of the practicum has remained the same both in terms of when it is held during the academic year (winter term) and in terms of hours of the day, 0900–1530 hours. Consideration has been given to increasing the length of time students spend onsite for the LTC practicum. However, other commitments in the DH program would have to shift to accommodate the change and these are being considered. The students were onsite from 0900 to 1530 hours, and these hours were set to accommodate the facility schedules around mealtimes and other activities. For the most part, the hours were appropriate for the practicum except for the fact that health care aides perform any daily mouthcare for residents when they are getting the residents up in the morning and ready for the day. Therefore, this created a challenge for the students

to interact with the HCAs to offer any guidance for their daily mouthcare techniques or to demonstrate any oral health issues for them to be aware of and possibly report. The staff in service sessions were increased this year at one facility in an attempt to provide further education for staff on oral health issues and daily mouthcare techniques.

We believe that the changes we have made to the practicum, arising from what we learned from the results of this study, will diminish some of the challenges that students face. We intend to conduct additional qualitative studies in order to assess whether or not these changes lead to a more positive experience for the students that may ultimately contribute to their socialization into the LTC environment.

CONCLUSION

Student feedback from our study suggests that the ElderSMILES practicum was a huge awareness building experience for them. Comments concerning their appreciation of the practicum confirm our premise that it will serve the dental hygiene profession well if students are exposed to the long term care environment prior to graduating. As has been found in similar studies of LTC practicums in other health professional programs,^{58,67,71-79} we were able to provide students with essential practical knowledge and experience working with older adults as well as build within them a desire and perhaps even a sense of obligation to work in LTC upon graduation.

This study clarified elements of our practicum that required further assessment and development in order to address the challenges encountered by the students. We are optimistic that future implementations of this practicum, incorporating lessons learned from this study, will produce a more positive educational experience for students, emphasizing the rewards of working with this population. Follow up studies of graduates who have completed this and other LTC practicums will be essential to determine how many choose careers working with the growing older adult population, and thus if socialization efforts within educational programs have been successful.

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