

A Dentistry program's integrated clinic from the patients' perspective: a qualitative study

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Abstract The aim of this study was to understand patients' perceptions of the clinical care they received at a university dental clinic. The study employed a clinical-qualitative approach. The sample consisted of six participants and was intentionally and sequentially constructed from patients assigned to students in the ninth semester of the undergraduate Dentistry program at the Piracicaba Dental School (FOP-UNICAMP), who agreed to participate in the study. Sample closure occurred through theoretical saturation. The technique used was semi-structured interview with open-ended, in-depth questions. The material was audio-recorded, fully transcribed, and analyzed using Clinical-Qualitative Content Analysis. The following categories emerged as results: "I even found myself asking to come back again"; "If there were more faculty members there, it would be better"; "It's like being part of a family." We conclude that patients feel connected and welcomed, and they empathize with the students to the point of sharing some of their anxieties related to routine clinical practice. They are, therefore, key contributors to the improvement of care quality.

Descriptors: Education, Dental. Assistência Odontológica. Dentist-Patient Relations. Perception.

La clínica integrada de un curso de Odontología desde la visión de los pacientes atendidos: un estudio cualitativo

Resumen El objetivo de este estudio fue comprender la percepción de los pacientes sobre la atención clínica recibida en una clínica-escuela de Odontología. El método del estudio fue clínico-cualitativo. La muestra estuvo compuesta por 6 participantes y se construyó de manera intencional y secuencial, conformada por pacientes vinculados a los estudiantes del noveno semestre de la carrera de Odontología de la Facultad de Odontología de Piracicaba (FOP-UNICAMP), quienes aceptaron participar en la investigación. El cierre de la muestra se dio por saturación. Se aplicó la técnica de entrevista semidirigida con preguntas abiertas y en profundidad. El material fue grabado en audio, transcrito en su totalidad y analizado mediante el Análisis Clínico-Cualitativo de Contenido. Como resultados surgieron las categorías: "Hasta pedía volver otra vez"; "Si hubiera más profesores allí, sería mejor"; "Es como si fuera una familia". Se concluye que los pacientes se sienten vinculados y acogidos, y muestran empatía con los estudiantes, al punto de compartir, en cierta medida, las angustias de estos frente a la rutina clínica. Son, por lo tanto, orientadores de la cualificación de la atención.

Descriptores: Educación en Odontología. Assistência Odontológica. Relaciones Dentista-Paciente. Percepción.

A clínica integrada de um curso de Odontologia na visão dos pacientes atendidos: um estudo qualitativo

Resumo O objetivo deste estudo foi compreender a percepção de pacientes sobre o atendimento clínico recebido em uma clínica-escola de Odontologia. O método do estudo foi clínico-qualitativo. A amostra contou com 6 participantes e foi construída intencional e sequencialmente por pacientes vinculados aos alunos do 9º período de graduação em Odontologia da Faculdade de Odontologia de Piracicaba (FOP-UNICAMP), que se dispuseram a participar da pesquisa. O fechamento da amostra foi por saturação. Foi aplicada a técnica da entrevista semidirigida de questões abertas e em profundidade. O material foi audiogravado, transcrito na íntegra e tratado pela Análise Clínico-Qualitativa de Conteúdo. Como resultados surgiram as categorias: "Eu ficava até pedindo pra voltar de novo"; "Se tivesse mais professores lá seria melhor"; "É como se fosse uma família". Conclui-se que os pacientes se sentem vinculados e acolhidos e têm empatia com o aluno a ponto de sentirem, eles mesmos, algumas angústias do discente sobre a rotina clínica. São, portanto, norteadores da qualificação do atendimento.

Descritores: Educação em Odontologia. Assistência Odontológica. Relações Dentista-Paciente. Percepção.

INTRODUCTION

The number of Dentistry programs in Brazil has grown significantly over the past 20 years. Currently, the e-MEC platform records 697 active courses¹.

Within the curricula of Dentistry programs, whether public or private, the integrated clinic aims to promote the integration of all areas of knowledge and skills acquired. Another important mission of the integrated clinic is to strengthen the principles of welcoming patients and providing humanized care², as several professors from different fields approach these actions in diverse ways, allowing students to develop mature practices that integrate human relations and technical skills.

Despite the challenges in achieving a truly integrated curriculum³, the pursuit of this goal must remain constant, since the National Curriculum Guidelines (*Diretrizes Curriculares Nacionais*, DCN)⁴ for Dentistry courses in Brazil establish that graduates should have a generalist profile and their training should include comprehensive health care⁴. The humanistic and ethical profile of graduates is, above all, the most important attribute of professionals in clinical practice. Developing interpersonal relationships is essential for an effective understanding between patients and professionals⁵.

Professionals must view individuals beyond their clinical symptoms, recognizing them as unique beings. From the patient's standpoint, the human aspect of professionals is as important as their technical competence. Being treated according to one's individuality - being listened to and addressed by name, for instance - leads to feelings of respect and understanding⁶. Therefore, patient satisfaction is closely linked to the humanistic dimension of care.

Studies conducted in undergraduate dental clinics generally consider the perceptions of faculty members and students, while often overlooking those of the patient, who is the focus of care⁷. Moreover, patients are those who can contribute the most to students' learning through their opinions regarding the care received⁸.

Given the complexity of the relationship between health professionals and patients in dental clinical education, with the patient being at the center of care, it is important to understand patients' perceptions within this process^{9,10}, particularly in integrated clinics, where patients receive comprehensive care. Such an understanding may better reveal the particularities of this setting, considering both the potential of and the challenges inherent to interdisciplinarity.

Understanding patients' perceptions enables the identification of service limitations and provides theoretical and practical support for health teams to better manage the patient-student relationship, thereby contributing to improvement of the institutional care provided.

Getting to know and listening to patients allows educational policymakers, administrators, and professors - those responsible for curriculum design - to gain insights on issues related to learning challenges, student-patient relationships, patient satisfaction with the care provided by student dentists, and the faculty-student ratio, among other aspects, since patients' perceptions guide the improvement of care quality.

METHOD

This study was approved by the institutional Research Ethics Committee (Certificate of Submission for Ethical Appraisal: 38977520.0.0000.5418) and was funded by the São Paulo Research Foundation (FAPESP), filing number 2020/14102-3.

It is a qualitative study, conducted according to the clinical-qualitative approach¹¹. The cornerstone of this approach is a clinical, psychoanalytic, and existentialist attitude. The theoretical framework used to interpret the data was that of health psychology, which is grounded in psychodynamic concepts unconscious psychological mechanisms used to cope with experiences related to the illness-wellness process¹¹.

The study setting was the integrated dental clinic of a public university in the state of São Paulo, Brazil, which serves an average of 1,800 patients per month from the city and surrounding region. Approximately 300 students carry out regular clinical activities as part of the course each week.

As comprehensiveness is the guiding perspective of this clinic, specialist faculty members strive to go beyond their areas of expertise, working at the intersection of different fields of knowledge, with the patient regarded as a whole and as the center of care.

The study population comprised patients treated at the aforementioned clinic. Adult patients (aged over 18 years) treated by students in the ninth semester of the undergraduate Dentistry course were eligible for inclusion. These criteria were chosen based on the assumption that, at this stage of training, students possess fully consolidated relational and clinical skills, allowing patients to experience all elements relevant to the present study. Moreover, patients treated at this clinic are assigned to specific students and are only discharged once all their oral health needs have been met, which allows sufficient time for patients to form a perception of the care received. Sample closure was defined using the theoretical saturation technique, understood as the point at which the researcher recognizes that no new data are emerging during the interviews and that the information begins to display repetition patterns¹¹⁻¹³. As this is a qualitative study, quantitative representativeness required when aiming for generalization of findings was not applicable^{14,18}.

Due to the social distancing measures imposed in response to the COVID-19 pandemic, the interviews, conducted by the first author, were held remotely and recorded via the Google Meet platform between May and September 2021. The interviewer, who had also previously worked at the clinic as a student (although in a different academic year and with other patients), made prior contact with participants to ensure that they were familiar with the platform, provided instructions on how to download and use it, and confirmed that they would have internet access at the time of the interview.

Participants received the Informed Consent Form (ICF) in advance via an instant messaging application and gave their consent verbally at the beginning of the recorded interview. The technique employed was the semi-structured interview, featuring open-ended, in-depth questions, supplemented by the researcher's field diary, in which contextual impressions were recorded to support data interpretation¹¹.

The guiding question was: *"Please tell me about the clinical care you received at the dental clinic. What do you think about it?"* Topics addressed related to various dimensions of care: welcoming the patient, the patient's bond with the student dentist, organization of the clinical environment, and reception and scheduling processes, as well as psychodynamic aspects of the patient's experience during treatment.

The corpus that is, the complete set of transcribed interviews and complementary field notes was subjected to the Clinical-Qualitative Content Analysis (CQCA) technique, which, grounded in phenomenology, seeks to understand the symbolic dimensions within relationships in the clinical setting^{11,13}. The operational analysis process followed the Seven Steps strategy¹⁵, whereby all audio-recorded material was fully transcribed; "floating readings" were conducted to identify analytical units; and meaning codes were then extracted, from which categories were consolidated. These categories were subsequently examined in light of the existing literature, forming thematic topics that were discussed and validated by peers during meetings of the Qualitative Research and Study Group (GEPEQ), also held via the Google Meet platform.

RESULTS AND DISCUSSION

The study sample consisted of six patients treated at the Piracicaba Undergraduate Dental Clinic (three women and three men), whose characteristics are described in Table 1. The ninth-semester undergraduate class included 80 students, and the integrated clinic had two faculty members per clinical specialty who worked collaboratively to provide patients with comprehensive dental treatment according to their individual needs.

Table 1. Sociodemographic characteristics of the interviewees.

Patient	Age	Sex	Municipality of residence
E1	61	Male	Santa Bárbara D'Oeste, SP
E2	56	Female	Piracicaba, SP
E3	60	Female	Piracicaba, SP
E4	49	Female	Piracicaba, SP
E5	48	Male	Águas de São Pedro, SP
E6	48	Male	Piracicaba, SP

Overall, the reports revealed patient satisfaction with the care received. Patients felt respected by the students, who appeared to understand their anxieties and needs.

Three categories were identified from the content of the interviews: (A) *"I even found myself asking to come back again"*; (B) *"If there were more faculty members, it would be better"*; and (C) *"It's like being part of a family"*.

In the first category, *"I even found myself asking to come back again"*, the care provided was analyzed in terms of attentiveness, patience, respect, and dedication, which ultimately fostered trust.

The transference relationship between patient and student was strong in this category. Patient statements indicate that students genuinely engaged with the patients' suffering, always seeking to alleviate it, whether by preparing the patient or proceeding more cautiously during more painful procedures. Moreover, cordiality, respect in everyday interactions, and honesty were consistently present in the care received, which, in the perception of these patients, provided comfort and strengthened their bond with the students.

E2: *(I hope) the treatments can resume as soon as possible, because I am taking care of myself.*

E2: *We can't do anything (regarding the suspension of clinical activities due to COVID), so I have to wait, but my wish is for it to start there soon, and then we can eat again like pork crackling, I really want some.*

E4: *The "student-dentist" removed my fear, talked to me... explained things, was patient with me, asked me to relax, kept talking and talking to me until now I'm not afraid of anything anymore. I even wanted to go on Wednesdays and Thursdays just to come back again to see the results, and I don't regret it, if I had to do everything again, I would.*

E3: *Regarding the care itself, waiting to be seen they schedule an appointment, and we go the day before to wait at least 15–20 minutes, but they always respect the schedule. If they can't see us because sometimes someone else's root canal treatment is ahead of ours, they come out to talk to us and say: "It will take a little longer because I'm finishing up a root canal, can you wait?" [...] or "We won't be able to see you today, can you reschedule?" All I can do is be very grateful, from the bottom of my heart, because truly all of them were excellent people. I had, honestly, a wonderful experience with them.*

A majority of patients feel secure when treated by students. From the patients' perspective, these students meet the requirements of an ideal dentist, as they appear to possess not only technical skill but also a caring and humanized approach to patient care. The individualized attention received from students being called by their name and listened to attentively is an expectation of patients⁶. When this occurs, it results, according to the authors, in a sense that one's needs are being acknowledged.

The human component of care thus acts as a motivator for patients to return. This is evident in the statements, particularly when E4 mentions that the student "removed her fear" and talked to her. Despite patient satisfaction with the technical aspects of the treatment they can perceive, attendance at follow-up appointments is not necessarily encouraged solely by technical quality, as this is only fully realized at the end of the procedure.

The second category, *"If there were more faculty members, it would be better"*, also revealed that certain challenges faced by the institution do not go unnoticed by patients, as they are reflected in the care received. The insufficient number of faculty members in the clinic is apparent to patients, even if students do not discuss it with them. This represents a structural problem in the integrated clinic, and it impacts care, as evaluation and validation of procedures are excessively slow.

E1: *"[...] so this is something I would like to highlight: if there were more faculty members providing better support to the students, guiding them there, things would run more smoothly."*

An insufficient number of faculty members in an undergraduate dental clinic hinders full support for students, creating a barrier to learning. Treatments take longer, patients become frustrated, students waste valuable time and subsequently need to rush other procedures to meet predetermined targets, and access to a professor's expertise is limited. In addition to impeding the support students require, this situation is counterproductive, as students are hindered when they attempt to have their questions answered during clinical procedures. The shortage of faculty members has been reported in the

literature as a challenge to clinic organization for over a decade; for example, students identified this insufficiency as a challenge to clinic workflow, which, in turn, affects the teaching–learning process¹⁸.

The statements of some participants of the present study make this evident:

E2: “[...] I knew that he had to assist another student who was treating another [...] patient, so the other student also needed attention. Sometimes, a faculty member is responsible for eight, ten students or even more, I don't know, so by the time he was finished with me, treated what he had to, and attended to everyone else before it was my turn, it was almost time to leave.”

E5: “[...] we were there, spending time in the chair, the student was waiting for the professor, who was often late. Many times, when the professor arrived, they were a bit flustered, nervous, which I think could be improved. But there could be more professors, right? Giving more attention to the students so that, when they graduate, they are better prepared. As for the patient, it also improves our experience, because we had to stay a long time in the chair, waiting for a professor to come around. It was so tiring I even had cramps in my leg (laughs). It was uncomfortable; some days it was quite difficult. I would seek out the student, and the professor was slow to get to us, and when they got to us, so I experienced some difficulty - not because of the student, but due to the absence of a faculty member. Some professors were excellent, but others were lacking, very busy, you know.”

The shortage of teaching staff, therefore, is clearly noticed by patients, who observe the clinic's workflow closely and are directly impacted, as the current situation increases waiting time for students to have procedures approved, consequently delaying treatment completion. Moreover, it became apparent that this discomfort is not limited to students but also affects patients, who spend long periods in the chair waiting for a faculty member to assess whether the student can continue or conclude the procedure. This is uncomfortable for the patient and inefficient for both patient and student.

An integrated clinic should follow the model of comprehensive care, in which the patient - not the disease is the focus. This requires organization and availability of a larger number of professionals as the focus of care is broadened. Therefore, it is essential to have a sufficient number of faculty members to support students and provide patients with all necessary care, including procedures which lie at the intersection of knowledge areas rather than under the purview of individual specialties. Historically, dental practice has been established as a private setting, with fragmented content and disciplines and teaching centered on the expert professor, reflecting a biomedical, dentist-centered paradigm^{16–18}.

Thus, integrating the educational process within health services is one of the greatest challenges faced by training and service-providing institutions, as this integration requires a critical, reflective, collaborative, and constructive perspective, aiming for care focused on health comprehensiveness and, consequently, in alignment with Unified Health System (SUS) guidelines^{16,18}.

Finally, the third category, “*It's like being part of a family*”, suggests that patients perceive a sense of unity among students a kind of mutual and caring support, evoking the idea of family. Statements indicate that patients clearly noticed a team relationship among members of the integrated clinic, each having their role, but with effective handovers of care, enabling more individualized, humanized, and higher-quality treatment, providing security to the patient and placing them at the center of care.

E4: “Ah, the atmosphere was good, very upbeat. I never saw anyone shouting in there, neither patients nor students. Everyone would leave laughing, it felt like a family. Nothing ever happened, you'd sit in the chair next to the treatment bay and they would communicate with each other: ‘Is this okay?’ ‘No, not like that.’ I thought it was so nice, it was a very united team. I had a very good team, really good, from the professor to the students.”

E3: “But being around Tadeu and Maria* and the professors, we felt like one was connecting with the other.” (*fictional names)

To consider humanization as a pillar of clinical training for these students, it is important to first reflect on the transferential nature of relationships in the clinical setting, as evidenced in the patients' statements:

E1: “I regarded him as a brother, you know? Because we treated each other so well every day, got to know each other so well. He even complimented me [...] this also helped during treatment because it

made me calmer, even if I needed anesthesia. Some people get nervous, but he had a good way of managing it: stay calm, it doesn't hurt, it will be over quickly. It really comforted me and we developed a good friendship because of that."

Transference, as an event occurring in relationships between two or more people, is always characterized by intensity and irrationality and therefore cannot be explained solely by the current situation. It is related to previous experiences, often linked to the individual's earliest attachments. In the context of clinical care, it may manifest as positive or negative attitudes toward the provider¹⁹.

In this study, it was evident from participants' statements that a positive transferential relationship was established, as patients attributed to the student a sense of family and belonging to the same group, suggesting identification.

E2: *"Ah, I liked him as if he were my own son."*

Overall, it can be concluded that patients at this clinic have a clear perception of both the strengths and barriers present in the integrated clinic. They feel welcomed and respected by the students treating them, while also recognizing that the clinic lacks certain elements both human resources and structural-bureaucratic components necessary to streamline treatment time.

This study has inherent limitations due to the social isolation measures imposed by the response to the COVID-19 pandemic. Clinical services at the clinic were suspended from March 2020 to September 2021, precisely during data collection for this study. Therefore, patients were contacted by telephone at their homes. Despite prior instructions on using the Google Meet application, many patients had difficulties accessing it and withdrew from the interview; others could not be reached due to a change of address; and some refused participation due to illness. Nevertheless, despite these limitations, we were able to capture important elements indicative of significant needs and inevitable areas for improvement.

CONCLUSION

Exploring patients' perceptions of the clinical care they received at a university dental clinic particularly those treated by students in their final semester of the course, who have already completed other specific clinical rotations and should therefore have mastered relational aspects with patients proved to be of fundamental importance in this study. It revealed essential elements, such as a greater number of faculty members and distinct workflow organization measures, which are necessary to reconsider the patient-centered model and enhance it in line with the requirements of the National Curriculum Guidelines (DCN). However, it must be acknowledged that this does not always occur. There are barriers to achieving this, some of which are paradigmatic, as historical practices have not always aligned with this approach. Given the recognition of the importance of these elements, it is essential to reflect on curricular and professional practice changes aiming to improve the subjective aspects of the patient–student and student–faculty relationships. This will inevitably involve a review of aspects related to the care provided at the institution's clinic.

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