

Recognizing Troubled Dental Students

Dental students arrive at Tufts University School of Dental Medicine (TUSDM) accustomed to academic success; most of them excelled in school and are not accustomed to being challenged in the classroom, let alone struggling. They are, at once, highly motivated and deeply stressed. Stressors include adaptation to an urban environment, adjustment to a competitive and high achieving cohort of classmates, coping with increasing debt, developing new study and time management strategies, learning a difficult and large amount of information, mastering technical skills, striving for perfection, managing and treating patients, experiencing self-criticism and self-doubt, and understanding limited calibration among instructors. Although most dental students manage to complete their education without incident, some of them find themselves overwhelmed by the pressures and conditions noted above, and they need more assistance than they expect or realize. The purpose of this checklist is to help faculty and staff identify students who will benefit from referral to professionals at the earliest possible time.

Instructors and staff who make a referral must understand that doing so is not judgmental; they are aiding a student who may be in very great need of help. Through referrals, staff and faculty give support to a student in difficulty. Students should realize that our staff and faculty who make a referral do so out of concern, and the referral itself will have no effect on the student's education or their personal student record.

At one time or another, everyone feels depressed or upset. However, there are three levels of student distress which, when present over a period of time, suggest that the problems are more than the "normal" ones.

Level 1

Although not disruptive to others, these behaviors may indicate that something is wrong and that help may be needed. (One or two of these conditions may have other explanations, but a series of events or a number of conditions should raise concern.):

- Serious grade problems
- Blames instructors, TAs, etc.
- Unaccountable change from good to poor performance
- Change in pattern of interaction
- Marked change in mood, motor activity, or speech
- Marked change in physical appearance, looks and dresses unprofessionally
- Patient calls of concern
- Decreasing number of patient appointments scheduled, consistently blames patients.
- Increasing number of patient appointments cancelled, consistently blames patients.

Level 2

These behaviors may indicate significant emotional distress or reluctance or an inability to acknowledge a need for personal help. (One or two of these conditions may have other explanations, but a series of events or a number of conditions should raise concern.):

- Repeated request for special consideration.
- Onset of unprofessional behavior that borders on belligerent or disruptive.
- Unusual or exaggerated emotional response.
- Erratic behavior.

- DPA notes that the student does not show up for appointments.
- Student does not show up for appointments with staff or faculty.
- Signs of possible of drug or alcohol abuse.
 - Odor.
 - Strong mouthwash or fragrance.
 - Red eyes.
 - Dilated pupils.
 - Paranoia.
 - Tremors.
 - Dramatic weight change.
 - Abnormal gait.
- Excessive tiredness.
- Talks about violence in manner that makes people feel uncomfortable.
 1. Not threatening, but a fascination with reports of or stories about violent behavior.
- Any self-destructive behavior.
- Repeated carelessness in the clinic or lab.
- Reclusiveness.
- Suicidal ideation – the student thinks about suicide, but this is not a current option. – Refer the student to Sharon Snaggs Gendron, Student Wellness Advisor, 617-636-2700, for a consultation.

Level 3

These behaviors usually show that the student is in crisis and needs emergency care (A single one of these behaviors calls for immediate action.):

- Highly disruptive behavior (hostility, aggression, etc.)
- Inability to communicate clearly (garbled, slurred speech, disjointed thoughts)
- Loss of contact with reality (seeing/hearing things that are not there, beliefs or actions at odds with reality)
- Overt suicidal thoughts (the student considers that suicide is a current option).
 1. Stay with the student.
 2. Call Tufts Police to escort the student to the hospital. (Our police are trained to provide this service.)
- Makes or posts violent threats - CALL CAMPUS POLICE IMMEDIATELY
- Homicidal threats - CALL CAMPUS POLICE IMMEDIATELY

What You Can Do To Help

Responses to Level 1/Level 2 Behaviors:

- Talk to the student in private when you both have time.
- Express your concern in non-judgmental terms.
- Listen to the student and repeat the gist of what the student is saying.
- Respect the student's culture. Some cultures do not believe/approve of seeking therapy or psychiatric care. Explain that talking to Sharon Snaggs Gendron is private and confidential and is not considered a medical visit. There are no medical records created.

- Refer the student to Sharon Snaggs Gendron, 617-636-2700, sharon.snaggs@tufts.edu, for consultation.
- Make sure the student understands what action is necessary.
 - For example, “Your behavior or poor performance is putting your investment in your education at risk. It is very important that you speak with Sharon Snaggs Gendron as soon as possible.”

Responses to Level 3 Behavior:

- Stay calm
- Call emergency referrals as listed below.

When to Make a Referral

Even though a student asks you for help with a problem and you are willing to help, there are circumstances when you should suggest other resources:

- You are not comfortable in handling the situation.
- The help necessary is not your area of expertise.
- Personality differences may interfere with your ability to help.
- You know the student personally (friend, neighbor, friend of a friend) and think you may not be objective enough to help.
- The student is reluctant to discuss the situation with you.
- You see little progress in the student.
- You feel overwhelmed or pressed for time.
- You may explain to the student, “I am in the dual role of advisor and evaluator. We need input from a third party such as Sharon Snaggs Gendron.”

How to Make a Referral

To the Student:

- Be frank with the student about the limits of your time, ability, expertise, and/or objectivity.
- Let the student know that you think she/he should get assistance from another source.
- Explain the referral itself will have no effect on the student’s education or their personal student record.
- Stress seeking help is not a sign of weakness.
- Assure them that many seek help over the course of their Dental career.
- Refer the student to Sharon Snaggs Gendron for assistance.
- Try to help the student know what to expect if she/he follows through on the referral.
- Follow up with the student to see if they follow your recommendation.

Consider these questions before making the referral:

- What are the appropriate and available resources for the student?
 - Sharon Snaggs Gendron, 617-636-2700, Sharon.Snaggs@tufts.edu.
 - Dr. Van Pruitt, Consulting Psychiatrist, 617-357-5542
 - Tufts Police
 - Emergency – 617-636-6911.
 - Non-emergency – 617-636-6610.

- With whom would the student feel most comfortable?
- Who will make the initial contact---you or the student?
 - Ask, "Shall I call Sharon for you?"
 - If the student would like to call, ask them to do so in your presence.

Consultation is Available

If you have concerns about a student, contact Sharon Snaggs Gendron, 617-636-2700 or Sharon.Snaggs@tufts.edu. **Do not include the name of the student in an email.**

Some of the ways we might help include:

1. Assessing the seriousness of the situation.
2. Suggesting potential resources.
3. Finding the best way to make a referral.
4. Clarifying your own feelings about the student and the situation.

Maintain a Paper Trail

- File a Clinic Incident Report when appropriate.
 - First offense – show student and keep in a locked file drawer.
 - Second offense – turn first and second reports in to Dean of Clinical Affairs.
- Concerns of performance send an email to:
 - **Dr. Michael Thompson, Chair of the Student Promotions Committee, Michael.Thompson@tufts.edu.**
 - **Dr Robert Kasberg, Associate Dean for Student Affairs. Robert.Kasberg@tufts.edu.**
 - Note the exact concern, include information such as number of points attained in clinic if appropriate, attendance in lab, class or clinic, and behavior.
- Please report student referrals or conversations about a student with Sharon Snaggs Gendron to Dean Robert Kasberg.

The Student Advisory and Health Administration Office

All students visit the Student Advisory and Health Administration Office without charge. Students are encouraged to make their own appointments if possible. Have them call while in your office. Or, you can dial the number (617-636-2700) and hand the phone to them. You can walk the student over to the Student Advisory and Health Administration Office located on the 4th floor in Posner Hall. Most referrals can be seen within a couple of days.

In An Emergency

Try to stay calm. Find someone to stay with the student while calls are made.

For students expressing a direct threat to themselves or others, or who act in a disruptive, bizarre, or highly irrational way, call Campus Safety at 617-636-6911.