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Dificuldades, comportamento e percepções vivenciados por estudantes de graduação em odontologia no atendimento de pacientes na prática clínica

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RESUMO

Rodrigues BB. Dificuldades, comportamento e percepções vivenciados por estudantes de graduação em odontologia no atendimento de pacientes na prática clínica [tese]. Araçatuba: Universidade Estadual Paulista (UNESP), Faculdade de Odontologia; 2025.

Lidar com o processo de adoecimento do paciente faz parte da trajetória acadêmica de estudantes da área da saúde. A relação entre pacientes e profissionais de saúde pode ser complexa e desafiadora. No entanto, pouco se estuda os desdobramentos dessa relação interpessoal e as dificuldades vivenciadas durante o atendimento fornecido ao paciente. Portanto, com o objetivo de extrair informações decorrentes dessa relação e levantar as dificuldades apontadas pelos acadêmicos, este estudo avaliou as percepções, os sentimentos e as dificuldades que os estudantes de odontologia vivenciaram durante o contato com pacientes atendidos ao longo da anamnese realizada na clínica de Estomatologia FOA/UNESP. Para isso, oitenta e seis estudantes de odontologia responderam a um questionário semiestruturado com perguntas sobre os temas que possuem dificuldades em conversar com o paciente, perguntas que sentem desconforto em abordar, incluindo história de vida do paciente e possíveis traumas por ele vividos e se isso impactou o desenvolvimento do seu atendimento. Também houveram perguntas sobre julgamentos sentidos pelos alunos ao longo do atendimento, dificuldade em atender pacientes com dor física ou emocional e concepções que possuem sobre o adoecimento e morte do paciente. Como resultado, os alunos reportaram desconforto em adentrar em assuntos íntimos com o paciente, principalmente em temas como infecções sexualmente transmissíveis (ISTs), abuso de drogas, fornecimento de diagnóstico negativo e violência física ou sexual. Sentiram dificuldades em atender pacientes não cooperativos, pacientes que compartilhavam uma história de vida negativa ou relatavam um evento traumático parecido com algo que o estudante já viveu no passado. Reportaram que em algumas ocasiões o atendimento oferecido ao paciente foi impactado negativamente por não saberem administrar adequadamente essas situações. Além disso, muitos tiveram dificuldades em atender pacientes que expressavam tanto dor física quanto dor emocional. Os alunos conceituaram a morte e adocimento como algo aceitável porém negativo. Com isso, conclui-se que os acadêmicos de odontologia vivenciam dificuldades na prática clínica que necessitam de intervenções adequadas para o seu aperfeiçoamento profissional e, para isso, o desenvolvimento de novas estratégias de ensino e aprendizagem durante o curso de graduação em odontologia é essencial.

Palavras-chave: estudantes de odontologia; atendimento ao paciente; exame clínico; relações interpessoais; sentimentos; estomatologia.

ABSTRACT

Rodrigues BB. Difficulties, behavior and perceptions experienced by undergraduate dentistry students in caring for patients in clinical practice [tese]. Araçatuba: Universidade Estadual Paulista (UNESP), Faculdade de Odontologia; 2025.

Dealing with the patient's illness process is part of the academic trajectory of students in the health field. The relationship between patients and health professionals can be complex and challenging, especially for undergraduate dentistry students. However, little is known about the developments in this interpersonal relationship and the difficulties experienced by students during patient care. With the objective of extracting information arising from this relationship and raising the difficulties pointed out by students, this study evaluated the perceptions, feelings and difficulties that dental students experienced during contact with patients during the anamnesis performed in the oral medicine. Eighty-six dental students answered a semi-structured questionnaire with questions about topics they have difficulty talk with patients, questions they feel uncomfortable asking, including the patient's life story and possible traumas they have experienced and whether this had impacted the development of their care. All students who participated in the study were enrolled as regular students at the Araçatuba School of Dentistry, São Paulo State University (UNESP), and were studying oral medicine. There were also questions about judgments felt by the students during the care, difficulty in treating patients with physical or emotional pain and conceptions they have about the patient's illness and death. As a result, the students reported discomfort in talk about intimate matters with the patient, especially topics such as sexually transmitted infections (STIs), drug abuse, provide a negative diagnosis and physical or sexual violence. They had difficulty treating uncooperative patients, patients who had a negative life story or reported a traumatic event similar to something they had experienced in the past. They reported that on some occasions the care provided to the patient was negatively impacted by not knowing how to adequately manage these situations. In addition, many students had difficulty in the treat of patients who expressed physical and emotional pain. The students conceptualized death and illness as something acceptable but negative. Thus, it is concluded that dental students experience difficulties in clinical practice that require appropriate interventions for their professional improvement and, for this, the development of new teaching and learning strategies during the undergraduate in dental is essential.

Keywords: dental students; patient care; clinical examination; interpersonal relationships; feelings; oral medicine.

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LISTA DE ABREVIATURAS E SIGLAS

DCS	Discourse of the Collective Subject
ICF	Informed consent form
PPR	Professional-patient relationship
STIs	Sexually transmitted infections
SUD	Substance use disorders

SUMÁRIO

Difficulties and feelings experienced by undergraduate dental students when caring for patients

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1 CAPÍTULO 1 - DIFFICULTIES AND FEELINGS EXPERIENCED BY UNDERGRADUATE DENTAL STUDENTS WHEN CARING FOR PATIENTS*

1.1 Abstract

Purpose: Dealing with the patient's illness process is part of the academic trajectory of healthcare students. The relationship between patients and their healthcare professionals can be complex and challenging, especially for undergraduate dental students. The purpose of this study was to evaluate the perceptions, feelings, and difficulties of dental students triggered when caring for patient during their undergraduate course. **Methods:** Eighty-six undergraduate dental students responded to a semi-structured questionnaire about their experiences with patient care in the oral medicine clinic. All participants were students enrolled at the Araçatuba Dental School, São Paulo State University (UNESP), São Paulo, Brazil. **Results:** Forty-two students (48.8%) felt uncomfortable with the patients' anamnesis questions. Among these, the inquiries about sexually transmitted infections (STIs) were the most discomforting topic to address with the patient (65%), followed by drug abuse (35%) and sexual behavior (15%). According to the students, the most difficult topic to discuss with the patient was a negative diagnosis (40%), followed by STIs and sexual behavior (25.3%), and physical and sexual violence (20%). During patient care, the main challenging issue was having to deal with uncooperative patients, reported by 29 students (36.7%). About the challenges faced during patient interviews, the majority of the students reported feeling bad when the patient shared a negative life story (90.7%) or when they described a traumatic life event (83.7%). A portion of the students (26.7%) reported that this discomfort in hearing a patients negative life story can negatively impact on the care they provide to the patient. **Conclusion:** Dental students experience evident difficulties in clinical practice with patients in the oral medicine clinic, especially in relation to some themes addressed during the anamnesis. Knowledge of these difficulties is essential to develop new learning and teaching strategies and improve the students' professional training during their dental undergraduate course.

Keywords: Dental students, Patient care, Clinical examination, Interpersonal relationships, Feelings, Oral medicine.

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1.2 Introduction

The interpersonal relationship between healthcare providers and their patients can be challenging and complex.[1] The complexity of human relationships is intimately related to the success of professional performance. The professional-patient relationship (PPR) goes beyond technical knowledge. During patient care, the professional is faced with the patient's emotions, feelings, and anxieties that may arise during the diagnosis and treatment processes.[2] Patient's higher trust in their healthcare professionals is related to higher patient satisfaction and health-related quality of life.[3] Due to the high anxiety and dental fear among patients in oral healthcare, this confidence must be enhanced in the relationship between patients and their dentists.[4] However, considering the challenge of dealing with patient emotions and other difficulties, 60% of dental professionals consider dentistry to be more stressful than other professions.[5]

A healthy and harmonious relationship between professionals and patients is necessary for successful treatment and involves empathy and compassion. Having empathy and considering the patient's emotions can contribute to building an emotional bond that is favorable to dental treatment.[6] Despite the importance of dentistry's interaction with patients' feelings and insecurities, there are few investigations in this field that can improve this discussion and provide alternatives to manage the challenges of PPR in dentistry.[7] This can result in insufficient professional training to develop dentists' abilities to manage the adversities of professional practice and lead to undesirable consequences. This gap in dental education can lead to negative professional consequences, including mental illness and professional immaturity in dealing with the real-world challenges.[1,5,7] Insufficient training and education for the real difficulties of the professional field can also lead to professional disappointment and career abandonment.[7] Bringing students closer to real professional experiences throughout their undergraduate course and exposing them to challenges can provide several benefits for their professional future.[7]

Caring for patients in physical and emotional suffering requires high levels of emotional control. Healthcare students who are not sufficiently prepared to deal with patient distress may easily develop negative emotional symptoms. In contrast, healthcare students who already have experience in dealing with patients' emotions and insecurities are better prepared to manage adverse PPR situations.[8-10] Dental students can identify their own life histories and previous experiences in the patients' feelings. This projection can trigger students' negative emotions

and can be related to difficulties in continuing the patient's care.[11,12] In this context, addressing a patient's suffering situation can remind the professional of personal traumatic experiences and evoke psychological distress in the professional.[11,12] Furthermore, healthcare students with impaired mental health can be more impacted by patients' life stories and suffering, and, consequently, can present impairment in their care provision.[10,13-17]

Identifying the main difficulties that dental students face during patient care can guide educators to the topics that need to be better addressed during the dental student's professional training. Although there is extensive research of this topic among other healthcare providers, only a few investigations have been conducted among dental students.[11,12] Therefore, this research aimed to evaluate and address the difficulties and feelings of dental students triggered when caring for patient during oral medicine clinical practice.

1.3 Volunteers and Methods

Volunteers

Eighty-six undergraduate dental students were recruited during the second semester of the oral medicine discipline of the Araçatuba Dental School, São Paulo State University (UNESP), Araçatuba, São Paulo, Brazil. The discipline of oral medicine is offered to undergraduate students throughout the entire third year of the dentistry course and represents the students' first exposure to comprehensive clinical training, integrating theory and practice for complete patient assessment. One of the theoretical contents covered in the oral medicine discipline was regarding the relationship between the professional and the patient and appropriate behavioral management. Before taking this discipline, the students had foundational disciplines which only included bacterial plaque identification, oral hygiene evaluation, and orofacial radiography. These disciplines did not include full clinical patient examination training. To answer the questionnaire, the students were gathered in a room and informed about the research objectives. All students agreed to participate in the study, signed the informed consent form (ICF), and completed the questionnaire individually and self-responsively. This research was approved by the Research Ethics Committee for Human Subjects (CAAE: 71276123.0.0000.5420; Protocol Number: 6.206.066). Informed consent was obtained from all volunteers participating in the study.

Semi-structured questionnaire and study variables

The study data were obtained through a semi-structured questionnaire elaborated by the researchers to evaluate the student's experience during the patients' assistance in the discipline of oral medicine. Data collected included demographic, medical, and behavioral variables. Demographic variables were age, sex (male or female), religion, and socioeconomic status. Medical variables included alcoholism, smoking, psychiatric disorders, illnesses under treatment, use of medications, family members' illnesses and systemic problems under treatment. The difficulties and feelings experienced by students during the clinical examination of the patient were assessed by the following questions: "In the context of clinical anamnesis, do you feel uncomfortable asking the patient any questions? If yes, indicate which question and the reason why it makes you uncomfortable"; "Do you have difficulty discussing any specific topics with patients? If yes, indicate which topic and the reason"; "During the whole patients' care, does any topic make you uncomfortable? If yes, indicate which topic and the reason"; "Do you feel bad when the patient tells you a negative life story?"; "Do you feel bad when the patient reports traumatic emotional events that occurred in their life?"; "Do you feel discomfort when the patient tells a negative life story similar to yours?"; "When the patient tells you a negative life story, does this impact the care you provided?", that could be answered with "Yes, it negatively impacts the care provided" or "No, it does not impact the care provided"; "Have you had a negative judgment towards patients when they answered some question in the interview? If yes, indicate which question topic whose answer generated the negative judgment" and "Do you have a negative judgment or annoyance regarding the patient's difficulty in understanding certain questions?"

Discourse of the collective subject analysis

The data from the open-ended questions were analyzed using the Discourse of the Collective Subject (DCS). This qualitative technique analyzes collective dialog threads, extracting individual expressions, keywords, and similar statements made by participants and synthesizing them into a unified discourse.[10]

Statistical analysis

Frequency analysis of all variables was performed using Microsoft Office Excel 2019. The data derived from the close questions were presented as the frequency of positive or negative answers. For the open questions, the frequency of the central idea derived from the DCS analysis corresponded to the number of students who answered "Yes" to the respective question.

1.4 Results

Dental students' epidemiological profile

A total of 86 undergraduate dental students were included in the study. The sample comprised 63 women (73.2%) and 23 men (26.8%), with a mean age of 21.8 years (SD = 1.34). Sixty-four students (74.5%) reported having a religious affiliation, and most of the volunteers reported household incomes consistent with middle socioeconomic status (89.5%). Regarding legal substances use, 66.3% of the sample declared some level of alcohol consumption, while 17.4% reported tobacco use. Twenty-one students were undergoing treatment for some medical condition at the time of the interview. For psychological disorders, 11.6% reported diagnosed and treated anxiety, and 8.1% reported diagnosed and treated depression (Table 1).

Uncomfortable topics in patient communication

Forty-two students (48.8%) reported discomfort when addressing specific topic during patient anamnesis. The topic causing the most discomfort was Sexually Transmitted Infections (STIs) (65.0%), followed by drugs abuse (35.0%), sexual behavior (15.0%), and questions about the patient's race and personal life (7.5%). During overall patient care, 92.9% of the students reported experiencing discomfort. The primary source of discomfort was dealing with uncooperative patients (36.7%), followed by communicating negative diagnosis (15.2%), and discussing patients' personal lives (11.4%). Thirty-six students (41.9%) reported avoiding certain topics during patient conversations. The most challenging topics to discuss were negative diagnosis (40.0%), STIs and sexual behavior (25.3%), and situations involving physical or sexual violence (20.0%) (Table 2).

Students' discomfort with patients' life stories

When asked about their reactions to patients sharing negative life stories or traumatic events, 78 (90.7%) and 72 students (83.7) reported emotional discomfort, respectively. Sixty-nine students (80.2%) expressed discomfort when patients shared negative life stories with which they personally identified. However, most students (73.3%) reported that the patients' negative life stories do not affect the quality of care they provided (Table 3).

Judgments towards patient

Twenty-nine students (33.7%) admitted having expressed a negative judgment about patients during clinical interviews. Participants reported this judgment most frequently when they perceive patients neglect of their own health (50.0%), a previous STI diagnosis (23.1%), and a historic of drug use (23.1%) or alcohol abuse (15.4%). Additionally, 24 students (27.9%) reported frustration with patients' difficulty understanding certain interview questions (Table 4).

1.5 Discussion and Conclusion

The present study highlights challenges and feelings experienced by dental students during their undergraduate course. Sexually transmitted infections (STIs), negative diagnosis and the need to deal with uncooperative patients were the main difficulties mentioned by the students in the care of their patients during clinical practice in oral medicine. The relationship between dentists and their patients can be complex and challenging. Both patient and professional are different people who carry unique life stories, and traumatic individual experiences may appear during the treatment.[2,6] The dentists' stigmas, prejudices, and judgments can interfere in their relationship with the patient and need to be better addressed throughout the undergraduate course.[18]

Almost all the students included in this study reported feeling uncomfortable during the patient care. The main discomfortable topics cited by the students during the patient care were non-cooperative patients and communication problems. In fact, patients that are non-cooperative during attendance or that do not follow professional recommendations are an issue addressed by many healthcare professionals.[19] This problem reveals a communication gap

between professionals and their patients. When the patients feel they are not heard or understood by the professional, it can be interpretated by the patient as unprofessional behavior of the clinician, including insufficient empathy or inattention.[19] This gap in communication can be fulfilled with effective communication promoted by the professional, based on verbal, nonverbal, and listening channels focused on a patient-centered approach.[20]

About half of the students reported feeling uncomfortable when addressing specific topic during patient anamnesis. The anamnesis process can be influenced by personality traits, social norms, and the method of data collection, which may lead to discomfort or inaccuracies.[21] The familiarization of the professional with the anamnesis process is crucial to an accurate diagnosis and a successful treatment, as it is a fundamental phase in clinical examination.[22] It is natural for the students to feel awkward or uncomfortable to deal with the patients at the beginning of their clinical lives. Therefore, it is essential that the educational institution offers adequate training in anamnesis to students, ensuring a formation of professionals familiar with this procedure.

The main discomfortable topic reported by the dental students during the anamnesis was STIs, followed by drug abuse and sexual behavior. Patients with a STI diagnosis or people with substance use disorders (SUD) can receive negative stigma and are excluded in different proportions from social circles[10]. Social prejudice towards people diagnosed with sexual diseases is higher than towards people who have other illnesses.[23] As a result, patients with STIs feel ashamed to tell others about their diagnosis, trying to omit this personal information and hide the truth during the anamnesis to avoid external judgments.[23] This stigma also affects patients with SUD, that reported negative biases, prejudice, and discrimination in healthcare centers.[24] The embarrassment experienced by students to abord stigmatized topics may have come from social learning stored in their unconscious values. To improve the anamnesis and care service provided by the dental students, theses stigmas and prejudices must be addressed. The adoption of non-stigmatizing language and anti-bias education can reduce these unconscious stigma and lead to a better relationship between professional and patient.[25,26]

In addition to the students' discomfort in approach certain topic during anamnesis and patients’ care, our results also identified some adversities in dealing with patients’ emotional aspects. The students reported a bad feeling when the patient reports a negative life story or an emotional traumatic life event. Despite these negative feelings, only a small proportion of students (26.7%) indicated that these emotions supposedly impact patient care. It is natural to feel empathy and solidarized when we are faced with patients in emotional or physical

suffering.[27,28] However, the health professional's exposure to the patient's high suffering contributes to emotional disorders such as depression, professional burnout, high rates of suicide and physical conditions that make them abandon their careers.[29,30] Resilience is also an important skill for healthcare professionals, being critical to ensuring the physical and mental well-being of professionals.[29-31] Consequently, the emotional preparation of the students for their professional life should be one of the main topics to be addressed by the educational institutions during the dental formation. Despite empathy and resilience not being properly evaluated in the present study, these abilities are relevant phenomena to be assessed among dental students in further investigations.

Our findings showed that the questions “Do you feel bad when the patient tells you a negative life story?” and “Do you feel discomfort when the patient tells a negative life story similar to yours?” were affirmatively answered by sixty-five students (75.6%). Despite most of the students affirmatively answering both questions, 13 students (15.1%) reported emotional discomfort with a negative life story, but do not feel bad when this story is similar to theirs. With these answers, we can assume that the countertransference process is relatively common among the dental students.[32] The human relationship, including the relationship between professional and patient, is based on exchanges that can awaken subjective feelings[34]. These transferences can be healthy or not depending on the life experiences of each subject. In this way, several feelings that were previously unconscious may come to the surface during patient care.[33] This process is called countertransference, in which the clinician transfers his or her feelings to his or her client, often without realizing it when this happens.[15,34] These feelings emerge from subjects or contexts that, for that specific person, represent something negative. In this way, to improve the students’ emotional resilience during patient care, it is necessary to work individually on each person's negative emotions according to their life story.[35,36]

This study has some limitations. Unfortunately, there is an absence of a validated questionnaire available in the literature that would respond to the objectives of the study. In this way, this study comprehends the application of a semi-structured questionnaire elaborated by the authors instead of a previously validated instrument. Regarding the questions in the questionnaire, the interpretation of “discomfort” and “difficulty” may be influenced by the student’s life experiences, personality, and emotional maturity. Therefore, the interpretation of the questions investigated in this research is dependent on the student’s personal interpretation. Basically, the questionnaire questions assessed feelings and sensations and not the student's behavior in relation to the patient. Therefore, there is a limited understanding of the possible

behavioral consequences of the feelings triggered by the students towards the patient on the quality of care. Only one question explored the effects of the state of feeling on the care provided to the patient. In a future investigation, it would be possible to understand in greater depth how the feelings explored in the present study affect the care provided to the patient. Moreover, our study did not evaluate cognitive and affective components of empathy. A comprehensive understanding of the students' empathic abilities would heighten the evaluation of the students' difficulties and discomforts throughout patient care. Lastly, this study comprehends the evaluation of a specific population in only one research center. A major sample with a collaboration with different educational institutions would enhance the heterogeneity of our sample that is influenced by the cultural and diversity aspects of the local students.

In conclusion, dental undergraduate students display evident difficulties in clinical practice with patients in the oral medicine clinic, especially in relation to some themes addressed during the anamnesis. Knowledge of these difficulties is essential to develop new learning and teaching strategies and improve the students' professional training during their dental undergraduate course. A more appropriate curriculum focused on the difficulties and feelings of students in caring for patients could better prepare them to face the challenges of clinical practice in their future professional careers.

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TABLES

TABLE 1 Sociodemographic characteristics of students.

Variables	Students
	No. (%)
Gender	
Female	63 (73.2)
Male	23 (26.8)
Mean age (years, SD)	21.8 (± 1.34)
Religion	
Some religion	64 (74.5)
Without religion	22 (25.5)
Socioeconomic status	
High-income	8 (9.3)
Middle-income	77 (89.5)
Low-income	1 (1.2)
Alcohol consumption	57 (66.3)
Smoker	15 (17.4)
Illnesses under treatment	21 (24.4)
Psychiatric disorders	
Anxiety	10 (11.6)
Depression	7 (8.1)

TABLE 2 Topics that students have difficulty asking or discussing with the patient.

Questions/Data	Students No. (%)
In the context of clinical anamnesis, do you feel uncomfortable asking the patient any questions? (n=86)[a]	
Yes	42 (48.8)
No	44 (51.2)
If yes, indicate which question and the reason why it makes you uncomfortable. (n=40)	
Sexually transmitted infections	26 (65.0)
Drug abuse	14 (35.0)
Sexual behavior	6 (15.0)
Race	3 (7.5)
Patients' personal life	3 (7.5)
Do you have difficulty discussing any specific topics with patients? (n=85)[a]	
Yes	75 (88.2)
No	10 (11.8)
If yes, indicate which topic and the reason (n=75)[b]	
Negative diagnoses	30 (40.0)
Physical or sexual violence	15 (20.0)
Sad topics	13 (17.3)
Sexually transmitted diseases	12 (16)
Death	10 (13.3)
Sexual behavior	7 (9.3)
Drug abuse	4 (5.3)
Topics the students do not know	2 (2.7)
Students' personal life	2 (2.7)
During the whole patients' care, does any topic make you uncomfortable?[a]	
Yes	79 (92.9)
No	6 (7.1)
If yes, indicate which topic and the reason. (n=79)[a,b]	

Uncooperative patients	29 (36.7)
Negative diagnoses	12 (15.2)
Patients' personal life	9 (11.4)
Physical pain	8 (10.1)
Failure to communicate with the patient	7 (8.9)
Sexually transmitted infections and sexual behavior	4 (5.1)
Long duration of service time	5 (6.3)
Use of substances	3 (3.8)

[a] Variables with missing data.

[b] Questions interpreted by Discourse of the Collective Subject (DCS)

TABLE 3 Students' difficulties during patient interviews.

Questions/Data	Students
	No. (%)
Do you feel bad when the patient tells you a negative life story? (n=86)	
Yes	78 (90.7)
No	8 (9.3)
Do you feel bad when the patient reports traumatic emotional events that occurred in their life? (n=86)	
Yes	72 (83.7)
No	14 (16.3)
Do you feel discomfort when the patient tells a negative life story similar to yours? (n=86)	
Yes	69 (80.2)
No	17 (19.8)
When the patient tells you a negative life story, does this impact on the care you provided? (n=86)	
Yes, it negatively impacts the care provided	23 (26.7)
No, it does not impact the care provided	63 (73.3)

TABLE 4 Students' judgment towards the patient during clinical interviews.

Questions/Data	Students
	No. (%)
Have you had a negative judgment towards patients when they answered some question in the interview? (n=86)	
Yes	29 (33.7%)
No	57 (66.3%)
If yes, indicate which question topic whose answer generated the negative judgment (n=26)[a,b]	
Health neglect	13 (50.0)
Sexually transmitted disease	6 (23.1)
Drug abuse	6 (23.1)
Alcoholism	4 (15.4)
Lies	2 (7.7)
Patients who deny the diagnosis	2 (7.7)
Do you have a negative judgment or annoyance regarding the patient's difficulty in understanding certain questions? (n=86)	
Yes	24 (27.9)
No	62 (72.1)

[a] Variables with missing data.

[b] Questions interpreted by Discourse of the Collective Subject (DCS).

Difficulties and perceptions of dentistry students in caring for patients with physical and emotional pain

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2 CAPÍTULO 2 - DIFFICULTIES AND PERCEPTIONS OF DENTISTRY STUDENTS IN CARING FOR PATIENTS WITH PHYSICAL AND EMOTIONAL PAIN[2]

2.1 Abstract

Purpose: Choosing a dentistry degree program is related to dealing with the care and assistance of people. Throughout academic and professional practice, numerous challenges are encountered in the service for physically or emotionally ill patients. The purpose of this study was evaluating the perceptions and difficulties among dental students arising from practical activities with patients throughout the oral medicine discipline, especially in situations of physical or emotional pain. **Methods:** Eighty-six undergraduate dentistry students completed a semi-structured questionnaire about their experiences caring for patients in the oral medicine clinic. All participants were students enrolled at the Araçatuba Dental School, São Paulo State University (UNESP), São Paulo, Brazil. They answered four closed-ended questions that investigated the difficulties they experienced in caring for patients with physical or emotional problems and their perceptions of illness and death. Based on this, the frequency of responses was analyzed, as well as the significant association between these four questions and sociodemographic and clinical pathological data. **Results:** Fifty-eight students (67.4%) reported difficulty in the care for patients with physical pain while sixty of them (70%) had difficulty in the service for patients with emotional pain. Eighty-four students (98%) considered the disease acceptable but negative and eighty-two (95.4%) reported the same about death. In the significant association, students without a diagnosis of mental illness (65.3%), students who consider illness (42.9%) and death (32.9%) acceptable, but negative had higher difficulty in the care for patients with physical pain. There was no significant association between the question about the patient's emotional pain and the other questions or variables. **Conclusion:** Dental students experienced difficulties in clinical practice with patients at the oral medicine clinic, when coming into contact with patients who express physical or emotional pain. Be aware of these difficulties is necessary so that new clinical learning strategies and teachings can be developed throughout the dental undergraduate course.

Keywords: Dental students, Patient care, Clinical examination, Interpersonal relationships, Oral medicine.

[2] Normalização de acordo com European Journal of Dental Education

2.2 Introduction

Human relations face numerous challenges, such as the professional-patient relationship (PPR).[1] This type of relationship goes far beyond the simple provision of services, as it involves interpersonal relationships.[2] Difficulties in PPR can have several causes and consequences, directly affecting the quality of care, adherence to treatment and the satisfaction of both parties.[2] Dental students face a series of difficulties during clinical care, especially when they begin to put into practice the knowledge acquired in theory.[3] The main difficulties that dental students encounter during clinical practice and when caring for patients may be difficulty communicating, difficulty interpreting exams and fine motor coordination for certain procedures, lack of experience in dealing with different patient profiles, including people who are afraid of the dentist and fear causing pain or complications to the patient.[4-7]

As mentioned above, one of the difficulties identified in health care students is dealing with patient pain.[7] Different dental clinical conditions can cause pain. In dentistry the pain is usually a symptom of a problem with the teeth, gums, jawbones or associated structures.[8] The main dental conditions that cause pain can be associated with caries, pulpitis (inflammation of the dental pulp), dental abscess, periodontal disease, pericoronitis, tooth fracture, dentin hypersensitivity, temporomandibular dysfunction, alveolitis (post-extraction complication) and many others.[8-9]

Dental diseases not only cause physical pain, but can also trigger or worsen emotional pain, stress and anxiety.[10-11] In many cases, these conditions are interconnected and feed off each other, meaning that negative emotional symptoms can worsen dental problems, and vice versa.[10-11] The main dental clinical conditions that are linked to emotional factors are bruxism, which can be triggered by stress and anxiety; tooth loss or aesthetic problems that can cause low self-esteem; chronic halitosis (persistent bad breath) that can cause shame, social anxiety and low self-esteem; chronic dental pain (such as trigeminal neuralgia) or diagnoses of malignant diseases that can cause or aggravate depression, anxiety or mental fatigue.[12-14] Patients may also already have emotional disorders not directly linked to dental problems and can express sadness, discouragement, or verbalize something related to their emotional distress during the consultation.[10-11]

Patient illness is part of the dentist's professional care and tasks, and death is a possibility in cases of more serious illnesses. Therefore, having the appropriate management to pass on negative information to the patient is essential for the smooth running of treatment and involves empathy on the part of the professional.[1] A study that investigated the complaints of patients treated at a dental school clinic found that dehumanization in care generated patient dissatisfaction.[2] Students need to be better

prepared to provide quality service to patients.[2] The results of this research contributed to the reorganization of the curriculum at the university where it was conducted and suggest the importance of new studies on the subject at other universities to adapt the curriculum according to local needs.[2,15]

A successful professional, in addition to practical knowledge, need good management emotional when dealing with the patient.[16-17] The success of the dental treatment depend not only of scientific knowledge but also emotional control of the dentist when faced with situations in which the patient is vulnerable and can awaken a series of unpleasant feels in the professional.[17] The undergraduate course in Dentistry emphasizes other scientific knowledge and includes little knowledge in the curriculum about how students can manage their emotions when dealing with patients.[16-18] Observing relational and sentimental aspects is necessary for successful dental treatment and identifying the main difficulties they present during patient care can guide educators on the topics that need to be addressed in greater depth during the professional training of dental students.[16-18] Therefore, this research aimed to evaluate the difficulties triggered by dental students in the care for patients with physical or emotional pain and their associations with conceptions about illness and death.

2.3 Volunteers and Methods

Volunteers

Eighty-six undergraduate dental students regularly enrolled in the second semester of the Oral Medicine Discipline at the Araçatuba School of Dentistry, São Paulo State University (UNESP), São Paulo, Brazil, participated in this study. This discipline is part of the undergraduate dentistry curriculum and allows for the integration of theory and practice. In addition to theoretical content, students provide patient care and throughout the semester they had an expository and dialogued class regarding ethical conduct regarding the relationship with the patient, challenges that can arise from this interpersonal relationship and how to conduct it appropriately. From this discipline onward, students receive comprehensive training in clinical patient examination. To answer the questionnaire, the students were gathered in a room and informed about the objectives of the research. All students who were included in the sample agreed to participate in the study, signed the free and informed consent form (ICF) and answered the questionnaire individually and self-responsive. This research was approved by the Ethics Committee for Research with Human Beings (CAAE: 71276123.0.0000.5420; Protocol Number: 6.206.066). Informed consent was obtained from all volunteers who participated in the

study.

Semi-structured questionnaire and study variables

The study data were obtained through a semi-structured questionnaire designed by the researchers to assess the students' experience during patient care in the Oral Medicine discipline. The data obtained from this questionnaire is partially disclosed in the study entitled "Difficulties and feelings experienced by undergraduate dental students when caring for patients". The data collected included demographic, clinical and beliefs about illness and death. The demographic variables were age and sex (male or female). The clinical variables included alcoholism, smoking, psychiatric disorders and illness. In the questions regarding alcoholism and smoking, students indicated the frequency of use, which could be daily (consumption every day), weekly (consumption at least once a week) and monthly (consumption at least once a month). The students' experiences and concepts were assessed by the following questions: "Do you have difficulty to care patients when they report or you identify that they are in physical pain? (answer alternatives: much; moderately; little; never)"; "Do you have difficulty to care patients when you identify that they suffering emotional pain? (answer alternatives: much; moderately; little; never)"; "What do you think about illness? (answer alternatives: unacceptable; acceptable but extremely negative; acceptable but moderately negative; acceptable but little negative or acceptable and never negative); "What do you think about death? (answer alternatives: unacceptable; acceptable but extremely negative; acceptable but moderately negative; acceptable but little negative or acceptable and never negative).

Statistical analysis

The SPSS software (version 24.0, NY, USA) was used to perform the statistical analysis. Questions about physical and emotional pain were grouped in two different ways: "yes or no" and "little or much". To group responses into "yes or no" categories, the response options " much", "moderately" and "little" were classified as "yes" and the option "never" was classified as "no." For the classification in the "little" or "much", the options "little" and "never" were grouped as "little" response and the options " much" and "moderately" were grouped as "much". The two different types of categorizations used in the questions about physical and emotional pain are justified because in the frequency analysis the "yes and no" categories are more enlightening and a significant association would require a better division of the responses. For questions about death and illness, only the categories "acceptable but negative" or "unacceptable" were used. To create the "acceptable, but negative" response, the following original response options were combined: "acceptable, but extremely

negative", "acceptable, but moderately negative" and "acceptable, but little negative." The "unacceptable" option retained its meaning. The "acceptable and never negative" response option was excluded because no student indicated it. The significant association between responses was assessed using the chi-square test or Fisher's exact test. The level of statistical significance was set at a p value less than 0.05 ($p < 0.05$) for all statistical tests.

2.4 Results

Dental students' epidemiological profile

A total of 86 undergraduate dental students were included in the study. The sample comprised 63 women (73.2%) and 23 men (26.8%), with a mean age of 22 years (SD = 1.34). Regarding legal substances use, fifty-seven of the students (66.3%) declared some level of alcohol consumption, while fifteen of them (17.4%) reported tobacco use. Twenty-one students (24.5%) were undergoing treatment for some medical condition at the time of the interview and 12 (14%) were being treated for psychiatric illnesses (Table 1).

Student's difficulty in caring for patients with physical and emotional pain, and their beliefs about illness and death

Fifty-eight students (67.4%) reported difficulty caring for patients with physical pain (Table 2). Regarding the difficult level, 29 students reported much difficulty caring for patients with physical pain, 22 students reported moderate difficulty, 29 students reported little difficulty and only 6 students did not report any level o difficulty. In turn, 60 students (70%) reported difficulty with patients suffering from emotional pain (Table 2). The results revealed that 16 students reported much difficulty with the patient's emotional pain, 23 said they had moderate difficulty, 31 little difficulty, and 16 mentioned that they had no difficulty in caring these patients. The questionnaire answered by the students also investigated their beliefs of illness and death. Eighty-four 84 students (98%) reported that illness is considered acceptable to them, but negative, while 82 students (95.4%) reported that they consider death acceptable, but negative. Two students responded that the illness was unacceptable, 45 reported that it was acceptable but extremely negative, 25 that it was acceptable but moderately negative, while 14 students said that it was acceptable but little negative. None of the students indicated that illness was acceptable and never negative. Regarding the conception of death, 4 students responded that it was unacceptable, 32 that it was acceptable but extremely negative, 22 that it was acceptable but moderately negative,

28 that it was acceptable but little negative and none indicated that it was acceptable and never negative (Table 2).

Associations between the student's difficulty in caring patients with physical and emotional pain and demographic, clinical and conceptual variables

The answers to the four questionnaire questions were correlated with the students' sociodemographic and clinical data, as well as the concepts of illness and death. The results showed an association between having a diagnosis of a mental illness and less difficulty in treating patients with physical pain ($p<0.05$). Fourty-seven students (65.3%) who had difficulty caring for patients with physical pain did not have a diagnosis of mental illness. Thirty-six (42.9%) students who had difficulty caring for patients with physical pain considered the illness acceptable but negative. Twenty -seven (32.9%) students who considered death acceptable but negative had the same difficulty caring for patients with physical pain. There were no significant associations related to patients' emotional pain, and overall, most correlations did not yield significant data (Table 3).

2.5 Discussion

This study investigated the occurrence of difficulties of dental students in dealing with patients who present physical and emotional pain in the oral medicine clinic and their concepts about death and disease. Oral medicine is part of clinical dentistry, which treats diseases of the oral cavity and associated structures. The most common types of pain are usually related to changes in oral tissues, joints, chewing muscles, salivary glands, nerves, and bone structures. At the UNESP oral medicine clinic, students come into contact with different types of patients randomly and offer diagnosis and treatment under the supervision of a professor. The results of this research demonstrated that many students reported difficulties caring for patients with physical or emotional pain. This difficulty reported specifically by the students may be associated with other factors that have an emotional impact on them, such as the fact that they experienced their first experiences away from home and their parents, as many are living alone for the first time. Caring for patients with physical and emotional pain is a challenge in clinical practice for healthcare professionals. The interpersonal relationship between the dentist and their patients is part of dental treatment and is inevitable.[19] As it is a health-related course, dentistry necessarily involves human contact and the exchanges that arise from it.[19-20]

Like pain is subjective and multifactorial, each patient may experience it differently, which cannot be standardized.[21] Pain is not just a physical symptom and can

be influenced by emotional and social factors.[22] Patients experiencing emotional distress may be more sensitive to pain.[22-23] When pain does not improve with treatment, professionals may feel frustrated.[22] Fear of the dentist can increase pain levels due to emotional stress. Social taboos associated with the profession can hinder patient adherence and treatment.This fear can range from mild discomfort to a more intense phobia, called odontophobia. The dentist's ability to conduct treatment empathetically is crucial to overcoming such a phobia. On the other hand, when the empathy goes beyond the professional's control and the patient's pain is absorbed too much, it can become a problem for clinical practice.[24-25] Throughout the training and practice of healthcare students, the difficulty in dealing with patients' pain, whether physical or emotional, can also be multifactorial, because the pain of others can touch on unresolved personal wounds. Another discomforting factor may be the feeling of helplessness with the treatment, which depends on several factors for its success, including the patient's genetic and physiological capacity, their self-care with dressings and medication intake, and professional surgical intervention.[24-25]

The results of this study also showed that 65.3% of the students who had difficulty caring for patients with physical pain did not have a diagnosis of mental illness and 34.7% of the students who had this difficulty had this diagnosis. The association between having a psychiatric illness and the ability to deal with the patient`s physical or emotional is a relevant topic for both clinical practice and the occupational and mental health of professionals in this field.[25] Studies indicate that individuals with psychiatric illnesses, such as depression, anxiety, and other personality disorders, may experience greater sensitivity or specific difficulties in dealing with the pain of others.[25-28] This association depends on multiple factors, such as the type of disorder, the level of symptoms, and whether the professional is undergoing treatment.[26-27] Depression and anxiety are mental disorders that affect how a person feels, thinks, and acts. The main symptoms of depression are persistent sadness and discouragement, a feeling of emptiness, loss of interest in social life or in previously enjoyable activities, feelings of fatigue even without exertion, low self-esteem, difficulty concentrating, irritability, and recurring negative thoughts.[26-27] Anxiety can be natural, but it becomes problematic when it is frequent and the main symptoms are excessive worry, wanting to be in control of everything, intense fear that something bad will happen, feeling that something is wrong, even when everything seems fine, irritability, difficulty concentrating and feeling on edge.[26-27] Generally, because people with psychiatric disorders feel pain within themselves, this can make them sensitive to the pain of others.[29] Learning emotional strategies to deal with vulnerable patients is essential for good professional performance.[17,30] In this sense, the

professors and tutors have a fundamental role in developing socio-emotional skills in dental students because knowing how to properly manage one's own emotions is equally important like scientific knowledge.[2,3,5]

The students in this study conceptualized death and illness as something acceptable, but negative. Despite having chosen a healthcare course that frequently deals with illness and death, they seem to perceive it as a bad thing. Death and illness can affect the emotional well-being of undergraduate healthcare students, especially early in their careers.[31] The process of detaching oneself emotionally enough to provide appropriate professional care while remaining empathetic is a skill that is developed throughout the course.[31] Experiencing death and a patient's pain can generate feelings of helplessness and insecurity in healthcare professionals, who must learn to deal with these situations, which will occur frequently throughout their professional careers.[32-34] Healthcare professionals understanding of illness and death may vary depending on the educational institution's approach and their personal and social beliefs and values.[31-34] However, they tend to mature in these sensitive contexts as they gain more knowledge and experience throughout the course.[31-34]

Initial experiences can be difficult, but professionals must normalize the process of illness and death as they progress in their careers.[2,35] This justifies the negative view that the students in this research have about these processes of illness and death, since the oral medicine discipline represents one of the first clinical experiences in the undergraduate course at the Araçatuba Dental School, São Paulo State University (UNESP). As the undergraduate course progresses, the student's perception of illness becomes more complex, as initially they tend to interpret death in a more personal way based on their own experiences.[31] The relationship with terminally ill patients and their families leads students to reflect on existential issues and understand death in a more comprehensive way.[33-34] Student must begin to realize that death is part of the human condition and professionals need to learn to deal with death naturally to offer the best care to the patient and family, as it is inevitable at some moment.[36] Death has long been a social taboo.[37] One study found that healthcare students had difficulty dealing with terminally ill patients and were negatively surprised if the patient died within a year, even with a malignant diagnosis.[37] After the patient's death, the students developed negative emotional symptoms to the point of requiring professional psychological support.[37] They need to be better prepared to deal with terminal situations.[37] Another study found that health professionals felt uncomfortable talking about death with the family members of the deceased patient because it was a culturally invasive topic.[38] The results showed a high turnover of health professionals who deal with illness and death, and therefore, it is

necessary to work better on these aspects throughout training, even in the field of denstistry.[38]

When investigating healthcare work during COVID-19, it was found that dealing with patients at greater risk of illness and death during this period involved numerous challenges, which generated great emotional suffering for healthcare professionals.[39] Given what has been presented, it is possible to conclude that health professionals are not completely prepared to deal with patients who express physical or emotional pain and that despite having to deal in practice with illness and death, they experience difficulty and fear in facing these demands.[40] Better preparing healthcare students to deal with physical and emotional pain, illness, death, and dialogue about these topics is essential for their professional lives.[40] Knowing how to deal with the negative emotions that emerge from care is equally essential.[41] It is suggested that further studies, including other student cultures, be carried out to increase the consistency of literature on the subject. Studying this interpersonal relationship between dentist and patient is relevant to increase adherence to treatment.[19] This study had some limitations, including the lack of open-ended questions and more detailed response options. A larger sample would have been beneficial.

2.6 Conclusion

In conclusion, the dental students in their initial phase of clinical training have difficulties in dealing with patients displaying physical and emotional pain. Knowledge of these difficulties is essential for the development of new teaching and learning strategies and for improving the professional training of students during their undergraduate studies in dentistry. A more appropriate curriculum, focused on the difficulties and feelings of students in caring for patients, could better prepare them to face the challenges of clinical practice in their future professional careers.

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TABLES

TABLE 1 Epidemiological characteristics of students.

Variables	Students No. (%)
Sex	
Female	63 (73.2)
Male	23 (26.8)
Mean age (years)	22
Alcohol consumption	
Yes	57 (66.3)
No	29 (33.8)
Frequency of alcohol consumption	
Daily	24 (42.0)
Weekly	36 (58.0)
Monthly	0 (0.0)
Cigarette consumption	
Yes	15 (17.4)
No	71 (82.6)
Frequency of cigarette consumption	
Daily	3 (20.0)
Weekly	7 (46.7)
Monthly	5 (33.3)
Illnesses being treated	
Yes	21 (24.4)
No	65 (75.6)
Psychiatric disorders	
Yes	12 (14.0)
No	74 (86.0)

TABLE 2 Difficulties of dental students in the caring for patients with physical or emotional pain and their beliefs about illness and death.

Questions/Data	Students No. (%)
Do you have difficulty to care patients when they report or you identify that they are in physical pain?	
Yes	58 (67.4)
No	28 (32.6)
Do you have difficulty to care patients when you identify that they suffering emotional pain?	
Yes	60 (70.0)
No	26 (30.0)
What do you think about the illness?	
Unacceptable	2 (2.0)
Acceptable but negative	84 (98.0)
What do you think about death?	
Unacceptable	4 (4.6)
Acceptable but negative	82 (95.4)

TABLE 3 Associations between student's difficulty in caring with patients with physical and emotional pain and demographic, clinical and conceptual variables.

Variables	Difficulty with physical pain (p)	Difficulty with emotional pain (p)
Gender	0.627	0.691
Age (years)	0.681	0. 827
Alcohol consumption	0.982	0.986
Frequency of alcohol consumption	0.629	0.072
Cigarette consumption	0.707	0.981
Frequency of cigarette consumption	0.829	0.654
Students' mental illness	**0.012**	0.312
Students' belief about illness of the patients	**0.000**	0.171
Students' belief about death of the patients	**0.040**	0.229

ANEXOS

ANEXO A - Certificado do Comitê de Ética em Pesquisa (CEP)

UNESP - FACULDADE DE ODONTOLOGIA-CAMPUS DE ARAÇATUBA/ UNIVERSIDADE ESTADUAL PAULISTA "JÚLIO DE MESQUITA FILHO"

PARECER CONSUBSTANCIADO DO CEP

DADOS DO PROJETO DE PESQUISA

Título da Pesquisa:
Percepções, sentimentos e comportamentos de estudantes de graduação e pós graduação em Odontologia na relação com o paciente durante a prática clínica

Pesquisador:
DANIEL GALERA BERNABÉ

Área Temática:

Versão:
1

CAAE:
71276123.0.0000.5420

Instituição Proponente:
Universidade Estadual Paulista Júlio de Mesquita Filho

Patrocinador Principal: Financiamento Próprio

DADOS DO PARECER

Número do Parecer: 6.206.066

Apresentação do Projeto:

Lidar com o processo de adoecimento do paciente faz parte da carreira acadêmica de estudantes da área da saúde e, por isso, muitas investigações com esse viés foram realizadas com alunos de diferentes cursos e universidades. No entanto, há carência de estudos que investiguem a relação do estudante em Odontologia com os pacientes atendidos nas disciplinas clínicas dos cursos de graduação e pós-graduação. Portanto, mediante a falta de conhecimento sobre os desdobramentos que envolvem essa dinâmica interpessoal, o presente projeto de pesquisa tem como intuito avaliar as experiências vivenciadas por acadêmicos da graduação e pós-graduação ao longo dos atendimentos clínicos para que, com isso, seja possível detectar as percepções, sentimentos, e comportamentos decorrentes das atividades práticas. Dessa forma, pretende-se aplicar um questionário contendo perguntas abertas e objetivas em estudantes que irão compor a amostra da pesquisa para o levantamento das informações e, a partir dos dados obtidos, propor

intervenções acadêmicas necessárias visando o aperfeiçoamento do serviço clínico fornecido à comunidade.

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UNESP - FACULDADE DE ODONTOLOGIA-CAMPUS DE ARAÇATUBA/ UNIVERSIDADE ESTADUAL PAULISTA "JÚLIO DE MESQUITA FILHO"

Objetivo da Pesquisa:

Objetivo Primário:

Avaliar as percepções, sentimentos e comportamentos oriundos da relação entre estudantes de Odontologia em formação e paciente ao longo de atendimentos clínicos realizados na clínica de Estomatologia da FOA/UNESP.

Objetivo Secundário:

•Avaliar as crenças dos estudantes de Odontologia à respeito de sua prática clínica e relacionamento com pacientes.•Avaliar os sentimentos e dificuldades comportamentais que emergem nos estudantes de Odontologia quando atendem os pacientes na clínica de Estomatologia.

•Avaliar a satisfação dos estudantes de Odontologia em formação com o curso em que estão matriculados.

Avaliação dos Riscos e Benefícios:
Riscos:

Os procedimentos usados neste estudo oferecem riscos mínimos à dignidade dos participantes, pois serão realizados por profissional treinado(a) e habilitado(a). A participação nesta pesquisa não infringe as normas legais e éticas. Os procedimentos adotados nesta pesquisa obedecem aos Critérios da Ética em Pesquisa com Seres Humanos conforme Resolução nº. 466/12 do Conselho Nacional de Saúde.
Benefícios:

Os dados do presente estudo permitirão detectar possíveis fragilidades existentes no atendimento clínico realizado por graduandos e pósgraduandos em Odontologia da Faculdade de Odontologia de Araçatuba – UNESP. Com os resultados poderá haver implementações visando o aprimoramento dos métodos e conteúdos didáticos da disciplina de Estomatologia favorecendo o ensino dos estudantes. Estas implementações poderão melhor capacitar o aluno na sua relação com o paciente e, consequentemente, qualificar os atendimentos clínicos da disciplina de Estomatologia

Comentários e Considerações sobre a Pesquisa:

Pesquisa apresenta-se apta para a sua realização .

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UNESP - FACULDADE DE ODONTOLOGIA-CAMPUS DE ARAÇATUBA/ UNIVERSIDADE ESTADUAL PAULISTA "JÚLIO DE MESQUITA FILHO"

Considerações sobre os Termos de apresentação obrigatória:

Todos os termos foram adicionados de acordo com a resolução 466/12 do CNS>

Recomendações:

Não Há.

Conclusões ou Pendências e Lista de Inadequações:

Pesquisa apresenta-se apta para a sua realização .

Considerações Finais a critério do CEP:

Salientamos que, de acordo com a Resolução 466 CNS, de 12/12/2012 (título X, seção X.1., art. 3, item b, e, título XI, seção XI.2., item d), há necessidade de apresentação de relatórios semestrais, devendo o primeiro relatório ser enviado até 28/01/2024.

Este parecer foi elaborado baseado nos documentos abaixo relacionados:

Tipo Documento	Arquivo	Postagem	Autor	Situação
Informações Básicas do Projeto	PB_INFORMAÇÕES_BÁSICAS_DO_P ROJETO_2160754.pdf	13/06/2023 15:50:15		Aceito
TCLE / Termos de Assentimento / Justificativa de Ausência	TCLEestudantes.pdf	13/06/2023 15:49:29	DANIEL GALERA BERNABÉ	Aceito
Projeto Detalhado / Brochura Investigador	PROJETOoficial.pdf	13/06/2023 15:40:21	DANIEL GALERA BERNABÉ	Aceito
Folha de Rosto	folha.pdf	13/06/2023 15:38:02	DANIEL GALERA BERNABÉ	Aceito

Situação do Parecer:
Aprovado

Necessita Apreciação da CONEP:
Não

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UNESP - FACULDADE DE ODONTOLOGIA-CAMPUS DE ARAÇATUBA/ UNIVERSIDADE ESTADUAL PAULISTA "JÚLIO DE MESQUITA FILHO"

ARACATUBA, 28 de Julho de 2023

Assinado por:
André Pinheiro de Magalhães Bertoz
(Coordenador(a))

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APÊNDICES

APÊNDICE A - Questionnaire for evaluation of feelings and difficulties of undergraduate dentistry students in their relationship with patients during clinical practice

This questionnaire aims to evaluate your feelings and behaviors regarding patient care during clinical practice. The results will be analyzed collectively to identify the challenges faced by graduate students in clinician-patient interactions. We kindly ask you to answer the questions as honestly as possible.

1. SOCIODEMOGRAPHIC AND BIOBEHAVIORAL VARIABLES

1.1 Gender: _____

1.2 Age: _____

1.3 Religion: _____

1.4 How often do you practice your religion?
( ) Weekly ( ) Monthly ( ) Occasionally ( ) Religion is not part of my routine.

1.5 What is your family's socioeconomic status?
( ) High-income ( ) Middle-income ( ) Low-income

1.6 Are you currently undergoing treatment for any disease? If yes, please identify:

_____

_____

1.7 Do you smoke cigarettes or other tobacco products (Cigarettes, Cigars/Pipes, E-cigarettes/Vaping, Hookah? ( ) Yes ( ) No

If yes, please indicate:

Type of cigarettes or other tobacco products:

_____

What is the frequency of use of this type of product? ( ) Daily ( ) Weekly ( ) Monthly.

Indicate another type of cigarettes or other tobacco products that you also consume:

_____

What is the frequency of use of this type of product? ( ) Daily ( ) Weekly ( ) Monthly.

1.8 Do you consume alcoholic beverages? ( ) Yes ( ) No

If yes, please indicate:

Type of alcoholic beverages:

_____

What is the frequency of use of this type of product? ( ) Daily ( ) Weekly ( ) Monthly.

Indicate another type of alcoholic beverages that you also consume:

_____

What is the frequency of use of this type of product? ( ) Daily ( ) Weekly ( ) Monthly.

2. FEELINGS AND BEHAVIOR DURING PATIENT CARE

2.1 In the context of clinical anamnesis, do you feel uncomfortable asking the patient any question?

( ) Yes ( ) No

If yes, indicate which question and the reason why it makes you uncomfortable.

_____

_____

2.2 Do you have difficulty discussing any specific topics with patients? ( ) Yes ( ) No

If yes, indicate which topic and the reason.

_____

_____

2.3 During the whole patients' care, does any topic make you uncomfortable?( ) Yes ( ) No

If yes, indicate which topic and the reason.

_____

_____

_____

2.5 Do you feel bad when the patient tells you a negative life story? ( ) Yes ( ) No

2.6 Do you feel bad when the patient reports traumatic emotional events that occurred in their life?

( ) Yes ( ) No

2.7 Do you feel discomfort when the patient tells a negative life story similar to yours?

( ) Yes ( ) No

2.8 When the patient tells you a negative life story, does this impact on the care you provided?"

( ) Yes, it negatively impacts the care provided. ( ) No, it does not impact the care provided

2.9 Have you had a negative judgment towards patients when they answered some question in the interview?

( ) Yes ( ) No

If yes, indicate which question topic whose answer generated the negative judgment.

_____

_____

_____

2.10 Do you have a negative judgment or annoyance regarding the patient's difficulty in understanding certain questions? ( ) Yes ( ) No

2.11 Do you have difficulty to care patients when they report or you identify that they are in physical pain?

( ) Much ( ) Moderately ( ) Little ( ) Never

2.12 Do you have difficulty to care patients when you identify that they suffering emotional pain?

( ) Much ( ) Moderately ( ) Little ( ) Never

2.13 What do you think about illness?

( ) unacceptable ( ) acceptable but extremely negative ( ) acceptable but moderately negative ( ) acceptable but little negative ( ) acceptable and never negative

2.14 What do you think about death?

( ) unacceptable ( ) acceptable but extremely negative ( ) acceptable but moderately negative ( ) acceptable but little negative ( ) acceptable and never negative