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Comments
Medical student Ronnelle King participated in this study as part of the Senior Scholars research program at the University of Massachusetts Medical School.

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Introduction

Oral health is an essential, but often overlooked, aspect of health care. Dental cavities can destroy teeth and cause abscesses while periodontitis can contribute to systemic illness such as heart disease and autoimmune disorders. In 2000, the Surgeon General summarized this evidence calling for improved physician training in oral health.1 Significant disparities in dental health care and outcomes make this a key issue for primary care physicians who provide care to vulnerable populations.2

The Surgeon General’s report was a catalyst for change over the past decade. The Society of Teachers of Family Medicine supported an initiative called Smiles for Life: A National Oral Health Curriculum funded in part by the Health Services and Research Administration (HSRA) and Dentaquest Foundation.3 Concurrently, the Institute of Medicine (IOM) issued 2 reports on this subject4 5 and the Department of Health and Human Services (HHS) launched their own Oral Health Initiative.6 The Accreditation Council for Graduate Medical Education (ACGME) and HHS have also added oral health care requirements with the aim of promoting increased resident training in oral health.7 8

Our study was designed to collect information about oral health care training in family medicine residency programs nationwide. We aimed to learn what programs are teaching, and the factors associated with achieving curricular objectives outlined by Smiles for Life (SFL).9

Methods

Data were gathered as part of the CAFM Educational Research Alliance (CERA) survey of family medicine residency directors. The methods and demographics of this survey are presented elsewhere in the current issue of Family Medicine.10

Residency directors were asked to indicate the number of hours devoted to oral health, coverage of specific oral health topics, barriers to implementing training in this area, use of fluoride varnish, use of the SFL curricula, and the involvement of an oral health professional.

Percieved importance and satisfaction with oral health training as well as preparedness for oral health board exam questions were assessed using a five-item Likert scale for level of agreement ranging from “Strongly Disagree” to “Strongly Agree.” For analysis, responses were dichotomized to “strongly agree/agree” versus “all others.” A response rate of 80% (172) was obtained. Of these, 11 were removed for our analysis because program directors did not respond to any of the oral health questions. A response rate of 60% (95) was then obtained.

On the other hand, we were not satisfied with the competence of my residents in oral health.6 10

Figure 3: Disparity between importance of oral health and resident competence.

While nearly three-fourths of residency program directors in the current survey acknowledged the value of oral health as a training topic, this percentage is actually lower than reported in 2005, when 95% of directors rated this topic as important.10 On the other hand, compared to a survey in 2009, a larger proportion of programs report dedicating more than 2 hours (45% versus 38%), and fewer programs are committing 0 hours (4% versus 10%) to oral health.6 10

Greater efforts are needed to extend the gains in oral health training that have been seen in the last decade. Increasing faculty expertise (i.e., identifying an “oral health champion”), promoting the Smiles for Life curriculum, and increasing the number of total hours of oral health training may be strategic targets of these efforts.

References


8 Matena SG, Brozingham J, Blaske E, Decker M, Hong N. CAFM educational research alliance (CERA) 2011 residency director survey: Background and methods. Fam Med 2012 08 survey members only once.
