
Ronnelle King
University of Massachusetts Medical School

Et al.

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Introduction

Oral health is an essential, but often overlooked, aspect of health care. Dental caries 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. Significant disparities in dental health care outcomes make this a key issue for primary care physicians who provide care to vulnerable populations.1

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. Concurrently, the Institute of Medicine (IOM) issued 2 reports on this subject and the Department of Health and Human Services (HHS) launched their own Oral Health Initiative. The Accreditation Council for Graduate Medical Education (ACGME) also added oral health care requirements with the aim of promoting increased resident training in oral health.2

Purpose

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 training in family medicine residency programs nationwide. We aimed to assess training in oral health and the factors associated with training in family medicine residency programs nationwide.

Methods

Data were gathered as part of the CAFM Educational Research Alliance (CAERA) survey of family medicine residency directors. The methods and demographics of that survey are presented elsewhere in the current issue of Family Medicine.3

Residency directors were asked to indicate the number of hours devoted to oral health training, coverage of specific oral health topics, barriers to implementing training in this area, use of fluoride varnish, use of the SFL curriculum, and the involvement of an oral health professional. The data were analyzed using descriptive statistics. Bivariate associations were determined using the chi-square test.

Results

Figure 1: Hours of Oral Health Training Included in Family Medicine Residency Programs.

Figure 2: Oral Health Topics Included in FM Residency Training

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

Figure 4: Perceived Barriers to Expanding Oral Health Training in Family Medicine Residencies

Conclusions

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.4 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.5

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 Mainous AG, Seehusen D, Shokar N. CAFM educational research alliance (CAERA) 2011 residency director survey: Background and methods. Fam Med 2012 45(5) online pages only accessible.
