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Our study was designed to collect information about oral health care and disparities in dental health care and outcomes make this a key issue for primary care physicians who provide care to vulnerable populations. The Society of Teachers of Family Medicine supported an oral health professional curriculum, and the involvement of an oral health professional to implementing training in this area, use of fluoride varnish, use of fluoride rinses, use of topical fluoride. Our study was also funded by the Health Services and Research Administration (HRSA) and Dentaquest Foundation. Concurrently, the Institute of Medicine (IOM) 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.

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. Disorders. In 2000, the Surgeon General summarized this evidence calling for improved physician training in oral health. 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. Disorders. In 2000, the Surgeon General summarized this evidence calling for improved physician training in oral health. Disparity between importance of oral health and resident competence that my residents achieve is an important issue. It is important for Physicians to address their patients’ basic oral health care issues. A Strongly Disagree to Strongly Agree with the statement that residents in oral health.

A significant point of 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. 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. 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

Appendix A: Survey Questionnaire

Appendix B: Survey Results

Appendix C: Survey Analysis


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Introduction
Oral health is an essential, but often overlooked, aspect of health care.

Results
Complaining provider
time in curriculum
Lack of patient
education about oral health
Lack of clinical experience
in oral health

Conclusion
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. 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.

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

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.

Descriptive analyses were carried out using methods appropriate to categorical responses. Bivariate associations were determined using the chi-square statistic with a p value < .05 used to define statistical significance.

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 achieving curricular objectives outlined by Smiles for Life (SFL).

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.

Figure 5: Correlation between hours of oral health training and self-reported satisfaction with resident competence.

Figure 6: Awareness and Use of STFM Smiles for Life Curriculum positively associated with more training hours.