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A National Survey of Oral Health Education in U.S. Allopathic and Osteopathic Schools

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Study Objectives

• To survey U.S. allopathic and osteopathic schools to determine how many schools have an oral health curriculum

• To analyze relationships between oral health awareness in schools and proximity to dental schools/residencies, school location, and school size

• To determine awareness of AAMC Report IX: Oral Health Education for Medical and Dental Students - Recommendations for Oral Health Curriculum

• To determine awareness of developed oral health curricula such as STFM’s Smiles for Life

• To determine desire to institute oral health curriculum and/or desire to use developed curricula
Background

• Oral health is an important component of overall health.
• Caries are the most common disease of early childhood.
• Many systemic diseases, such as diabetes and heart disease, can be made worse by periodontitis.
• 2003, the National Call to Action to Promote Oral Health called for revamping health professions education to include oral health to reduce disparities.
Background

• 2008, Association of American Medical Colleges’ (AAMC) Medical Schools Objectives Project (MSOP) on Oral Education for Medical Students Report – Challenges medical schools to have a comprehensive oral health curriculum based on IOM reports.

• A few institutions have published articles on oral health curricula; however, it is unclear to what extent these types of programs are being implemented in the U.S.

• Meanwhile, one study of primary care physicians reveals that 90% believe that oral health is important, yet only 50% had any training in the subject (mostly in residency)
Methods

• A survey was developed in SurveyMonkey.
• The Deans of Education at 126 allopathic and 28 osteopathic schools were e-mailed initially about survey.
• One week later an e-mail containing a link to the survey was sent out.
• Reminder e-mails with the survey link were sent out for a total of 3 reminders.
• Each non-responding Dean was contacted a final time, by phone, and the survey was re-sent.
• The survey data was analyzed using SPSS.
• Frequency and percentile distributions of all variables were examined and associations with demographics (e.g., school size and location) were analyzed.
A total of 88 schools responded (57.1% response rate).

(72 of 126 Allopathic schools, 13 of 28 Osteopathic schools and 3 were unidentified.)

- **29.5%** of schools reported having a **Dental School**
- **37.5%** of schools reported having a **Dental Residency**
Results: Hours of Oral Health

Number of hours of OH curriculum (< 5 vs >= 5) were not significantly related to having a dental school or dental residency (p=.271) nor the location of the medical school (p=.728).

- Schools with > 150 students were significantly more likely to offer 5+ hours of OH curriculum compared to small or mid-sized schools. (p=.022)
37.5% of those who do evaluate students reported using an OSCE
43.5% of those who do evaluate students reported using clinical observation
Results: Awareness of USMLE and AAMC Oral Health Topics

Are You Aware of Oral Health Topics on USMLE or the AAMC's Contemporary Report on Oral Health?

- AAMC Contemporary Issues in OH: 59.8%
- USMLE Topics: 55.8%

There was no statistically significant relationship between awareness of the AAMC’s Contemporary Issues in Oral Health or USMILE oral health topics and number of oral health curriculum hours (p=.176 for AAMC; p=.099 for USMLE).
Results: Awareness of Established OH Curriculum

17.5% of respondents who were aware of Smiles for Life are using it.
50.0% of respondents who were aware of AAP curriculum are using it.
43.8% of respondents would definitely or likely use an established curriculum such as Smiles for Life or AAP Child Oral Health Curriculum.
Results

Topics Covered in Oral Health Curriculum
Discussion

• It appears that small to medium sized medical schools need the most targeting for development and implementation of an oral health curriculum.
• Need to investigate further why schools that are aware of the AAMC oral health guidelines are not implementing a more robust oral health curriculum.
• Developing questions for the AAMC’s Graduate Questionnaire may help validate our study by gauging students’ perspectives on their oral health curriculum.
Discussion

• Next steps should include:
  – Contacting schools that are interested in creating or expanding their oral health curriculum
  – Creating a listserv of oral health educator champions at schools to share ideas and motivate each other
  – Promoting to all schools: the AAMC report, the fact that the USMLE board exam has oral health topics, and the Smiles for Life and AAP materials
  – Sharing the results of our survey with oral health educators in states where schools are not providing oral health education to encourage collaboration
Conclusions

• Nearly three-quarters of schools have 4 hours or less of oral health curriculum; 10% have none.
• Location of the school and presence of a dental school or residency were not associated with the number of hours of OH curriculum.
• Matriculating class size was significant, showing that larger schools (>150 students) were more likely to have >=5 hours of curriculum.
• More than 50% of the schools were aware of USMLE oral health topics and the AAMC’s oral health guidelines; however, being aware of these was not associated with having more hours of OH curriculum.
Conclusions

• Only 30% of schools are evaluating students on OH curriculum; within these schools, evaluation of skills and attitudes need improvement.

• One-third of schools were aware of established oral health curriculum such as Smiles for Life and 50% for the AAP’s Oral Health Curriculum; however, only 7 schools are using Smiles for Life and 12 schools are using AAP materials.

• Schools reported being interested in using established curriculum rather than designing their own.
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