5-2-2012


Ronnelle King  
*University of Massachusetts Medical School*

Hugh Silk  
*University of Massachusetts Medical School*

Judith A. Savageau  
*University of Massachusetts Medical School*

*See next page for additional authors*

Follow this and additional works at: [https://escholarship.umassmed.edu/ssp](https://escholarship.umassmed.edu/ssp)  
Part of the [Dental Public Health and Education Commons](https://escholarship.umassmed.edu/deh), and the [Medical Education Commons](https://escholarship.umassmed.edu/mec)

Repository Citation  
[https://escholarship.umassmed.edu/ssp/129](https://escholarship.umassmed.edu/ssp/129)

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Senior Scholars Program by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.

Authors
Ronnelle King, Hugh Silk, Judith A. Savageau, Ian M. Bennett, and Alexander W. Chessman

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

This poster is available at eScholarship@UMMS: https://escholarship.umassmed.edu/ssp/129

Ronnelle King1 MSIV, Hugh Silk1 MD, MPH, FAAFP, Judith Savageau1 MPH, Ian M. Bennett2 MD, PhD, Alexander W. Chessman2 MD
1University of Massachusetts Medical School, 2Perelman School of Medicine of the University of Pennsylvania, 3Medical University of South Carolina

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.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 Demerit 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 its own Oral Health Initiative.6 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.3

Methods

Data were gathered as part of the CAFM 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.8

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 examination 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 38% (172) was obtained. Of these, 11 were removed for our analysis because program directors did not respond to any of the oral health questions, and 5 were removed because there were no responses to questions regarding residency director attitudes towards oral health training.

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

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.

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.

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.9 On the other hand, compared to a survey in 2009, a larger proportion of programs report dedicating more than 2 hours (45% vs 35%), and fewer programs are committing 0 hours (4% vs 10%) to oral health.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.

Purpose

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

References