
Ronnelle King
University of Massachusetts Medical School

Let us know how access to this document benefits you.
Follow this and additional works at: https://escholarship.umassmed.edu/ssp

Part of the Dental Public Health and Education Commons, and the Medical Education Commons

Repository Citation

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.

Ronnelle King1 MSIV, Hugh Silk1 MD, MPH, F.A.A.F.P., Judith Savageau1 MPH, Ian M. Bennett2 MD, PhD, Alexander W. Chessman3 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 and tooth decay, tooth loss, and oral infections not only can contribute to systemic illnesses 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 and outcomes make this a key issue for primary care physicians who provide care to vulnerable populations.6

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 subject4,6 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.3

Methods

Data were gathered as part of the CAFM Educational Research 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 subject4,6 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.3

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 evidence-based guidelines, using a five-item Likert scale for level of agreement ranging from strongly disagree to agree

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.

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 9 hours (4% versus 10%) to oral health.9

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


