

An Update of Oral Health Curricula in U.S. Family Medicine Residency Programs

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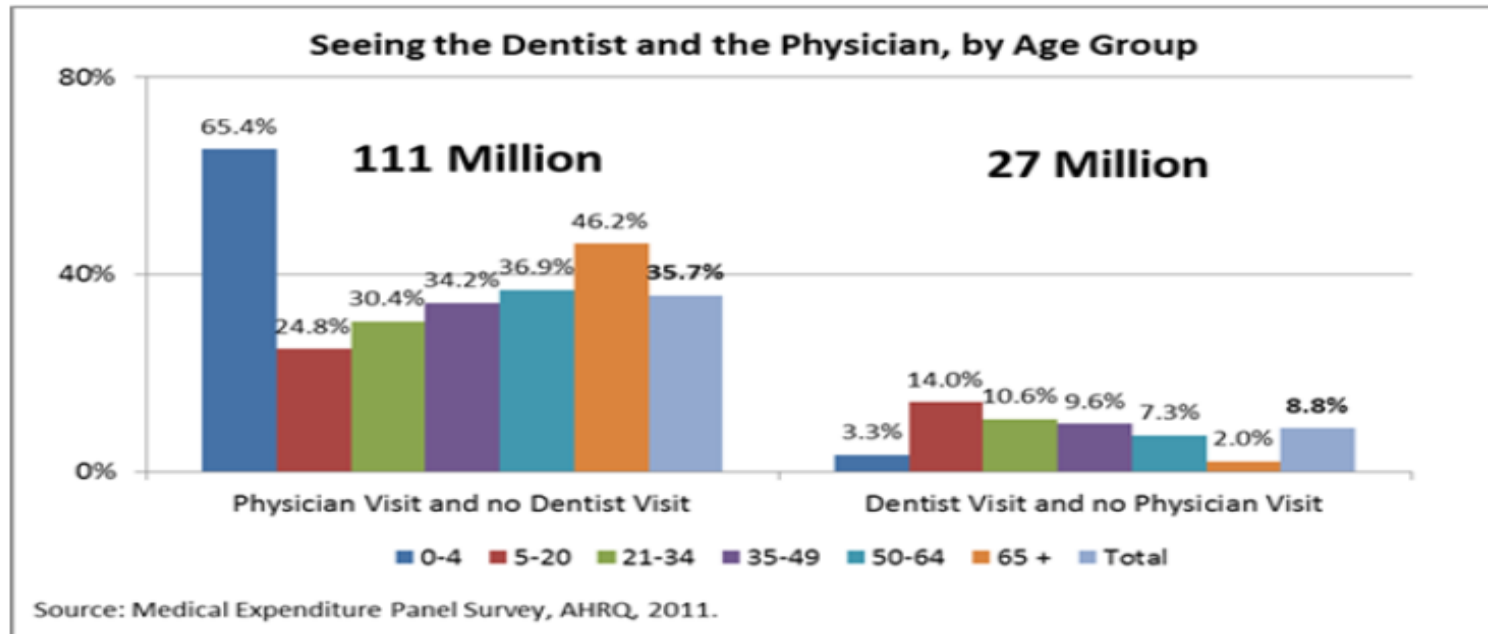
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Why Primary Care and Oral Health

Medicine and Dentistry - Separate Systems







CIPCOH

Center for Integration of
Primary Care and Oral Health



HARVARD
School of Dental Medicine



HARVARD
MEDICAL SCHOOL



University of
Massachusetts
UMASS Medical School
The academic partner of UMass Memorial Health Care



MCPHS
UNIVERSITY



Stony Brook University

CIPCOH serves as a **national resource for systems-level research on oral health integration into primary care training** with special emphasis on training enhancements that will train primary care providers to deliver high quality, cost-effective, patient-centered care that promotes oral health, addresses oral health disparities, and meets the unique needs of all communities.

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PURPOSE

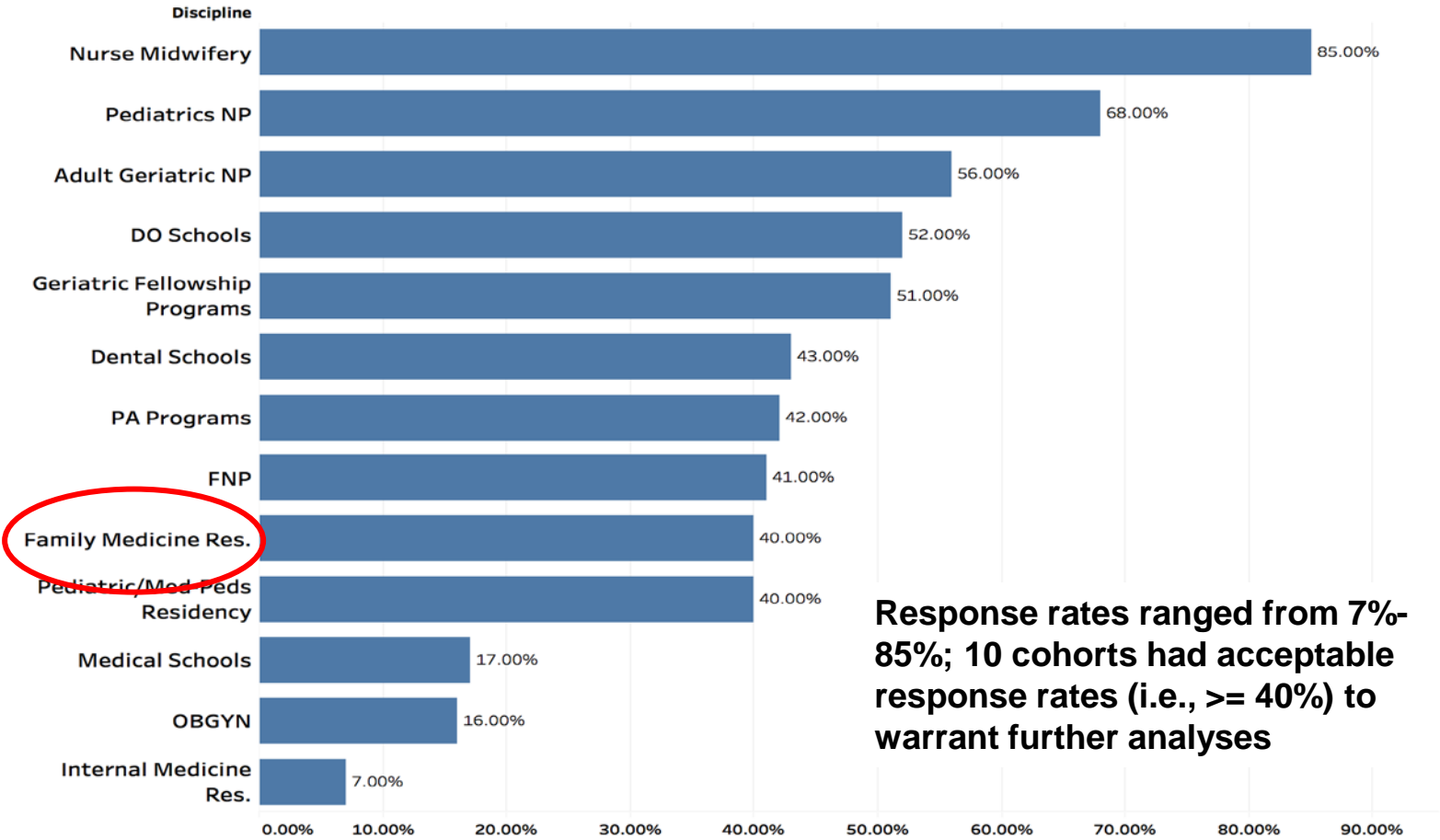
- To assess quantity and quality of oral health training in family medicine residency programs
- To identify influences of successful integration, educational resources used, barriers to curriculum development and sustainability, and evaluation methods of learners
- To compare to other specialties (we also surveyed 13 other health specialties/programs)

METHODOLOGY

- Nationwide survey of 520 programs were distributed electronically with 3 reminders
- Univariate statistics/frequencies were used to describe all survey items
- Sub-analyses assessed influences of OH in the curriculum such as having a faculty oral health champion, program demographics, formal dental faculty teaching, etc.

RESULTS

Survey Response Rate



Response rates ranged from 7%-85%; 10 cohorts had acceptable response rates (i.e., $\geq 40\%$) to warrant further analyses

Family Medicine Residency Program Demographics

| | N (%) |
|--|--|
| In what state/territory is your residency program located? <ul style="list-style-type: none"> Northeast Midwest South West | 38 (21) 42 (23) 53 (30) 46 (26) |
| What is the approximate size of the community in which your residency program is located? <ul style="list-style-type: none"> ≤ 75,000 75,001 to 150,000 150,001 to 500,000 > 500,000 | 48 (28) 30 (17) 47 (28) 46 (27) |
| What is the number of residents enrolled per year in your residency program? <ul style="list-style-type: none"> 1-4 5-9 10-14 ≥ 15 | 8 (5) 110 (64) 32 (19) 21 (12) |
| For how many years has your residency program been training residents? <ul style="list-style-type: none"> 1-5 6-10 11-14 ≥ 15 | 18 (11) 5 (3) 4 (2) 143 (84) |

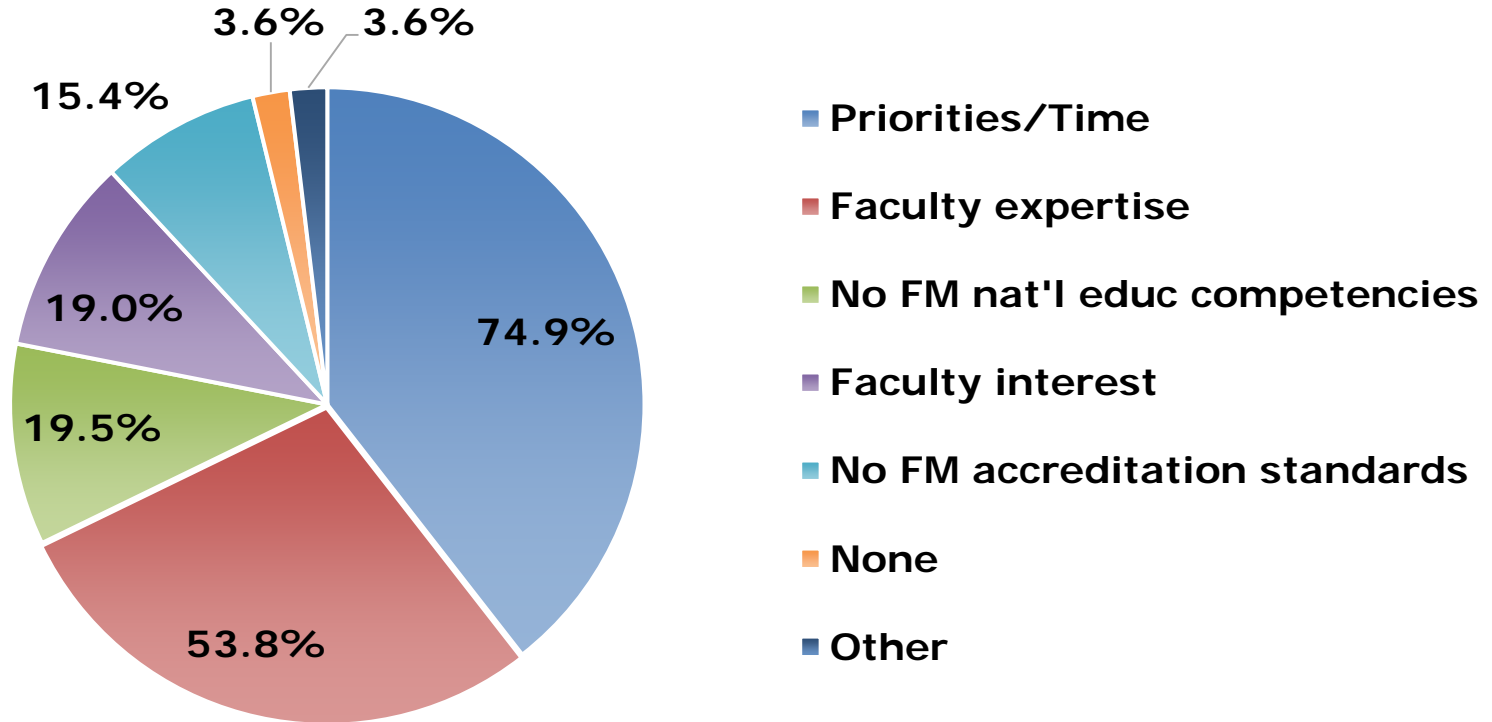
OH Curriculum Topics Covered in Family Medicine Residency Programs

| Topics Covered | N (%) |
|--|-----------------|
| RISK ASSESSMENT: | |
| • Medical conditions that impact oral health | 130 (76) |
| • Oral cancer | 113 (67) |
| • Urgent/emergent oral health issues | 111 (66) |
| • Caries/cavity risks and causes | 111 (65) |
| • Oral conditions that impact overall health | 108 (64) |
| • Impact of medications on oral health | 83 (49) |
| • Assessment of the impact of oral health on patient quality of life | 64 (39) |
| ORAL HEALTH EVALUATION: | |
| • Pediatric/infant oral screening exam | 122 (71) |
| • Adult/adolescent oral screening exam | 69 (41) |
| PREVENTION INTERVENTION: | |
| • Fluoride risks, benefits, and promotion | 130 (75) |
| • Fluoride varnish indications and applications | 95 (56) |
| COMMUNICATION AND EDUCATION: | |
| • Oral disease prevention/Anticipatory guidance | 115 (68) |
| INTERPROFESSIONAL COLLABORATIVE PRACTICE | |
| • Interprofessional education with oral health component | 44 (27) |
| OTHER TOPICS: | |
| • Adult oral lesions | 101 (59) |
| • Pregnancy oral health issues | 63 (38) |
| • Disparities in oral health/social determinants of health | 56 (34) |
| • Geriatric oral health issues | 51 (31) |
| • Oral anatomy | 47 (28) |

Hours of OH in Curriculum by Family Medicine Program Components

| Hours of Oral Health in Curriculum (0 hours, 1-3 , 4+) | X ² ; p value |
|---|--------------------------|
| Programs with 4+ hours of OH in Curriculum were more likely to respond “Yes” to.... | |
| Does your program have a faculty oral health champion? | 19.54; p<.001 |
| | |
| Does your program have a relationship with a state/national oral health project? | 16.04; p<.001 |
| | |
| Does your program have routine teaching from a dental professional? | 13.89; p=0.001 |
| | |
| Does your program have routine teaching from a non-dental oral health expert? | 37.41; p<0.001 |
| | |
| Does your program have a formal relationship with a dental program? | 5.27; p=0.072 |
| | |
| Are you aware of the Smiles for Life curriculum? | 10.28; p=0.006 |

Barriers to Teaching More Oral Health Topics to Family Medicine Residents

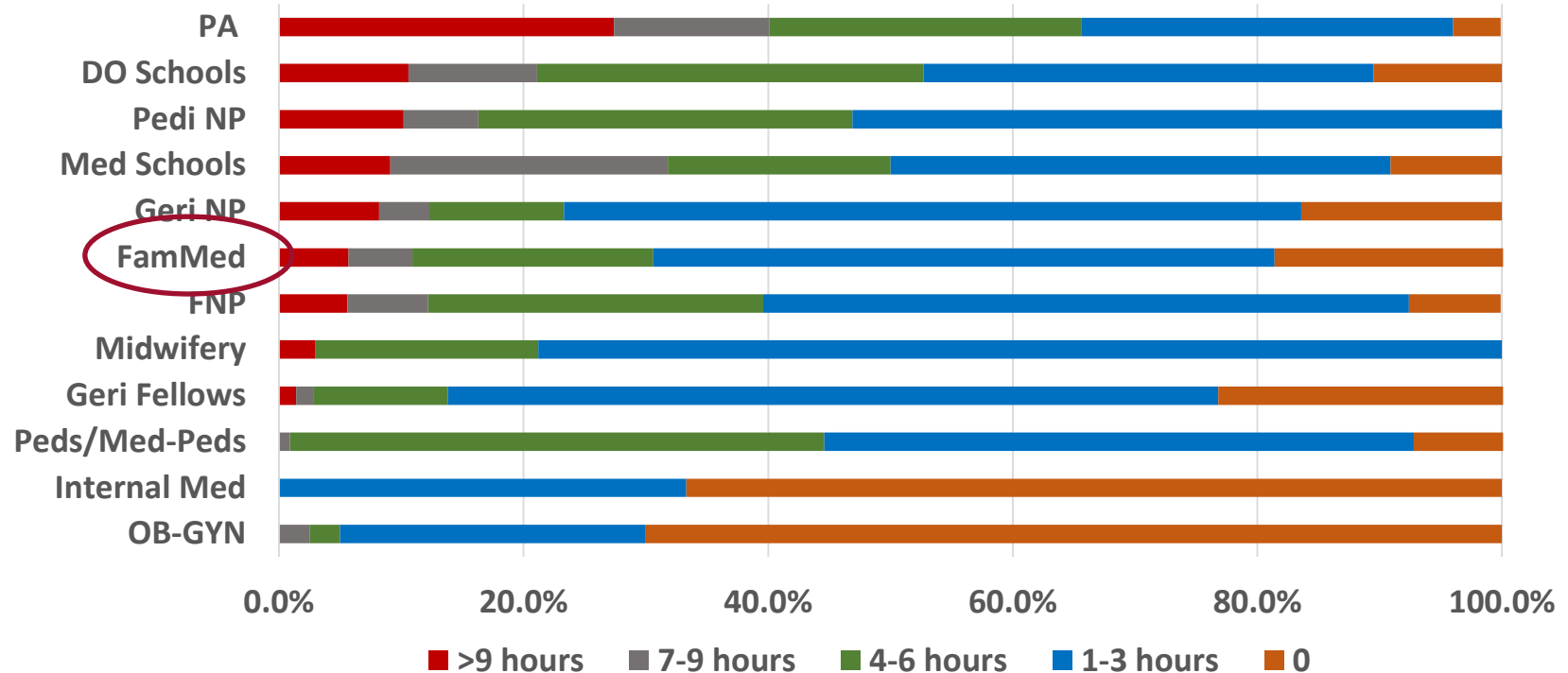


Family Medicine Residency Director's Ratings: Importance, Competence, and Satisfaction -- 2011 vs 2017

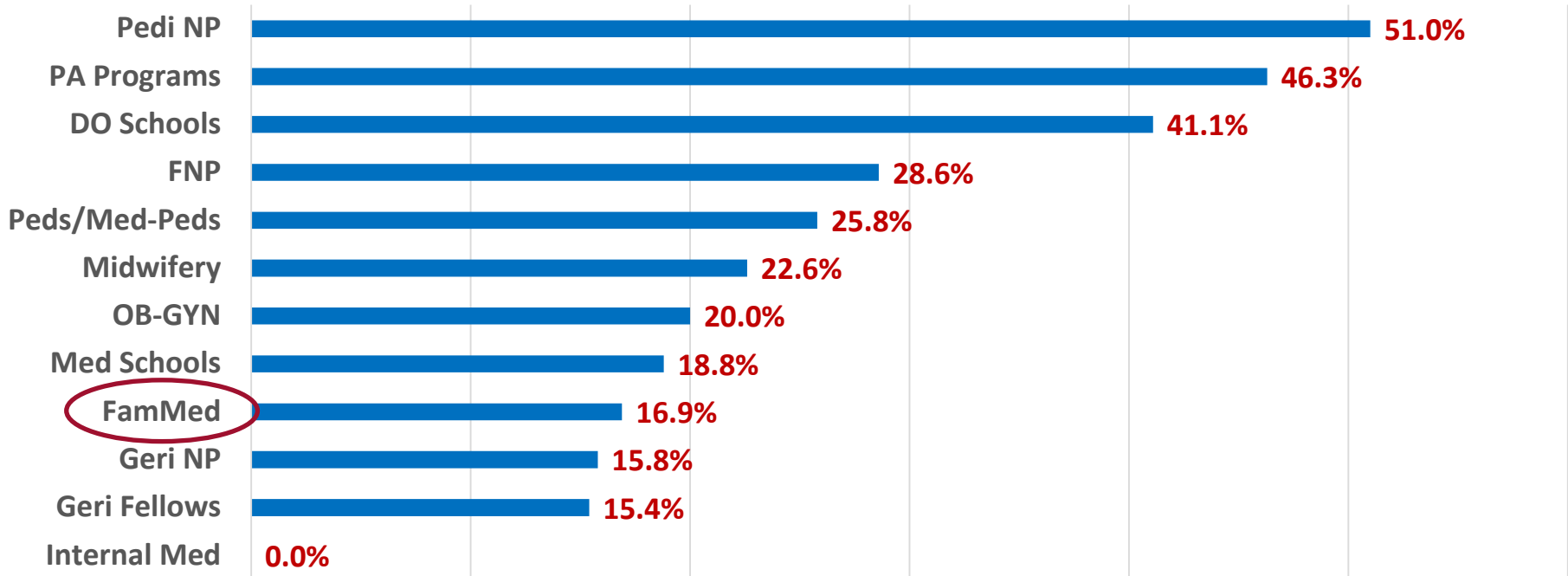
| | 2011 N (%) | 2017 N (%) | Test of Proportions z score; p value |
|--|---------------|---------------|---|
| <p>It is important for primary care providers to address their patients' basic oral health care issues.</p> <p>Neutral/Disagree</p> <p>Agree</p> | 123 (79) | 147 (86) | -1.569; .058 |
| <p>Upon graduation, our learners are well prepared to answer questions on oral health on the American Board of Family Medicine board exam (or DO equivalent).</p> <p>Neutral/Disagree</p> <p>Agree</p> | 51 (33) | 54 (32) | 0.215; .585 |
| <p>I am satisfied with the current level of competence that our Family Medicine graduates achieve in oral health.</p> <p>Neutral/Disagree</p> <p>Agree</p> | 50 (32) | 29 (17) | 3.213; <.001 |

Hours of Oral Health Education

Most disciplines have 1-3 hours of OH; OB and IntMed more frequently report 0 hours while almost one-third of PA programs include > 9 hours.

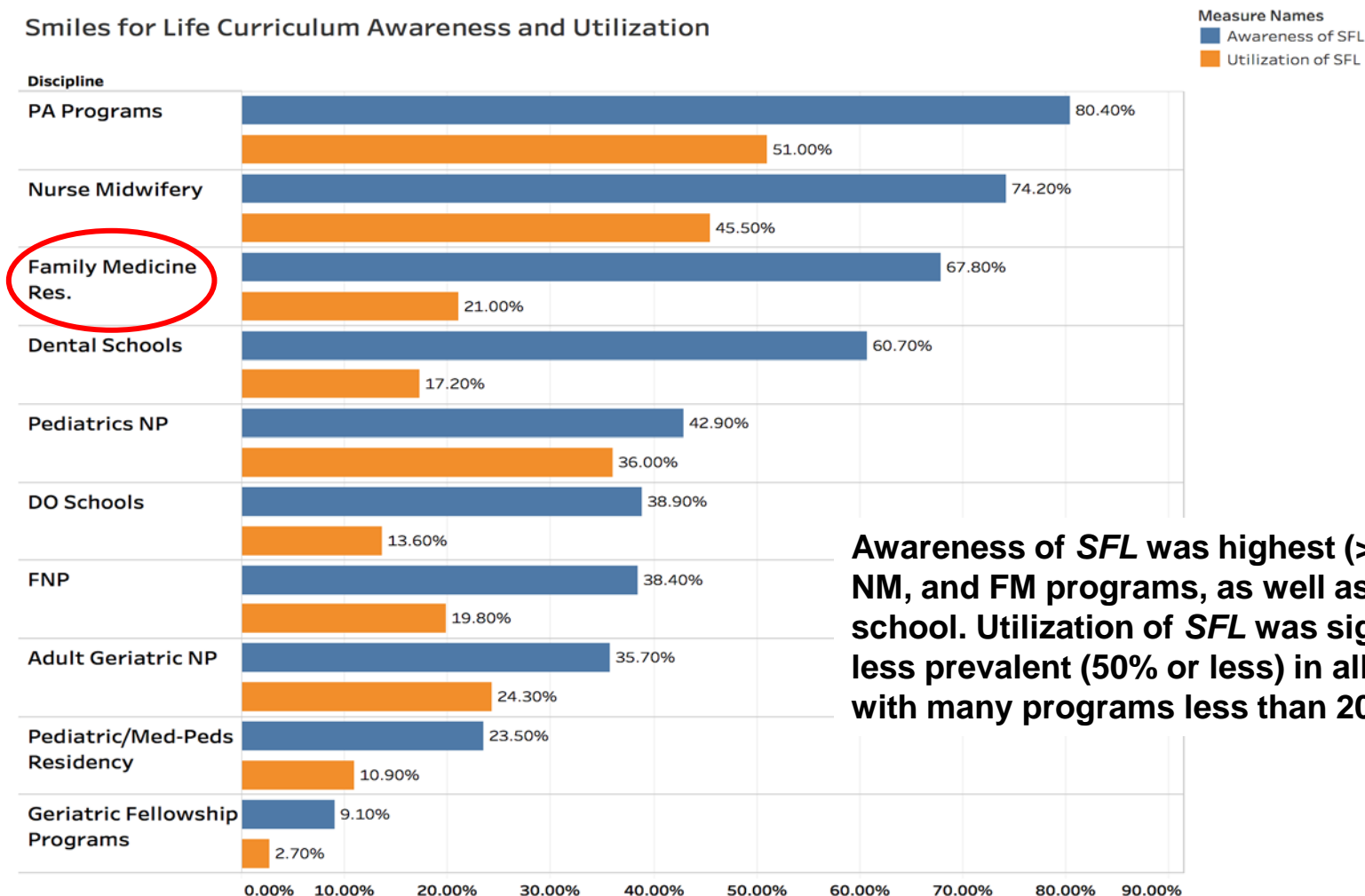


Program Director's Satisfaction with Graduate Competence in OH



*Percent of combined responses to "Agree and Strongly Agree" in one question

Smiles for Life Curriculum Awareness and Utilization



Awareness of SFL was highest (> 60%) for PA, NM, and FM programs, as well as dental school. Utilization of SFL was significantly less prevalent (50% or less) in all disciplines with many programs less than 20% use.

Lessons Learned

- Champions influence curriculum
- Time and lack of faculty expertise are still barriers
- Family Medicine is lagging behind other health professionals
- Family Medicine is aware of Smiles for Life but not using it

Next Steps

- Need to overcome barriers of time and lack of faculty expertise by using on-line teaching for residents – www.smilesforlifeoralhealth.org
- Need to create more champions – partner with STFM for a visiting professor program or oral health champion institute
- Need to bring together dental and non-dental departments

Questions / Comments

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