

Pediatrician Training in Oral Health

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Outline

- Medical education overview
- The literature
- What's happening
- Overcoming barriers

Medical Education

Undergraduate Medical Education (UGME)

- Medical School
- LCME, AAMC

Graduate Medical Education (GME)

- Residency
- ACGME, RRC

Continuing Medical Education (CME)

- ACCME, professional organizations, multiple others



GME and Oral Health

2006 AAP graduating resident survey:

- 66%: should conduct oral health assessments
- 32%: no oral health training during residency
- 75%: less than 3 hours of training
- 14%: clinical observation time with a dentist
- Majority want more oral health training

Caspary et al. Pediatrics. 2008;122:e465-e471.

GME and Oral Health

2007 survey of board certified generalists

- 4-5 years out & 1-2 years out
- 52% could have used additional residency training in oral health
- Second only to mental health (62%), just ahead of sports medicine (51%)

Freed et al. *Pediatrics* 2009;123:S38-S43.

What is happening
to change this?

Report IX

Contemporary Issues in Medicine: Oral Health Education for Medical and Dental Students

Medical School Objectives Project



June 2008

Learn

Serve

Lead.

Association of
American Medical Colleges

Pediatric Residency

Academic Pediatrics Association

- “Educational Guidelines for Pediatric Residency Training”: explicit re oral health

Pediatric Board Exam

- Includes oral health

Residency Review Committee

- Not yet a required topic

Curricula

AAP toolkit 2005, 2006

- “Oral Health Risk Assessment: Training for Pediatricians and Other Child Health Professionals”
- CD-ROM, online with free CME

AAP: “Protecting All Children’s Teeth”

- Web-based, piloting & evaluating
- Goal: nationwide use in pediatric residency training programs

Policy Statements

Oral Health Risk Assessment and Establishment of the Dental Home (5/2003)

- Really an introduction: dental caries, risk, risk assessment, anticipatory guidance, prevention strategies, dental home

Preventive Oral Health Intervention for Pediatricians (12/2008)

- AAP support for medical-dental collaboration, inclusion in well child care, fluoride administration based on risk

AAP Agenda for Children 2008-2009

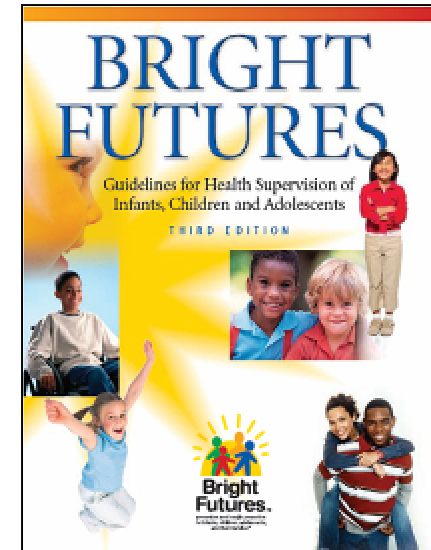
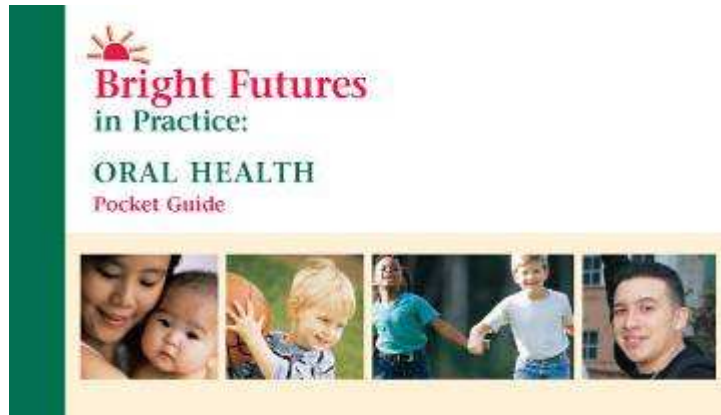
DEDICATED TO THE HEALTH OF ALL CHILDREN™



- Planning
- Implementing
- Integrating



Bright Futures



- Bright Futures in Practice: Oral Health-Pocket Guide (2004)
- Bright Futures, 3rd edition (2008)
 - Oral health 1 of 10 major themes
 - Woven into each well child visit

Publications

Increased oral health in peds journals

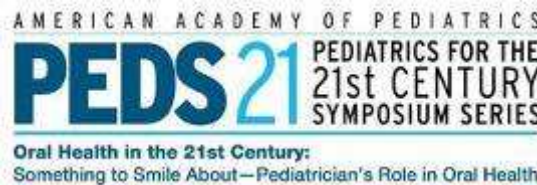
- Dentists or physician/dentist collaborations

AAP's Pedialink

AAP Prep Audio

Conferences

- Focus at AAP state, district, national meetings
- 2005: mini-course at PAS meeting
- 2007: AAP annual mtg
 - Oral health plenary
- 2008: AAP annual mtg
 - Pediatrics for the 21st Century symposium



– Over 700 attendees



Programs

Preceptorship Program

- Individualized one-on-one training
- Variety of sites
- 30 awards completed, 10 in 2008

Chapter Advocate Training on Oral Health

- Identify oral health advocate in all 66 chapters
- Train to serve as chapter's oral health expert
- Identify dental partner for each chapter
- Establish strong medical/dental collaborations on state & local level



Grants

- Healthy Tomorrows (30 oral health specific)
- CATCH (20 oral health specific)
- HP2010 grants (5 oral health specific, 2007)

Other Resources

Monthly E-newsletter: 800 registered

- wnelson@aap.org

AAP Oral Health Initiative website

- www.aap.org/oralhealth

Overcoming Barriers

Integration

Oral health at all levels of pediatric training

- Supported, instituted by accreditation bodies

Test for it

- Certification bodies

Consistent Content & Messaging

Multiple curricula, programs, & projects are valuable

Challenge is ensuring consistent content & quality of information

- To providers
- To patients

Collaboration

Medicine and Dentistry

- All levels of educational continuum
- All levels of organization

Evaluation

Curricula, programs, projects must be evaluated

- effectiveness in changing knowledge, attitudes, & behaviors
- effect on oral health & overall health of patients

Unsuccessful, ineffective programs will **not** lead to

- More competent providers
- Healthier patients