

INTRODUCTION

- Since launching the Oral Health Initiative in 2001, the AAP has promoted children's oral health (OH) through various efforts, including improved OH awareness and training for pediatricians and other health-professionals.
- In a 2011 study evaluating the impact of the AAP initiative on US pediatric residents' OH education, we found that a majority of residencies provided ≤ 1 hour of OH education, but several opportunities existed to improve residents' OH competencies.

OBJECTIVES

- Follow-up study to assess pediatric residency programs' progress in promoting development of residents' OH competencies.

METHODS

Study Design:

- Survey of US Pediatric and Med-Peds Residency Programs
- We assessed residents' hours of OH training, educational resources, Program Directors' perception of adequacy of residents' OH competency, and barriers to OH education
- Online survey, with email reminders x 3.

Data Analysis: Descriptive analysis to describe patterns of OH training in residency programs, and logistic regression to identify factors associated with residents' OH training.

RESULTS

Demographics:

- 110 Respondents: 73 Pediatrics residency directors, 37 Med/Peds (response rate =40%)
- 52.1% respondents from programs with ≤ 9 residents/year (23.4% with 10-14 residents/yr; 24.5% >15residents/year)
- 88% of residency programs established >15years ago
- Residency location: 31.9% - Northeast/Mid-Atlantic; 29.8%-Midwest; 30.9% - South; 7.4%-West
- 35.4% program residents spend $\geq 1/2$ day in a dental setting

RESULTS (CONTD)

Table 1: Residents Oral Health Education – Comparison of 2011 and 2017 Survey Results

	2011 Survey	2017 Survey	P value
~Hours of OH Education			
• 0 Hours	4.9%	7.3%	0.21
• 1-2 Hours	47%	54%	0.41
• >3 Hours	48%	38%	0.67
~Fluoride varnish (FV) teaching	43%	83%	<.001
~Fluoride varnish (FV) application in residency continuity clinics	25%	62.9%	<.001
~Formal collaboration with OH expert	51.5%	32.7%	<.01

Table 2: Program Directors' Perception of Residents' Oral Health Training

	Neutral/Disagree	Agree
It is important for Pediatricians to address their patients' basic oral health care issues (e.g., caries prevention, dental referrals).	5.4%	94.6%
There is support within my department for integrating oral health into primary care training.	39.8%	60.2%
Upon graduation, our learners are well prepared to answer questions on oral health on the American Board of Pediatrics board exam (or DO equivalent)	47.3%	52.7%
I am satisfied with the current level of competence that our Pediatric graduates achieve in oral health.	74.2%	25.8%
<i>Does your Pediatric residency</i>	No	Yes
.....have an oral health elective option	76.5	23.5
.....have a faculty "oral health champion"	60.2	39.8

Table 3: Factors Associated with Residents' Oral Health Training

	Perception of Residents Preparedness to Answer Oral Health Questions on ABP [†] Exam		Satisfaction with Pediatric Graduates' Oral Health Competence	
	Unadjusted OR (95% CI)	Adjusted OR (95% CI)	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
OH Champion				
Yes	2.56 (1.07–6.10)	0.78 (0.25-2.45)	6.39 (2.29–17.84)	2.46 (0.73-8.34)
No				
OH Elective				
Yes	1.80 (0.67–4.82)	1.97 (0.59-6.56)	3.39 (1.22–9.44)	4.23 (1.02-17.62)
No (ref)				
Number of hours of OH education*	2.33 (1.40-3.88)	1.58 (0.85-2.95)	2.69 (1.53-4.72)	1.57 (0.77-3.19)
Formal OH evaluation of residents				
No evaluation	4.90 (2.01–11.93)	3.12 (1.10-8.81)	5.15 (1.59–16.63)	2.03 (0.50-8.27)
Departmental support for OH				
Agree	4.99 (2.03–12.28)	4.01 (1.29–12.46)	11.32 (2.47–51.91)	8.91 (1.38-57.56)
Neutral / Disagree (ref)				
Residency type				
Med/Peds	0.64 (0.27–1.50)	1.32 (0.42-4.21)	0.39 (0.13–1.15)	0.86 (0.21-3.55)
Peds (ref)				
Number of residents/year				
≤ 14 (ref)				
≥ 15	1.23 (0.48–3.17)	0.67 (0.20-2.25)	1.36 (0.48–3.87)	0.48 (0.12-1.96)

*Number of hours of OH education categorized as continuous variable, with the following units: 0 hours, 1-2 hours, 3-4 hours, 5-6 hours, 7-8 hours

[†] American Board of Pediatrics

RESULTS (CONTD)

Barriers to residents' OH education:

- Lack of faculty expertise in OH (49.1%)
- Competing priorities/lack of time in the curriculum (64.5%)
- Lack of interest from faculty (14.5%)
- No clear Pediatric national educational competencies (15.5%)
- No Pediatric oral health accreditation standards (8.2%)
- None (13.6%)

CONCLUSIONS

•Significant progress has been made in improving OH awareness and training among US Pediatric and Med-Peds residency programs.

•Significant improvements in FV teaching and application from 2011-2017

•Between 2011 and 2017, no change in number of hours of OH education, and less collaboration with OH experts among residency programs.

• Residents' OH training is positively associated with residency program OH education infrastructure (e.g. departmental support, OH evaluation)

•Several barriers impede optimal OH training in US pediatric residency programs.

•Opportunities exist for residency programs to strengthen their OH program and enhance residents' OH training.

•Project next steps:

- Develop metrics for OH competency
- Identify determinants of residents' OH competency
- Compare trainees' OH competencies across residency specialties and allied health professions.