

CIPCOH's Mission, Vision and Year 1 Research

Mission: CIPCOH serves as a national resource to consolidate the evidence base for systems-level oral health integration into primary care training.

Vision: CIPCOH envisions the role of integrative training and practice leading to cost-effective, patient-centered, and improved patient outcomes within the delivery of primary care.

Research Objectives for Year 1:

- Identify the current state of inclusion of oral health curricula into primary care training.
- Outline the impact of implementing oral health curriculum on measurable changes in primary care practice.
- Collate an overarching set of competencies (and evaluation of) that summarize the most important oral health knowledge, skills, and attitudes needed in primary care training.

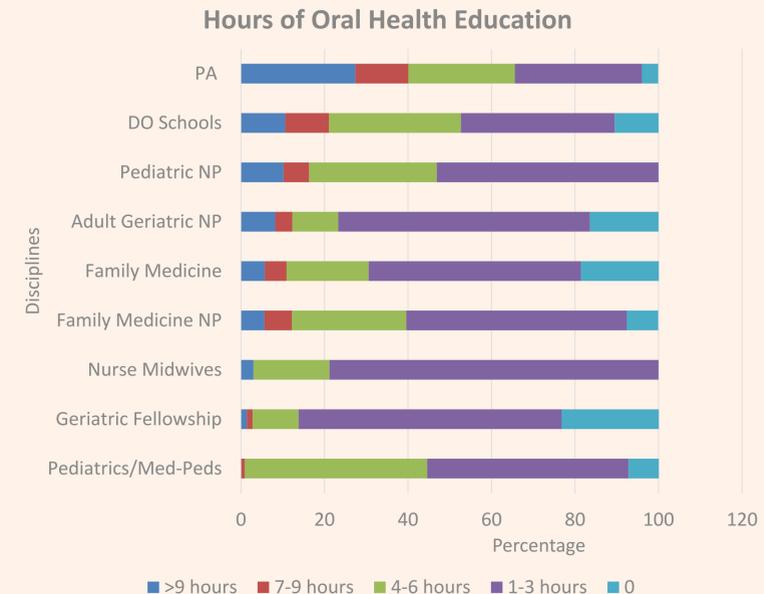
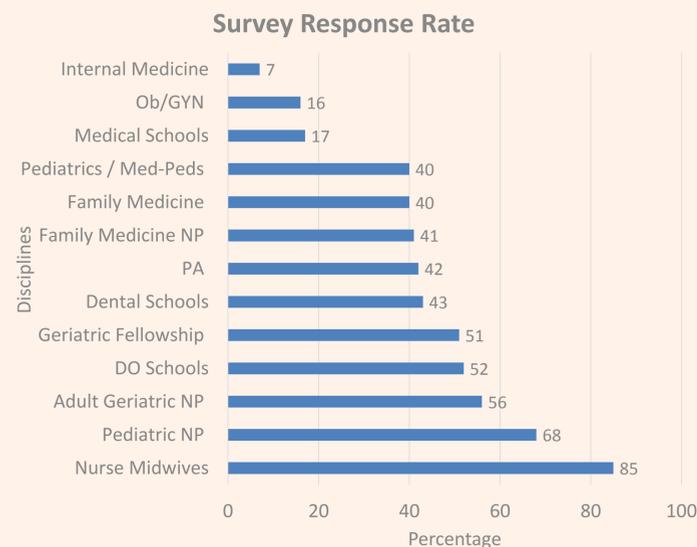
Study Designs for Year 1 Research

The environmental scan was conducted using: a) 14 nationwide surveys; b) systematic review; and c) scoping review.

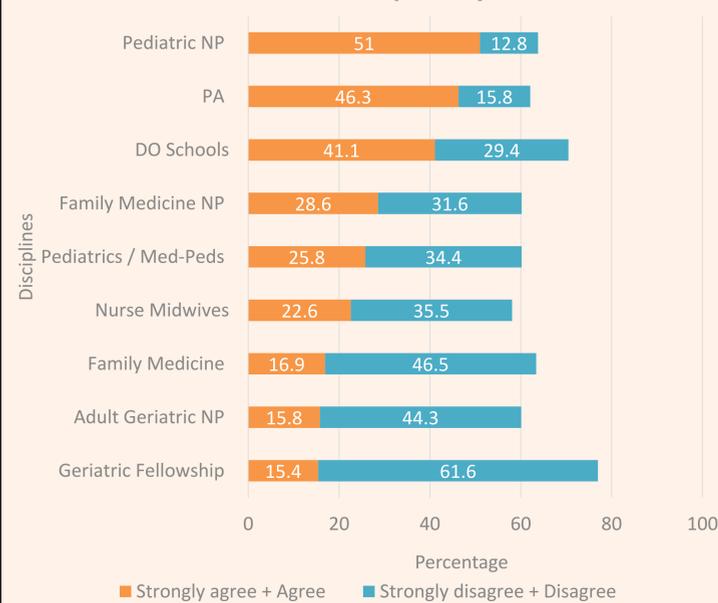
	Systematic Review	Scoping review
Populations Included: Residency programs for Family Medicine, Internal Medicine, Pediatrics, Med-Peds, and ObGyn; Geriatrics fellowships; Allopathic and Osteopathic medical schools; Physician Assistant programs; Nurse Practitioner programs (Family Medicine, Pediatrics and Adult-Geriatrics); and Dental schools. The systematic review also included CE for Primary Care clinicians.	PRISMA	
Search strategy	Multiple databases for literature related to oral health education in primary care training	Multiple databases and grey literature search for oral health competencies (and evaluation of)
Articles included	12	114
Inclusion Criteria	Be implemented as part of primary care training (including continuing education)	U.S.-based programs Records published between 2000-2016 articles/reports
National Surveys (N=14)	Be implemented for individuals that are part of the traditional primary care team or trainees	Articles/reports mentioning oral health integration of competencies or curricula in primary care and not solely a call to action
	Outcomes must report a measureable change in practice	

- 19 item surveys were distributed nationwide electronically.
- Univariate statistics/frequencies were used to describe all survey items.
- Data analysis conducted with SPSS statistical software.

Principal Findings for Year 1 Research



Respondents Satisfaction with Current Level of Learner Competency



- More than **half** the programs in 7 out of 9 disciplines **include only 1-3 hours** of didactic non-clinical oral health in their curriculum.
- More than **quarter** of the programs in 5 out of the 9 disciplines did **not** report a method of learner evaluation.
- Seven of the nine disciplines that had an **oral health champion** also had **significantly more hours of oral health** in their curriculum.
- More than a **quarter** of the respondents in 7 out of the 9 disciplines expressed **dissatisfaction** with the current level of competence their students achieve in oral health by graduation.

Systematic Review Findings:

- Target audiences for training varied from entire interprofessional clinic staffs to one specific student or resident group.
- The curricular content, mode, and length of training varied. Curricula were taught online and in person, and included didactic components, skills training, or a mixture of both.
- Practice change measures included number of oral care procedures completed, screenings done, referrals made, fluoride varnish treatments applied, oral health education conversations conducted with patients, oral health problems identified, and fluoride prescriptions prescribed.

Principal Findings (cont'd)

Scoping Review Findings:

- The literature search identified a total of **8 full sets of competencies** for oral health in primary care, and **three comprehensive competency-based oral health curricula**.
- 14 individual competencies were identified as being central to the integration of oral health into primary care.
- Competencies were grouped into general competency domains, the specifics of each domain seemed to categorize into actionable oral health skills. So, CIPCOH created **8 Entrustable Professional Activities (EPAs)**.
- Evaluation methods for competency achievement included standardized patient experience, pre- and post-confidence ratings, team-based simulations, clinical practice exam, Likert scale evaluations, learner surveys, knowledge-based pre- and post-tests, learner satisfaction ratings, direct clinical observations, and tallies of the number of dental referrals or actual dental services provided.

Conclusions

- There was wide variation in the integration of oral health into primary care curriculum across disciplines.
- While certain disciplines (e.g. Physician Assistants) include more oral health in their curricula, others (like Geriatric fellowships and Family Medicine residency programs) lagged behind.
- Published oral health curricula are too heterogeneous to determine their effects on practice behavior.
- When trainees are evaluated on oral health competencies, methods vary in rigor and thoroughness.

Policy Implications

- The Year 1 research shows that all primary care specialties need **more** awareness of the importance of oral health with regards to overall health. Some specialties (e.g., ObGyn/ Internal Medicine) may need more funding to incentivize integration of oral health into their curriculum.
- Variation in oral health curricula calls for developing a rigorous method for evaluation of efforts to integrate oral health training into primary care training.
- Due to the lack of rigor and thoroughness, a framework needs to be created to evaluate oral health competencies in primary care training.