Principal Findings for Year 1 Research

**Survey Response Rate**

<table>
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<tr>
<th>Discipline</th>
<th>PA</th>
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<tr>
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**Hours of Oral Health Education**

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**Principal Findings (cont’d)**

- More than half the programs in 7 out of 9 disciplines include only 1-3 hours of didactic 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 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 clinics to 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.
- Practice change measures included number of oral care procedures completed, screening done, referrals made, fluoride varnish treatments applied, oral health education conversations conducted with patients, oral health problems identified, and prescriptions prescribed.

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**Study Designs for Year 1 Research**

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

- **Search Strategy**
  - **Systematic review**
    - 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).
  - **Scoping review**
    - Literature search.

- **Inclusion Criteria**
  - Be implemented as part of primary care training (including continuing education).
  - Be implemented for individuals that are part of the traditional primary care team or trainees.
  - Outcomes must report a measurable change in practice.

- **Exclusions**
  - Articles included:
    - Percentage of DO sites that had an oral health champion: 15.8%
    - Percentage of DO sites with an oral health champion: 25.8%
  - Inclusion of oral health curricula are too heterogeneous to determine their effects.

- **Policy Implications**
  - 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.

- **Conclusions**
  - 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., OB/Gyn or 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.