

Conference Paper

Educational Issues Workshop Report

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Panel Members: Dr. Fenton; Dr. David Tesini, Natick, Mass; Dr. Jay Balzer, Boulder, Colo.

Abstract: *This panel addressed issues affecting the education of dentists, dental hygienists, and nondental health care providers regarding oral health of persons with special health care needs (PSHCN). The panel was composed of individuals representing: (1) dental education; (2) medicine; and (3) parents of special-needs patients. They were charged with: (1) identifying problems related to the education of dentists and nondental health care providers that influence access to oral health care for PSHCN; (2) developing recommendations for action by the American Academy of Pediatric Dentistry; and (3) prioritizing the problems and recommendations. (Pediatr Dent 2007;29:146-7)*

KEYWORDS: PERSONS WITH SPECIAL HEALTH CARE NEEDS, DENTAL EDUCATION, EDUCATION STANDARDS, ACCREDITATION

This panel on educational issues held 2 discussion sessions in which conference participants could present and discuss issues relative to the impact of education on access to care for persons with special health care needs (PSHCN). The following points from papers presented during the conference were identified as being particularly relevant to the issue:

1. Dental accreditation standards have recently been strengthened to assure student contact with PSHCN, but it is too early to determine their impact on actual student experiences.
2. A looming shortage of faculty/mentors further complicates the problem of providing predoctoral, advanced, and continuing education to dentists.
3. Accreditation standards assuring education in PSHCN appear to be lacking in medical education, with no formal education existing on the oral health needs of this population.
4. The PSHCN population presents complex oral health needs but is currently underserved with inadequate financial reimbursement mechanisms, further impeding their access to medically necessary oral health care.
5. Lack of information relative to evidence-based practices deters some dentists from providing oral health care.

Predoctoral dental education

A shortage of competent faculty/mentors will grow worse and exacerbate problems in teaching students about PSHCN. Dental schools within geographic regions should pool resources and share the expertise of: (1) faculty; (2) online resources; (3) affiliated facilities; and (4) advocacy organizations. Preceptorships with nondental health care providers in the community (eg, occupational, speech, and physical therapists) could enhance students' understanding of problems facing the PSHCN population.

National Board examinations and state licensing exams drive a large portion of the dental curriculum. Including questions about the oral health care of PSHCN in these exams could force more special needs education into the predoctoral curriculum.

Data indicate that dental students feel unprepared to treat the PSHCN population upon graduation. Liaising with dental student groups regarding this issue could further influence needed curricular change.

Advanced pediatric dental education

While the majority of PSHCN can be treated in an outpatient setting, some require sophisticated, tertiary care. Opportunities for enhanced training of the "dental hospitalist" should be encouraged, possibly including development of a fellowship in the treatment of the most severely medically compromised patients.

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Interdisciplinary education

Nondental health care providers can and should be trained in oral health issues. Resources like the Society of Teachers of Family Medicine's oral health curriculum (www.stfm.org/oralhealth) should be broadly distributed and shared.

Oral health education should also be available to an even broader group of non-health care providers, such as: (1) judges; (2) parent support groups; (3) advocacy organizations; and (4) special education teachers.

Additionally, training in providing care to PSHCN can be expanded through programs like Project DOCC (Delivery of Chronic Care; www.projectdocc.org), which utilizes parents as teachers of pediatric and family practice residents.

Finally, participation in the American Academy of Developmental Medicine and Dentistry's interdisciplinary clerkships for dentists and physicians should be encouraged (www.aadmd.org).

Continuing education

Continuing education about dental care for PSHCN should be available to general dentists and specialists. Requiring continuing education in this area for licensure renewal should be considered.

Financial issues

Financial incentives often drive decisions to accept PSHCN in dental practices. Loan repayment programs could be expanded to provide incentives for dentists to treat this population in their offices.

There is ample evidence that patients with neurodevelopmental disorders and intellectual disabilities are medically underserved. The federal government (specifically, the Health Resources and Services Administration [HRSA]), however, does not officially recognize this population as "medically underserved." This limits the availability of programs like loan repayment for the providers of dental care to this vulnerable population.

Recommendations

The following recommendations are suggested:

1. Endorse the resolution of the American Dental Education Association to strengthen predoctoral dental accreditation standards regarding treatment of persons with special health care needs (PSHCN).
2. Develop programs to support the sharing of faculty resources by institutions. These could include "visiting professorships," online courses, Web sites, periodic conferences, etc.
3. Develop educational resources on oral health care issues attending the PSHCN population for non-dentist care providers.
4. Sponsor continuing education courses on special needs issues for general dentists, pediatric dentists, and non-dental health care providers.
5. Support efforts to have PSHCN formally recognized by HRSA as a "medically underserved" population in order to make federal funds available for loan repayment to those who provide care to this most vulnerable population.

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