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Incorporation of a National Oral Health Curriculum Into Family Medicine Residency Programs

To the Editor:

Although oral health is an important component of primary health care, physicians in training have traditionally had little exposure to oral health education.^{1,2} This is rapidly changing. In June 2008, the Association of American Medical Colleges issued a call for a greater presence of oral health in undergraduate medical education.³ Within family medicine residency programs, formal education in oral health has been mandated by the Family Medicine Residency Review Committee (RRC) of the Accreditation Council for Graduate Medical Education (ACGME) since June 2006. To address the need of residency programs for high-quality curricula to meet this requirement, Smiles for Life, a national oral health curriculum, was developed and released by the Society of Teachers of Family Medicine Group on Oral Health in October 2005.⁴ A revised and expanded second edition was released in July 2008, consisting of seven PowerPoint modules and companion resources for both clinicians and patients.⁵ Smiles for Life remains the only comprehensive, widely distributed oral health curriculum aimed specifically at primary care clinicians in the United States. Anecdotal reports suggest that Smiles for Life has been widely adopted within the family medicine education community. More than 69,000 copies of curricular components have been downloaded, and the curriculum's Web site at www.smilesforlife2.org receives more than 1,000 visits per month.

However, detailed descriptions of the awareness of family medicine residency program directors of Smiles for Life and its use have not previously been reported.

Methods

A link to a four-question Web-based survey was distributed by individual e-mails to the directors of all accredited family medicine residency programs in the United States in September 2008. E-mail addresses were obtained from the Association of Family Medicine Residency Directors. Two rounds of follow-up e-mails were sent over the following 6 weeks.

The questions asked were:

(1) Are you aware of the Family Medicine Residency Review Committee (RRC) requirement for resident education in oral health?

(2) How many hours per year does your residency program devote to resident education in oral health?

(3) Are you aware of the Society of Teachers of Family Medicine (STFM) Smiles for Life National Oral Health Curriculum?

(4) Do you use the Smiles for Life curriculum in your residency program?

Results

Of 450 program directors, 183 responded, generating an overall response rate of 41%. All respondents answered all questions. Most program directors (84%) stated they were aware of the accreditation requirement for education of residents on oral health. Ninety percent indicated they provided dedicated instruction in oral health within their program. The most common amount of time devoted to the subject annually was 1–2 hours (52%), followed by 3–4 hours (21%), 0 hours (10%), 5–6 hrs (6%), more than 12 hours (5%), 7–8 hours (4%), and 9–10 hours (2%). Most program directors (74%) were aware of the Smiles for Life curriculum, and 65% reported using it in their residency program.

Discussion

Family medicine residency program directors are aware of the requirement to educate residents in oral health. However, only a relatively small amount of time is devoted to oral health education annually in most residency programs. Further, 10% of programs report no formal education in oral health at all, despite the RRC requirement. Awareness among responding residency program directors of the Smiles for Life curriculum is high, as is its rate of utilization.

The results of this study indicate that Smiles for Life has had a substantial impact on oral health education within family medicine residency education. Further studies are required to document its impact in predoctoral medical school education and on the practice patterns of family medicine residency program graduates.

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Comment

Using CME Time to Promote Scholarship

To the Editor:

There have been calls for the specialty of family medicine to increase the scholarly productivity of physician faculty members and resident physicians. The scholarship requirement of the Residency Review Committee in Family Medicine is an example that many programs struggle to find time and mentors to fulfill. A common problem is finding a way to provide the dedicated and protected faculty time that would allow for success in scholarship and research. At the Mayo Clinic Arizona Department of Family Medicine, we use a simple and novel approach that has allowed novice investigators to accomplish their scholarship goals.

Most faculty physicians are provided with a fixed supply of "trip

time" to use for continuing medical education (CME). We encourage our faculty to "stay at home" and work on a scholarly project. The American Academy of Family Physicians provides CME credit for participation in a number of types of scholarly work.¹ Participation in clinical research studies is defined broadly as case reports, case series, systematic reviews, and other descriptive and experimental studies and is eligible for up to 10 prescribed credit hours per year. Participation may include writing a grant to secure funding for a clinical research project, research work as an investigator or coinvestigator and authoring or coauthoring a manuscript. Presentation and publication of scholarly work is also eligible for CME credit.

We have allowed our physicians to use trip time to create opportunities for working on projects as varied as Family Physician Inquiry Network (FPIN) Clinical Inquiries, case reports with poster presentations with our residents, and clinical review articles. One could potentially justify 35 hours of dedicated time for a project if CME hours allowed for development, presentation, and publication were all utilized. Our department has realized significant savings as physicians work here on their project and do not incur expenses for conference registration, plane travel, meal expenses, or hotel accommodations.

Our actions to increase faculty and resident scholarship have been multiple and varied. They include FPIN membership, required resident projects, and a published senior class quality improvement project.² As a department, we had eight peer-reviewed publications in 2005, 11 in 2006, 15 in 2007, and we will have more than 20 in 2008. Over the last 3 years, six faculty members (about one third of the total) have published articles for the first time or have manuscripts in review.

Prior to this action, resident involvement in presentation and publication was rare. All current residents will have an extramural presentation, a peer-reviewed publication, or both before graduation.

Using designated CME time for scholarship has been a winning strategy for us, and we encourage other departments to consider this approach.

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