

Likelihood of Treating SHCN Patients: A Survey of Dental Residents

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PURPOSE

This survey seeks to assess AEGD, GPR, and Pediatric Residents' willingness and preparedness to treat patients with special health care needs (SHCN) post-graduation.

INTRODUCTION

There is a growing national need for dentists trained to provide special care dentistry for I/DD, transitioning, disabled, geriatric, and medically complex populations.

The pediatric dentistry specialty has long been tasked with caring for children and adolescent patients with special needs and then aiding their transition to the care of general dentists once they enter adulthood.

Increased life expectancy of individuals with developmental disabilities and complex medical problems has therefore increased the number of individuals living with significant medical or handicapping limitations.

CODA has implemented accreditation standards that require didactic and hands on training in SHCN. Although some training is required for dental schools and advanced programs, it is Pediatric Dentistry, GPR and AEGD residents who are more likely to treat this population.

The AAPD has an official transitional care policy for SHCN oral care, but proper patient hand-off is still an unsurmountable problem. Previous research surveys have gathered data on SCHN training while in educational settings.

But how many new dentists feel appropriately trained and competent to adequately treat this population outside of an institutional setting?

METHODS

Cross Sectional Survey

- ADEA PASS website used to obtain program director or coordinator emails.
- Program directors/coordinators emailed and instructed to forward survey to current residents.
- Qualtrics survey anonymity setting used to not collect institution, IP addresses, email, or any identifiable data of respondents.
- Survey link usable once per device with expiration date ending all responses on same date.

Inclusion criteria:

- 29 advanced dental training programs; Eight states coinciding with AAPD's southwest district chapter.
 - AK, CO, KS, MO, TX, NM, OK, LA.
 - 12 Advanced Education in General Dentistry
 - 11 General Practice Residency
 - 6 Pediatric Dentistry Residency

RESULTS

Number of Programs: 29
Number of total residents in all programs= 201
Response rate (n=74) (37% response rate)
Respondents: AEGD= 21 GPR= 31 PEDS= 27

Survey, Data, References



RESULTS

What has been your special needs experience in your graduate dental training?

	Didactic	Didactic + Clinical	None
AEGD (21)	5 (24%)	9 (43%)	7 (33%)
GPR (31)	1 (3%)	30 (97%)	0 (0%)
PEDS (27)	0 (0%)	26 (97%)	1 (3%)

Do you feel adequately trained to treat special need patients post-graduation?

	YES	NO	Maybe
AEGD (21)	2 (10%)	19 (90%)	0 (0%)
GPR (31)	19 (61%)	4 (13%)	8 (26%)
PEDS (27)	25 (93%)	2 (7%)	0 (0%)

Do you think special needs dentistry should be a specialty or fellowship training program separate from other CODA programs?

	YES	NO	Maybe
AEGD (21)	17 (81%)	0 (0%)	4 (19%)
GPR (31)	27 (87%)	0 (0%)	4 (13%)
PEDS (27)	13 (48%)	4 (15%)	10 (37%)

What age should special needs pediatric patients transition to adult care?

	11-15yo	15-17yo	18-21yo	21+ yo
AEGD (21)	0 (0%)	0 (0%)	2 (10%)	19 (90%)
GPR (31)	0 (0%)	6 (19%)	2 (7%)	23 (74%)
PEDS (27)	4 (15%)	9 (33%)	6 (22%)	8 (30%)

Have or will you accept a job offer that includes treating the special needs population?

	YES	NO	Maybe
AEGD (21)	0 (0%)	20 (95%)	1 (5%)
GPR (31)	5 (15%)	23 (75%)	3 (10%)
PEDS (27)	25 (92%)	1 (4%)	1 (4%)

Limitations to this survey include:

- Low responses, which may not provide accurate representation of the population surveyed
- Lack of blinding of respondents' program state.

DISCUSSION

Transitional oral care has been an increasing issue for pediatric residency programs and community clinics nationwide. Although the AAPD has a policy to cover this area, little has been done to reinforce this policy and effectively increase access for these patients. Currently, there is a need to train clinicians in special care dentistry separate from other CODA training programs to increase the number of graduating dentists with a major SHCN training component. Board certification (ABGD or ABSCD) and hospital credentials access should be promoted to reinforce post-graduation service access and standardization.

AAPD should consider partnering with SCDA & CODA to push for better transitional care hand-offs and ensuring the continuation of quality care for the nation's children/young adults. Lastly, dental schools should go through marked expansion to become more inclusive area safety net programs.

CONCLUSION

- More exploration is needed to understand barriers to trained clinicians treating SHCN population.
- Pediatric programs should support SCD fellowships, AEGD, and GPR programs. Closer institutional partnerships could help close some of the access and transition gaps.
- A larger post- graduation survey may illuminate areas of improvement for training programs and/or barriers to practice such as the availability of OR time, access for dentists/anesthesiologists, trained staff, or adequate funding.
- The number of dedicated SHCN clinics in the USA and available jobs at institutions, private offices, and hospital clinics should be explored.

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