The effect of community based externships on host sites:

A survey of staff dentists at Washington State Community Clinics.

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Community-Based Externships

Students in 3rd and 4th years treat patients under supervision of staff dentist at community-based clinic
Community-Based Externships

Risk Factors for Childhood Caries

- Lower socioeconomic status
- Some racial/ethnic minorities
- Children with immigrant backgrounds
- Parental history of dental caries and abscessed teeth

2009 National Health Center Data

- 23% of the patients served are under the age of 12
- 93% are below 200% poverty
- 38% are uninsured
- 64% are racial/ethnic minority
- 29% are best-served in a language other than English
- 480,441 perinatal patients
From 2003 – 2009, the proportion of dental schools requiring a community-based clinical experience rose from 64% to 91%
Why Community-Based Externships?

1. Advantages for the school:
   - Students away from the dental school use less resources
   - Helps address national faculty shortages

2. Advantages for the dental student:
   - \( \uparrow \) number of patients/dental procedures
   - More diverse population
   - More representative of “real world dentistry”

3. Advantages for the community-based clinic:
   - Increase in productivity
   - More providers to treat high-risk population
   - Dentist recruitment/retention tool
Is it working? Students

Surveyed dental students:

- 75% of surveyed dental students rate their externship experience as “positive” or “very positive”
- Most felt the externship improved their ability to care for a diverse population
- Decrease in quality of dental care and treatment of patients
Is it working? Dentists

Surveyed staff dentists:

- Pipeline, Profession, and Practice: Community-Based Dental Education Program
  - “Nothing but praise for the students and rotation programs”

Surveyed medical providers:

- Teaching enhanced their enjoyment of patient care and helps keep their clinical knowledge current
- 73% reported that a major disadvantage to teaching was decreased productivity
The specific study aims were to:

- Collect information on staff dentists’ experience with CBEs and current commitment to hosting dental students
- Ascertain perceived effects of CBEs on students, staff dentists, patients, clinic productivity and quality of care
- Assess and compare the importance of incentives to dentists in encouraging their participation in CBE programs
Methods

- Setting: Washington State
- Study Subjects: Washington Association of Community and Migrant Health Centers (WACMHC)
  - Approximately 24 healthcare organizations
  - Approximately 120 dentists
- 46-question survey created and piloted
Methods

- Mixed-mode (internet and mail-based) survey that used the tailored design method of Dillman

Data Analysis:
- Stata 11
- Descriptive statistics
- Fisher’s exact test and two-sample t-test
The majority of respondents felt that CBE programs benefited students, staff dentists and community-based clinics.

97% of respondents felt that a CBE has a positive effect on a student’s education.

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**How would you rate overall quality of care provided by students on a CBE?**

- Dentists with Supervisory Experience:
  - Above Avg: 25
  - Avg: 47
  - Below Avg: 79

- Dentists without Supervisory Experience:
  - Above Avg: 4
  - Avg: 14
  - Below Avg: 79

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**Do you believe a student’s presence benefits the clinic’s patients in a positive or negative way?**

- Dentists with Supervisory Experience:
  - Positive: 38
  - Neutral: 15
  - Negative: 11

- Dentists without Supervisory Experience:
  - Positive: 75
  - Neutral: 43
  - Negative: 7
How does a student’s presence affect the:

- # of patients seen in the clinic?
- Amount of work done per patient in clinic?
- # of patients you see in a day?
- Amount of work you do per patient?
Regarding CBE financing and support:

Should dental schools pay the host clinics?

Should host clinics pay dental schools?

Should host clinics pay for a student’s expenses?

Should supervising dentists receive incentives to do so?
Most popular reasons a community-based clinic would and would not participate in a CBE program:

- **Would**: recruit staff dentists and a desire to participate in dental education (32% each)
- **Would not**: increased administrative work (25%) and a decrease in clinic productivity (23%)

**Preferred incentives**
- Financial bonus
- Free continuing education
The purpose of this study was to explore community-based dentists’ perceived effects of CBEs on students, staff dentists, patients and clinics.
Discussion

Educational experience

• Dentists overwhelmingly believe that CBEs benefit students.

Quality of care and patient benefits:

• Dentists with experience supervising dental students are more likely to report these aspects of CBE programs as neutral or negative.

→ More efforts should be made to understand the components of quality of care and how best to maintain it in a CBE setting.
Discussion

Clinic productivity:

- Most dentists with experience supervising dental students reported no change in overall clinic productivity when a student was present.
- Reasons not to participate in CBEs: additional administrative work and decreased clinic productivity.

CBE program costs:

- No dentists thought that community-based clinics should pay schools for the opportunity to host dental students.
- The majority of dentists did not feel that their clinics should help pay for a visiting student’s externship expenses.
Discussions

Limitations:

- The dentists could be unfairly influenced by the most recent student they supervised.
- The dentists could be unfairly influenced by one particular dental school’s CBE program.
  - Some dentists may be affiliated with University of Washington and may feel pressured to support the dental CBE program.
- Small population size limits generalizability
Conclusion

- The effects of CBE programs on patients and the staff at the host clinics should be considered in their design.
- Staff dentists should be considered independent key stakeholders in the design and implementation of CBE programs.
- Schools are in a unique position to provide one of the participation incentives most desired by community-based dentists: free CE.
Thank You!

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