

The effect of community based externships on host sites:

**A survey of staff dentists at Washington
State Community Clinics.**

James Cannava DMD

Colleen Huebner PhD, MPH, Chair

Joseph Kelly DDS, MS, MPH

Christine Riedy PhD, MS, MPH

Wendy Mouradian MD, MS

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

8.4 million patient dental visits
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

Community-Based Externships



- 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:

- ↑ 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

Specific Aims



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

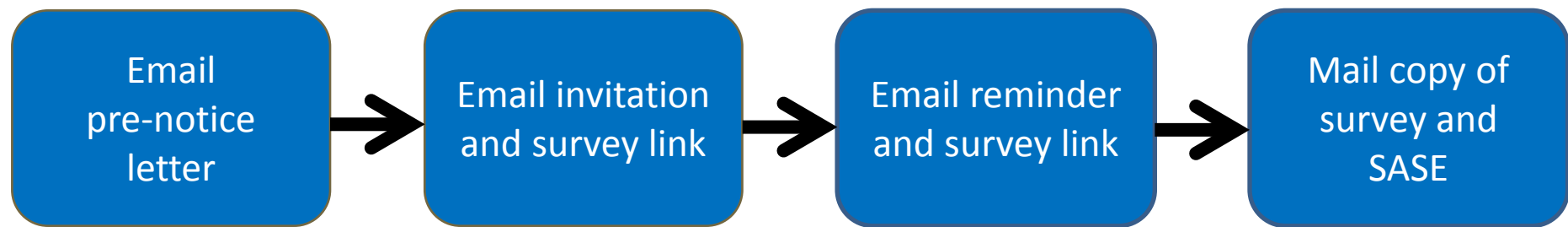
Methods

- 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:

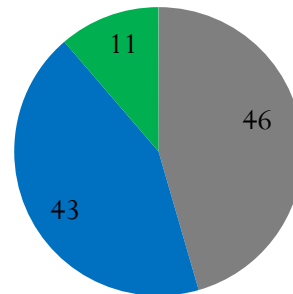
- Stata 11
- Descriptive statistics
- Fisher's exact test and two-sample t-test

Results

- 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

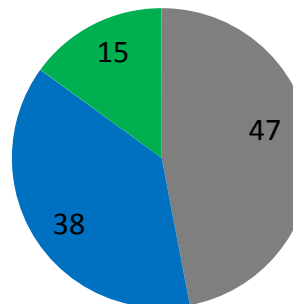
How would you rate overall quality of care provided by students on a CBE? ($P \leq 0.05$)

Dentists with Supervisory Experience



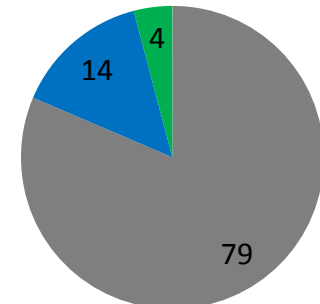
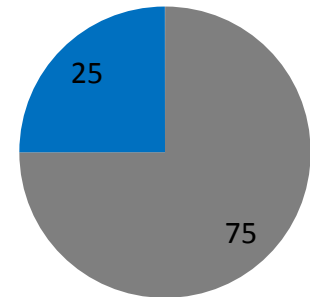
■ Above Avg
■ Avg
■ Below Avg

Do you believe a student's presence benefits the clinic's patients in a positive or negative way? ($P \leq 0.05$)



■ Positive
■ Neutral
■ Negative

Dentists without Supervisory Experience



Results

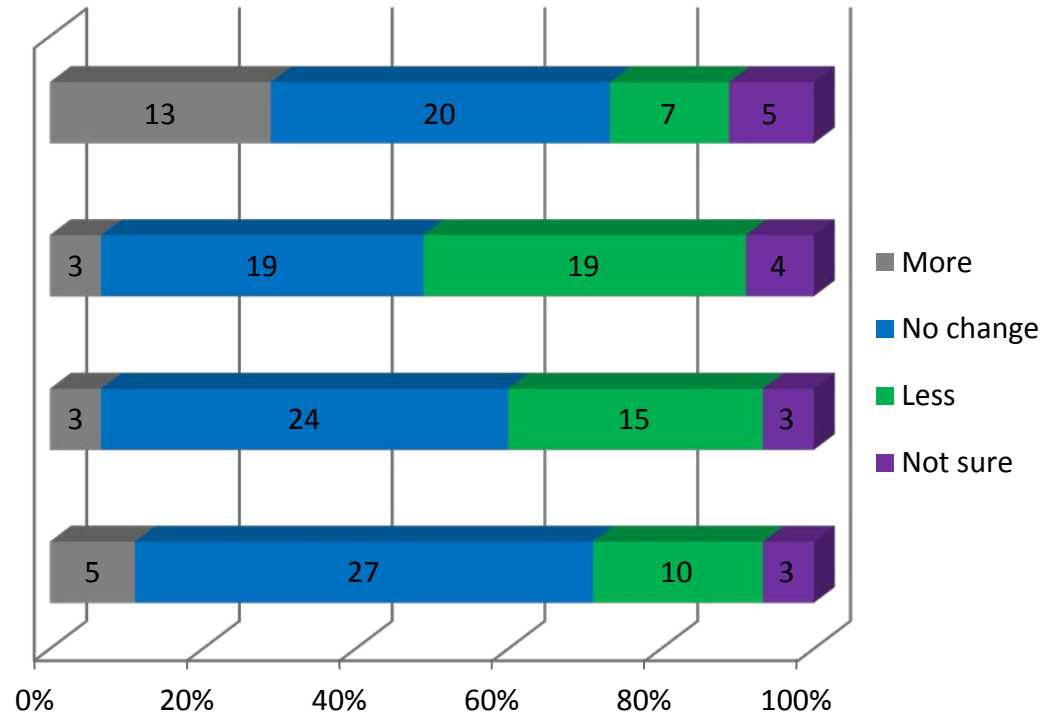
How does a student's presence affect the:

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?



Results

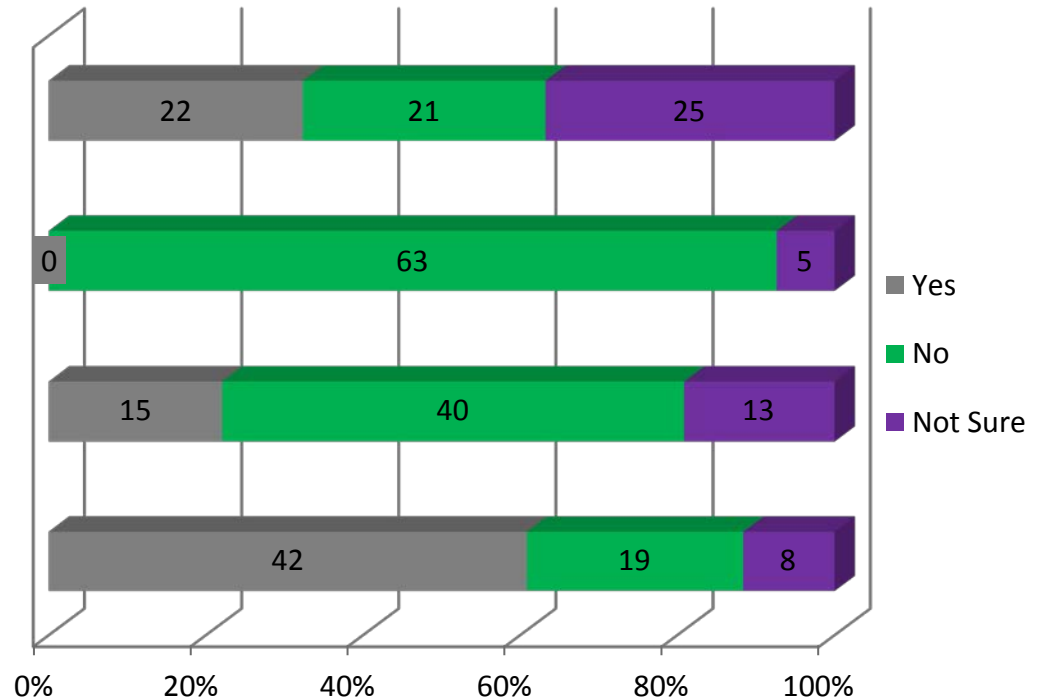
Regarding CBE financing and support:

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?



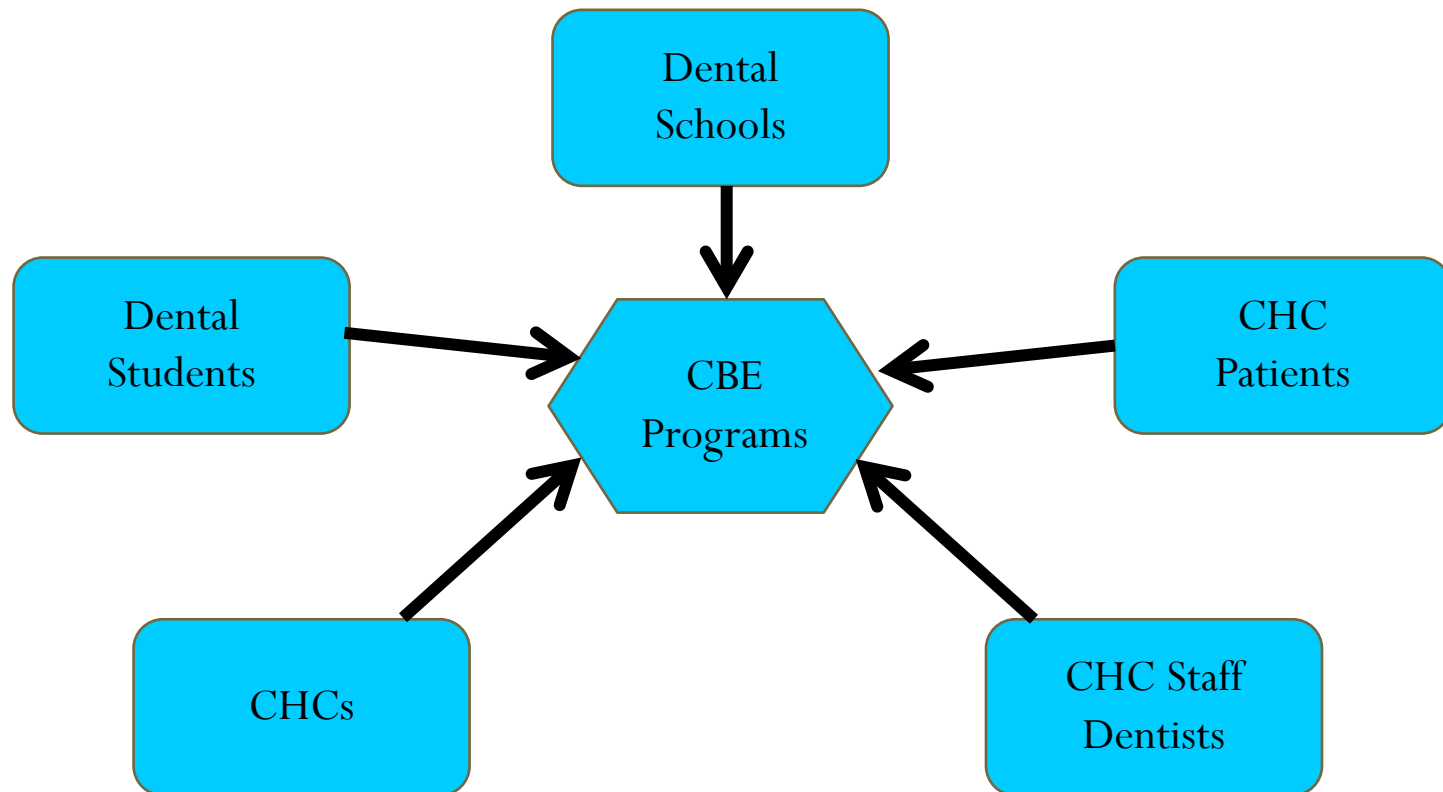
Results

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

Discussion

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!

Colleen Huebner

Joseph Kelly

Christine Riedy

Wendy Mouradian

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Family/friends

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