

Dentists Perceptions of Their Education and Preparedness to Treat Patients With Special Needs

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ABSTRACT

Research Objective: The objective of this study was to assess the contribution of dentists to oral health care for special needs populations, the readiness of the dental workforce to provide these services, and the opportunities for dental education and professional training programs to support improvements.

Study Design: An online survey instrument was developed to ask about formal didactic or clinical training specific to special needs populations, where the dentist received relevant training, contributions of general and specialty dentists to the provision of oral health services to patients with special needs, and perceived barriers to provision of this care. Survey data were analyzed using descriptive statistics in SAS v9.4.

Population Studied: Responses were collected from 3 groups of dentists: a random sample of general practitioners and pediatric dentists created by the Health Policy Institute (HPI) (n=18,521); all members of the Special Care Dentistry Association (SCDA) with available email addresses (n=350); and dentist members of the American Academy of Developmental Medicine and Dentistry (AADMD) with email addresses (n=26).

Principal Findings: Overall, 766 dentists responded to the survey. Nearly three-quarters (72.2%) of dentists reported treating “many” people with special needs in a typical month. “Many” was defined as provision of dental services for 1 to 10 patients with special needs in all age groups or provision of dental care for 11 or more people with special needs in at least 1 of the 3 age cohorts (children, working-age adults, and adults 65 years of age and older). The top sources of education and training working with patients with special needs were didactic education in dental schools (58.7%), continuing education (56.1%), and didactic (54.2%) and clinical (53.5%) education in residency programs. Training or experience working with patients with special needs through continuing education, community involvement, and residency programs had the highest impact on the provision of dental care for “many” patients with special needs (80.8%-86.3% vs 62.3%-66.9%; $P < .001$). Dentists who were in agreement that education and training in special needs increased their willingness, confidence, and/or provided practical information and enhanced their skills to treat these patients were more likely to provide dental treatment to “many” such patients than other survey respondents (67.2%-85.2% vs 56.0%-68.6%; $P < .005$).

Conclusions: Proportionally more dentists who reported having education, training, and/or experience in working with populations with special needs and those who agreed that education and training in special needs increased their willingness and preparedness to treat such patients provided dental services to “many” people with special needs.

Implications: Results of this national survey of dentists suggests the positive role of education and training on the willingness and preparedness of dentists to provide care for patients with special needs. Training a sufficiently sized and adequately prepared dental workforce to manage the care for populations with special health care needs is imperative for these patients to attain and maintain optimal oral and general health.

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BACKGROUND

- People with special needs present unique challenges for dental providers, who may have limited training or knowledge of their various medical, behavioral, and emotional conditions
- Pediatric dentists complete extensive training related to the treatment of children with special health care needs during their specialty residency programs
- Most general dentists, who constitute the majority of practicing dental professionals, do not receive appreciable training in dental school relative to people with special needs
- The purpose of this study was to assess the contribution of dentists to oral health care for special needs populations, the readiness of the dental workforce to provide these services, and the opportunities for dental education and professional training programs to support improvements

METHODS

- An online survey was sent via email to 3 groups of dentists:
 - A random sample of general practitioners and pediatric dentists created by the Health Policy Institute (HPI) (n=18,521)
 - All members of the Special Care Dentistry Association (SCDA) with available email addresses (n=350)
 - Dentist members of the American Academy of Developmental Medicine and Dentistry (AADMD) with email addresses (n=26)
- Data was collected on:
 - Provider demographics
 - Practice characteristics
 - Didactic education and clinical training
 - Barriers to providing care to patients with special needs
 - Facilitators of providing care to patients with special needs
- Survey data were analyzed using descriptive statistics in SAS v9.4
- “Many” was defined as provision of dental services for 1 to 10 patients with special needs in all age groups or provision of dental care for 11 or more people with special needs in at least 1 of the 3 age cohorts (children, working-age adults, and adults 65 years of age and older)

RESULTS

- Overall, 766 dentists responded to the survey (response rates varied from 3.4% for the HPI sample to 37.1% and 50% for SCDA and AADMD members respectively)
- Half of survey respondents had graduated from dental school within the last 19 years
- The majority (96.2%) of dentists who responded to a survey question (n=605) about treating people with special needs provided dental services to these patients in their primary practice during 2018
- More than one-quarter (27.8%) of dentists reported treating “none or few” people with special needs, while the remainder (72.2%) treated “many” in a typical month

RESULTS (cont.)

- Almost half of those who supplied information about postdoctoral training had completed a dental residency program and 16.5% had completed both a residency and fellowship program
- The top sources of education and training working with patients with special needs were didactic education in dental schools (58.7%), continuing education (56.1%), and didactic (54.2%) and clinical (53.5%) education in residency programs (Table 1)

Table 1. Education, Training, or Other Experience Working With Patients With Special Needs

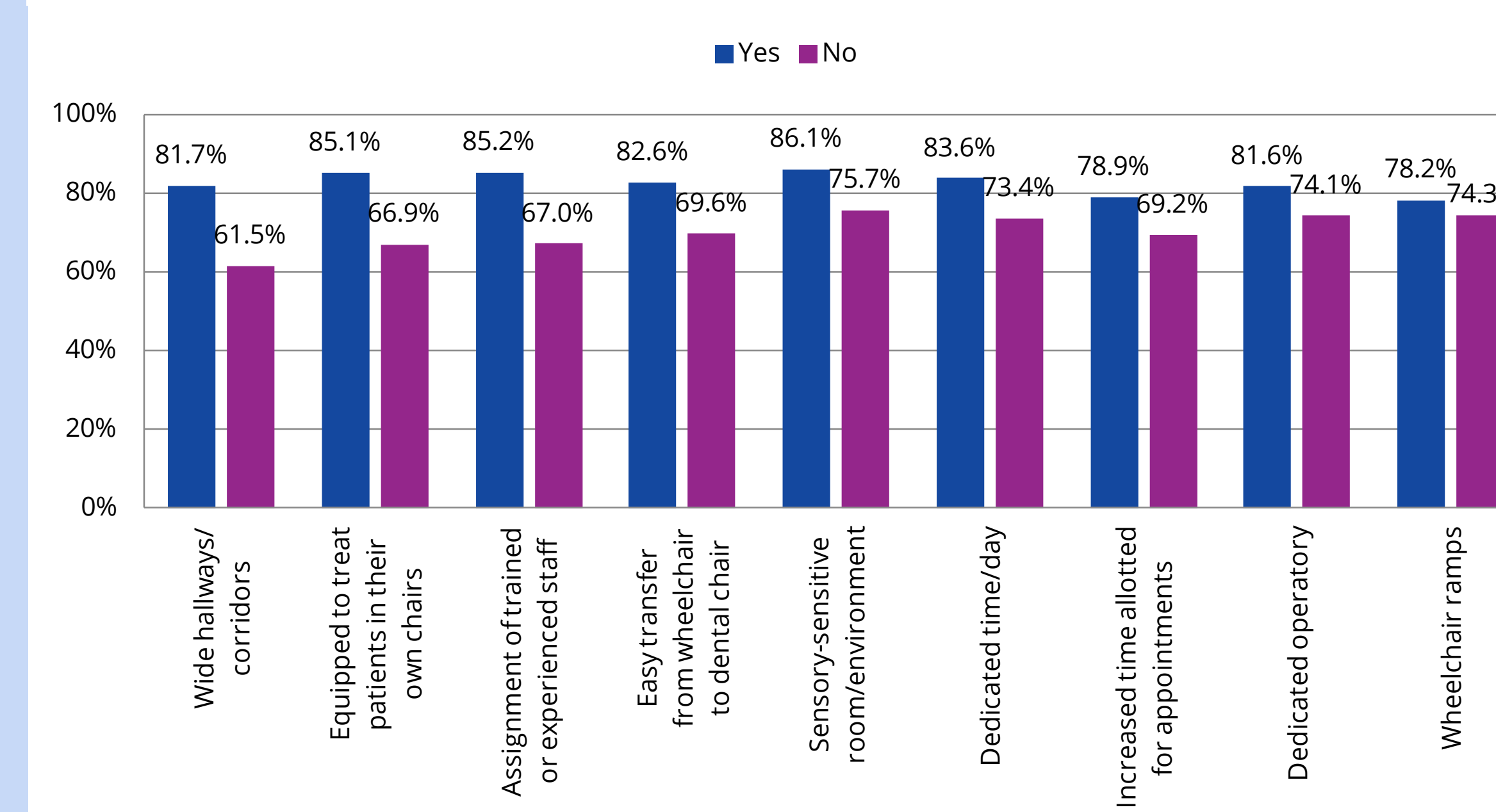
Education, Training, or Other Experience Working With Patients With Special Needs	n	%
Sources of education and training (n=576)		
Dental school didactic education	338	58.7%
Dental school clinical training	276	47.9%
Residency, specialty, or fellowship program didactic education	312	54.2%
Residency, specialty, or fellowship program clinical education	308	53.5%
Continuing education	323	56.1%
Community involvement (eg, Special Olympics, Dental Lifeline, Mission of Mercy)	212	36.8%
Friends, family, or neighbors with special needs	170	29.5%
Other ^a	39	6.8%
None	33	5.7%
Main sources of education and training		
Residency, specialty, or fellowship program	343	59.5%
Dental school, no residency program	140	24.3%
Continuing education, no dental school or residency program	37	6.4%
Other sources, no dental school, residency program, or continuing education	23	4.0%
None	33	5.7%
Total	576	100.0%

Note: Totals may vary due to missing responses.

^a“Other sources of education and training” include courses and fellowships through the Special Care Dentistry Association (SCDA), Applied Behavior Analysis (ABA) training, other professional training, experiential learning.

- The most important barriers to serving patients with special needs were identified as: not being a Medicaid provider, not having appointment requests from patients with special needs, and not having a dental office that was properly equipped
- Practice accommodations such as wide hallways/corridors, being equipped to treat patients in their own chairs, and assignment of trained/experienced staff had the highest impact on dentists’ decisions to treat “many” people with special needs (81.7%-85.2% vs 61.5%-67.0%; $P < .001$) (Figure 1)

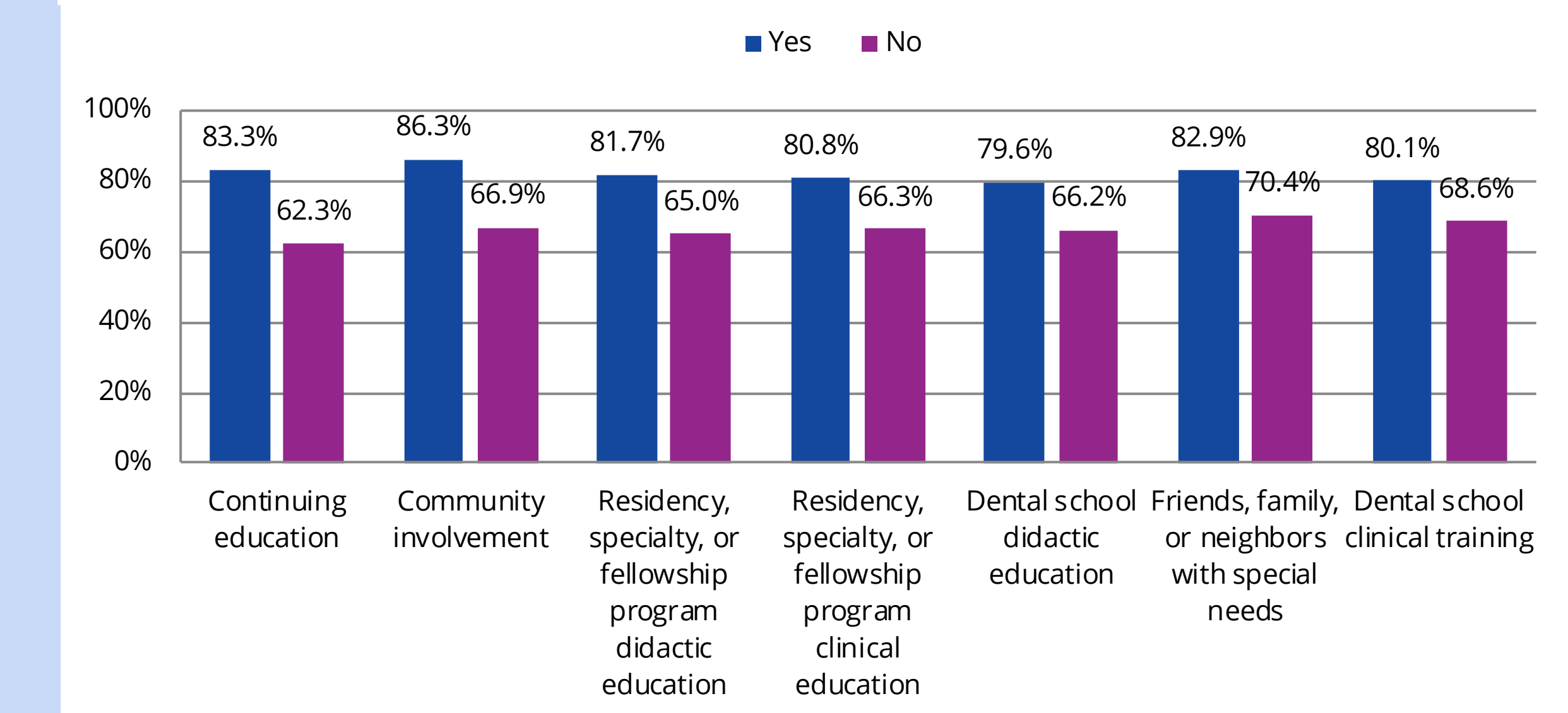
Figure 1. Percentage of Dentists That Provided Dental Services for “Many” Patients With Special Needs by Practice Accommodations/Features Offered to These Patients



- Training or experience working with patients with special needs through continuing education, community involvement, and residency programs had the highest impact on the provision of dental care for “many” patients with special needs (80.8%-86.3% vs 62.3%-66.9%; $P < .001$) (Figure 2)

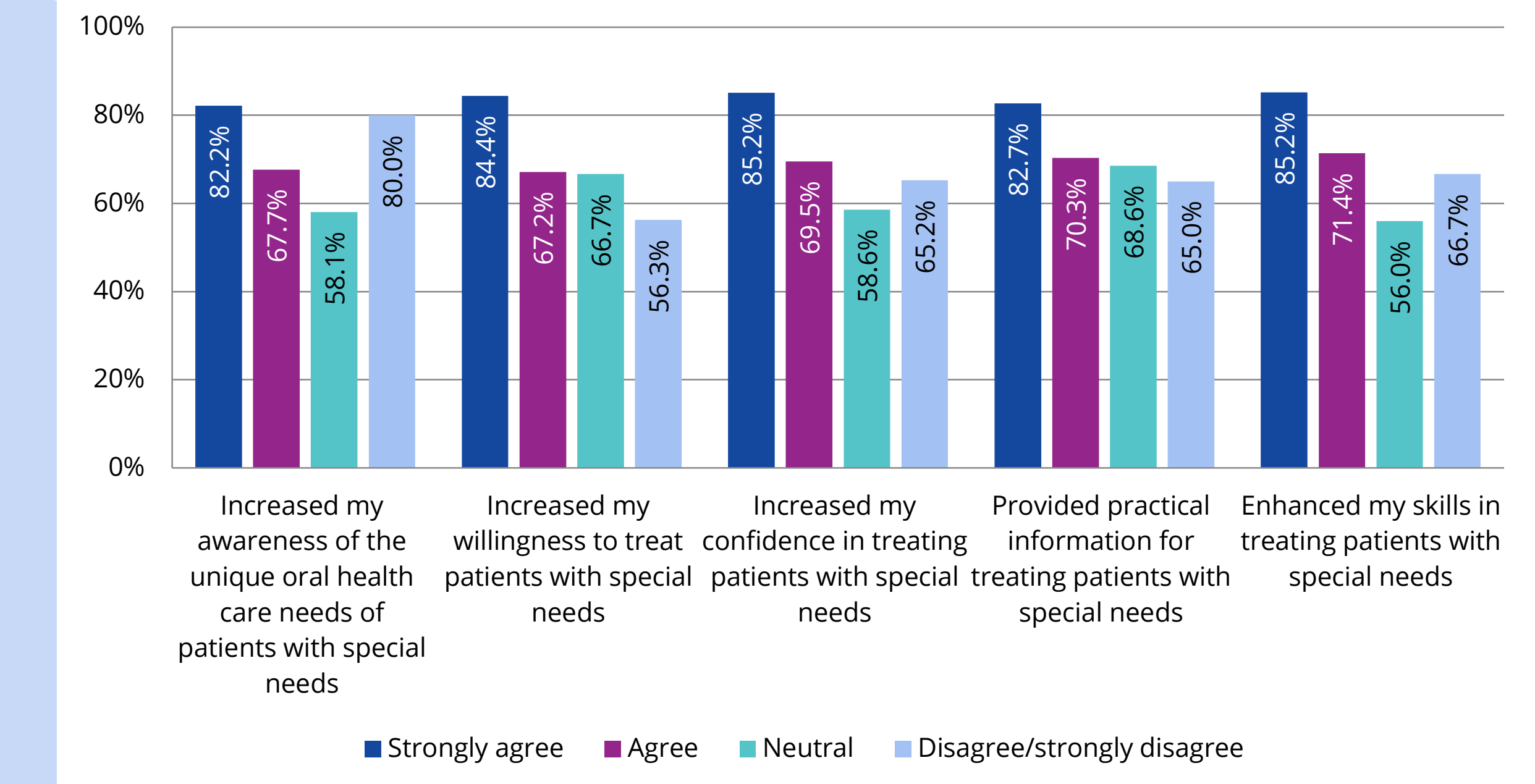
RESULTS (cont.)

Figure 2. Percentage of Dentists That Provided Dental Services for “Many” Patients With Special Needs by Dentists’ Education and Training in Working With These Patients



- Dentists who were in agreement that education and training in special needs increased their willingness, confidence, and/or provided practical information and enhanced their skills to treat these patients were more likely to provide dental treatment to “many” such patients than other survey respondents (67.2%-85.2% vs 56.0%-68.6%; $P < .005$) (Figure 3)

Figure 3. Percentage of Dentists That Provided Dental Services for “Many” Patients With Special Needs by Dentists’ Perceptions of Education and Preparedness to Treat These Patients



CONCLUSIONS & IMPLICATIONS

- Dental education, training, and/or experience in working with populations with special needs as well as dental practice accommodations for people with special needs were the largest facilitators for dentists providing oral health services to “many” of these patients
- Barriers to serving patients with special needs included not being a Medicaid provider and not having a properly-equipped dental office
- Training a prepared dental workforce to manage the care for populations with special health care needs is imperative for these patients to attain and maintain optimal oral and general health

REFERENCE

Surdu S, Langelier M, Fosse C, Qiushuang L. *Contributions of General and Specialty Dentists to Provision of Oral Health Services for People With Special Needs*. Rensselaer, NY: Oral Health Workforce Research Center, Center for Health Workforce Studies, School of Public Health, SUNY Albany; May 2020.

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