

How are dental professionals taught to deliver oral hygiene advice?

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Background

- Delivery of oral hygiene advice (OHA) and supporting behaviour change are fundamental skills for dental professionals (DPs) which are necessary to improve patient oral health¹
- Newly qualified dentists lack competency in delivering OHA, suggesting teaching of OHA at undergraduate level is inadequate²
- Behavioural sciences are not fully integrated into dental curricula which are traditionally theoretical based rather than practical application of knowledge³
- Limited research exists into how DPs are taught to deliver OHA at undergraduate level

Objectives

To capture through a questionnaire:

- A snapshot of the amount and types of teaching dental students and hygienist and therapist students (DH/DT) have received on delivery of OHA
- What behavioural theories DP students are aware of and whether they are taught practical application of behavioural theory when delivering OHA
- How confident UK dental and DH/DT students are in delivering OHA to different groups of patients

Methods

- Online self-reported cross-sectional questionnaire completed by student members of the British Society of Periodontology (BSP) Undergraduate Group
- Data is presented using descriptive statistics and Mann-Whitney U tests
- Ethical approval was given by University of Bristol Faculty of Health Science Research Ethics Committee (FREC)

REFERENCES

1. Department of Health. 2021. *Delivering better oral health: an evidence-based toolkit for prevention*. Public Health England.
2. Humphreys, R.E. et al. 2010. Perceptions of first year foundation dentists on oral health education and its role in general dental practice. *British Dental Journal*. 209, pp.601–606
3. Neville, P. and Waylen, A. 2019. Why UK dental education should take a greater interest in the behavioural and social sciences. *British Dental Journal*. 227(8), pp.667-670



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Results

- 30 (out of a possible 42) responses collected between 22 May 2020 and 31 August 2020 (response rate = 71.4%)
- 20 dental students from 13 dental schools
- 10 DH/DT students from 9 schools

A wide range of amount of teaching on OHA was reported by students (figure 1).

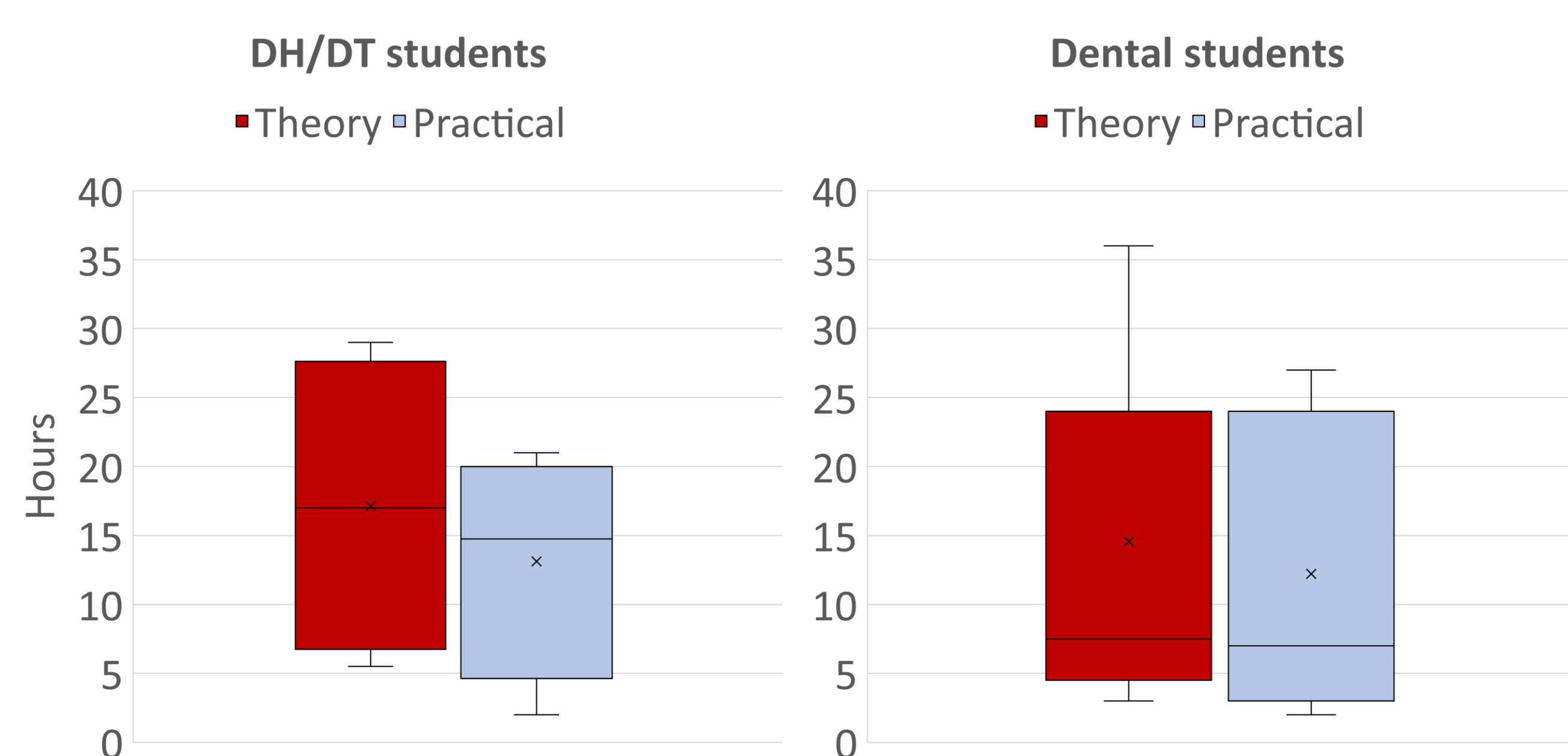


Figure 1. The number of hours of theory and practical OHA teaching received by students during their training (answers only from students in their final year)

Students from the same school in the same year reported receiving different amounts of teaching.

Methods of teaching

- Theory of delivering OHA was most commonly delivered via **lectures**
- Practical teaching of OHA mainly took place on **student patient clinics**

Behaviour change teaching

- There were discrepancies between dental students from the same schools on what behaviour change theories they had been taught
- **90%** of DH/DT students and **55%** of dental students had been taught how to practically implement behavioural theory
- **65%** of dental students and **30%** of DH/DT want more teaching on the practical application of behavioural theory when delivering OHA

Confidence in OHA delivery

- DH/DT and dental students were equally confident in delivering OHA to adults and to children
- Dental students were less confident than DH/DT when giving OHA to people with cognitive or learning difficulties (figure 2)

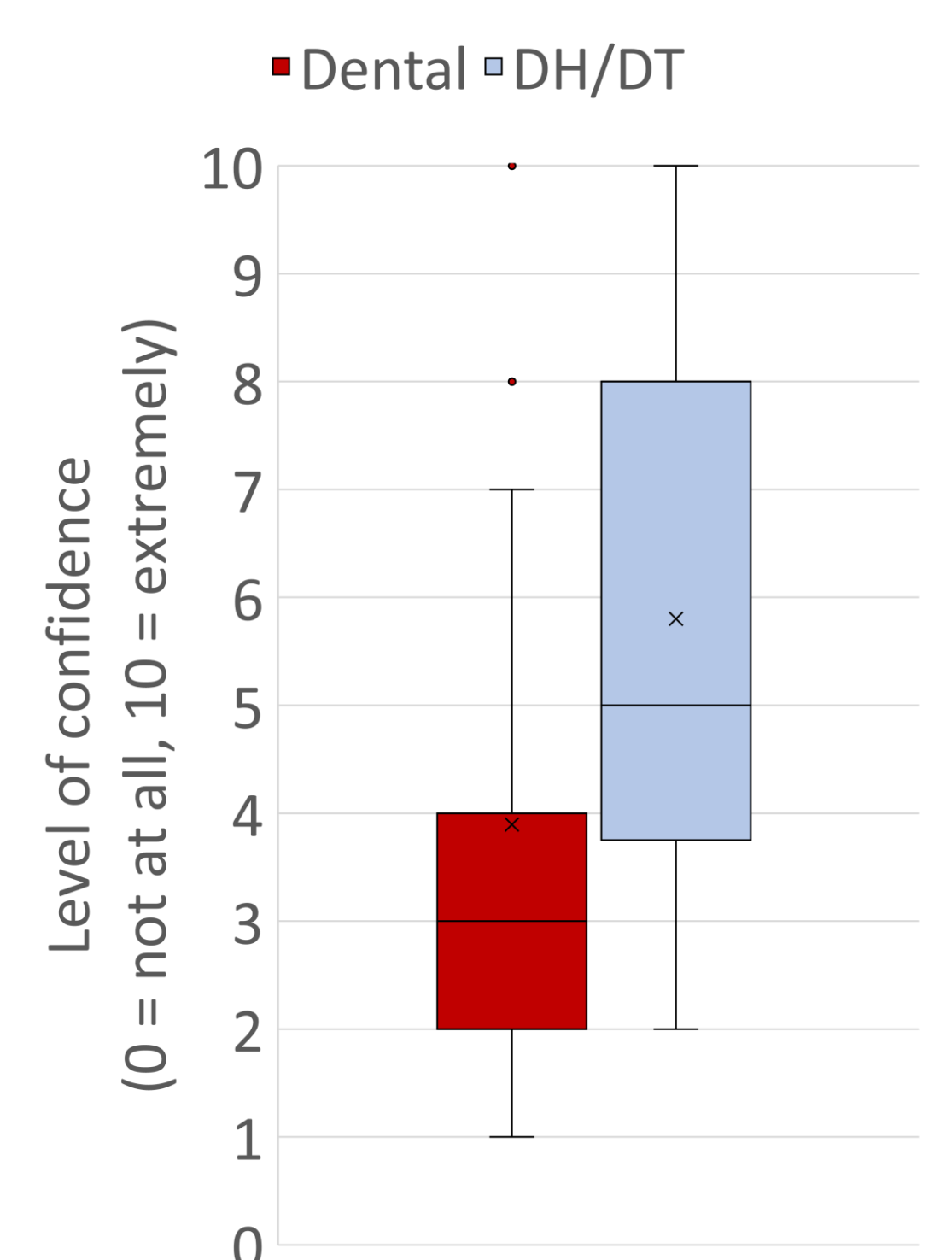


Figure 2. Confidence levels of students on delivering OHA to people with cognitive or learning difficulties, or their carers ($p=0.04$)

Conclusion

- High variability of teaching of OHA and behavioural sciences in UK dental schools
- Students have different experiences of teaching at the same school
- Students receive more theory than practical teaching, and desire more teaching on practical implementation of behaviour change

Impact

There are inconsistencies in how DPs are taught to deliver OHA and behavioural sciences at UK dental schools, which may affect the ability of DPs to deliver effective advice which supports patient behaviour change