

Letters to the Editor

Joseph Scherger, MD, MPH
Editor, Letters to the Editor Section

Editor's Note: Send letters to the editor to jscherger@ucsd.edu. 858-232-8858. We publish Letters to the Editor under three categories: "In Response" (letters in response to recently published articles), "New Research" (letters reporting original research), or "Comment" (comments from readers).

New Research

A Community Action Research Experience (CARE) Program for Family Medicine Residents

To the Editor:

Family physicians are ideal candidates to improve access and reduce health care disparities at the individual practice level, but many lack the knowledge and skills to effectively impact community health.¹ Current residency training models may not adequately prepare physicians to impact the health of their communities. Funded by a 2006 Health Resources and Services Administration (HRSA) residency training grant, we implemented a new training model designed for family medicine residents in Community Action Research with the knowledge, skills, and attitudes to care for the underserved and reduce health disparities in Dallas County, Texas.

Methods

The Department of Family and Community Medicine of the University of Texas Southwestern Medical School hosts an 8-8-8 residency program. We designed a longitudinal curriculum to provide residents with community action research skills that will increase their community engagement during residency and impact their behav-

ior after graduation. All residents participate in community engaged activities, and two residents per year who express interest in community engagement are appointed as Community Action Research Experience (CARE) residents. The 3-year community action research curriculum includes:

PGY-1 year: First-year residents attend community health didactics integrated into residency conferences, attend eight community action research journal clubs, participate and teach in medical student community educational programs, and participate in voluntary community health care activities.

PGY-2 year: Second-year residents complete the innovative 4-week Community Action Research rotation. Residents select a community partner and formulate a research question, attend didactics and journal club, and participate in voluntary community health care activities as described above.

PGY-3 year: Two selected CARE residents spend 3 elective months with their community partners and their mentors implementing their project, gathering and analyzing data, and disseminating their results.

Outcomes

Our two-slot per year CARE has been institutionalized into the residency curriculum and has proved popular with residents. We have trained 20 family medicine

residents in Community Action Research, and two CARE residents have graduated with Areas of Added Concentration in community action research. One of these first two CARE graduates became our first community medicine fellow with a strong focus on research and underserved care.

Our first two CARE residents' projects demonstrated measurable impact on underserved health care delivery and/or health disparities in Dallas County. The first project introduced shared medical appointments for Hispanic diabetic patients in the residency clinic. The second project increased the education, recognition, and prevention of osteoporosis in the South Asian adult female population in the Dallas area. Both projects have been accepted as poster presentations at national meetings.

Amer Shakil, MD
Nora Gimpel, MD
Jay Ohagi, MPH
Alison Dobbie, MD
Department of Family and Community Medicine
University of Texas Southwestern Medical Center

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Corresponding Author: Address correspondence to Dr Shakil, University of Texas Southwestern Medical Center, Department of Family and Community Medicine, 6263 Harry Hines Boulevard, Clinical Building 1, Dallas, TX 75390-9067. 214-648-1397. Fax: 214-648-1307. amer.shakil@utsouthwestern.edu.

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Incorporation of a National Oral Health Curriculum Into Family Medicine Residency Programs

To the Editor:

Although oral health is an important component of primary health care, physicians in training have traditionally had little exposure to oral health education.^{1,2} This is rapidly changing. In June 2008, the Association of American Medical Colleges issued a call for a greater presence of oral health in undergraduate medical education.³ Within family medicine residency programs, formal education in oral health has been mandated by the Family Medicine Residency Review Committee (RRC) of the Accreditation Council for Graduate Medical Education (ACGME) since June 2006. To address the need of residency programs for high-quality curricula to meet this requirement, Smiles for Life, a national oral health curriculum, was developed and released by the Society of Teachers of Family Medicine Group on Oral Health in October 2005.⁴ A revised and expanded second edition was released in July 2008, consisting of seven PowerPoint modules and companion resources for both clinicians and patients.⁵ Smiles for Life remains the only comprehensive, widely distributed oral health curriculum aimed specifically at primary care clinicians in the United States. Anecdotal reports suggest that Smiles for Life has been widely adopted within the family medicine education community. More than 69,000 copies of curricular components have been downloaded, and the curriculum's Web site at www.smilesforlife2.org receives more than 1,000 visits per month.

However, detailed descriptions of the awareness of family medicine residency program directors of Smiles for Life and its use have not previously been reported.

Methods

A link to a four-question Web-based survey was distributed by individual e-mails to the directors of all accredited family medicine residency programs in the United States in September 2008. E-mail addresses were obtained from the Association of Family Medicine Residency Directors. Two rounds of follow-up e-mails were sent over the following 6 weeks.

The questions asked were:

(1) Are you aware of the Family Medicine Residency Review Committee (RRC) requirement for resident education in oral health?

(2) How many hours per year does your residency program devote to resident education in oral health?

(3) Are you aware of the Society of Teachers of Family Medicine (STFM) Smiles for Life National Oral Health Curriculum?

(4) Do you use the Smiles for Life curriculum in your residency program?

Results

Of 450 program directors, 183 responded, generating an overall response rate of 41%. All respondents answered all questions. Most program directors (84%) stated they were aware of the accreditation requirement for education of residents on oral health. Ninety percent indicated they provided dedicated instruction in oral health within their program. The most common amount of time devoted to the subject annually was 1–2 hours (52%), followed by 3–4 hours (21%), 0 hours (10%), 5–6 hrs (6%), more than 12 hours (5%), 7–8 hours (4%), and 9–10 hours (2%). Most program directors (74%) were aware of the Smiles for Life curriculum, and 65% reported using it in their residency program.

Discussion

Family medicine residency program directors are aware of the requirement to educate residents in oral health. However, only a relatively small amount of time is devoted to oral health education annually in most residency programs. Further, 10% of programs report no formal education in oral health at all, despite the RRC requirement. Awareness among responding residency program directors of the Smiles for Life curriculum is high, as is its rate of utilization.

The results of this study indicate that Smiles for Life has had a substantial impact on oral health education within family medicine residency education. Further studies are required to document its impact in predoctoral medical school education and on the practice patterns of family medicine residency program graduates.

Alan B. Douglass, MD

Middlesex Hospital Family Medicine Residency Program, Middletown, Conn

Mark Deutchman, MD

University of Colorado

Joanna Douglass, BDS, DDS

University of Connecticut School of Dental Medicine

Wanda Gonsalves, MD

Medical University of South Carolina

Russell Maier, MD

Central Washington Family Medicine Residency Program

Hugh Silk, MD

University of Massachusetts Family Medicine Residency Program

James Tysinger, PhD

University of Texas Health Sciences Center at San Antonio

A. Stevens Wrightson, MD

University of Kentucky

Corresponding Author: Address correspondence to Dr Douglass, Middlesex Hospital, Family Medicine Residency Program, 90 South Main Street, Middletown, CT 06457. 860-344-6488. Fax: 860-344-6650. adouglass@midhosp.org.

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