Chair side oral health education by dental students

Dr. Kishor Tom, Dr. Kalyan C Gundavarapu , Dr. Daniel D Devaprakash, Datuk Prof. Dr. Rohani Ramli

Introduction

Oral health knowledge is considered to be an essential prerequisite for health-related behavior.

Studies have shown that there is an association between increased knowledge and better oral health.

Those with more positive attitude towards oral health are influenced by better knowledge in taking care of their teeth. Studies have also shown that appropriate oral health education can help to cultivate healthy oral health practice.

The change to healthy attitude and practice can be achieved by giving adequate information, motivation and practice of the measures to the subjects .

So there is a recognized need to deliver oral health information to people during clinical encounters to enable them to develop personal skills in managing their own oral health.

Compared to other modes of Oral health education chair side oral health education has been proved to be more effective.

The aim of the study was to assess the self reported data on chair side oral health education provided by clinical year dental students.

Materials and Methods

A questionnaire was distributed to all BDS students of year 4 and 5 (n=99) during the academic year 2011/2012.

The students filled the anonymous questionnaire in the class after lecture.

The response rate was 78.9% (n=78).

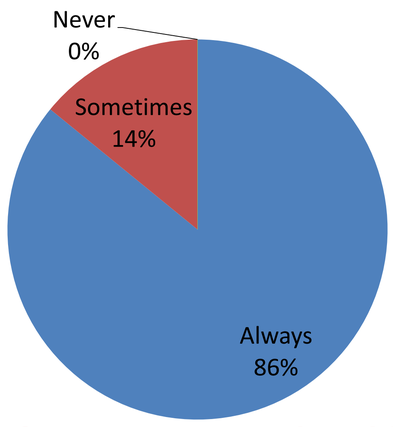
The questionnaire consisted of general profile of the participants with respect to gender, year of study, average number of patients treated, information on nature, time, frequency, methods and aids used in chair side oral health education.

Results

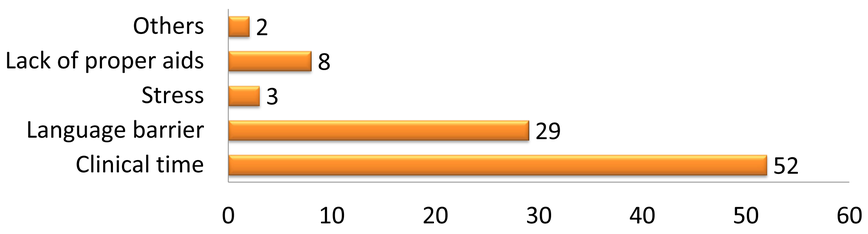
Profile of the participants

Year 4: 36 (46%)
Year 5: 42 (54%)

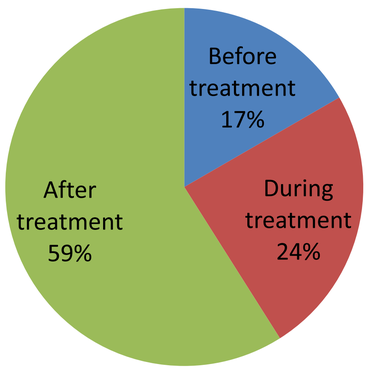
How often did you provide Oral Health education ?



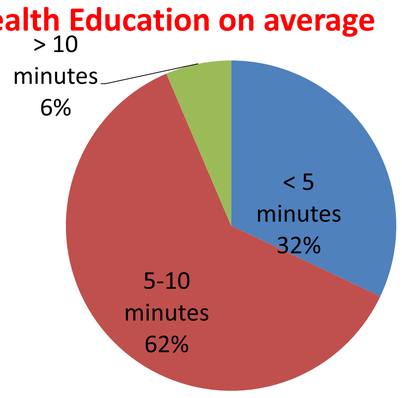
Factors that effected you from not giving Oral Health Education to your patient.



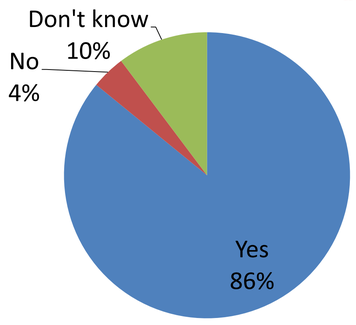
Time of Oral Health Education



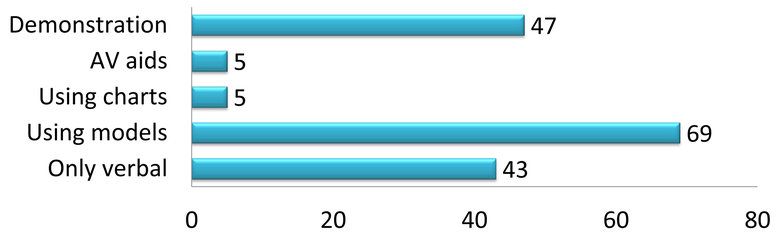
Duration of Oral Health Education on average



Consistency and evidence base of OHE messages given



OHE messages given through



85.9% had always given chair side oral health education when others gave it sometimes only.

Clinical time (66.7%) was the most reported barrier by the students for them to educate their patient others being language (37.2%), stress and proper aids.

Most of them educated their patients after treatment and had spent on average 5-10 minutes.

86% of the respondents gave consistent and evidence based OHE messages to their patients.

Aids commonly used to educate patients were models (88.5) and students think they need more audio visual aids to be available in clinic.

Conclusion

It may be concluded that most of the dental students were giving chair side oral health education.

Audio visual aids and models were mostly used for chair side education.

Traditional approaches to individual oral health education had been shown largely ineffective and there is a need to develop an effective model for chair side oral health promotion that incorporates this evidence and allows oral health professionals to focus more on the underlying social determinants of oral disease during the clinical encounter.

References

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FACULTY OF DENTISTRY, AIMST UNIVERSITY, SEMELING, 08100 BEDONG,KEDAH DARUL AMAN, MALAYSIA