

Training Dental Students in Patient Mental Health and Measuring Impact

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Introduction

- Psychiatric conditions link **self neglect** and **unhealthy coping mechanisms**, resulting in **higher rates** of dental **decay, erosion, facial pain and periodontal disease**.



- Modern curriculums are geared towards **preventative dentistry, stabilisation and maintenance of good oral health**.
- There is also a **focus on human health and disease**, in which **psychiatric conditions are discussed**.
- However, a **gap exists between these two concepts** when educating future dental professionals.
- Research suggests **practitioners are not confident** in their manner and knowledge of psychiatric conditions or their impact on oral health.^{1,3} This issue is one of **education and should be addressed in dental schools**.

What is this e-Module?

It is an **interactive adaptation of the workshop** trialled in the multi-centre evaluation. It has been designed to cover set learning objectives (Figure 2).

Why an e-Module?

- The COVID-19 pandemic halted all in-person teaching and at **three of the dental schools** the workshop was **delivered virtually**. Virtual delivery was found to be equally effective as in-person teaching so the workshop was converted into an e-module.
- An e-module enables **distribution** to other dental schools **without** having to arrange external or **additional teaching**.
- Students can **revisit the content** and work through at their own pace.
- Embedded **interactive components aid different learning styles** and a case based discussion (Figure 3) is used to allow knowledge implementation. Articulate Rise was chosen in particular to allow inclusion of these interactive components.
- Surveys** are additionally embedded within the e-module for **further evaluation**.

Figure 1: Focus Group Concepts for Change

What are the Learning Objectives of this e-Module?

- 1 Understand common psychiatric conditions and their prevalence in the UK population
- 2 Appreciate the role you have as a dental professional in patient mental health
- 3 Learn how to talk about psychiatric conditions with patients
- 4 Gain knowledge on referring patients with psychiatric conditions and communicating with other health services

Before you begin the e-Module, please [click here](#) to complete the survey.

Figure 2: Objectives of the e-module

Initial Research

- A **workshop intervention** was created based upon focus group data (Figure 1) to bridge this educational gap.
- This workshop was co-created with a psychiatrist and was delivered to patient-facing dental students in years 3-5.
- The workshop was then **assessed in five dental schools** across the UK and Ireland, and found to be **an effective method to improve low self-reported confidence** in students when addressing patient mental health.⁴
- Feedback revealed that people liked the **interactive case based discussion** and would like this feature maintained.⁴

Future Plans

- Currently the e-module is **embedded in BDS3 curriculum** at Barts and the London dental school.
- We will further **evaluate the effectiveness of the e-module using feedback** provided by the surveys embedded within the module.
- We have presented to the Dental Schools Council to **share the work with other interested dental schools**.

Peter: A Case of DOSH

Peter is a 15-year-old patient who attends the dental surgery with his family. You have seen him regularly over the last few years and he typically attends with his mother. He is dentally healthy but has noticeably short anterior teeth and a 'gummy smile'.

At your appointment he seems a bit shy and is reluctant to answer questions, responding with only a few words and generally avoiding eye contact. On examination you notice mild gingival trauma labially on the UR1. The gingival margin is ragged and loose and a probe can displace the torn gingiva.

His mum comments that he has been a bit 'obsessive' when brushing recently and frequently checks his teeth in the mirror. She thinks he may have just over-brushed. Peter snaps at his mum to be quiet and appears upset.

Figure 3: Case Based Discussion

Citations

1. Lloyd-Williams, F., Dowrick, C., Hillon, D., Humphris, G., Moulding, G. and Ireland, R., 2001. A preliminary communication on whether general dental practitioners have a role in identifying dental patients with mental health problems. *British Dental Journal*, 191(11), pp.625-629.

2. Mental Health Foundation., 2015. *Fundamental facts about mental health 2015*. London: Mental Health Foundation.

3. Elliott, E., Sharma, S., Omar, A. and Hurst, D., 2020. How confidently do students address patients with psychiatric conditions in the dental clinic? A service evaluation in a UK dental school. *British Dental Journal*, 228(5), pp.376-380.

4. E Elliott, E., Sharma, S., Omar, A., Hurst, D., Marshall, et al 2021. A multi-centre early evaluation of the effectiveness of workshop teaching to improve the confidence of UK and Irish dental students when addressing patient mental health. *British Dental Journal*.