Queen Mary
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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**.

The Prevalence of Mental Health Disorders in the UK Population, 2016.[2]

20% of Men   30% of Women

- 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**.

Figure 1: Focus Group Concepts for Change

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 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]

Figure 3: Case Based Discussion

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**.

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*.

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