



A Practice Patterns of Postgraduate Dental Residency Completers from Select Long-Term HRSA-Funded Primary Dental Care Training Programs

Ginachukwu Amah, Matthew Jura, MSc, Elizabeth Mertz, PhD, MA

Issue: The purpose of this study is to examine practice patterns of graduates of primary care dental postgraduate (PGD) training programs with a longstanding history of Health Resources and Services Administration (HRSA) funding. Primary care fields supported include Advanced Education in General Dentistry (AEGD), General Practice Residency (GPR), Pediatrics, and Dental Public Health (DPH). To receive HRSA funding for multiple cycles, the PGD education program would have to be strongly aligned with HRSA's goals and mission, which is "To improve health outcomes and address health disparities through access to quality services, a skilled health workforce, and innovative, high-value programs." This study aims to assess the impacts of completers' training experience on current practice patterns and subsequent patient access to care, and to measure the long-term impact of these programs on improving the capacity of dentists to meet the needs of the underserved.

Methods: Researchers examined historical HRSA funding data on award disbursements to PGD programs, and selected 25 programs from 13 institutions to participate. A total of 18 programs across 9 institutions agreed, and 12 programs at 7 institutions made it to completion. Institutional interviews with program directors informed survey development and provided context. A survey of all program completers was developed, pilot tested and deployed, receiving an overall response rate of 44%. Responses were analyzed descriptively by program type.

Findings: Compared to the universe of postgraduate trained primary care dentists trained in the same timeframe, the surveyed sample of HRSA-funded PGD completers are slightly younger (except for DPH, which is much younger), more female, and more racially/ethnically diverse. Among the surveyed completers, a wide variation in educational pathways was observed, including 29% who reported multiple postgraduate training experiences and 17% who reported additional academic degrees. The vast majority of completers across all program types were either very or somewhat satisfied with their training, with less than 3% overall indicating any dissatisfaction. An increasing level of reported debt was found among younger completers. Respondents reported a high level of preparation in all HRSA focus areas, ranging from 93% who felt prepared to serve the underserved to 38% who felt prepared for dental research. As

well, 63% of respondents had experience in Interprofessional Education during their training. In practice, reported activities related to HRSA's priority areas include treating publicly insured patients (63%), patients with special health needs (53%) and working in a medically underserved area (43%) or dental health professional shortage area (30%). A more recent focus of HRSA's is on addressing the opioid epidemic, while nutrition and tobacco counseling have long been a priority as part of a focus on prevention. Over half of respondents said they usually or always conducted tobacco and nutritional counseling, while 1 in 3 reported usually or always screening for alcohol and substance use.

Conclusions: When the experiences and long-term practice patterns of completers of the surveyed set of HRSA funded programs are judged against HRSA specific stated goals, we find that indeed the programs surveyed perform quite well in most priority areas. However, the number of institutions that receive HRSA funding is dwarfed by the overall number of programs, and the institutions who receive any postgraduate or GME funding is difficult to ascertain. HRSA's definition of primary care includes a diverse set of programs, with AEGD and GPR programs focused on general practice—although with different focal areas even between them—which differs markedly from DPH and pediatric programs. Distinctive patterns are seen among these groups, with pediatric dentists still more likely to work in private practice over safety-net institutions, the use of the DPH residency as a pathway for foreign trained dentists, and AEGD and GPR programs perhaps being used as a gateway to specialty training. Unfortunately, a broader and more comprehensive look at postgraduate training is limited by the lack of data for tracking or measuring the impact over time.

Key Words: Postgraduate Dental Education, United States Health Resources and Services Administration, Access to Care, Medically Underserved Area, Internship and Residency, General Practice, Pediatrics, Dental Public Health, Dentists, Surveys and Questionnaires

HWRC Website Link: <http://www.oralhealthworkforce.org/reports/>

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