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A needs assessment survey of dental public health graduate education in Saudi Arabia



Dania Ebrahim Al Agili *

Department of Preventive Dental Sciences, Faculty of Dentistry, King Abdulaziz University, P.O. Box 80209, Jeddah 21589, Saudi Arabia

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Abstract Objectives: The Faculty of Dentistry at King Abdulaziz University (KAU) is planning to develop a master's program in dental public health (DPH). To develop a curriculum for this program, a needs assessment was conducted in order to identify the level of DPH expertise that currently exists in Saudi Arabia, to identify gaps in knowledge, and to explore current perceptions regarding this type of program.

Methods: A competency-based survey instrument was administered to private and government affiliated dental practitioners in Jeddah, Saudi Arabia. Participants' knowledge, attitudes, and competencies in DPH were assessed. In addition, questions were submitted that addressed preferred strategies of teaching, curriculum delivery methods, course content, and prerequisites for DPH. These data were combined with data previously collected from dentists holding academic positions at KAU ($n = 146$) and were analyzed using Statistical Analysis System version 9.3 software. Mean values and frequencies were calculated for the study variables. Proportional odds ratios and 95% confidence intervals were estimated to assess differences in educational preferences and DPH competencies according to age, gender, and qualification.

Results: Most of the participants (95%) reported a need for a DPH graduate program. The respondents had a basic knowledge of DPH and moderate experience in DPH competencies. A variety of preferred educational strategies and methods were identified and differences in educational preferences according to age, gender, and qualification of the respondents were identified. The responses obtained also acknowledged skills and competencies that the participants considered most important for a DPH practice and that would be important for students accepted into a DPH graduate program.

Conclusions: This needs assessment survey represents a preliminary step in establishing a DPH graduate program that addresses current gaps in knowledge and in the practice of public health

* Tel.: +966 505145554; fax: +966 2 6403316.

E-mail address: dalagili@kau.edu.sa.

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dentistry. This survey also provided valuable feedback regarding the development of course content for a graduate education program in DPH.

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1. Introduction

Despite the rapid development of dental education and training in Saudi Arabia, oral disease continues to represent a considerable public burden and affects all members of the population. In a recent systematic review of dental caries studies in children that were conducted between 1988 and 2010, the estimated national prevalence of dental caries was nearly 80% for primary dentition and 70% for permanent dentition (Al Agili, 2013). Oral disease is also responsible for considerable pain and suffering, it can impair oral function, and it can affect quality of life when associated with systemic disease. Furthermore, oral disease raises the costs of dental treatment in an era when resources are constant or shrinking (United States Department of Health and Human Services, 2000). In general, oral diseases have been attributed to poor oral hygiene, lack of awareness, and an absence of community-wide oral health promotion programs (Al-Tamimi and Petersen, 1998).

Dental public health (DPH) is one of nine dental specialties recognized by the American Dental Association (ADA). This specialty focuses on oral health promotion and disease prevention through community dental education, applied dental research, and administration and delivery of dental health programs (ADA, 2013; Burt and Eklund, 2005). Thus, DPH practitioners are needed to address the goal of achieving adequate oral health for all individuals in a population (Watson and Niessen, 1998).

In Saudi Arabia, dental health services are administered by the Ministry of Health (MOH), other government institutes, such as academic institutions which belong to the Ministry of Higher Education (MOHE) and others, and the private sector. The bulk of government dental health services are provided by the MOH through hospitals, primary health care centers, and dental centers that are established throughout the country (MOH, Health Statistics Book, 2012). Currently, only a few dentists have received advanced training in DPH, and these specialists are mainly employed in academia. However, many MOH dentists without formal training in public health are involved in activities that enhance the traditional DPH infrastructure in Saudi Arabia.

Infrastructure that provides systems, people, relationships, and resources that enable government oral health programs to perform their functions is important. Currently, building infrastructure for a DPH program is a high priority for government-run oral health programs, as is the development of expertise and competence for the implementation of such strategies (ASTDD, 2000). By building a DPH program, Saudi Arabia will be able to establish national baseline oral health objectives, progress can be made toward achieving these objectives, and eventually, improvements in the oral health of the Saudi population will be achieved.

To date, there are no DPH graduate programs in Saudi Arabia, and the need for trained public health dentists to build

the infrastructure and capacity of DPH programs is substantial. The purpose of this study was to complete a needs assessment for the development of a post-graduate program in DPH as part of the Faculty of Dentistry at King Abdulaziz University (KAUFD) in Jeddah, Saudi Arabia. A needs assessment is the foundation of any curriculum development process (Flink, 2003), and in this study, it helped evaluate the level of DPH expertise that currently exists, as well as the needs and overall perception of DPH, in Saudi Arabia. This assessment was conducted in two phases. The results from the first survey provided responses mainly from dentists holding academic positions at KAUFD, and these responses were previously published (Al Agili, 2012). The second phase of the assessment was conducted among professionals working in private and government public health agencies outside KAUFD. The responses obtained from both surveys were combined and analyzed.

2. Methods and subjects

A cross-sectional design and a convenient sampling strategy were used to conduct this study. Data were collected from a self-administered questionnaire that was distributed between June 2012 and December 2012. The protocol for this study was approved by the Research Ethics Committee of KAUFD.

2.1. Study participants

A questionnaire was administered to two different populations of dental professionals. First, the questionnaire was emailed to all on-site Saudi faculty members and a random sample of dental interns from the 2012 class at KAUFD (Survey I). The total number of Survey I participants was 122. The same questionnaire (Survey II) was designed using the SurveyMonkey service and was administered to a convenient sample of dental professionals that attended a Saudi Dental Society (SDS) monthly scientific activity held in Jeddah, Saudi Arabia on September 30, 2012. A total of 109 professionals attended this meeting according to the SDS administrative office in Jeddah, and the respondents to Survey II represented dental professionals employed by the MOH, private hospitals or clinics, and other government institutions such as King Fahd Armed Forces Hospital, National Guard Hospital, and King Faisal Specialist Hospital and Research Center. A few additional respondents were from dental schools other than KAUFD.

2.2. Study questionnaire

The description and details of the questionnaire used for this study are provided elsewhere (Al Agili, 2012). Briefly, the questions in Survey I addressed DPH competencies identified in 1997 by the American Association of Public Health Dentistry (AAPHD; AAPHD, 1998). Survey II was slightly

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