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British Journal of Oral and Maxillofacial Surgery xxx (2016) xxx–xxx

BRITISH
Journal of
Oral and
Maxillofacial
Surgerywww.bjoms.com

Medical students' understanding of oral and maxillofacial surgery: an Irish perspective

P.G.C. Kielty^{a,*}, B.R. O'Connor^b, C.J. Cotter^c, A.M.C. Goodson^d,
K.F.B. Payne^d, A. Tahim^d

^a University College Cork, Brookfield Health Sciences Complex, College Road, Cork

^b Our Lady's Childrens Hospital, Crumlin, Dublin 12

^c Department of Oral and Maxillofacial Surgery, Cork University Hospital, Wilton, Cork

^d Department of Oral and Maxillofacial Surgery, King's College Hospital, London, SE59RS, United Kingdom

Accepted 13 November 2016

Abstract

Oral and Maxillofacial Surgery (OMFS) remains an enigmatic specialty in Irish medicine and many students are unaware of its scope and the unique career pathway involved. We performed a multicentre cross-sectional study to identify their ability to identify the requirements for entry to specialty training year 3 (ST3) in OMFS, to assess their awareness of OMFS surgeons, and their general awareness of, and exposure to, the specialty. Data were collected through an electronic questionnaire. Participants were asked to select the most suitable surgical specialty to treat a number of common conditions in the head and neck, and to choose the requirements they deemed essential for specialist training. Knowledge was measured by the number of correct responses. A total of 443 medical students participated (University College Cork (UCC) n = 328, 74%; Royal College of Surgeons in Ireland (RCSI) n = 113, 26%). A total of 318/374 (85%) had had no previous experience of OMFS, 38/374 (10%) had had theoretical teaching only, and 18/374 (5%) had had clinical experience. A total of 212/329 (64%) wished for greater exposure as a student, but only 34/329 (9%) would consider a career in the specialty. The median (IQR) number of correct responses for OMFS procedures was 3.0/10 (2.0), with women, direct entrants, and RCSI students scoring highest. Only 11/367 (3%) could identify the minimum entry requirements for a post of specialist registrar. This study has identified a potential gap in the undergraduate curriculum. Although medical students are rarely taught about OMFS, they show an interest in learning more.

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Keywords: Medicine; Dentistry; Medical undergraduates; Awareness of oral and maxillofacial surgery; Career pathway; Medicine-first

Introduction

Entry into Oral and Maxillofacial Surgery (OMFS) requires dual qualification in both dentistry and medicine, and traditionally trainees have studied dentistry first. Recently, however, registrar posts have increasingly been filled by year 3 specialist trainees (ST3) who studied medicine first,¹

although we know of no new evidence to show that undergraduate medics have had more experience of OMFS.

Graduates who studied dentistry as their first degree have far more experience of the specialty than medics who return to study dentistry.^{2,3} The lack of awareness about, and exposure to, OMFS in the UK undergraduate medical curriculum has been reported, despite the specialty being relatively well established in the National Health Service.¹ OMFS remains in its infancy in Ireland, where it is battling against other specialties (ENT, Plastic Surgery) for independent recognition

* Corresponding author.

E-mail address: paul.kielty@ucc.ie (P.G.C. Kielty).

<http://dx.doi.org/10.1016/j.bjoms.2016.11.312>

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Table 1
Number of respondents.

Year	No. (%) of respondents	University College Cork (n = 328)	Royal College of Surgeons in Ireland (n = 113)
1	65/448 (15)	48	17
2	53/606 (9)	39	14
3	82/578 (14)	62	20
4	106/539 (20)	78	28
5	135/501 (27)	101	34

as the most appropriate referral pathway for conditions that affect the head and neck.

Studies in both 1994⁴ and 2005,⁵ which clearly outlined differences in the understanding of dental and medical graduates, show that dental students had a much greater exposure to the specialty. Authors have suggested that this lack of understanding stems from limited exposure, and Goodson et al. reported that only 28% (70/253) of medical students had had any experience in OMFS during their time at medical school.¹ Many papers have shown that medical students also had less knowledge than their dental counterparts.^{3,6–9}

Methods

Study design

We collected data from students at University College Cork (UCC) and the Royal College of Surgeons in Ireland (RCSI) over three months (1 September 2015 to 30 November 2015). Formal teaching on OMFS is not included in either undergraduate medical curriculum. All registered medical students were included; only those with a previous dental degree were excluded.

We used a recognised survey website to develop an electronic questionnaire,¹⁰ which was subsequently validated by a panel of experts. The questions were based on previous studies in the area, and on the experience of the researchers. The universities sent the students information regarding the research by email with a link to the questionnaire.

Operations

The operations listed in Table 1 were derived from the surgical curricula for OMFS and related specialties (otolaryngology, plastic surgery, general surgery, and neurosurgery), which are outlined on the Intercollegiate Surgical Curriculum Programme website.¹¹

Data analysis

All numerical data were analysed using IBM SPSS Statistics for Windows version 20.0 (IBM Corp, Armonk, USA). Knowledge scores were calculated from the total number of correct responses.

Table 2

Students' perception of procedures performed by OMFS surgeons (n = 443 students).

Procedure	No. (%)
Lower limb reconstruction	2 (0.5)
Skull surgery*	105 (24)
Aesthetic facial surgery*	149 (34)
Temporomandibular joint surgery*	323 (73)
Dental implant surgery*	311 (70)
Skin tumour surgery*	35 (8)
Otology (ear surgery)*	12 (3)
Skull base surgery*	71 (16)
Rhinology (nasal surgery)*	85 (19)
Vocal cord surgery	42 (10)
Wound care*	47 (11)
Neck dissection*	36 (8)
Denture production	156 (35)
Application of braces (orthodontic appliances)	85 (19)
Filling teeth	61 (14)
Breast surgery	2 (0.5)
Hand surgery	1 (0.2)

* OMFS procedures.

Results

Characteristics of the groups

In total, 443 medical students completed the questionnaire: 328 (74%) from UCC, and 113 (26%) from the RCSI. The response rate was 33% (328/992 students) from UCC and 7% (113/1680 students) from the RCSI. Two students did not state their location. A total of 325 (74%) (response rate: 325/2514, 13%) were direct entrants to medicine, and 118 (23%) (response rate: 118/538, 22%) were graduate entrants to medicine. Marginally more women (n = 256, 58%) than men completed the questionnaire (n = 187, 44%), and participation tended to increase throughout the academic years, except for first-year students who proved particularly enthusiastic (Table 1).

Understanding of OMFS

From a list of 17 operations, students were asked to select the ones that they thought would be done by OMF surgeons. Ten are commonly done in OMFS and seven are not (Table 2). The median (IQR) number of procedures selected correctly was 3.0 (2), and the median (IQR) number selected incorrectly was 1.0 (2). The OMFS procedure most neglected was otology. The production of dentures is not within the scope of the specialty, but 156 (35%) participants chose it.

Those in clinical year 3 onwards selected significantly fewer procedures that are not within the scope of OMFS (median of 1.0 clinical compared with median of 2.0 preclinical) (p < 0.001). Students from the RCSI did significantly better than those from UCC (p = 0.003). Direct entrants identified OMFS procedures significantly better than graduate entrants (p = 0.024), and women selected significantly fewer

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