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Knowledge of final-year medical students about oral and maxillofacial surgery: a two-centre study

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Abstract

The aim of this study was to assess the exposure of final-year medical students to oral and maxillofacial surgery (OMFS) and to find out how this has influenced them in terms of recruitment or possible future referral patterns. We sent questionnaires to final-year students at Oxford University and St George's University medical schools (n = 100 in each) to find out how much experience they had had of the specialty, their knowledge of disease (through clinical situations), and specific knowledge about oral cancer. In both, exposure to, and knowledge about, OMFS were poor, and patients had been referred inappropriately to ear, nose, and throat (ENT) or plastic surgery. Despite targeted teaching in OMFS at both institutions, further engagement is needed, and awareness of the specialty may need to be improved at all medical schools. © 2018 The British Association of Oral and Maxillofacial Surgeons. Published by Elsevier Ltd. All rights reserved.

Keywords: OMFS; Undergraduate exposure; Medical school; Education

Introduction

The scope of oral and maxillofacial surgery (OMFS) can often overlap with that of other surgical specialities. Referral by general dental or medical practitioners, which is unique, can sometimes be delayed or inappropriate because medical students have less experience and knowledge of the specialty than their dental counterparts.

Studies have shown that although various attempts have been made to increase the exposure of medical students to the specialty and most medical and dental practitioners had heard of it, they lacked knowledge about its scope.^{1,2} The aim of this study therefore was to assess the knowledge of final-year medical students about OMFS and to find out whether it has improved.

Methods

We designed a two-page questionnaire (10 questions) to assess three main areas: exposure to OMFS (three questions); ability to refer to appropriate head and neck specialities (four questions, each comprising six clinical situations); and knowledge of oral cancer (three questions) (supplemental data – online only). It took 15 minutes to complete.

Questionnaires were randomly distributed at the beginning of a routine lecture to 100 final-year medical students at each of the two medical schools (Oxford University and St George's University), and were collected at the end of the session.

Statistical analysis was done with the help of GraphPad Prism version 5 (GraphPad Software). The two-tailed Fisher's exact test (using 2 × 2 contingency tables) was used to assess the significance of differences between groups, and probabilities of less than 0.05 were accepted as significant.

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Table 1

Exposure of medical students (n=200) to oral and throat cancers. Data are percentage.

	Oral cancer	Throat cancer
Clinics	36	45
Lectures	69.5	81
Tutorials	23.5	29

Results

We surveyed 100 medical students from each medical school. Demographic data were not collected.

Awareness and education

The awareness of OMFS as a specialty (198, 99%) was similar to that of plastic surgery (199, 99.5%) and ENT (200, 100%). There was no difference between the two schools.

Exposure to OMFS was poor. A total of 178 (89%) students had had no rotation weeks, 128 (64%) had had no lectures, and 176 (88%) had had no tutorials in the specialty. Only 72 (36%) had had at least one lecture in OMFS, whereas 197 (99%) had had at least one lecture in ENT, and 155 (78%) had had at least one lecture in plastic surgery.

Significantly more students from St. George's than from Oxford had had at least one rotation week ($p=0.01$) and at least one lecture ($p=0.0007$) in OMFS, but in both, the numbers were still disappointingly small.

Exposure to oral cancer was significantly lower than exposure to throat cancer ($p=0.003$) across all teaching domains (Table 1). Despite the increasing incidence of oral cancer,² which was twice that of throat cancer in 2007, significantly more students had attended at least one lecture on throat cancer than had attended at least one on oral cancer ($p=0.01$). Significantly more students from Oxford had had at least one lecture on oral cancer ($p=0.006$).

Potential referral patterns

Of the conditions that are only or predominantly treated by OMFS (Table 2), only 563/1000 (56%) patients were referred to the specialty. Notably, only 110/200 (55%) with orbital fractures, and 62/200 (31%) with masses or lesions of the tongue or oral mucosa, were referred to the specialty.

However, a greater proportion of the conditions only or predominantly dealt with by ENT (761/800, 95%) or plastic surgery (545/600, 91%), were referred appropriately ($p<0.0001$ in both cases).

Students from St George's made significantly more referrals to OMFS for masses or lesions of the mouth or tongue than those from Oxford (39 compared with 23, $p=0.0214$). Those from St George's also correctly referred more patients with conditions predominantly treated by OMFS, but not significantly so (295 compared with 268, $p=0.09$). Differences between the medical schools in the number of appropriate

referrals for conditions treated predominantly by ENT or plastic surgery also were not significant.

For conditions that can be treated by any of the three specialties, significantly more referrals were made to ENT (569/1200, 47%) and plastic surgery (349/800, 43%) than to OMFS ($p<0.0001$ in both instances). Students from St George's referred 194 patients with such conditions to OMFS and those from Oxford referred 140 ($p=0.0009$).

Table 2 summarises the referral patterns for each condition.

Oral malignancy

All students identified smoking as a risk factor for oral cancer, but only 156 (78%) identified alcohol, which is consistent with previous studies.^{3,4} Significantly more of those from Oxford recognised alcohol as being a risk factor ($p=0.026$). Only 71 students (36%) knew that poor oral hygiene was another risk factor, but 197 (99%) knew that oral cancer affects more men than women.

Only 106 students (53%) were aware that patients with non-healing oral ulcers should be referred in less than four weeks for concerns of malignancy. Oxford students were more likely to refer at four weeks (60/100 compared with 46/100) but not significantly so ($p=0.07$). They were also more likely to wait a dangerously long time (over eight weeks), but again this was not significant ($p=0.13$).

A total of 149 (75%) correctly identified leukoplakia as being potentially premalignant. However, as in previous studies of general practitioners, and dental and medical students,^{5–7} fewer also recognised erythroleukoplakia and erythroplakia (54/200 (27%) and 38/200 (19%), respectively). The difference between the medical schools was not significant ($p=0.19$).

Discussion

The students we questioned had had minimal formal education about OMFS; nearly 90% had had no OMFS rotation and half did not remember attending lectures on the specialty. Education about plastic surgery and ENT, however, had been more thorough and, as a result of greater formal exposure to ENT, significantly more students had attended at least one lecture on throat cancer than had attended at least one on oral cancer. Both medical schools provide formal OMFS lectures within their specialist surgery rotations, but many students did not recall them or did not attend. At Oxford, students can choose to rotate through OMFS but there is no formal mandatory block of teaching about the specialty. This is also the case at St George's, but two or three clinical students are randomly allocated a placement in OMFS during their general surgery rotation every six weeks.

When presented with different clinical situations, knowledge of the conditions that should be referred to OMFS was

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