

Summary of: Curriculum survey on tobacco education in European dental schools

C. A. Ramseier,¹ P. Aurich,² C. Bottini,³ S. Warnakulasuriya⁴
and J. M. Davis⁵

FULL PAPER DETAILS

¹–³Department of Periodontology, School of Dental Medicine, University of Berne, Switzerland; ⁴King's College London and WHO Collaborating Centre for Oral Cancer, Dental Institute, United Kingdom; ⁵Southern Illinois University, College of Applied Science and Arts, Carbondale, IL, USA

*Correspondence to: Dr Christoph A. Ramseier
Email: christoph.ramseier@zmk.unibe.ch;
Tel: +41 31 632-2589 / 2540 (direct)

Refereed Paper

Accepted 25 May 2012

DOI: 10.1038/sj.bdj.2012.892

©British Dental Journal 2012; 213: E12

Background and aim Dental professionals need adequate education in tobacco use prevention and cessation skills. The aim of this study was to identify the level of integration of tobacco education in undergraduate curricula of European dental schools. **Method** In 2009, a total of 197 European dental schools were identified through web-based searches. An e-mail survey, containing 20 questions, was sent to each head of school/director of education with up to five follow-up e-mails to non-responders. **Results** Dental schools from 21 European countries responded to the survey. The overall return rate was 68 out of 197 schools (35%). In 14 (21%) dental schools, the students were requested to be tobacco free, 14 (21%) asked their students to quit tobacco use and 21 (31%) offered students cessation assistance. All responding schools reported that patients were asked about their tobacco use; 59% by taking an oral history, 75% using a general medical history form and 10% using a specific tobacco use history form. A total of 34% of the schools referred smokers to an external counselling clinic, 13% referred to a telephone counselling, and dental students provided brief counselling in 11 schools (16%). Forty-five (67%) dental schools reported to have tobacco education implemented in their curriculum, of these 30 (67%) stated their tobacco curriculum was mandatory. Theoretical education on tobacco culture and its impact on oral health were implemented in 45 (66%) dental schools. However, only 18 (40%) schools have introduced practical skills training to their students. Dental schools assessed their students' theoretical knowledge (27%) and practical training (4%), respectively. **Conclusion** Even though theoretical tobacco education appears to be acknowledged by many European dental schools, further practical training of undergraduate dental students in tobacco prevention and cessation skills should be encouraged.

EDITOR'S SUMMARY

As the turmoil with the Euro has amply demonstrated the difficulties of aligning different countries, cultures and systems are manifest. If it is true for a currency then what hope is there for an undergraduate dental curriculum? Well, in fairness great efforts have been and continue to be made on this subject area but the present paper does throw up some interesting questions not only on the consistency of the teaching of tobacco education in dental schools but also in the relative importance that the matter is given.

The figures in this paper state that of the responding institutions 67% had a mandatory tobacco curriculum and this chimes well with the results of a survey published as long ago as the year 2000 indicating that over 66% of EU dentists thought it part of a dentist's

duty to discuss tobacco cessation with their patients.¹ It may be therefore that the message is slowly getting through but that a new initiative is required to take the issue up to the next level of adoption.

Certainly one of the barriers expressed by dentists who do not raise tobacco cessation with their patients is their lack of training which makes them feel uncomfortable in discussing the topic. Therefore, the inclusion of this at the undergraduate level at least, but also supplemented and reinforced at the post-graduate and life-long learning level, is desirable if we are to make headway in helping to reduce the morbidity and mortality from tobacco use.

It was only of relatively recent times that dentists and dental professionals really began to see this as an area of oral health and general health concern

for their patients and so we are still in the early days of attempting to get it ingrained in our collective psyche. Measures of success, or otherwise, as in this paper are useful mile (kilometre?) posts along the way.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 213 issue 7.

Stephen Hancocks
Editor-in-Chief

1. Allard RH. Tobacco and oral health: attitudes and opinions of European dentists; a report of an EU working group on tobacco and oral health. *Int Dent J* 2000; 50: 99–102.

DOI: 10.1038/sj.bdj.2012.912

TO ACCESS THE BDJ WEBSITE TO READ THE FULL PAPER:

- BDA Members should go to www.bda.org.
- Click the 'login' button on the right-hand side and enter your BDA login details.
- Once you have logged in click the 'BDJ' tab to transfer to the BDJ website with full access.

IF YOUR LOGIN DETAILS DO NOT WORK:

- Get a password reminder: go to www.bda.org, click the login button on the right-hand side and then click the forgotten password link.
- Use a recommended browser: we recommend Microsoft Internet Explorer or Mozilla Firefox.
- Ensure that the security settings on your browser are set to recommended levels.

IF YOU HAVE NOT YET SIGNED UP TO USE THE BDA WEBSITE:

- Go to www.bda.org/getstarted for information on how to start using the BDA website.

COMMENTARY

This paper represents an important challenge for dental education in Europe – to what extent are schools integrating evidence-based prevention into their curriculum? Given the low response rate and the reported findings, tobacco cessation could clearly achieve greater integration within dental schools – to the benefit of patients. Students need to gain practical training and experience in an environment where risk assessment and prevention are modelled by all, practiced by students, and, formally assessed. This paper is timely given that UK dental schools will be looking at their existing curricula for all dental professionals and examining how they can revise the curriculum to meet GDC outcomes for patients,¹ which support integration of prevention into clinical care and public health action at population level.

Making every consultation count for health² should be the goal of all health professionals. Health services are increasingly making a subtle appropriate paradigm shift towards assessing and managing risk of disease, as well as treating frank disease and abnormalities. Tobacco is a risk factor for poor oral health and health in general. This paper, which examines dental schools' action on tobacco cessation within the undergraduate curriculum, addresses an important issue. Amongst the low proportion of schools that responded to this survey, there is some evidence of good practice with all schools indicating that patients were being asked

about tobacco use. Other elements of good practice are reported by a minority including providing active support for students and patients to personally cease tobacco use. However, the fact that tobacco investigation and cessation may be reported as being taught in the curriculum doesn't mean that the practice is universal across clinics and by all clinicians in any given school.

Assessment and management of risk forms part of the necessary action on tobacco cessation for all dental professionals. It should be provided consistently and assessed across dental schools for it to become embedded in care. Furthermore, it should be combined with public health action on the wider determinants of health, so that inequalities in health are addressed.

J. E. Gallagher
Reader in Oral Health Services
Research & Honorary Consultant
in Dental Public Health
KCL Dental Institute

1. General Dental Council. *Preparing for practice. Dental team learning: outcomes for registration*. London: General Dental Council, 2012.
2. NHS Future Forum. *Summary report: second phase*. London: NHS Future Forum, 2012. Online article available at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132085.pdf.

IN BRIEF

- Reveals that patients are asked about tobacco use in all responding schools.
- Reports a third of all responding schools refer smokers to a counselling clinic.
- Highlights that dental students provide brief intervention counselling in only 16% of responding schools.
- Stresses that further practical training of dental students in tobacco use prevention and cessation skills still needs to be encouraged.

AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?

Current evidence in dental literature suggests that dental professionals need adequate education in tobacco use prevention and cessation skills. There clearly needs to be a paradigm change in education techniques related to tobacco education. In this study it was most timely to collect current baseline information from all European dental schools in order to identify 1) the level of integration of tobacco education in the dental curriculum, 2) the barriers towards integration of tobacco use cessation in dental curriculum and 3) the level of confidence European dental educators either in applying or teaching tobacco use prevention and cessation.

2. What would you like to do next in this area to follow on from this work?

Although the harmful effects of tobacco are widely known, dental and medical institutes continue to graduate practitioners inadequately prepared to assist patients to quit tobacco use. A new tobacco dependence education paradigm needs to be embraced among European dental education that not only adequately educates students in knowledge of tobacco dependence but to practice evidence-based behavioural approaches to promote cessation interventions. Even though theoretical tobacco education appears to be acknowledged by many European dental schools, further practical training of dental students in the subject needs to be encouraged. Additional symposia or workshops in dentistry will help to move this field forward.