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Expanding the Oral Health Workforce: Tracking the Diffusion of a New Interprofessional Oral Health Curriculum Across the Health Professions

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To address growing demand and complex issues impacting health, new delivery models must engage a diverse primary care workforce. This is particularly true in oral health, where a fragmented delivery system has divorced oral health from traditional primary care and overall patient well-being. In the United States, oral health is now a leading indicator of Healthy People 2020, however, curriculum to prepare doctors, nurses and other health providers for new roles in an expanding oral health workforce is scarce.

Objectives:

To describe the uptake of an online interprofessional curriculum designed to expand the oral health workforce by building oral health knowledge/skills and interprofessional competencies across the health professions

To describe how data collected from an online curriculum, can serve as a proxy measure for diffusion of new competencies across various health professions

To illustrate how data collected from a profession-neutral online curriculum tracking system can inform and seed future engagement and collaboration strategies.

Methods:

Smiles for Life, a profession-neutral online curriculum, sponsored by the National Interprofessional Initiative on Oral Health (NIIOH), builds an interprofessional culture that embraces a shared knowledge base, creating an infrastructure that supports innovation and interprofessional practice. In order to monitor workforce readiness to implement new models of oral health care the website includes a backend assessment and tracking system. Available reports include learner utilization and outcomes, continuing education and undergraduate education credit, and user satisfaction. These data are available by state, profession and institution allowing workforce planners to track diffusion of oral health education across training programs and practice.

Findings:

Seventeen professional organizations representing six health professions have now endorsed the curriculum. From 2010 through March 2015, there have been over 450,000 cumulative visitors to the curriculum (2010 – 3,533; 2011 – 25,892; 2012 – 84,909; 2013 – 79,737; 2014 – 133,781). More than half of all registered users were students (60%). In addition, 20% of registered users were in clinical practice and 6% were an intern/resident/fellow. In 2013, New York, Massachusetts and California reported the highest number of users. The majority of registered users were nurses (32%), followed by physicians (21%) and physician assistants (21%); this represents an increase in the proportion of registered users who were nurses (25% in 2012 vs. 32%) in 2013. The total number of courses completed for Continuing Education (CE) credit in 2013 was 23,393, with Module 1 (Oral to Systemic), the most frequently completed course. Course modules are made available to educators registered on the site; there were 5,526 downloads in 2013, which was slightly higher than the number of downloads in 2012. Module 1 represented 31% of the total downloads.

Conclusions:

The NIIOH and the Smiles for Life Curriculum provides a case study of collective impact demonstrating how interprofessional collaboration and a profession-neutral, online curriculum can build shared oral health knowledge and skills. Workforce researchers and policy makers can use data from the Smiles for Life website to track utilization and trends in diffusion of workforce readiness for new roles.