

## Background

Re-orientation of dentistry towards prevention is leading to greater emphasis on attempts to encourage patient self-care through oral health education (OHE) in general dental practice. It is vital that dental professionals feel adequately trained, and confident in their ability to engage in OHE.

**This study explores dental professionals' self-reported knowledge and confidence in providing the different topic areas of OHE as outlined in the Delivering Better Oral Health toolkit: oral hygiene, diet, smoking cessation, and alcohol consumption.**

## Materials and methods

Qualitative data were gathered from semi-structured interviews with 17 dentists, 6 dental therapists, and 7 dental nurses working in mainly NHS general dental practices in South Wales, UK. Interviews were conducted face-to-face pre-COVID-19 and then by telephone. All interviews were analysed thematically.

## Results

Participants reported good knowledge of the clinical risk factors discussed in OHE but valued gaining new delivery insights.

Participants in all dental roles suggested that discussion with other professionals was of value to their everyday practice. Discussing experiences of OHE with colleagues provided insight and tips from other professionals on how to deliver advice and how to communicate effectively with patients.



### Sources of knowledge

- Guidelines and toolkits
- Continuing education – OHE-specific and general topics
- Newsletters and professional magazines
- Experience – own and of peers
- Company sales “reps”

Confidence in OHE ability was high overall but varied by topic.	Concerns
 <p>Participants were confident in their ability to discuss <b>oral hygiene</b> measures with patients and had good knowledge of the clinical basis for the advice.</p>	<p>Lack of time to demonstrate cleaning techniques or engage in full discussions with patient left participants less confident that they had explained everything and explained it well.</p>
 <p>Participants were slightly less confident discussing <b>diet</b> than oral hygiene, but easier to raise the topic than smoking or alcohol as patients are likely to already have some awareness of the effects of sugar on their oral health.</p>	<p>Concern that questions about diet may be perceived by patients as intrusive or ‘judging’ them. Related all questions and advice back to impact on oral health.</p>
 <p>Some participants reported less confidence in delivering <b>smoking cessation</b> advice than in discussing other topics. <i>“I do get nervous asking that question every time because the reaction is very unpredictable, and it can make the appointment really awkward”.</i> (Dental Therapist)</p>	<p>Concern that patients either are not interested in discussing smoking cessation or seeing it as intrusive, judgemental, and outside the dental professionals’ role.</p>
 <p>For some, <b>alcohol</b> was the most difficult topic to raise and one that they felt least confident addressing. <i>“Alcohol is a funny one though because people don’t always appreciate the risk and it’s just a normal part of lots of people’s lives that they then are a bit more surprised when it’s brought up.”</i> (Dentist)</p>	<p>Concern that patients either are reluctant to discuss it or see it as intrusive and outside the dental professionals’ role. Less knowledge about available support services for alcohol than for smoking. The greater social and lifestyle implications of alcohol also made it more difficult.</p>

## Conclusions

Encouragingly, clinical knowledge and overall confidence in delivering most OHE topics were good. Participants valued practical insights into discussing OHE with patients. This supports the need for education on OHE communication skills with opportunity to share good practice between peers.