

International Education Research Issues in Meeting the Oral Health Needs of Geriatric Populations: An Introduction

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Dedication: This set of research papers is dedicated to Dr. Jane Margaret Chalmers who was President of the Geriatric Oral Research Group, International Association for Dental Research, 2007–08. Worldwide geriatric dentistry lost a champion and many people a dear friend with her passing away.

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In 2005, the World Health Organization outlined priorities for geriatric oral health and recommended education for oral health care providers in both biomedical and psychosocial aspects of care for older people.¹ In order to reassess the existing educational systems and training needs of those serving increasingly elderly societies, this topic was made the focus of two international symposia held in 2008—the first at the American Association for Dental Research (AADR) Annual Meeting in Dallas² and the second at the International Association for Dental Research (IADR) General Session in Toronto.³ Revised versions of the papers presented by some of the speakers who contributed to these meetings are being published here.

The overall purpose of the symposia was to propose a research framework for use in the development of educational practice. The specific aims were to

- describe current practice in the education and training of those serving the oral health needs of the geriatric population;
- seek understanding of the relationship of educational systems to the oral health status, needs, and demographics of the geriatric population, exploring cross-national differences; and

- consider the challenges and opportunities for educational research to improve the oral health and promote the well-being of the geriatric population.

This introduction provides a summary of the three principal themes that emerged from the meetings: defining older adults, geriatric dental education, and research issues. The introduction concludes with suggested dimensions that might be included in a research framework.

Definitions

The need for a more highly developed understanding of the oral health needs of the geriatric population was raised by several of the speakers, including Janet Yellowitz, Douglas Berkey, Michael MacEntee, and Ronald Ettinger. Older adults are a heterogeneous group and, in terms of their oral health needs, are not readily defined by age, complicated as their health might be by, for example, dementia. A more sophisticated classification of older adults that takes into account level of dependency is needed.

Questions were also raised about oral health care workers, such as: who provides oral health

care? how are they trained? and where do they work? Health care for the elderly takes varied forms including emergency treatment, regular checkups, and daily oral hygiene. There is a need to recognize the role of clinical intervention *and* health promotion.

Identification of educational research issues should be informed by both a geriatric classification of dependence and a taxonomy of oral health care provision. Thus, for example, the education and training needs of the oral health care provider supporting the daily oral hygiene of an independent older adult will be very different from one supporting the emergency treatment of a functionally dependent older adult in a residential care home.

Geriatric Dental Education

Yellowitz and Berkey also noted that some element of geriatric dental education seems to be a universal feature in predoctoral dental education programs. This apparent similarity, however, masks wide variation in terms of duration, content, and level of specialism. In recognition of the many demands on the dental curriculum, support was voiced for the integration of geriatric dental education rather than the development of specialist add-on courses (Angus Walls and Naseem Shah). Walls argued that training in specialist clinics presents the dual risks of focusing on the atypical, technically challenging cases while raising expectations that care *should* be provided in such specialist units. Barbara Smith suggested that predoctoral training affects style of service provision, and Helen Best, remarking that education can reshape work practice, drew attention to the challenge of interdisciplinary learning. Echoing the 2005 WHO recommendations, other speakers emphasized the importance of biomedical as well as psychosocial content; MacEntee noted that this emphasis is also important regarding research.

Research Issues

MacEntee argued that the medical model has dominated the research agenda at the expense of the psychosocial. This imbalance has led to the social role of oral health care providers and their relationship with other health and social care workers being overlooked in research studies. All contributors rec-

ognized that the population of older, dependent, frail people is growing and that there is a need for research that not only focuses on clinical care (for example, the management of advanced restorative care in populations), but also adds to our understanding of the role of the oral health caregiver in contributing to the broader well-being of the individual geriatric patient.

Dimensions of a Research Framework

A research framework emerging from these discussions might include the following dimensions:

- geriatric classification: independent/dependent
- oral health care: health promotion/clinical intervention
- patient focus: individual/populations
- model: biomedical/psychosocial
- education focus 1: discipline-based/interdisciplinary
- education focus 2: isolated/integrated
- education focus 3: preregistration/postregistration continuing education

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