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BRIEF REPORT

Integrating Dental Care Into Family Medicine Resident Training

Brandis Belt, MD, MPH[a]; Edna Antwi, MD[a]; Chihurumnanya P. Okpechi, MD[a]; Michal Herman, DDS[b]

AUTHOR AFFILIATIONS:

[a] Rutgers University Robert Wood Johnson Somerset Family Medicine Program, Somerville, NJ

[b] KinderSmile Foundation, Bloomfield, NJ

CORRESPONDING AUTHOR:

Brandis Belt, Rutgers University Robert Wood Johnson Somerset Family Medicine Program, Somerville, NJ, brandis.belt@gmail.com

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ABSTRACT

Background and Objectives: Oral health is an important component of overall well-being. To date, there is no consistent training in dental care in most family medicine residency programs, despite current guidelines for primary care physicians. We developed a comprehensive pediatric oral health training program at our residency program.

Methods: All residents and faculty members were trained on evaluating pediatric patients for dental caries, administering fluoride varnish and silver diamine fluoride (SDF), and counseling caregivers on issues of dental health. We partnered with a local dental foundation and have an active referral system for our patients in need of a dental home.

Results: In 6 weeks, all residents and faculty members have been trained on dental health assessments, fluoride varnish and SDF administration, and caregiver counseling. We have screened 25 children, most of whom were high risk as defined by the American Dental Association risk assessments.

Conclusions: Integrating dental care into family medicine residency training is feasible and beneficial. Broadening family medicine scope of practice to incorporate more comprehensive preventive dental care also helps us conform with current guidelines and recommendations for pediatric dental care.

INTRODUCTION

Pediatric dental care plays an important role in health and development. Untreated dental disease causes pain, infection, impaired nutrition, and absence from school, reducing quality of life and necessitating more invasive interventions.[1] Although effective preventive strategies exist, including fluoride and caregiver education, many children do not receive timely preventive interventions.[2] Dental caries remains the most prevalent chronic disease of childhood[3] due to inconsistent implementation of those strategies.[4]

Multiple barriers contribute to gaps in care, including limited access to providers, insurance and cost constraints, transportation challenges, and lack of caregiver awareness (Table 1).[5] Children from low-income households and marginalized communities experience higher rates of untreated caries.[6] In contrast, young children more routinely attend visits in primary care settings.[7]

Recognizing this, the US Preventive Services Task Force recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children beginning at tooth eruption.[16] Silver diamine fluoride (SDF) has recently gained support as a safe and efficient way to arrest active dental caries.[17] Despite these recommendations, many doctors feel underprepared to provide oral health services.[18,19]

There is currently no standardized training among family medicine residency programs on how to teach these interventions. This educational gap presents an opportunity to expand our scope of practice as family physicians. This paper describes a novel outpatient pediatric oral health initiative. Our residency program developed and implemented a pediatric oral health training initiative using the Smiles for Life

TABLE 1. Barriers in Access to Dental Care for Underserved Populations

Barriers in access to oral health care	Proposed solutions in this project
Lack of awareness of the need for early prevention and intervention[27]	Early and regular dental screenings and fluoride varnish applications by primary care clinicians.[8]
Insurance status	Only one third of dental providers in the United States accept Medicaid insurance plans, and many do not accept the very young.[9,10]
Prohibitive cost of dental care	There are few options in underserved communities for affordable dental care.[11]
Limited dental providers in underserved communities	Young children more routinely attend well-child visits in primary care settings, with more consistent contact during critical periods. Using these visits to integrate preventive dental measures can make a long-term impact.[12]
Decreased priority of dental care	Dental issues are a leading cause for children missing school.[13] Preventive care can lead to a reduction in pain and infection.[12] Prompt referrals for dental care from a trusted family physician will impress upon the family the importance of intervention and comprehensive care.[14]
Transportation	Enlarging primary care services can mitigate this.[15]

curriculum in partnership with KinderSmile Foundation. The goal of the program was to improve clinician knowledge, skills, and confidence in delivering preventive oral health services within the primary care setting. Training focused on practical competencies, including caries risk assessment, fluoride varnish application, use of SDF, and appropriate referral. This approach aligns with national calls to better integrate oral health into primary care practice.[20]

A 2019 study of pediatric residency programs in the United States showed that oral health training improved resident preparedness for oral health screening, fluoride varnish application, and dental referrals.[21] A systematic review found oral health training interventions in primary care settings improved clinician knowledge, confidence, preventative oral health delivery, and referral practices.[22] Similar studies have shown that family medicine programs have had success in integration of oral health into training programs, in increasing numbers.[23]

MATERIALS AND METHODS

The Smiles for Life curriculum is a set of online, free training modules with pre and post assessment that can be completed in 20–30 minutes each. Modules highlight the importance of dental care to overall health, how to identify dental pathology, and how to care for special populations, including children and pregnant persons.[24] Our educational initiative was implemented during the 2025–2026 residency year at the Rutgers Robert Wood Johnson Somerset Family Medicine Residency Program. All residents and attendings were instructed to finish the modules on caries risk assessment, fluoride varnish, and counseling. The certification of completion was required for all faculty members (seven total). Residents and attendings were encouraged to complete more modules if they wished. The modules were also discussed with residents during a 90 minute didactic session.

Additionally, the residency program partnered with the KinderSmile Foundation for hands-on training. The residency program received a grant from the "Delta Dental" Foundation to cover the initial costs of supplies to provide fluoride varnish or SDF to 200 children as well as provide for hands on training from a dentist. The dentist observed residents giving dental counseling and advised attendings on best methods. This study was deemed exempt from Institutional Review Board review.

Over the course of the 2025–2026 residency year, all 21 family medicine residents at Rutgers Robert Wood Johnson Somerset Family Medicine Program were instructed on how to integrate dental care into their well-child visits. An age-appropriate screening tool was administered during every well-child check, approved by the American Dental Association,[25] and accompanied by an oral physical exam and counseling. All children who had not received a dental visit in the past 3 months were offered fluoride varnish, with all parents accepting the treatment. The importance of regular dental care was discussed with every patient, regardless of risk, and lists of local dentists were made available. If patients were noted to have caries during the oral exam, they were provided with SDF and urgent follow up with a local dentist.

RESULTS

Over 6 weeks, the program was able to screen and treat 25 children, including three designated as "low risk," 10 designated "moderate risk," and 12 designated "high risk." Notably, two children presented during this time period in order to get clearance for dental surgery with an outside provider for advanced dental pathologies.

DISCUSSION

This initiative demonstrates that pediatric oral health training can be effectively built into a family medicine residency program. By pairing a structured curriculum with hands-on training by a community dental partner, the program addressed a well-known gap in primary care training. Residents developed practical skills such as assessing caries risk, applying fluoride varnish, and using SDF.

One strength of this project was tapping into the expertise of dental professionals. When these fields operate separately, care can become disjointed and children may have fewer opportunities to receive preventive dental services.[20] By offering shared training experiences and creating clear referral processes, this program encouraged a more coordinated approach to pediatric oral health. Bringing

preventive services into routine well-child visits also reflects national guidance that promotes the use of primary care visits for early oral health prevention.[7,16]

From an educational perspective, teaching these skills during residency can produce lasting benefits for the health care workforce. Early exposure to oral health assessment and prevention strategies can improve clinicians' comfort and confidence, which may increase the likelihood that these providers continue once they enter independent practice.[26] In addition, using a standardized and widely available curriculum such as Smiles for Life makes it easier for other training programs and clinical sites to adopt a similar approach. Access to reimbursement for preventive oral health services in medical settings, including fluoride varnish application, supports the practicality of continuing these services over time.[27] When financial support is paired with growing provider skill and efficient clinic workflows, preventive oral health care is more likely to become a consistent part of pediatric primary care rather than a temporary initiative. By incorporating oral health education into residency curricula and building strong partnerships with dental providers, primary care clinics can improve access to preventive dental services and contribute to better long-term health outcomes.

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