

CROWN

Community Research for Oral Wellness Network

The Direct Observation Study



The Direct Observation Study Results Conferences were held in April, with over 30 offices participating from all areas of northern Ohio. During the conferences, confidential practice results were distributed to each practice in attendance that participated in the Direct Observation Study. This preliminary data gave the dentists, hygienists, and office staff a glimpse into how their practice and preventive service delivery methods differed from the rest of the network. For those not in attendance, preliminary results were mailed in late spring and early summer. A more detailed analysis of all the collected data is currently in progress and additional analysis will be distributed in the coming months.

The meetings were a great forum for practicing dentists, hygienists, and office staff to come together with the University researchers to share ideas for further research and to discuss areas of concern and interest for practicing dentists. The input given by participating offices is used to develop new research and to determine the best methods for integrating more offices into practice-based research. Once again, we would like to say thank you to all participating offices. We look forward to more collaboration in the future.

From Idea to Action: Getting Research Started

By being part of CROWN and collaborating with other dentists about common experiences, you may come up with an interesting practice based research question of your own. But before you even begin collecting data for your project, there are several things you must do first. Because practice based research typically requires patient involvement in the research process, you must first receive prior approval from an Institutional Review Board or "IRB". An IRB is a group of individuals affiliated with a university or network of health organizations that has the responsibility to protect human subjects and is given authority under federal regulations to approve, require modifications in, or disapprove all research activities at an institution.

The IRB requires detailed explanations of the proposed research such as how the research will be conducted, who will participate in the study, how informed consent will be secured, any associated risks with the study, possible benefits to participants and/or community, and how the investigators will maintain confidentiality of the data throughout the research process. This completed application for new protocol (research) is submitted to the IRB for review before any other steps in the research process. The review of this application can be a quick 5-day process if it is found to be exempt from causing any more than minimal risk or it can be a more lengthy full review. For full review, the detailed new protocol application is sent to an IRB committee which meets once a month to discuss the research proposal and to determine if revision of the plan is needed. If the IRB finds deficiencies in the protocol, it is either sent back to the investigator(s) for further revision or it is denied. Only once the IRB has granted full approval, can the research process continue.

Staff:

Stephen Wotman, DDS
Howard Bailit, DMD, PhD
Edward Callahan, PhD
Benjamin Crabtree, PhD
Catherine Demko, PhD
Susan Flocke, PhD
Donna Homenko, RDH, PhD
James Lalumandier, DDS, MPH
Leighanna Pilling, BS
Danny Sawyer, DDS, PhD
Kurt Stange, MD, PhD
Joseph Sudano, PhD
Joy Wiedemann, MA
Kristin Williams, DDS
Kristin Zakariassen Victoroff, DDS
Stephen Zyzanski, PhD

STEERING COMMITTEE MEETING

A meeting with the CROWN Steering Committee is scheduled for October 25, 2006 at the Dental School. The meeting will focus on new areas of research and the long term goals of the research network.

If you are not a member of the Steering Committee but would like to be part of shaping the network, please contact Joy Wiedemann at joy.wiedemann@case.edu or 216-368-6818.



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School of Dental Medicine
Case Western Reserve University
10900 Euclid Avenue
Cleveland, Ohio 44106-4905

Deliveries:
2123 Abington Road
Cleveland, Ohio 44106-4905

Phone: 216-368-6818
Fax: 216-368-5888
E-mail: jlw43@case.edu

Network Steering Committee:

William Bart, DDS
Valerie Bell, DDS
Rudolph Braydich, DDS
Robert Doty, DDS
Gene Henderson, DDS
Sharon Henderson, DDS
James Houston, DDS
Ernest Mastroianni, DDS
Douglas Matthews, DDS
Kenneth Novak, DDS
Lawrence Oswick, DDS
Madge Potts-Williams, DDS
Alan Psota, DDS
Marybeth Shaffer, DMD
Robert Skiffey, DDS

CROWN Online!

CROWN is now online. If you have not already visited the website, log on and check out the most up to date information about the network and current research.

www.case.edu/dental/dentalpractice

This summer, CROWN recruited several offices from the network to participate in a feasibility study focused on behavior change counseling during the dental visit. Behavior change counseling is the process of informing, engaging, negotiating, and motivating a patient to set a goal to change a behavior and then documenting a follow-up plan. Feedback from the Direct Observation Study suggested several areas concerning preventive behaviors that could benefit from these findings : 1) lack of time and training for counseling about preventive behavior change; 2) uncertainty about effectiveness of patient counseling; 3) ability to gauge the patient's readiness, willingness to make changes; and 4) avoiding nagging, preaching and patient resistance to change counseling.

There is uncertainty as to which factors such as willingness to change a behavior or patients perceived ability to make a change, may be most important for an individual patient. Assessment of these factors may be helpful in tailoring the behavior-change dialogue for each patient. The purpose of this study was to address that concern and adopt a patient-centered philosophy concerning the behavior-change dialogue by adding several specific steps into that interaction. These steps included the use of a pre-prevention card in which the patient checked off areas/topics of concern before the appointment, questioning patient readiness for change about the particular area of concern, setting behavior change goals with the patient, and follow up with the patient to determine if change was made and maintained.

Two questions used for evaluation dealt with whether a patient recalled the behavior change they agreed upon and their self-reported compliance to that behavior change 30-60 days after the visit. While long-term compliance with behavior change was the ultimate goal, failure to recall or act upon the recommended change within the short-term made it unlikely the patient would follow-through for longer periods of time. For this study, targeted behavior changes included: improved brushing (frequency/time), use of dental floss, use of inter-dental brushes, decrease in sugary beverage consumption, increase in fruit and vegetable consumption, and steps toward tobacco cessation. The goal of the study was to enhance the practitioner's skills in behavior change counseling and evaluate the process and effectiveness of the behavior change training. Each prac-

tice that agreed to participate in the study received training in promotion of oral hygiene and how to present behavior change counseling to the patient.

To evaluate the implementation of the change counseling, about 1 week after the training, 3 dental students visited the office on one day and observed patient visits (both dentist and dental hygienist visits) to document the content of the counseling interaction. The process was similar to the Direct Observation Study, in that one student was in the waiting room to recruit patients for consent to observe their dental visit and 2 students observed (one for the dentist and one for the hygienist). The trained student observers had a specific set of behaviors from the training that they recorded on standardized checklists as well as the opportunity to qualitatively describe the content of the behavior change interaction. These notes answer the question "Did the behavior change counseling take place as planned?"

To evaluate the effectiveness of the behavior change counseling, 1) patients who consented to have their visits observed received a questionnaire 30-60 days after the visit to ask about any oral health behaviors they were asked to change during the visit; and 2) a sample of patients who received care 30-60 days prior to office training were randomly selected to receive a questionnaire about oral health behaviors they were asked to change at the most recent visit. An additional random sample of patients was selected from patients visiting the office 3-4 weeks after the training.

The patient surveys from pre-training patients versus post-training patients are currently being compared for 1) recall of any behavior change request; 2) reports of patient-provider interactions around oral health behavior change discussions; 3) motivation for behavior change; 4) satisfaction with the behavior change discussion and support. For patients with observed visits, comparison of the self-reported surveys and the directly observed visit will be made. In the next several months, all data collected will be analyzed to determine if behavior change in the office is possible and sustainable using behavior change counseling.