

**Evaluation of an alcohol screening and brief advice training programme for NHS general dental practitioners.**

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Figure 1: Training programme design based on the three educational domains assessed

Knowledge	Attitudes	Confidence
<ul style="list-style-type: none"> •Alcohol epidemiology •Wider impact of alcohol (physical, social, financial) •Alcohol and oral health •Core terminology: units, risk levels, current guidelines •AUDIT-C tool •Brief alcohol advice tool •Signposting to local alcohol services •Training manual and resurces 	<ul style="list-style-type: none"> •Exploring the role of dental teams in providing alcohol brief advice •Addressing concerns regarding the delivery of brief advice in dental settings •Suggested text for raising the issue of alcohol and providing feedback/brief advice •Tailoring alcohol brief advice to suit the dental patient •Addressing patients' concerns and questions about the advice 	<ul style="list-style-type: none"> •Role plays using AUDIT-C tool for screening and providing feedback in patients of different: <ul style="list-style-type: none"> • Age groups •Oral health status •Dental attendance records •Levels of motivation to change •Role plays using the alcohol brief advice tool in patients <ul style="list-style-type: none"> •Compliant patients •Resistant patients

Table 1: Knowledge scores and % participants who answered correctly before and after the training sessions.

	Pre-test Score Median (IQR)	Post-test Score Median (IQR)	Paired differences	
			Median (IQR)	P
Knowledge (n=15):				
Identifying units score (out of 8)*	5.5 (4,7)	7 (7,8)	1.5 (0,3)	0.0144
Advice on alcohol score (out of 4)	4 (4,4)	4 (4,4)	0 (0,0)	0.1573
Consequences of alcohol on oral health score (out of 5)*	4 (3,4)	5 (4,5)	1 (0,2)	0.0034
	% correct	% correct		
Identify the percentage of the population of England classified as drinking at "increasing risk of harm"	40	60	n/a	0.1797
Define sensible drinking *	85.7	93.3	n/a	0.1573
Define increasing risk drinking for women*	57.1	93.3	n/a	0.0253
Define increasing risk drinking for men	53.3	93.3	n/a	0.0143
Match alcohol content of one pint of ordinary strength beer (4% ABV) with other drinks*	46.7	64.3	n/a	0.0833
Total score (out of 22)**	15.5 (15,18)	19 (18,19)	3 (1.5,4)	0.0030

*n=14 , **n=12

Table 2: Attitudes and confidence scores before and after the training sessions.

Scale for attitudes (1-5, 1: strongly disagree, 5: strongly agree), Scale for confidence (1-5, 1: not very confident, 5: very confident).

	Pre-test Score	Post-test Score	Paired differences	
			Median (IQR)	P
Attitudes (n=15):				
I always ask about alcohol intake when doing a routine medical history	4 (3,5)	5 (5,5)	1 (0,1)	0.02
I feel it is part of my job as a health professional to be able to identify at risk drinkers and advise them	4 (3,5)	5 (5,5)	1(0,1)	0.007
I feel I can appropriately advise my patients about drinking and its effects on oral health	3 (2,4)	5 (4,5)	2 (1,3)	0.001
I know how to define a unit and calculate the unit content of alcoholic drinks	3 (3,4)	5 (4,5)	1 (1,2)	0.0005
I can define the upper limits of drinking at higher risk of harm for men and women	4 (3,5)	5 (5,5)	1 (0,2)	0.001
I am able to refer dependent drinkers	1 (1,3)	4 (4,4)	2 (1,3)	0.0006
Total score (out of 30)	20(16,22)	28 (26,29)	8 (6,10)	0.0006
How confident do you feel to:				
Describe impact of alcohol in terms of oral health, social and economic problems	3 (3,4)	4 (4,5)	1 (0,2)	0.0031
Discuss the evidence base on providing brief advice	2 (1,3)	4 (4,5)	2 (1,3)	0.0006
Use AUDIT-C measure as a screening tool for alcohol	1 (1,2)	5 (4,5)	3 (3,3)	0.0005
Provide brief advice on alcohol to your patients	3 (2,4)	5 (4,5)	2 (1,3)	0.0013
Total score (out of 20)	10 (7,11)	18 (16,19)	8 (6,11)	0.0006