Knowledge, Awareness and Attitude of Medical Interns towards Oral and Maxillofacial Surgery as a Surgical Specialty and Potential Career Path: A Multicentre Study in Lagos, Nigeria

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ABSTRACT

Objectives: To determine the knowledge of medical interns in oral and maxillofacial surgery (OMFS) and their awareness and attitude towards further training and specialization.

Methods: This descriptive cross-sectional study was conducted at the University of Lagos and the Lagos State University Teaching Hospitals, Nigeria. Participants were medical interns. Exposure to OMFS, knowledge, awareness and attitude to further learning and specialization in OMFS were assessed using a self-administered questionnaire.

Results: A total of 110 medical interns with a mean age of 28.2 ± 3.26 years participated in this study. Only 62 (56.4%) participants had undergraduate and/or postgraduate training in OMFS. The mean knowledge score for OMFS as a medical specialty was 8.9 on a 13-point scale. In addition, 88 (80.0%) participants identified tooth extraction as a dental procedure performed by OMF surgeons. Participants who had co-managed patients with OMF surgeons exhibited significantly higher knowledge compared to their colleagues ($p < 0.05$). Seventy-two (65.5%) participants reported their perception of inadequate knowledge of OMFS, 62 (56.4%) reported that they would like to learn more about the specialty, and 44 (40.0%) reported that they would consider OMFS as a specialty if it were available for medical practitioners in Nigeria.

Conclusion: This study showed that there was a lack of sufficient exposure of young medical practitioners to OMFS. This, however, did not significantly affect their knowledge as an above average mean knowledge score was reported. Medical interns in this study also showed a positive attitude towards further training and future specialization in the OMFS specialty.

Keywords: knowledge, awareness, attitude, oral and maxillofacial surgery, future career path, medical interns, Nigeria

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INTRODUCTION

Several studies have reported a lack of knowledge and awareness of oral health and dentistry as a whole among medical practitioners.[1,2] The implication of this is that several oral health conditions among the general populace may go undetected, undiagnosed and untreated due to a lack of knowledge and awareness among medical practitioners who should identify, counsel and refer their patients for oral health interventions. There is a need for medical practitioners to get involved with oral health, particularly in Nigeria where there is a limited number of dental practitioners who are unevenly distributed across the country.[3] Furthermore, the relationship between oral health and general health has been well documented with several oral health-related conditions having a significant impact on systemic health and vice versa.[4] A lack of knowledge on the part of the medical practitioners may translate into an inability to identify these conditions and implement adequate oral health interventions early. This further compromises the patient's systemic health. This is particularly seen in oral and maxillofacial (OMF) surgery cases.[5]

OMF surgery is primarily a branch of dentistry, but it straddles both medicine and dentistry, serving as an intersection between the two professions.[6] It is a surgical specialty developed to address a variety of conditions and injuries of the head and neck region including dental infections and injuries, maxillofacial traumas, maxillofacial space infections, oncology of the head and neck, orofacial cleft defects, and salivary gland diseases.[7] Due to its closeness to other medical and surgical specialties, it is expected that the general medical practitioner should have at least a basic understanding of OMF surgery, be able to identify OMF surgery-related conditions and know when a referral to an OMF surgeon or multidisciplinary management is warranted.

In the United Kingdom and the United States of America, in addition to being a dental specialty, OMF surgery has been established as a medical specialty and/or a dual specialty with OMF surgeons requiring medicine degrees as primary or secondary degrees in addition to dental degrees.[8,9] This was facilitated by incorporating OMF surgery clinic rotations into medical students' clinical training in addition to dental students receiving clinical training in medicine and surgery.[8,9] This has helped to further bridge the gap in knowledge among medical practitioners in the management of OMF surgery-related conditions leading to a rise in OMF surgery specialists with primary medicine degrees in the United Kingdom and the United States of America.[5] The positive results of this practice begs the question, why are rotations in OMF surgery clinics not a prerequisite for an undergraduate degree in medicine and surgery in Nigeria?

Despite the increasing information on the insufficient knowledge of dentistry and oral health as a whole among medical practitioners in Nigeria,[1–3] little work has been done to evaluate the level of knowledge of medical practitioners in OMF surgery. In addition, the introduction of OMFS surgery as a specialty for medical practitioners in Nigeria has not been extensively explored despite the positive outcomes recorded from its implementation in developed countries.[5,8,9] It is therefore important to accurately measure the knowledge level of medical practitioners on OMF surgery and determine their willingness to specialize in this peculiar surgical specialty.

This study aimed to determine the knowledge of medical interns in OMF surgery including the scope of the specialty and surgical procedures performed. This study also determined their awareness and attitude towards further learning and specialization in OMF surgery. This will provide the much needed insight on the deficiencies of undergraduate medicine curricula in medical schools in Nigeria, guide their future revision, and provide background data for possible establishment of OMF surgery as a medical specialty in Nigeria.

Specific objectives addressed are to provide a snapshot of the exposure of Nigerian medical graduates to OMF surgery; to determine the level of knowledge of Nigerian medical graduates in OMF surgery; to determine their awareness and attitude towards further learning and specialization in OMF surgery; and to determine the effects of their knowledge on their awareness and attitude towards further learning and specialization in OMF surgery.

MATERIAL AND METHOD

Study Design

The study is a descriptive cross-sectional study conducted at the Department of Oral and Maxillofacial Surgery, Lagos University Teaching Hospital, and Lagos State University Teaching Hospital, Lagos, Nigeria. This study was approved by the Lagos University Teaching Hospital, Health Research Ethics Committee, Lagos, Nigeria (protocol number ADM/DSCST/HREC/APP/5385). The study

was conducted in March 2024 and all data were collected during this study period.

Participant Selection and Eligibility

The inclusion criteria were medical interns who completed their undergraduate medical training in a medical school in Nigeria, affiliated with a dental school where access to OMF surgery was possible irrespective of training institution, and participants who consented to participate in the study. No other inclusion or exclusion criteria were used.

Population Selection

Based on the objectives of the study, a teaching hospital affiliated with a higher institution for undergraduate medical training in Lagos Nigeria was desirable. Only two teaching hospitals met these criteria in Lagos Nigeria: The Lagos University Teaching Hospital (LUTH) and The Lagos State University Teaching Hospital (LASUTH). All medical interns undergoing training at the LUTH and LASUTH Lagos Nigeria, available at the time of data collection, and met all inclusion criteria were included in the study.

Data collection

A well-structured close ended self-administered questionnaire was used for data collection. The questionnaire included socio-demographic characteristics such as age, gender, marital status, fathers' occupation, mothers' occupation, and place of employment. The three categories of labour; unskilled, semi-skilled and skilled, according to the Castillo[10] were used to classify the occupation of participants' parents. The questionnaire also included undergraduate and postgraduate exposure to OMF surgery, knowledge of the specialty, awareness and attitude to further learning and specialization in OMF surgery.

For knowledge of OMF surgery as a medical specialty, participants were asked to identify maxillofacial conditions primarily or co-managed by OMF surgery compared to other surgical specialties such as otorhinolaryngology, plastic, general and neurosurgery. These conditions included cleft lip and palate, intraoral tumors and cancers, facial skin cancers, impacted teeth, congenital facial and jaw deformities, face and neck infections, Ludwig's angina, conditions of the temporo-mandibular joint, facial lacerations, facial fractures, salivary gland lesions, cysts and tumors of the jaws, and unknown neck swellings. The right responses were assigned a score of 1 while wrong responses were given a score of 0. Minimum obtainable score was 0 and maximum obtainable score was 13. The average score of the population was calculated. Participants with scores below the mean were classified as low knowledge while participants with scores above the mean were classified as high knowledge.

For knowledge of OMF surgery as a dental specialty, a single question was asked about dental procedures performed by OMF surgeons compared to dental procedures performed by other dental specialties. The right responses were assigned a score of 1 and classified as high knowledge while wrong responses were given a score of 0 and classified as low knowledge.

A pre-test of the questionnaire was conducted on ten randomly selected clinical medical students at the College of Medicine, University of Lagos. This was done to assess the validity of the questionnaire; changes were made to the questionnaire where necessary.

Statistical Analysis

Data entry, analysis and validation were performed using the statistical package for social sciences for Windows (IBM SPSS Statistics for Windows, Version 23.0. Armonk, NY: IBM Corp). Descriptive analysis was carried out using frequency and proportion for categorical variables and mean and standard deviation for numeric variables. Data was analyzed using Pearson's chi-square test, Fisher's exact test, and independent T-test to test for association between demographic characteristics, exposure to OMF surgery, and knowledge of OMF surgery and attitude towards future specialization; a preset level of significance of $p<0.05$ was adopted.

RESULTS

A total of 110 participants, 82 (74.5%) from LUTH and 28 (25.5%) from LASUTH, met all inclusion criteria and were included in the study. Of the 110 participants, 46 (41.8%) were female and 64 (58.2%) were male. Their age ranged from 23 years to 37 years with a mean ± SD of 28.2 ± 3.26 years. The majority (72.7%) of participants were single, and only 30 (27.3%) were married. The categories of labour of participants' fathers were unskilled (14.5%), semi-skilled (32.7%), skilled (45.5%), and retired (7.3%) and the categories of labour of participants mothers were unskilled (34.5%), semi-skilled (34.5%), skilled (25.5%) and retired (5.5%). Thirty-two (29.1%) participants had surgeons in their nuclear or extended family.

Only 62 (56.4%) participants had received any basic medical or clinical training in OMF surgery, 46 (41.8%) as medical students, 4 (3.6%) as medical

interns, and 12 (10.9%) as both medical students and interns. OMF surgery training received by the 62 participants ranged from a one-day short course on dentistry and oral surgery (9 participants) to over 4 weeks of training in OMFS (8 participants). The majority (28/62, 45.2%) of participants had less than one-week training in dentistry and oral surgery. The majority (81.8%) of participants had co-managed at least one patient with OMF surgeons, 32 (29.1%) as medical students, 44 (40.0%) as medical interns, and 14 (12.7%) as both medical students and interns. Only 20 (18.2%) participants lacked exposure in OMF surgery.

The minimum score for knowledge of OMF surgery as a medical specialty was 3, the maximum score was 13, and the mean score was 8.9 ± 3.33. Figure 1 shows the distribution of knowledge scores among the included participants. Fifty (45.5%) participants scored below the mean score and were classified as low knowledge while 60 (54.5%) participants scored above the mean score and were classified as high knowledge. For knowledge of OMF surgery as a dental specialty, 88 (80.0%) participants identified tooth extraction as a dental procedure performed by OMF surgeons. Other dental procedures performed by other dental specialties were also identified as OMF surgical procedures. Twenty-two (20.0%) participants selected dental braces placement, 14 (12.7%) selected dental fillings, 14 (12.7%) selected denture placement, 12 (10.0%) selected scaling and polishing, and 26 (23.6%) selected medical management of oral ulcers as procedures performed by OMF surgery specialty

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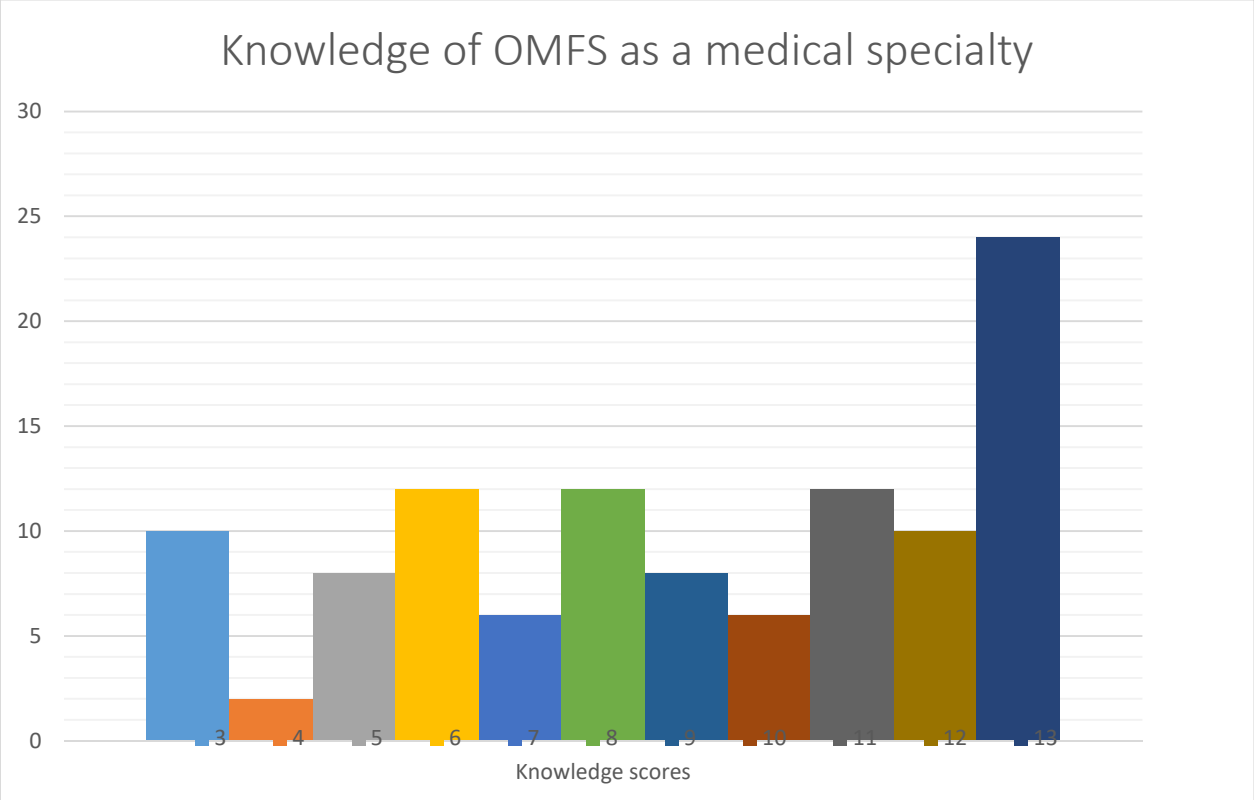

Figure 1: Distribution of knowledge scores among included participants for knowledge of OMFS as a medical specialty

High level of knowledge of OMF surgery as a medical specialty was significantly more common with older interns and male interns compared to their younger female colleagues ($p < 0.05$ for both associations). Also, a high level of knowledge of OMF surgery as a dental specialty was significantly associated with older interns and interns who had family members that were surgeons ($p < 0.05$ for both associations). All other associations between demographic characteristics and knowledge of OMF surgery were not statistically significant ($p > 0.05$) (Table 1). Participants who had co-managed patients with

OMF surgeons showed a significantly high level of knowledge of OMF surgery as a dental specialty (p< 0.05). All other associations between exposure to OMF surgery and knowledge were not statistically significant (p> 0.05) (Table 2).

Table 1: Demographic characteristics and knowledge of OMF surgery

Demographic characteristics	Knowledge of OMF surgery as a medical specialty			Knowledge of OMFS as a dental specialty			
	Low (%)	High (%)	p- value	Low (%)	High (%)	Total (%)	p- value
Age (years)							
≤25	12 (60.0)	8 (40.0)	**0.022**	2 (10.0)	18 (90.0)	20 (100.0)	**0.031**
26 – 30	36 (47.4)	40 (52.6)		20 (26.3)	56 (73.7)	76 (100.0)	
>30	2 (14.3)	12 (85.7)		0 (0.0)	14(100.0)	14 (100.0)	
Sex							
Female	26 (56.5)	20 (43.5)	**0.048**	8 (17.4)	38 (82.6)	46 (100.0)	0.634
Male	24 (37.5)	40 (62.5)		14 (21.9)	50 (78.1)	64(100.0)	
Marital status							
Single	16 (53.3)	14 (46.7)	0.391	6 (20.0)	24 (80.0)	30 (100.0)	1.000
Married	34 (42.5)	46 (57.5)		16 (20.0)	64 (80.0)	80 (100.0)	
Surgeon in the family							
No	36 (46.2)	42 (53.8)	0.836	6 (7.7)	72 (92.3)	78 (100.0)	**<0.001**
Yes	14 (43.8)	18 (56.32		16 (50.0)	16 (50.0)	32 (100.0)	

Table 2: Exposure to OMF surgery and knowledge of OMF surgery

Exposure to OMF surgery	Knowledge of OMF surgery as a medical specialty			Knowledge of OMFS as a dental specialty			
	Low (%)	High (%)	p- value	Low (%)	High (%)	Total (%)	p- value
Co-managed patient with OMF surgeons							
No	6 (30.0)	14 (70.0)	0.335	8 (40.0)	12 (60.0)	20 (100.0)	**<0.001**
As student	18 (56.3)	14 (43.7)		12 (37.5)	20 (62.5)	32 (100.0)	
As intern	20 (45.5)	24 (54.5)		0 (0.0)	44(100.0)	44 (100.0)	
Both	6 (42.9)	8 (57.1)		2 (14.3)	12 (85.7)	14 (100.0)	
Training in OMF surgery							
No	22 (45.8)	26 (54.2)	0.171	4 (8.3)	44 (91.7)	48(100.0)	0.085
As student	24 (52.2)	22 (47.8)		16 (34.8)	30 (65.2)	46 (100.0)	
As intern	2 (50.0)	2 (50.0)		2 (50.0)	2 (50.0)	4 (100.0)	
Both	2 (16.7)	10 (83.3)		0 (0.0)	12(100.0)	12 (100.0)	

Seventy-two (65.5%) participants reported that they had inadequate knowledge of OMF surgery and 62 (56.4%) reported that they would like to learn more about the specialty. Seventy-two (65.5%) participants also supported the proposition to include a rotation in OMF surgery for medical students and medical interns. Only 30 (7.3%) participants were aware that medical practitioners in the United Kingdom and the United States of America could specialize in OMF surgery, and 44 (40.0%) participants reported that they would consider OMF surgery as a specialty if it were available for medical practitioners in Nigeria.

The majority of participants in both the low and high knowledge groups for knowledge of OMF surgery as a medical specialty reported that they would like to learn more about OMF surgery, however, there was no significant relationship between knowledge of OMF surgery and interest in learning (p> 0.05). In addition, participants with low knowledge of OMF

surgery showed more interest in OMF surgery as a career path for future specialization compared to their colleagues with high knowledge; this relationship was statistically significant (p< 0.05) (Table 3).

Table 3: Knowledge of OMF surgery as medical specialty and interest in learning and future specialization in OMF surgery

	Interest in learning			Future specialization			
Knowledge	No (%)	Yes (%)	p-value	No (%)	Yes (%)	Total	p-value
Low	24 (48.0)	26 (52.0)	0.443	24 (48.0)	26 (52.0)	50 (100.0)	**0.031**
High	24 (40.0)	36 (60.0)		42 (70.0)	18 (30.0)	60 (100.0)	
Total	48 (43.6)	62(56.4)		66 (60.0)	44 (40.0)	110 (100.0)	

DISCUSSION

Previous studies[11–13] have reported suboptimal levels of knowledge in oral and maxillofacial surgery (OMFS) as a surgical specialty among medical practitioners. This has led to negative outcomes such as delayed referrals and delayed treatment of OMFS cases,[11–13] especially when OMFS patients attend primary health care centers and other non-tertiary centers that do not have OMF surgeons on duty. Some studies[11,12] have attributed these low knowledge levels to the lack of a robust undergraduate medical curriculum while others[13] proposed that the nonexistent public image of the specialty resulted in the lack of interest, the negative attitude, and the low knowledge of the specialty seen among medical practitioners and the public at large. This study aimed to provide more insights into the current exposure, knowledge, awareness and attitude of young medical doctors towards OMFS in a Nigerian population.

In this study, less than 60% of participants had received basic medical or clinical training in OMFS. In addition, only about 50% of participants received this training as undergraduate medical students. This study also showed that the OMFS training received was not uniform, as participants reported courses that ranged from a one-day short course on dentistry to over 4 weeks of training in OMFS. These reports suggest that the majority of medical students did not receive adequate training in OMFS and in dentistry at large. The study by Rapaport et al. 2020[14] suggested a medicine first approach to specialization in OMFS. The study[14] suggested that all medical practitioners should receive basic medical and clinical training in OMFS, after which practitioners who choose to specialize in OMFS may receive additional dental and surgical training. This approach was proposed to circumvent the suboptimal level of knowledge in OMFS seen among medical practitioners. Similarly, the study by Hamid et al. 2018[12] reported the inclusion of a compulsory orientation in dentistry as a prerequisite for attaining a medical degree. These international studies[12,14] highlight a gap in the current undergraduate medical curriculum in Nigeria which may have untold consequences in future patient management. The results of this present study also showed that the majority (81.8%) of participants have co-managed at least one patient with the OMF surgical team. Although, this may serve to address the potential knowledge gap that resulted from the current undergraduate medical curriculum, it may also be due to the fact that this study was conducted in a teaching hospital comprising of multiple medical and dental specialties. Young medical practitioners who receive their internship training in primary or secondary healthcare facilities in Nigeria, may not have similar opportunities, further highlighting the need for a curriculum redress.

In this present study, the mean knowledge score for OMFS as a medical specialty was 8.9 out of a total score of 13. This suggests that despite the lack of an adequate and uniform undergraduate medical curriculum to address dental specialty training for undergraduate medical students, the average young medical practitioner had an above average score (68.5%) on knowledge of OMFS as a medical specialty. This is different from previous reports in the Nigerian population by Oyetola et al. 2016[2] and Eregie et al. 2024[15] which showed a suboptimal knowledge level for average young medical practitioners. The differences seen in this study compared to previous reports[2,15] may be due to the fact that this study was conducted in teaching hospitals with well-equipped and functional OMFS departments which may have resulted in the increased knowledge level seen among respondents. This result should therefore be interpreted with

caution as it may not be representative of the true knowledge level of young medical practitioners, particularly those who undertake their internship training in non-tertiary institutions and institutions without a fully functioning OMFS department.

For knowledge of OMFS as a dental specialty, the majority (80.0%) of participants correctly reported that OMF surgeons were responsible for tooth extractions. However, a proportion of included participants also reported that OMF surgeons were responsible for the application of dental braces (20.0%), dental fillings (12.7%), denture production (12.7%), scaling and polishing (10.9%), and management of mouth ulcers (23.6%). This suggests that although the majority of young medical practitioners may have adequate knowledge of OMFS as a dental specialty, a good number of them may not be able to effectively differentiate between OMFS and other dental specialties. This is similar to reports by Oyetola et al. 2016[2] which showed that the majority of medical practitioners have a low level of knowledge of the various dental specialties available. It also stands to reason that young medical practitioners may ascribe all dental treatments to OMFS since it is often the only dental specialty they encounter during co-management of in-patients, compared to other dental specialties that manage patients majorly on out-patient basis. This further highlights the need for a revision of the current undergraduate medical curriculum to incorporate sufficient uniform training in dentistry and particularly in OMFS.

This present study showed that older interns had significantly higher knowledge of OMFS as both a medical specialty and a dental specialty. This may be explained by the fact that older interns may have more experience as medical practitioners compared to younger interns. The older interns may be at the end of their internship training while the younger interns may have just started their internship training and may not have been exposed to as many OMFS cases as their older colleagues. This was corroborated by the result from this present study which showed that participants who had co-managed patients with OMF surgeons exhibited significantly higher levels of knowledge of OMFS as a dental specialty compared to their colleagues who lacked similar experience. This is similar to results from previous studies[16,17] which highlighted age and experience as significant factors affecting knowledge levels of medical practitioners. This present study also showed that male interns had significantly higher knowledge of OMFS as a medical specialty compared to their female colleagues and interns who had family members that were surgeons also had significantly higher knowledge of OMFS as a dental specialty compared to their colleagues. The significant finding between sex and knowledge could not be corroborated by previous studies[16,17] and may be the result of confounders and/or the small sample size adopted in this study. However, similar to reports of this study, the presence of family members of the medical profession has been shown to influence the knowledge and attitude of young medical practitioners.[16–19]

This present study showed that over 65% of young medical practitioners were aware of their inadequate knowledge of the OMFS specialty. And more than half of the total participants reported a willingness to learn more about the specialty. Although previous studies[20–22] have reported the suboptimal knowledge of medical practitioners on the various dental specialties including OMFS, these studies[20–22] also indicated a positive attitude for learning among medical practitioners. Similar to previous reports,[20–22] this present study showed a positive attitude of young medical practitioners towards the OMFS specialty and also indicated the need for improvement in their knowledge of the OMFS specialty. The result of this present study is in agreement with previous reports[20–22] which recommended an increase in awareness of the OMFS specialty. This may be addressed by the modification of the undergraduate medical curriculum.

The OMFS specialty is considered a dual specialty in developed countries like the United Kingdom and the United States of America were OMF surgeons are expected to have advanced degrees in both medicine and dentistry.[6] This is in tandem with the report by Rapaport et al. 2020[14] which suggested a medicine first approach to specialization in OMFS, ensuring that all OMF surgeons acquired degrees in both medicine and dentistry. This offered medical practitioners the option of specializing in OMFS and also increased the awareness of OMFS among medical practitioners irrespective of their choice area of specialization. This present study showed that the majority (92.7%) of young medical practitioners were unaware that OMFS was an option for specialization in other developed countries. In addition, 40% of participants reported that they would be willing to consider OMFS as an area of specialization if the opportunity was made available to them. This present study reported that participants with low

knowledge of OMFS as a medical specialty were significantly more willing to consider OMFS as an area of specialization compared to their colleagues. This is contrary to previous reports[12,13] which showed an increase in interest in specialization with increase in knowledge and awareness of the specialty. These conflicting reports may be the result of the low sample size of this present study. It may also point to an increased curiosity and quest for knowledge among participants with low knowledge of OMFS, further highlighting the need for an increase in awareness of the specialty. In addition, previous studies[18] in the Nigerian population have reported a decline in interest in specialization in OMFS among young dental practitioners. The inclusion of OMFS as a dual specialty for both medical and dental practitioners will offer medical practitioners the opportunity to specialize, which may address the decline in interest reported[18] and will be beneficial to the OMFS specialty.

Despite its strengths, this study is not without its limitations. A major limitation to this study was the low sample size. This may serve as a reason for some of the conflicting reports and statistically insignificant results seen in this study. However, the results of this present study highlighted the limited exposure of young medical practitioners in Nigeria to OMFS and dentistry at large which is noteworthy. This present study also included participants from a single region in Nigeria. Therefore, further investigation with a larger sample size, preferably multi-centered data from several regions in Nigeria, is essential to fully understand the current deficiencies of the undergraduate medical curriculum in Nigeria. This study also brings to the fore the positive attitude and interest of young medical practitioners towards OMFS as a medical specialty and a potential area for future specialization. This is an area that will benefit from further investigation. Young medical practitioners are the future of the medical and surgical profession, and they are often the first point of contact for all patients including dental and OMFS patients. An improvement in their knowledge and awareness of OMFS will definitely benefit their productivity and their patients' health.

CONCLUSION

In conclusion, this present study showed that there was a lack of uniform and sufficient exposure of young medical practitioners to OMFS, particularly during undergraduate medical training. This, however, did not significantly affect their knowledge of OMFS as the average knowledge score reported in this study was higher than reports of previous studies.[11–13] An improvement in the current undergraduate medical curriculum to include OMFS and other dental specialties will definitely improve the knowledge of young dental practitioners on the OMFS specialty as well as improve their knowledge in the management of OMFS cases.

This study also showed that the majority of young medical practitioners had a positive attitude towards further training in the OMFS specialty. And although the majority were unaware that specialization in OMFS was available to young medical practitioners in some developed countries, a good number of participants reported that if given the opportunity, they will consider OMFS as their choice area of specialization. It is therefore the recommendation of this study that the opportunity for dual specialization to involve both medical and dental practitioners be inculcated into the Nigerian medical training curriculum to encourage medical practitioners interested in a career and future specialization in OMFS.

Data availability statement

The datasets analyzed during the current study can be made available from the corresponding author upon reasonable request.

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Nil

Conflict of interest

None declared

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