

Assessment of Nutrition Education in Pediatric Dentistry Training Programs

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Introduction

Nutrition plays a crucial role in pediatric oral and systemic health. The American Academy of Pediatric Dentistry (AAPD) acknowledges the importance of nutrition education but does not specify the required number of hours or the specific content that should be covered. Understanding how nutrition education is integrated into pediatric dentistry training programs is essential to ensuring trainees are equipped with the knowledge and skills necessary to provide comprehensive care. This study examines nutrition education in U.S. pediatric dentistry training programs, comparing university-based and hospital-based settings. It focuses on didactic content, clinical practices, and attitudes towards non-caries related nutrition. By assessing training methods and program directors' perceptions of their trainees' confidence in nutrition counseling, this study identifies barriers, offering insights for improving integration. Limited data from previous studies on how nutrition education is incorporated into training programs highlights the need for further research in this area.

Methods

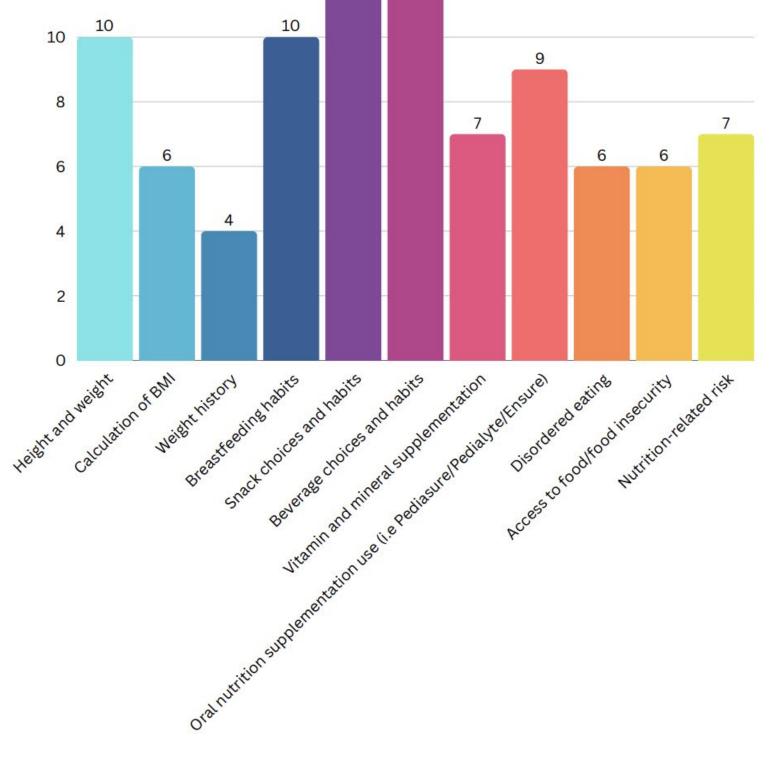
An anonymous survey was distributed electronically to 135 pediatric dentistry training directors across the U.S via the AAPD listserv. The survey included questions on didactic nutrition education (hours, topics covered, and instructors), clinical nutrition practices (nutrition risk assessment, counseling, and referrals), and attitudes toward non-caries-related nutrition education. The survey was hosted on REDCap, and a total of 18 responses were received, but four were excluded for incomplete responses or failure to meet inclusion criteria, leaving 14 surveys for analysis. Data was analyzed using descriptive statistics (frequencies and percentages) without statistical comparisons.

Results

Among the 14 out of 135 responding program directors, 64% were from hospital-based programs, and 35% were from university-based programs. Most directors, (93%) had over six years of academic experience, and pediatric dentists served as the primary instructors (85%) during didactic courses.

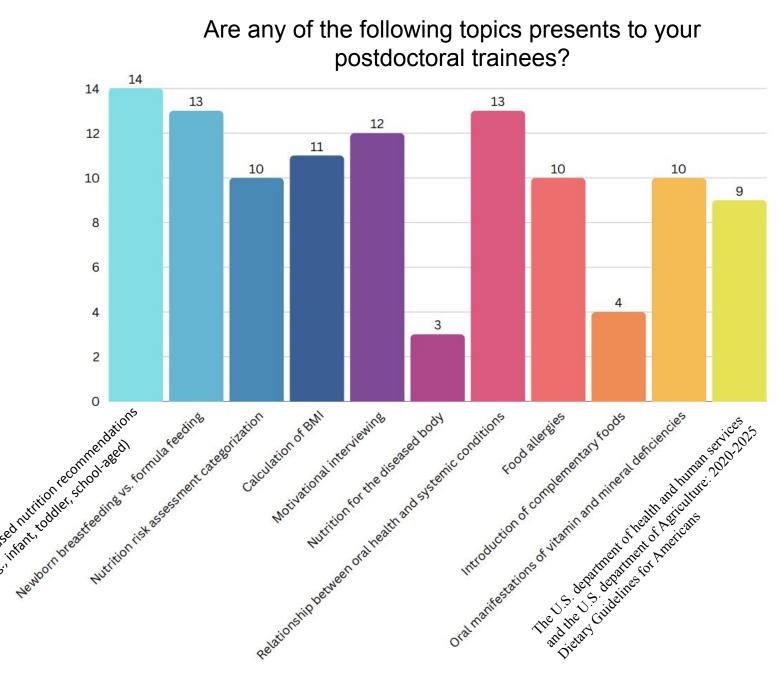
Clinically, only 28% had a registered dietitian or nutritionist on staff, while 50% referred patients externally. Nutrition counseling documentation was limited, with 28% using procedure code D1310. Beverage and snack consumption were commonly included in routine care forms, but only 43% of programs assessed BMI or screened for food insecurity.

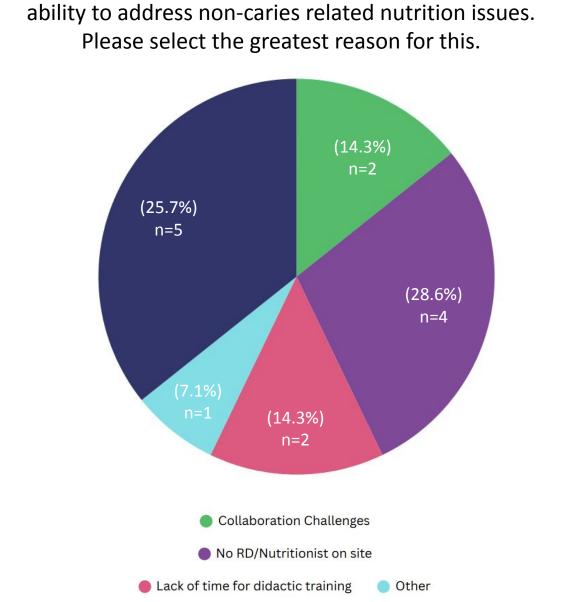
Despite covering key nutrition topics, confidence in clinical application remained low. Program directors expressed concerns about post doctoral trainees' preparedness, with 57% lacking confidence in their ability to assess nutrition risk and provide non-caries-related counseling. Only 43% were confident in trainees' ability to refer patients to a dietitian. The most common barriers included the absence of on-site nutrition professionals (28%), collaboration challenges (14%), and limited time for didactic (7%) and clinical (7%) training. These findings highlight the need for more structured training and interdisciplinary collaboration to improve nutrition education in pediatric dentistry programs.



On your routine care forms, do your postdoctoral trainees

ask about any of the following? (Nutrition-related risk)





No Response

You indicated that you are not confident in your trainees

Conclusions

This study highlights a gap in nutrition education within pediatric dentistry training programs. While programs report covering key nutrition topics, there is an absence of standardized guidelines from the AAPD on the required number of hours and specified topics. This absence of guidance creates a variability in training. Program directors also expressed the importance of better integrating nutrition into their programs, highlighting the need for more structured didactic and clinical trainings. Future efforts should focus on incorporating standardized nutrition education guidelines and promoting interdisciplinary collaboration. This will help strengthen trainees' competency and confidence in nutrition counseling and referring to a dietician when necessary. Moving forward, further research is needed to gain a more comprehensive understanding and accurate analysis.