



Introduction

Although the AAPD recommends the first dental visit and establishment of a dental home occur by 1 year of age or eruption of the first tooth, many parents do not seek dental care until years later when irreversible oral disease has already occurred. The US Department of Health and Human Services recommends a baby see a doctor within the first few days of life, and then continue with visits at 1 month, 2 months, 4 months, 6 months, and 9 months. Basic dental anticipatory guidance provided at the pediatrician's office could facilitate earlier dental visits and/or better home care before the first tooth even erupts. Previous research has determined there is a lack of an adequate oral health curriculum in most health professional schools, despite dental caries being the most common chronic disease in childhood. This lack of experience could be directly related to why healthcare professionals are less confident delivering oral healthcare needs as opposed to other organ systems.

Study Objectives

The objective of this research project is to identify the gaps in medical education when it comes to the oral development and health of children. This research will help individuals identify their own level of knowledge on the subject matter and directly impact their patient population by providing the anticipatory guidance mentioned in the questionnaire survey. In the long term, this research could facilitate a more robust dental curriculum for all healthcare professionals.

Methods

Subjects

Physicians specialized in pediatric medicine, pediatric medicine residents, medical assistants, licensed nurse practitioners, and registered nurses currently working in the pediatric departments at St. Barnabas Hospital and Union Community Health Centers.



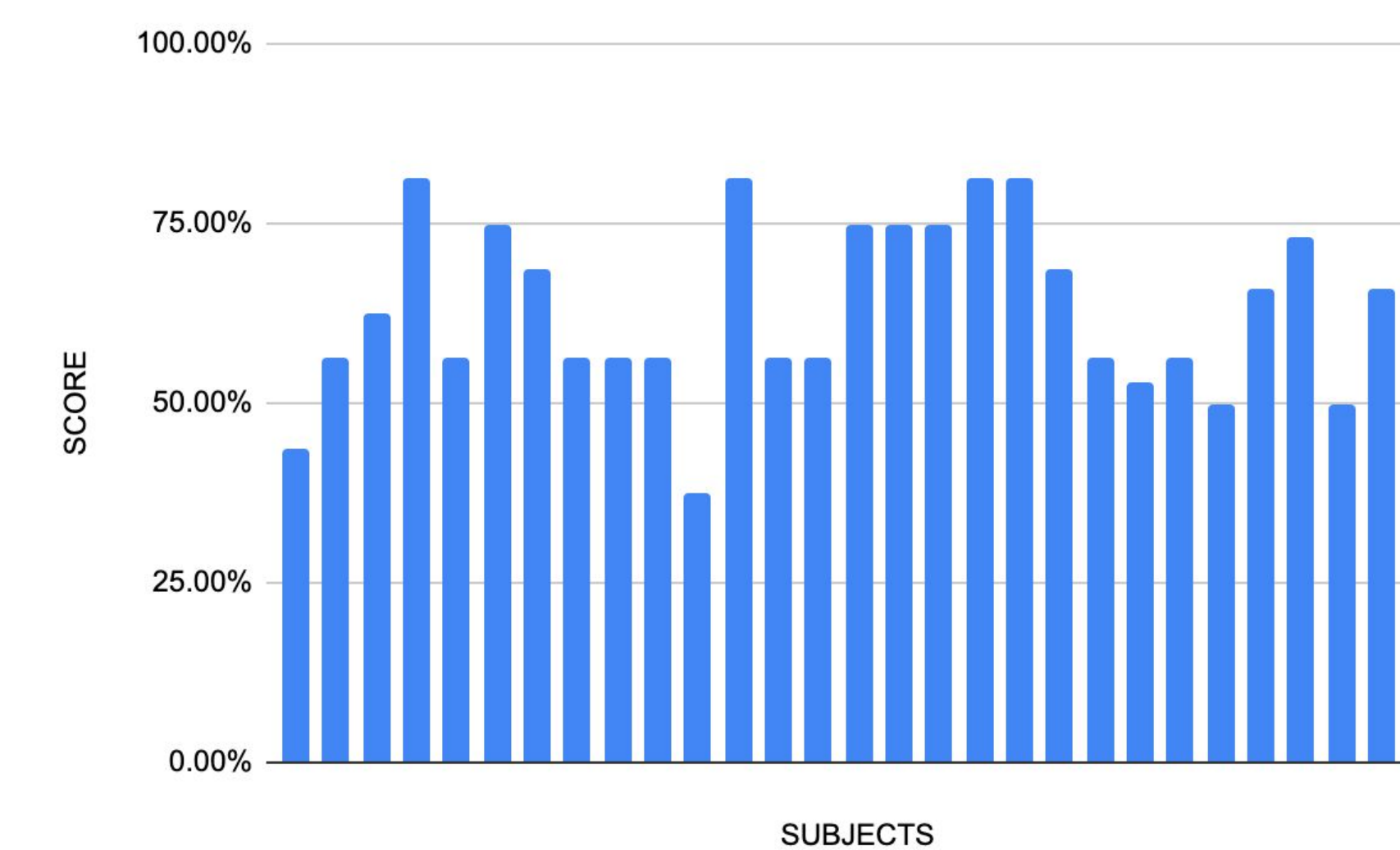
Data Collection

Data was collected via surveys distributed and monitored in person to pediatric healthcare providers and pediatric medicine residents and attendings. The survey asked about previous training and confidence with providing dental anticipatory guidance, followed by a quiz to assess current knowledge on the subject matter. Following the survey, answer sheets were distributed to directly benefit their learning and to allow for questions. This data was further analyzed and key trends were identified and compared between individuals.

Results

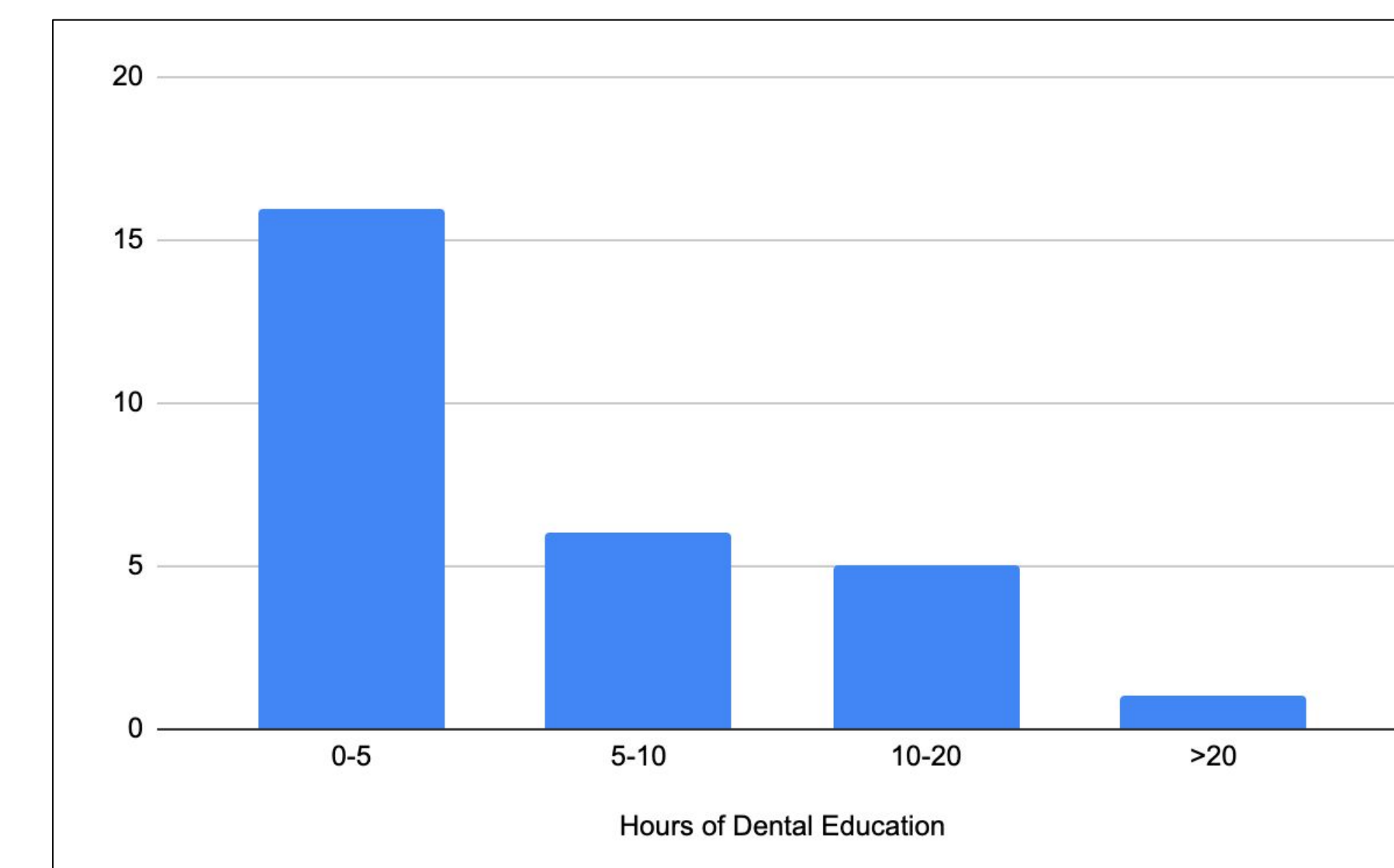
Anticipatory Guidance Survey Scores

Figure 1



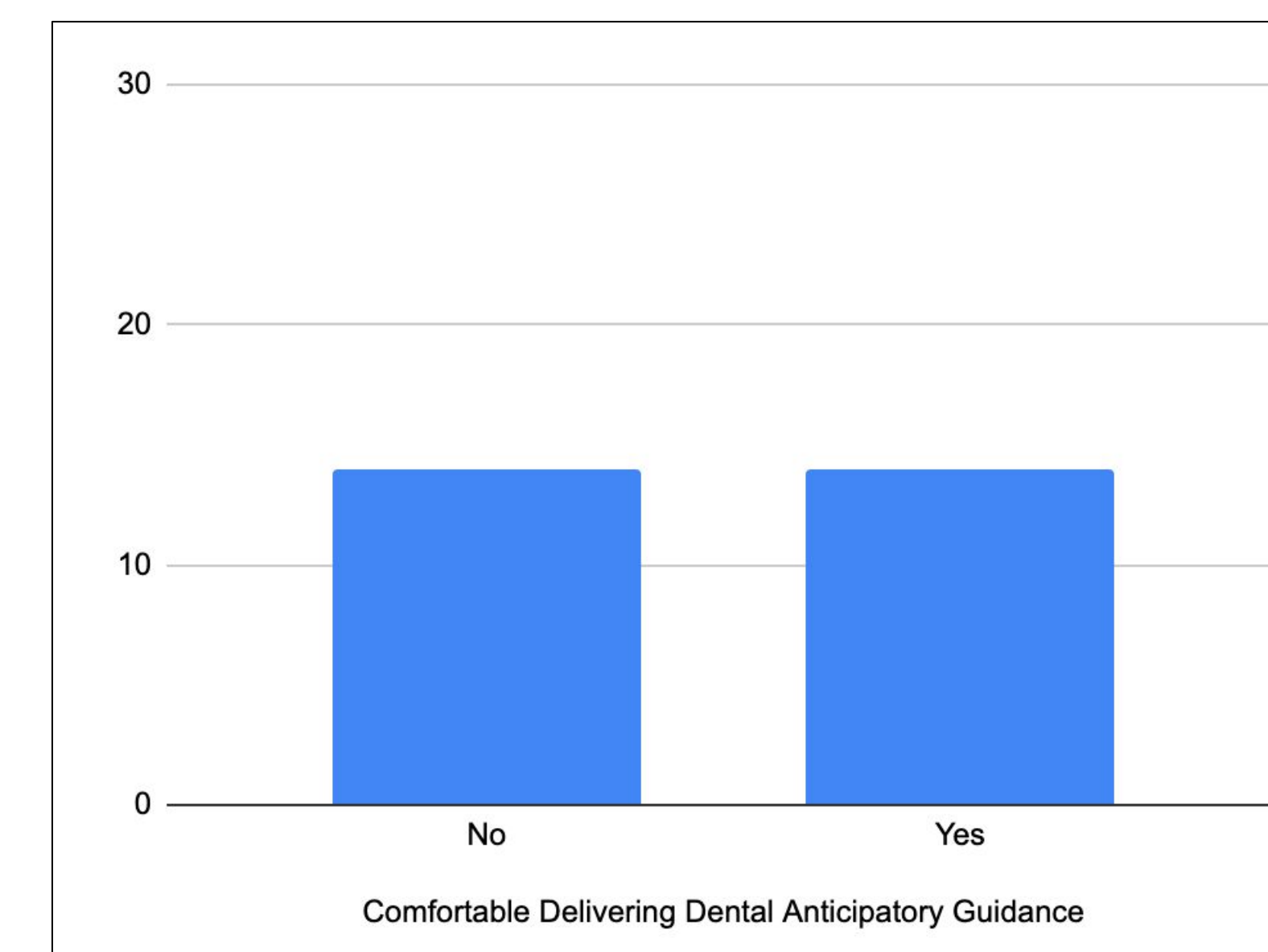
Hours of Dental Education Received in Health Professional School

Figure 2



Comfortability Delivering Dental Anticipatory Guidance

Figure 3



Discussion

Of the 29 participants, 41% received more than 0-5 hours of education in their professional health school training, and only 17% felt they were given enough education in school to comfortably deliver dental anticipatory guidance to caregivers. 48% responded they feel comfortable delivering this information to parents, but 100% of this 48% attributed this to work or residency experience after their professional school training.

The average score on the quiz section of the survey was 63%. Consistently low scoring questions (<40%) included information such as recommended amount of toothpaste before age 3, the best time to consume sugary snacks and beverages, and the average age children can adequately brush on their own. Consistently high scoring questions (>80%) included information regarding the age a child should first see a dentist, the recommended interval of dental recalls, caries as the most common childhood disease, and the importance of not sleeping with a bottle full of juice or milk.

Conclusion

In conclusion, professional healthcare training programs should provide a more comprehensive curriculum of dental education especially for the pediatric population.

Study Limitations

This study had a limited number of participants.

References

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