

Engaging Pediatric Dentistry Program Directors as Stakeholders in the Process of Board-Certification

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Background

- Board-certification is an important credential for pediatric dentists to achieve for purposes of career advancement, hospital privileges and reputation.
- Pediatric residency program directors (PDs) lack clarity on how to best prepare their residents for board certification.
- There is no professional consensus statement that comprehensively defines the knowledge, skills and attitudes required for clinical readiness.

Purpose

- To assess the engagement of PDs with the board certification process in terms of criteria for clinical readiness, curriculum development and value.
- Additionally, to identify challenges and ways in which PDs may need support as they prepare residents for board certification.

Methods

- 31 PDs were surveyed regarding their prioritization of the board exam domains in terms of 1) relevance to patient care provided in the residency program; 2) ability of a resident to discuss topic knowledgeably and independently, and 3) acquisition of enough knowledge of this topic to pass the board exam and be a competent provider.
- 32 PDs then participated in focus group interviews. Transcripts were analyzed qualitatively using structural coding methods and inductive thematic analyses.

Results

- Oral Pathology & Development of Occlusion were categorized more often as 'important' or 'fairly important' compared to other domains that were mostly categorized as 'very important'.
- Four themes emerged from the descriptors of clinical readiness used by PDs, namely, a) information gathering, b) application of knowledge, c) adequate skill level, and d) professional awareness.
- Half of the PDs use the ABPD blueprint to guide their own residency curriculum.
- All respondents felt that board certification is very important for program and provider reputation and as a marker of commitment to continued learning.

Figure 1: Prioritization of Board Exam Domains

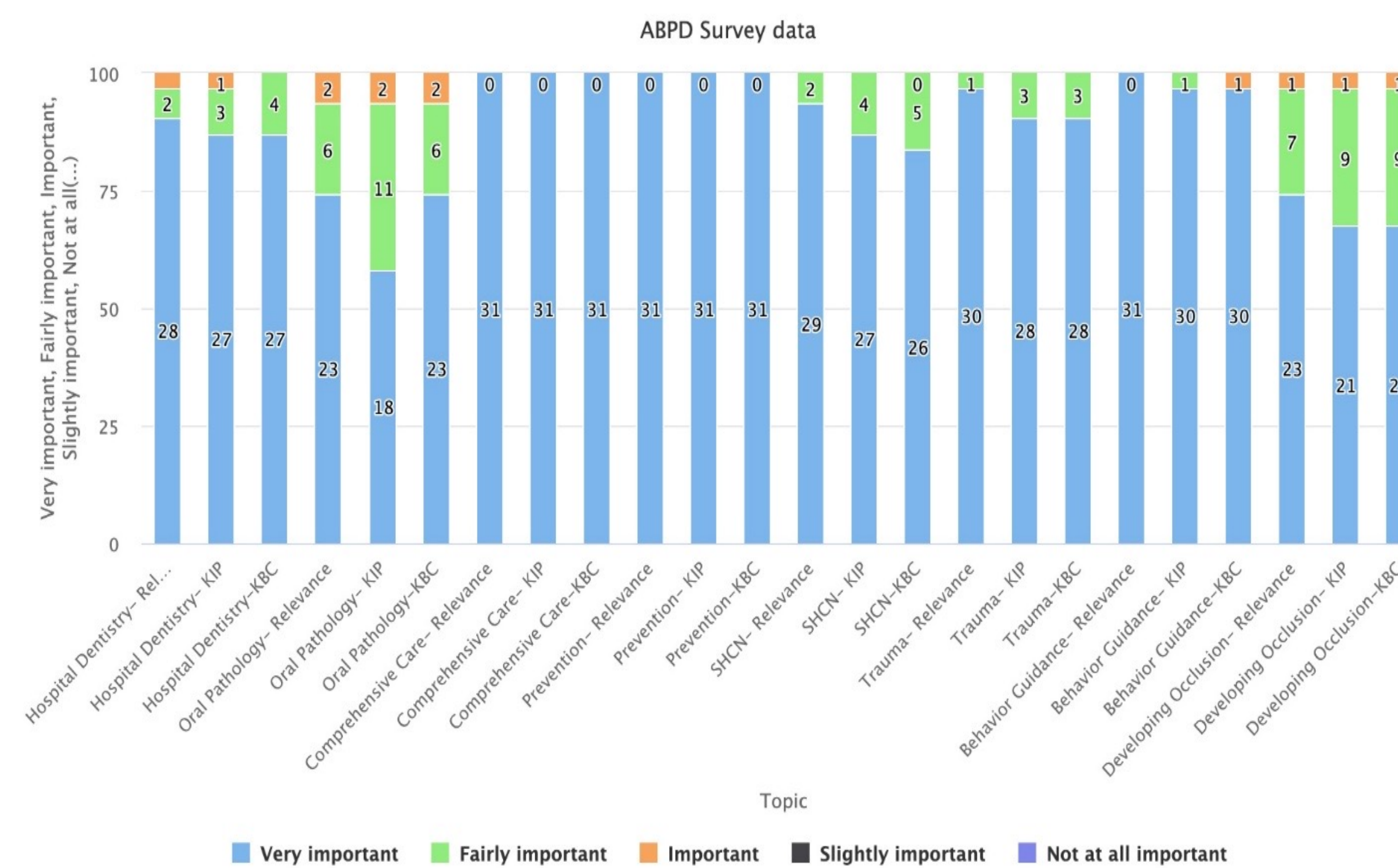


Figure 2: Descriptors of Clinical Readiness

Knowledge	Skills	Attitudes
Thorough history taking: <ul style="list-style-type: none"> • Addressing chief complaint • When to prompt for more information. 	Application of didactic knowledge to clinical practice	Awareness of scope of practice <ul style="list-style-type: none"> • Know own limitations. • Know who to refer to. • Know who to consult
Systematic approach <ul style="list-style-type: none"> • Nothing is overlooked 	Efficiency	Reflective of previous experiences <ul style="list-style-type: none"> • Ability to self-assess
Synthesis of critical information	Wide range of clinical experiences	Adaptability based on individual patient needs. <ul style="list-style-type: none"> • apply the ideal to the non-ideal. • Ability to balance ideal treatment with real world demands.
Evidence-based decision-making <ul style="list-style-type: none"> • Criteria and rationale for treatment plans • Current in knowledge 	Effective communication <ul style="list-style-type: none"> • Rapport with patients • Discussing treatment with families • Cultural sensitivity • Empathy 	Prioritizes patient safety

Additional Results

PDs identified multiple barriers to achievement of board certification, including:

- Financial constraints
- Family obligations
- Inability to miss work
- Fear of failure/intimidation
- Overpreparation
- Lack of familiarity with exam format

Multiple strategies were suggested to better engage PDs as they prepare residents for clinical readiness, including:

- Increased transparency on format and exam content development
- Additional feedback tools and grading rubrics
- Improved access to mock exams and lectures
- More faculty training opportunities

Conclusions

- Board certification is valued by PDs and influences their criteria for residents to demonstrate clinical readiness.
- Increased engagement with the American Board of Pediatric Dentistry will facilitate better support for PDs as they prepare their residents for board certification and will enhance consistency of training standards in residency programs.