# Predoctoral Training in Adverse Childhood Experiences and Children's Oral Health



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### Introduction

The ADA has estimated that general dentists provide care for over 75% of children between 5-17 years old<sup>1</sup>. This places an onus on predoctoral education to teach the many facets of pediatric dentistry including adverse childhood experiences (ACEs) and toxic stress.

Adverse childhood experiences are adversities experienced during one's youth<sup>2</sup>. ACES can create circumstances for excessive, chronic stress to affect a child's physiological and psychological development; this is known as the toxic stress response<sup>3-6</sup>. Scarce information and guidelines are available to prepare future dentists to deliver care and manage children with ACEs.

Purpose: This project aims to evaluate dental students' knowledge, attitudes, and awareness about ACEs. The goal is to create foundational learning material and guidelines about ACEs and ACE screening in dental education.

## Materials & Methods

Third year dental students in 2022 and 2023



Has the child's biological parent or any caregiver ever had, or currently has a problem with

Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted

(for example, not being protected from unsafe situations, or not cared for when sick or

Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched

3. Has any adult in the household often or very often pushed, grabbed, slapped or thrown

Or has any adult in the household ever hit your child so hard that your child had marks or

Or has any adult in the household ever threatened your child or acted in a way that made

(for example, anyone touched your child or asked your child to touch that person in a way

How many "Yes" did you answer in Part 1?:

Child (Parent/Caregiver Report) - Identifie

too much alcohol, street drugs or prescription medications use? Has your child ever lacked appropriate care by any caregiver

Pre-Module Questionnaire (25 items)

Module Pre-recorded video Case-based

Post-Module Questionnaire

(25 items)











**ASTHMA** 

**TOXIC STRESS** 







**Table 1.** Study cohort characteristics

Pre-Module

Demographics

21 and less

Non-Binary

Figure 2.

WHAT IS YOUR FIRST QUESTION?

Prefer not to answer

Pre-module (Before) and post-

asking about comfort in talking

After the module, there was an

module (after) questionnaire

responses to the statement

about ACEs and toxic stress.

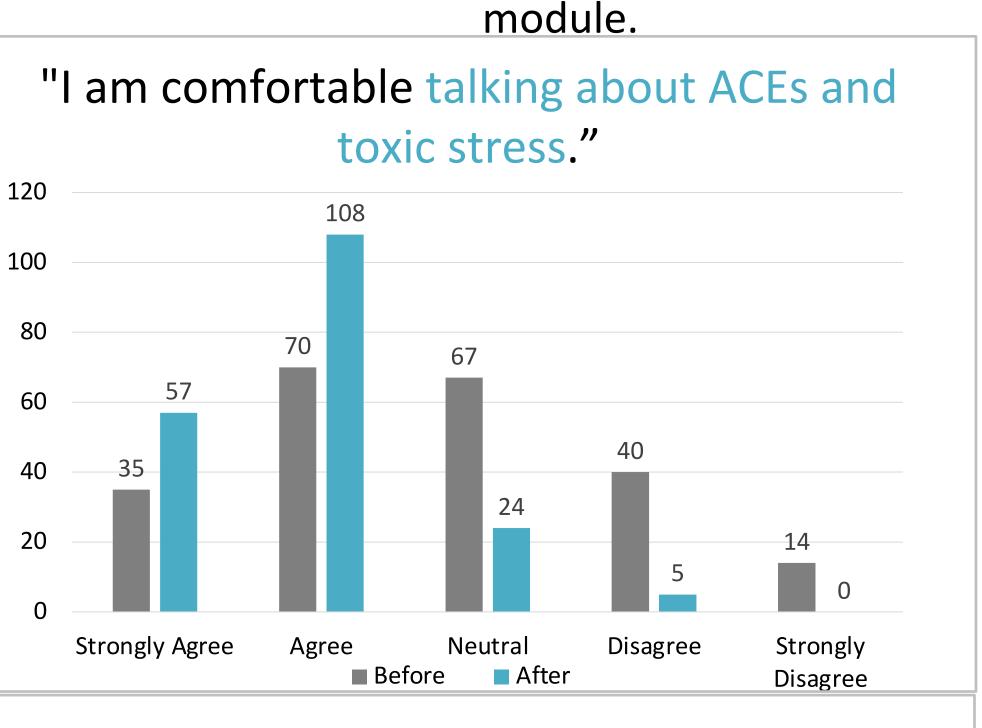
57% increase in students

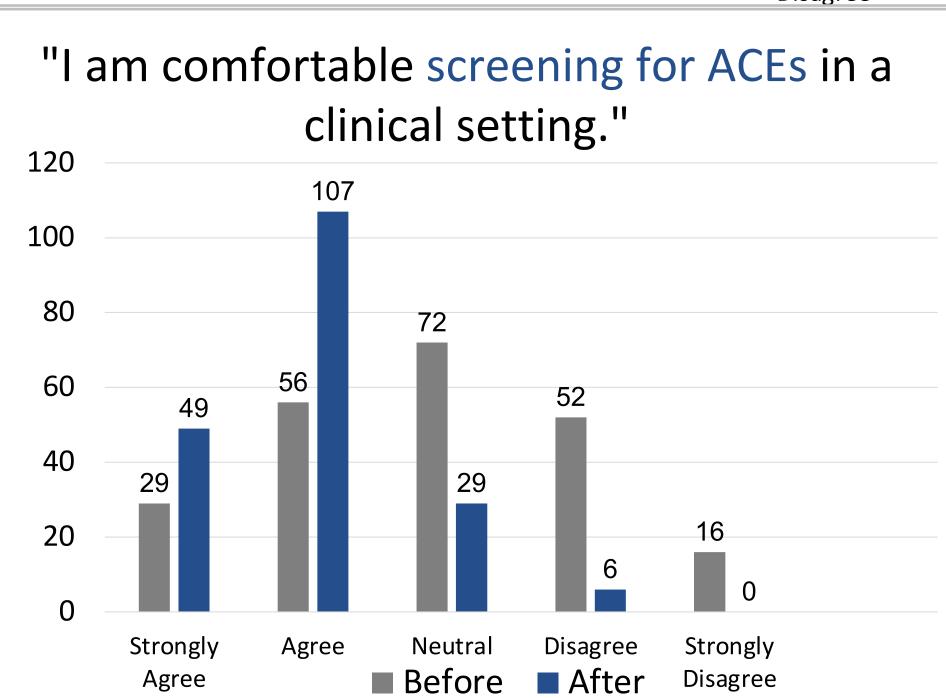
agreeing to the statement.

22-25

67

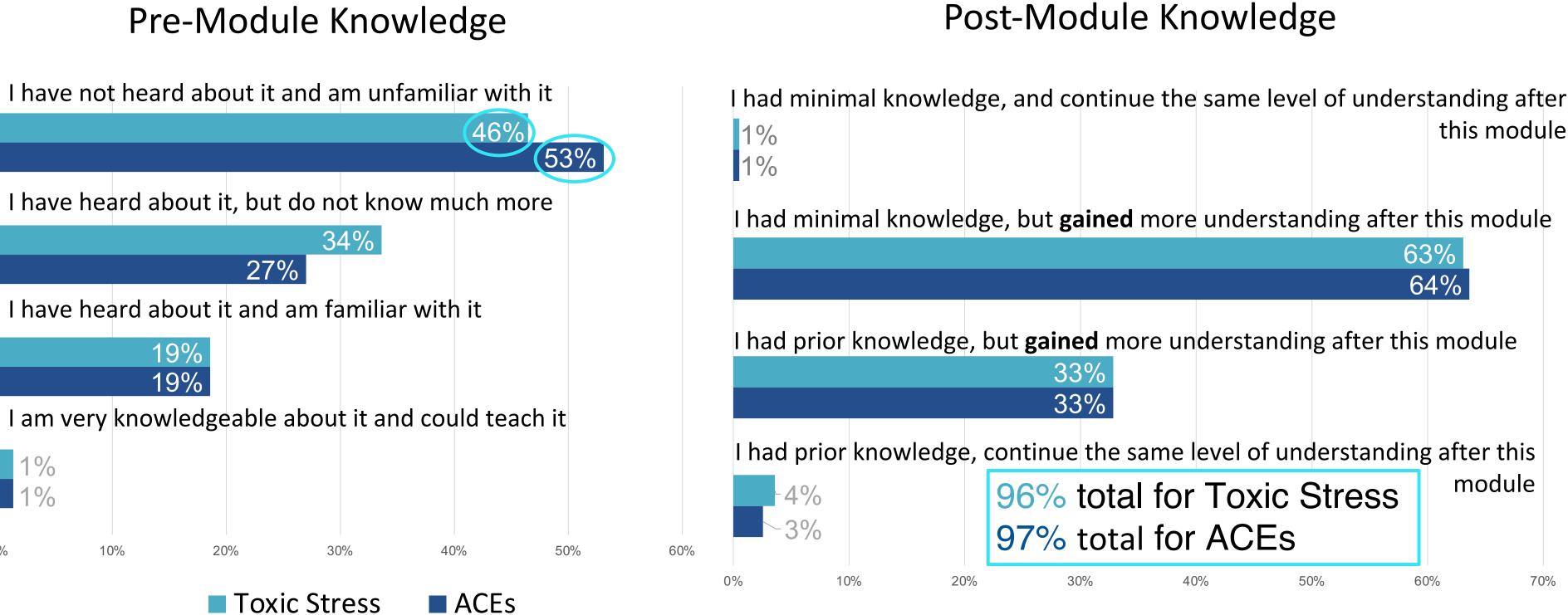
Post-Module





### Results

Figure 1. Pre-Module vs. Post-Module questionnaire results. Pre-module data shows students' underlying knowledge. 46% and 53% of students had never heard of toxic stress and ACEs, respectively, prior to the module. Post-module data shows that over 95% of students answered that, compared to their previous understanding of toxic stress and ACEs, they gained understanding from the



### Conclusion

The study demonstrated an increase in knowledge, attitudes, and awareness with ACEs and toxic stress for third-year dental students. Students felt greater comfort in discussing and screening for ACEs because of this module. This creates a foundation for further predoctoral and provider engagement about ACEs in clinical settings for resident and predoctoral patient care.

This module can be replicated and utilized regularly. Its material can be applied within pediatric dentistry education for predoctoral and postdoctoral curriculums.

#### Figure 3.

Pre-module (Before) and post-module (after) questionnaire responses to the statement asking about comfort in screening for ACEs in a clinical setting. After the module, there was an 85% increase in students agreeing with the statement.

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