



## Purpose

Does the predoctoral pediatric dentistry rotation at ECU School of Dental Medicine equip students to confidently diagnose and treat the pediatric patient post graduation? Pediatric dentists receive a great deal of referrals for treatment solely because of the age and comfortability of their general dentists to accurately diagnose and successfully treat children. It implies that there may be insufficient predoctoral pediatric exposure to produce general dentists who are comfortable diagnosing and treating pediatric patients. These one-on-one interviews with D3 and D4 dental students will reveal predoctoral students' perception on their strengths and weaknesses when it comes to treating pediatric patients. With these areas identified, the pediatric rotation can be enhanced or supplemented in hopes to produce more general dentists who are more willing and confident treating pediatric patients.

## Methods

The study was conducted at East Carolina School of Dental Medicine with sample size of 8 predoctoral dental students chosen at random. The participants were categorized into two interview groups that assessed their thoughts, attitudes, knowledge and comfort treating pediatric dental patients:

**Group #1** composed of 3<sup>rd</sup> year dental students and given a pre-rotation interview.

**Group #2** composed of 3<sup>rd</sup> and 4<sup>th</sup> year dental students and given a post-rotation interview.

Interviews were audio recorded and transcribed for research purposes. The audio was transcribed and crossed analyzed using the Nvivo software, which allowed for a thorough evaluation of the qualitative data. Thematic analysis was used to identify and code themes related to students' rotation experiences, perceived weaknesses, willingness to treat, and overall confidence in diagnosing and treating pediatric patients.

## Themes

*"It makes a big difference not having to worry about all the forms while on CSLC. You feel like you have more time with the kid and building rapport."* D4

*"After my external rotation, I feel a lot more confident in my abilities, but I know I'm not a specialist and I will still refer, especially for an anxious child."* D4

*"Getting help from the residents made a big difference. I felt comfortable knowing they were recently in my shoes."* D3

*"I've never worked or treated children before. That makes me a little nervous."* D3

*"I'm worried about all the forms more than anything."* D3

*"I feel comfortable treating the ten years and up range."* D4

*"If I have a patient that needs a lot of work such as many SSCs, I feel I will consider referring."* D4

Rotation Experience

Overall Confidence

*"I feel my speed is going to be my biggest hurdle."* D3

*"If I'm going to treat, I'm expected to do it like the specialist. If I can't, I will refer."* D4

Willingness to Treat

Perceived Weaknesses

*"I don't have experience with children, I barely know how to talk to them let alone explain a procedure."* D3

*"As a kid I went to a GP for treatment and the office was not kid friendly. The bright colors, TVs and fun environment at a pedo office makes a big difference."* D3

*"Being able to quickly recall the pediatric dental terms and procedures while I am still struggling to learn them will be hard."* D3

## Conclusions

The interviews revealed the necessity for the predoctoral curriculum to prioritize effective communication between children, parents, and dental professionals. The significant disparity in learning environments between ECU's internal rotation and CSLC external rotation emphasizes the importance of a more tailored internal rotation to alleviate stress, manage time effectively, and optimize learning outcomes. This can be achieved by enhancing the involvement and guidance of pediatric residents and implementing structured shadowing appointments prior to rotations to better equip students for pediatric dental care.

## References

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