



A Survey of Pediatric Dental Residents' Nutrition Counseling Practices

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Introduction

Pediatric dentists are at the forefront of treating and preventing dental caries, yet dental caries remains the most common chronic disease in children, outranking asthma and hay fever.¹ The American Academy of Pediatric Dentistry (AAPD) encourages “pediatric dentists and other health care providers who treat children to provide dietary and nutrition counseling (commensurate with their training and experience) in conjunction with other preventive services for their patients.”² Prevention of dental caries includes diet and nutrition counseling. The purpose of this study was to evaluate self-reported knowledge, comfort, and willingness of first and second year pediatric dental residents' diet and nutrition counseling practices. While research exists focusing on diet and nutrition practices among non-dental residents and practicing dentists, this research is the first to focus on pediatric dental residents.

Methods

This study determined exempt by the NYU IRB/ University Committee on Activities Involving Human Subjects, Office of Research Compliance: IRB-FY2022-5845. A Qualtrics survey was sent to 886 postgraduate pediatric dental residents attending accredited training programs with full membership as “resident” status with the AAPD. The survey consisted of 30 questions pertaining to pre-residency knowledge of nutrition and diet counseling, experience during residency, current use of dietary counseling, and perceived barriers to dietary counseling in the dental setting. 123 surveys were returned, 98 surveys underwent analysis. 30 surveys were excluded due to incompleteness of more than half of the survey. Data was compared using chi-square analysis with the statistical software JASP³.

Results

Figure 1. Resident comfort administering diet and nutrition counseling (n= 98)

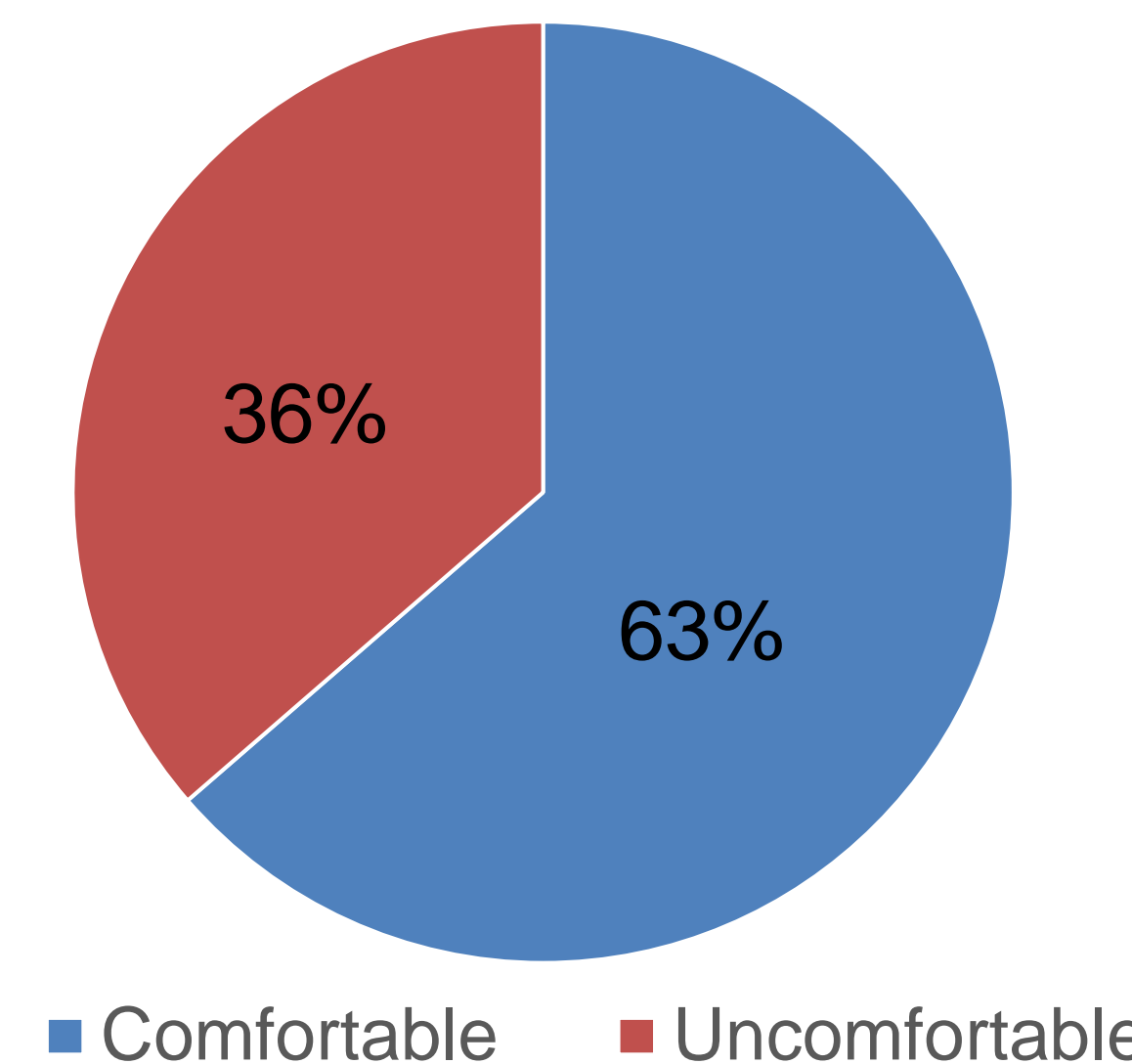


Figure 2. Frequency residents administer diet and nutrition counseling (n= 98)

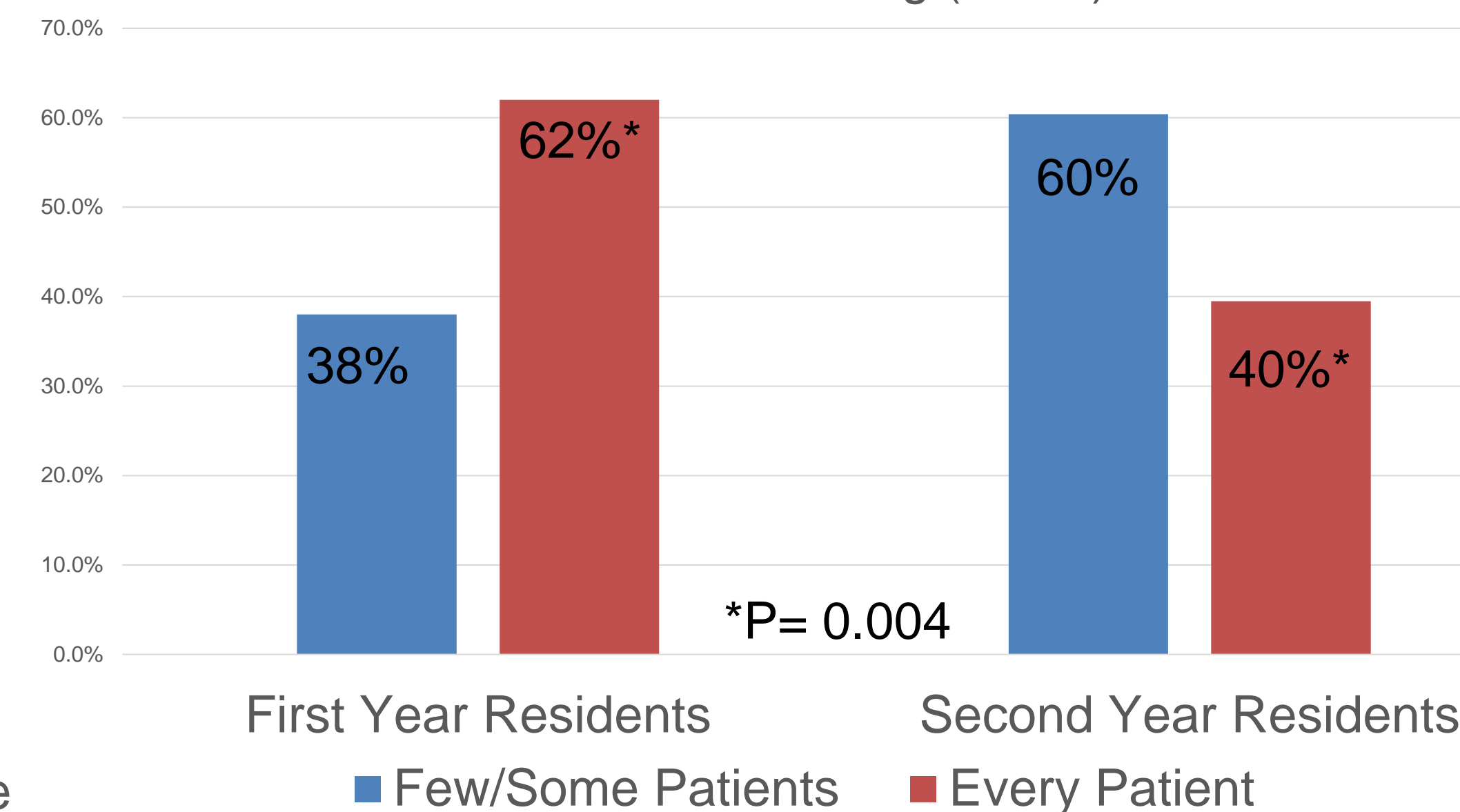
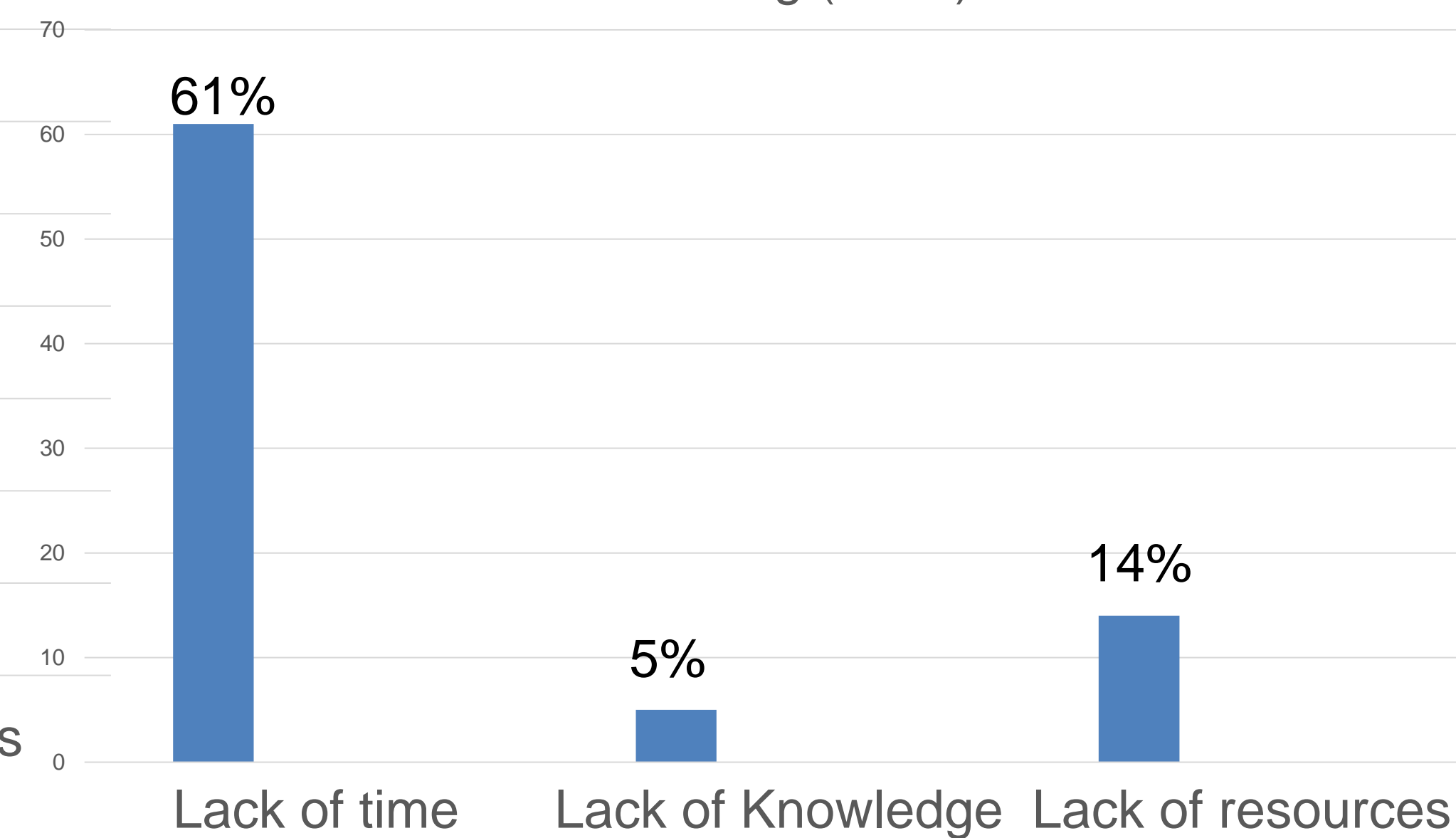


Figure 3. Barriers to providing diet and nutrition counseling (n=80)



98 surveys analyzed:

- 77% of residents reported not having a dietitian or nutritionist employed at their program
- 96% of residents reported they do not have a diet/ nutrition rotation
- 26% of residents report using tools/ visual aids; handouts/ pamphlets are the most used visual aid
- 100% of residents reported including questions about diet and nutrition during patient exams, yet 36% of residents stated they were **uncomfortable** administering diet and nutrition counseling 62% of residents report being comfortable administering counseling
- 80% of residents report barriers to providing nutrition and diet counseling; time is the most reported barrier
- 85% of residents have never referred a patient to a dietitian

Conclusions

- Barriers persist restricting residents' administration of diet and nutrition counseling
- Despite feeling uncomfortable, residents (1st and 2nd year) understand the importance of diet and nutrition and incorporate questions related to it into their exams
- Many residency programs lack interprofessional collaboration with dietitians/ nutritionists
- Future research should assess the impact of enhancing pediatric dental training programs to improve comfort levels with diet and nutrition counseling.

References

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