



# PGY2 Readiness with Pulp Therapy of Young Permanent Dentition

Bilunas, A.<sup>1</sup>, Vasilopoulos, T.<sup>3</sup>, Pileggi, R.<sup>2</sup>, Guelmann, M.<sup>1</sup>, and Pérez, E.<sup>1</sup>

University of Florida College of Dentistry, Gainesville, FL

<sup>1</sup>Department of Pediatric Dentistry, <sup>2</sup>Department of Anesthesiology & Orthopaedics & Rehabilitation, <sup>3</sup>Department of Endodontics

## Introduction

- There is currently a discrepancy of who should perform pulp therapy on young permanent teeth in private practice between pediatric dentist and endodontist due to experience with management.<sup>1</sup>
- A survey study have found that stress and difficulties with root canal therapy is experienced by dental providers due to lack of practice, knowledge, enough study and technical mastery.<sup>2</sup>
- The Commission on Dental Accreditation stated that clinical experiences must enable residents to achieve competency in vital pulp therapy in immature permanent teeth and management of non-vital pulp therapy in immature permanent teeth

## Purpose

- The aim of the project is to determine the comfort and experience of second year pediatric dental residents with pulp therapies on young permanent dentition.

## Methods

- The study was approved by University of Florida Institutional Review Board
- A roster of 2021 graduating pediatric dental residents was obtained from the American Academy of Pediatric Dentistry (AAPD).
- An online survey was sent to 474 residents during the months of April to May
- The survey consisted of 14 questions exploring knowledge, experience and comfort level with a wide range of pulp therapy procedures.
- Fischer's Exact Test was completed to determine associations.

- 79 survey responses were fully completed and used for analysis.

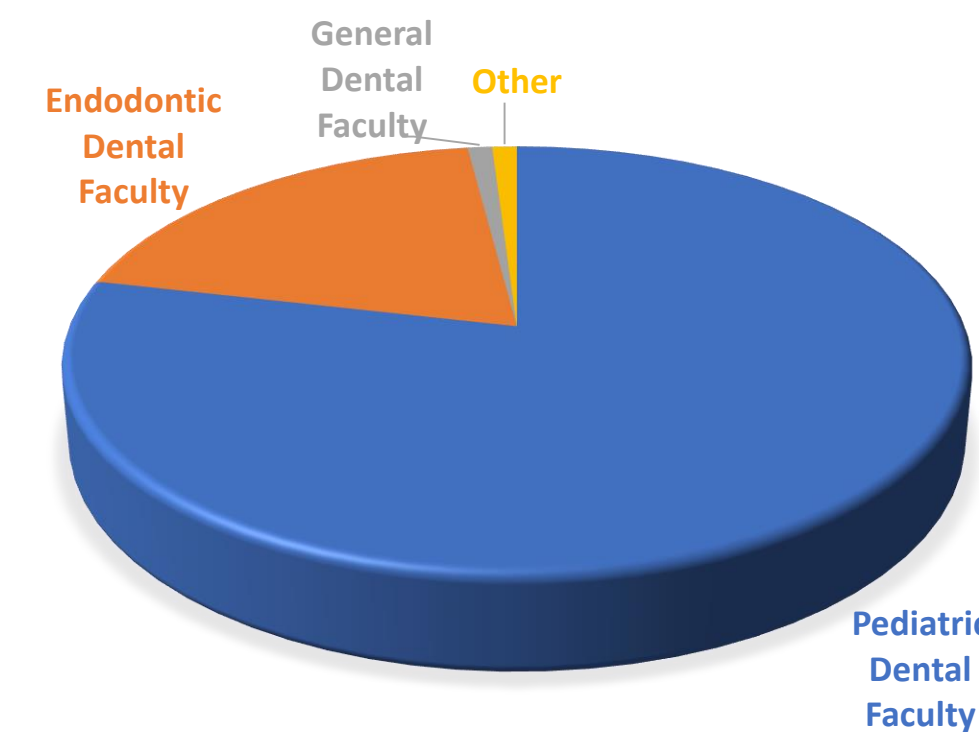


Figure 1: Respondents reported pulp therapy procedures being supervised by pediatric dental faculty (79%), endodontic faculty (19%) and general dentists/other(1%)

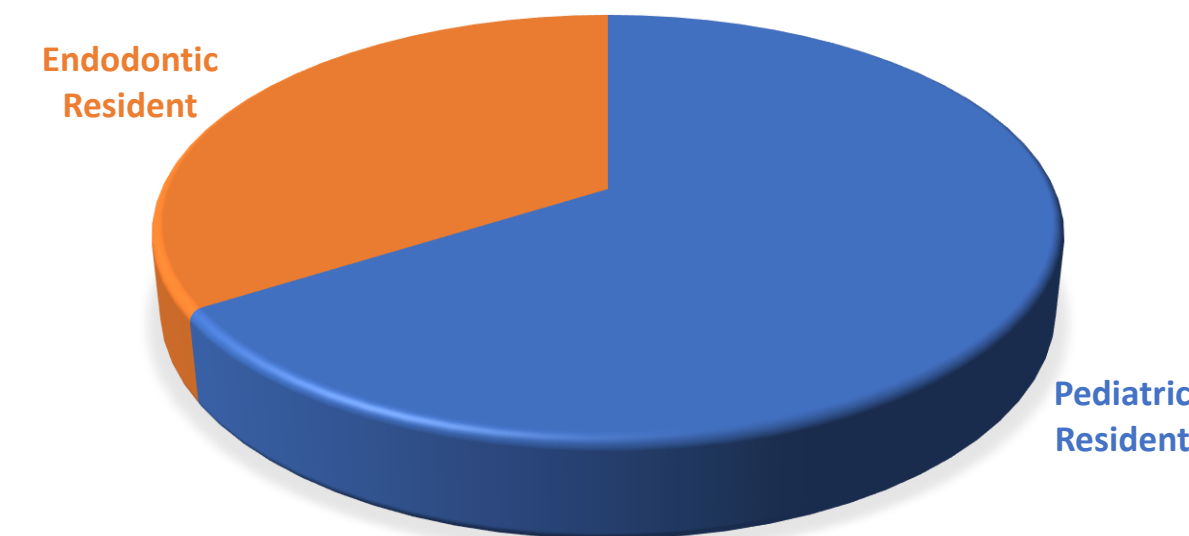


Figure 2: Vital pulp therapy procedures completed by pediatric dental residents (66%) and endodontic residents (34%) response distribution.

## Results

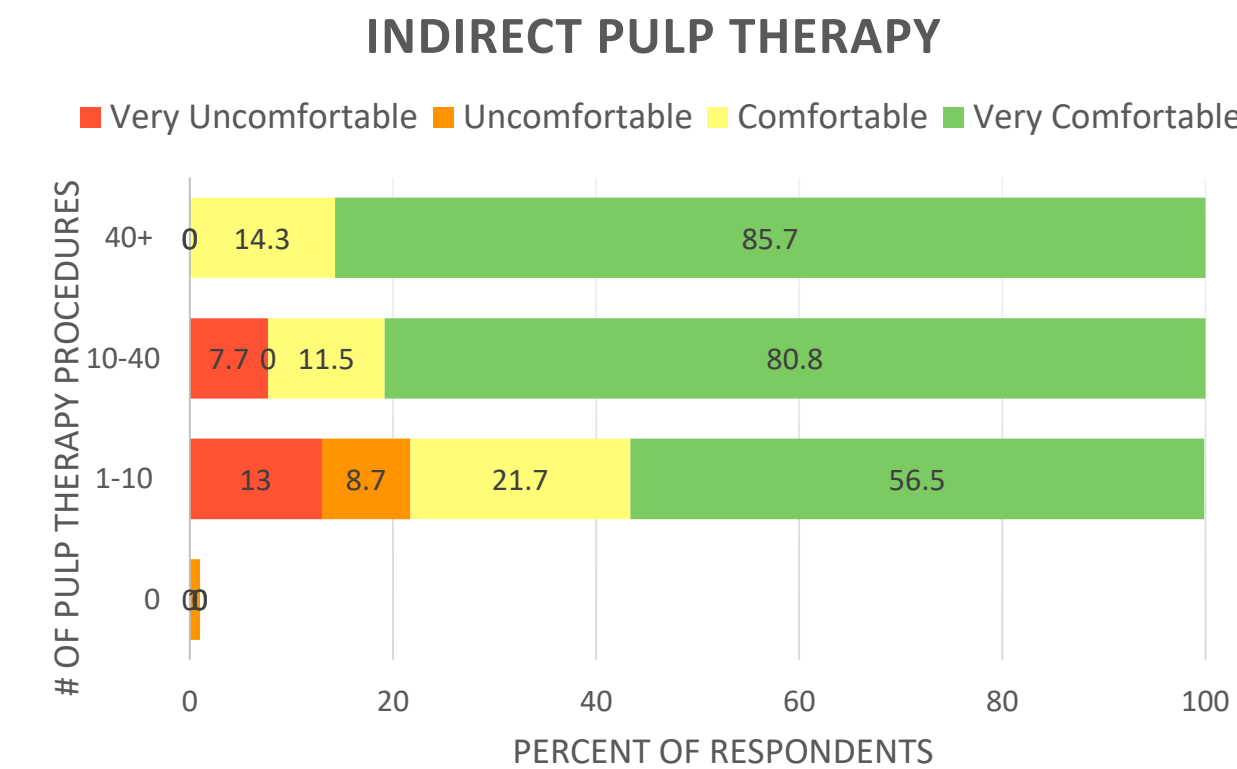


Figure 3: Respondents reported comfort level with indirect pulp therapy with corresponding amount of pulp therapy procedures completed.

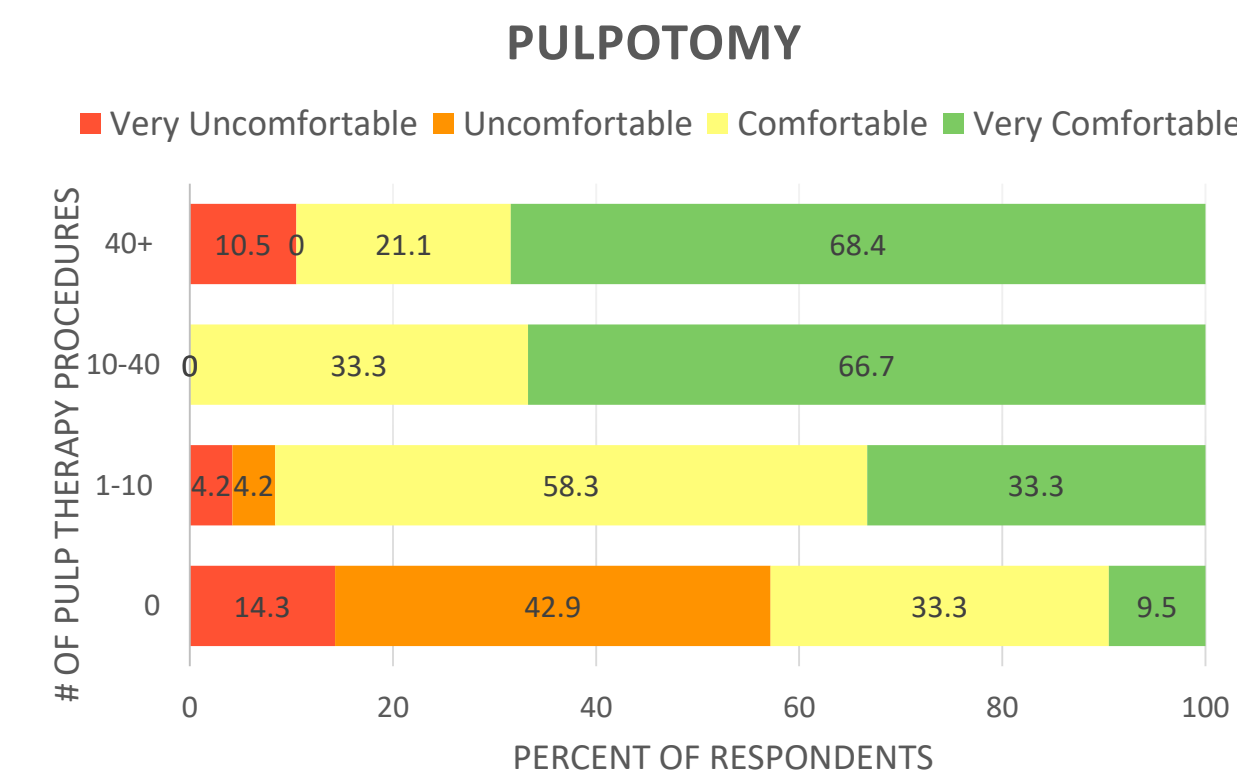


Figure 4: Respondents reported comfort level with pulpotomy with corresponding amount of pulp therapy procedures completed.

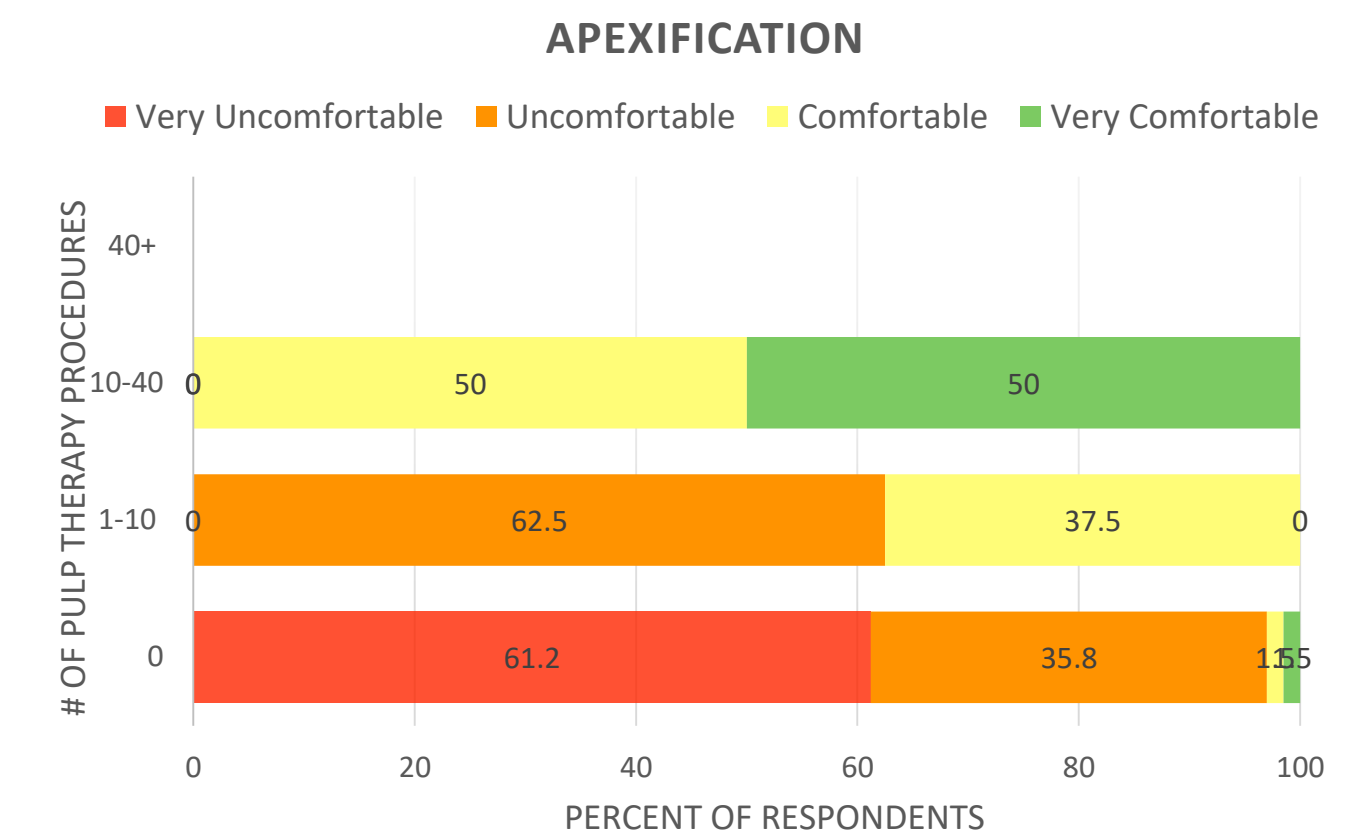


Figure 5: Respondents reported comfort level with apexification procedures with corresponding amount of pulp therapy procedures completed.

## Conclusions

- Higher comfort levels were found for minimally invasive vital pulp therapy procedures such as indirect pulp therapy and direct pulp capping.
- The opposite was noted for more advanced procedures such as apexification.
- Increased exposure to partial pulpotomy, pulpotomy, and apexification procedures in young permanent teeth may enhance comfort level of pediatric dental residents.
- Sixty-six percent of residents responded interest in additional learning for pulp therapy of immature permanent teeth.

## References

- Soares, F., Britto, L., Vertucci, F., and Guelmann, M. (2006) Interdisciplinary Approach to Endodontic Therapy for Uncooperative Children in a Dental School Environment. Journal of Dental Education, Vol 70
- Jahromi, M., Golparvar, M., and Kheir, M. (2016) Strategies of Coping with Stress During Root Canal Therapy. Avicenna Journal of Dental Research.