

**UNDERSTANDING THE BUILDING BLOCKS OF PAEDIATRIC DENTISTRY
CURRICULUM FOR UNDERGRADUATE STUDENTS**

SECTION A: DEMOGRAPHIC INFORMATION

1. Please state the name of the university where you are undertaking your dental degree:

2. What is your age?

- <20
- 20-25
- 25-30
- 30-35
- >35

3. What is your gender?

- Male
- Female
- Other
- Prefer not to say

4. Have you had any previous professional/volunteering experience working with children?

- Yes (please specify):
- No

SECTION B: PAEDIATRIC DENTISTRY TRAINING

PART I THEORETICAL KNOWLEDGE IN PAEDIATRIC DENTISTRY

Instructions: Please tick the appropriate box.	Not confident at all	Slightly confident	Somewhat confident	Fairly confident	Completely confident
5. How confident are you in understanding the principles involved in the examination and diagnosis of paediatric patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How confident are you in understanding the principles involved in the treatment planning of paediatric patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How confident are you in your understanding of the eruption and exfoliation sequence and timings of teeth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How confident are you in your understanding of local anaesthetic concepts for a paediatric patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How confident are you in your understanding of risk factors for early childhood caries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How confident are you in your understanding of the application of ICDAS (caries identification system) in paediatric patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How confident are you in your understanding of caries removal techniques in paediatric patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How confident are you in your understanding of pulp therapies available for paediatric patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How confident are you in your understanding of the procedure of strip crowns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. How confident are you in your understanding of the procedure of stainless-steel crowns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. How confident are you in recalling the theory on traumatic dental injuries (TDI) in the primary dentition of paediatric patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. How confident are you in recalling the theory on TDI in the young permanent dentition of paediatric patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. How confident are you in recalling the theory on TDI in the permanent dentition of paediatric patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. How confident are you in recalling various developmental anomalies of teeth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. How confident are you in listing behaviour management techniques used on anxious paediatric patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How confident do you feel with your understanding of theoretical content if it is delivered in the format of:	Not confident at all	Slightly confident	Somewhat confident	Fairly confident	Completely Confident
Lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutorials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-learning (eg. Videos, Virtual Patients, Online Workshops)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II PAEDIATRIC OBSERVATION

21. Have you shadowed a clinician performing dental treatment on a paediatric patient?

Yes

No → **Skip to Part III**

22. Where did you complete your paediatric observation? (tick all that apply)

General Dental Clinic

Paediatric Dental Clinic

University Clinic

Please rate how much you agree with the following statements:	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
23. The observations helped me gain confidence in behaviour management techniques used when treating paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The observations helped me gain confidence in the ethical responsibilities of a dentist when treating paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. After undertaking paediatric observations, I feel more prepared/confident in treating paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Public Dental Clinic
- Private Dental Clinic
- Other (please specify):

26. Who did you observe and where did you observe them? (tick all that apply and circle the location of observation)

- General Dental Practitioner (University / External Clinic)
- Paediatric Dental Specialist (University / External Clinic)
- 5th year dental students in University Clinics (University / External Clinic)
- Other (please specify):

27. What procedures did you observe? (tick all that apply)

- Fissure Sealants
- Restorations
- Stainless Steel Crowns
- Strip Crowns
- Extractions
- Pulp Therapy
- Orthodontics
- Behaviour Management Techniques

28. Would you have liked to have spent more time doing paediatric dental clinic observations?

- Yes No Other (please specify): _____

PART III PRE-CLINICAL TRAINING IN PAEDIATRIC DENTISTRY

After receiving training in paediatric dentistry in a simulated environment, how confident do you feel in providing the following treatments? Please tick a box to indicate your answer.	Not confident at all	Slightly confident	Somewhat confident	Fairly confident	Completely confident
29. How confident are you that you have developed the <u>necessary hand skills/manual dexterity</u> for treating a paediatric patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. From your pre-clinical training, how confident are you in <u>placing fissure sealants</u> in paediatric patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. From your pre-clinical training, how confident are you in placing direct restorations in paediatric patients? (Tick below the materials that you are confident in using)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) <i>GIC</i>	<input type="checkbox"/>				
ii) <i>Composite</i>	<input type="checkbox"/>				
iii) <i>Amalgam</i>	<input type="checkbox"/>				

32. From your pre-clinical training, how confident are you in providing pulp therapy to paediatric patients? (Tick below the procedures that you are confident in providing)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) <i>Protective base liner</i>	<input type="checkbox"/>				
ii) <i>Indirect pulp therapy</i>	<input type="checkbox"/>				
iii) <i>Direct pulp therapy</i>	<input type="checkbox"/>				
iv) <i>Pulpotomy</i>	<input type="checkbox"/>				
v) <i>Pulpectomy</i>	<input type="checkbox"/>				

33. From your pre-clinical training, how confident are you in extracting primary teeth in paediatric patients?

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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34. How do you feel your preclinical training could have been improved?

35. Are there any clinical procedures used on paediatric patients that you wish you had more preclinical training on? Why?

PART IV CLINICAL TRAINING IN PAEDIATRIC DENTISTRY

With respect to your paediatric dentistry clinical experience, please answer the following questions by ticking the appropriate box. Please also indicate whether this was predominantly due to your university clinic or placement clinic.	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	University	Placement
36. I feel I have received sufficient clinical paediatric dentistry experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. My clinical experience has made me confident in <u>examining and diagnosing</u> paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. My clinical experience has made me confident in <u>treatment planning</u> for paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. My clinical experience has made me confident in <u>behaviour management</u> of paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. My clinical experience has made me confident in <u>placing fissure sealants</u> in paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. My clinical experience has made me confident in placing <u>preventative resin restorations</u> in paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. My clinical experience has made me confident in placing <u>direct restorations</u> in paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. My clinical experience has made me confident in placing <u>strips crowns</u> in paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. My clinical experience has made me confident in placing <u>conventional stainless-steel crowns</u> in paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. My clinical experience has made me confident in providing <u>pulpotomy procedures</u> to paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. My clinical experience has made me confident in providing <u>pulpectomy procedures</u> to paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. My clinical experience has made me confident in treating <u>TDI</u> in paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. My clinical experience has made me confident in <u>extracting teeth</u> in paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. My clinical experience has made me confident in <u>administrating local anaesthetic</u> to paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. My clinical experience has made me confident in <u>taking radiographs</u> for paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. My clinical experience has made me confident in <u>orthodontic space maintenance</u> for paediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. The style of supervision during my clinical experience boosted my confidence as a dental practitioner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Did you find any discrepancies between your theoretical/pre-clinical training and clinical experience in paediatric dentistry?

54. How do you feel your clinical training could have been improved?

55. Do you have any other comments you would like to make about your paediatric training as a whole? Please describe.

Thank you for completing the survey