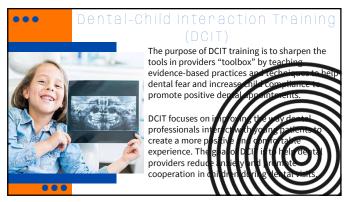


Dental-Child Interaction Training:
An immersive UF Research Study

1 STUDY BASE
University of Florida in collaboration with the University of Florida in collaboration institute of Dental and Craniofacial Institute of Dental and Craniofacial Research (NIDCR)

3 PURPOSE
Develop and implement a specialized training program for dental professionals to enhance interactions with children aged 2-10 years

3



Background - What is the negative public health significance?

• Fear, anxiety, and disruptive behaviors are common in early childhood dental patients.

• These challenges can hinder care delivery, particularly by general dental providers, who typically have little formal training with unic group.

• iew evidence-based training programs exist to address this need.

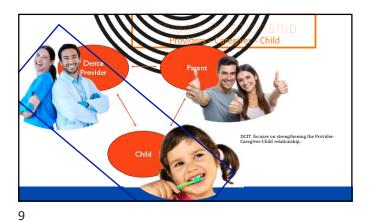
Dental-Child Interaction Training (DCIT)

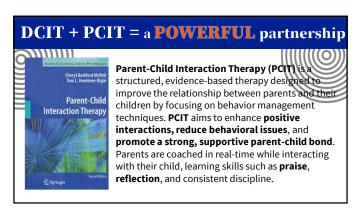
was developed to fill this gap in provider skills.

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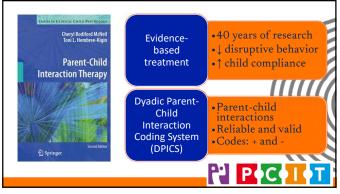






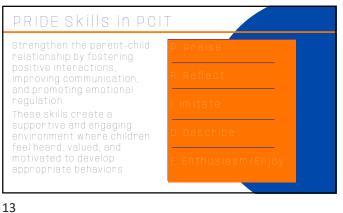


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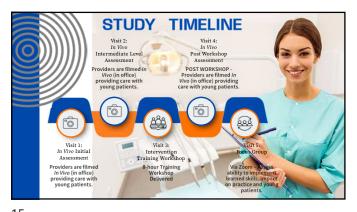




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The design for this study is a cluster randomized clinical trial, with a two-group, parallel, waitlist control intervention	Population	264 dental providers and 1,320 child-parent pairs (children ages 2-10 and their accompanying parent/caregiver) in Arkansas, Florida, North Carolina, West Virginia & their immediately contiguous states.
	Stage of Intervention Development	Stage III efficacy study with practicing dental providers.
	Description of Intervention	A skill- and practice-based workshop designed to enhance interactional skills between dental providers and their child patients.
	Study Duration	60 months
	Subject Participation Duration	- Dental providers: 9-15 months - Child-parent/caregiver pairs: 1.5 hours
	Estimated Time to Complete Enrollment	42 months







Training Workshop • A pre and post DCIT skills knowledge assessment of the specific behavioral skills that will be presented throughout the training Assessments to demonstrate and practice the learned DCIT skills with simulated child patients ure to evaluate the acceptability, understanding, sustainability (factors contributing to their lity to implement the learned skills into thei

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- 3 states - 11 practice settings 53 dental providers (dentists, hygienists, assistants) 40 filmed dental encounters with children aged 1-6 oded with the D-DPICS (Dental – Dyadic Parenthild Interaction Coding System

Provider verbalizations (M = 9.0 minutes)

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One day (8 hour) experiential, skills-based pilot workshop (UG3) with CE 9 dental providers (dentists, dental hygienists, dental assistants) ledge test ased items (multiple choice) ed items (multiple choice)

• Delivered a single 8-hour workshop to general dental provid • Training included: • Interactive didactics • Role-play exercises • Rehearsal using simulated pediatric patients Knowledge assessment (pre/post): 10-item multiple-choice test Film-based scenario assessment (scored 0-100) atisfaction & utility measured using: Usage Rating Profile-Intervention (Revised; URP-IR)

