



Distribution Of Treatment Within Texas A&M Pediatric Dentistry Residency

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BACKGROUND

In 2020, COVID-19 protocols were placed in dental clinics around the country that affected the number of aerosol producing procedures completed by pediatric dental residents. While emerging from the pandemic, residency programs used many different methods in order to respond to the low amount of treatment opportunities pediatric dental residents were experiencing in hospital and dental school clinics. One method that Texas A&M's pediatric dental residency used in response, was the onboarding of two dental clinics in the Dallas-Fort Worth area. These clinics not only provided residents with an increased number of operative specific appointments but also exposure to a "private practice" type environment working with healthy patients.

OBJECTIVE

The purpose of the study was to determine if "private practice" type clinics provide more clinical opportunities than a dental school or community center clinic by providing an overview of the amount and type of pediatric dental treatment being rendered within Texas A&M Pediatric Dentistry Residency and its associated dental clinics.

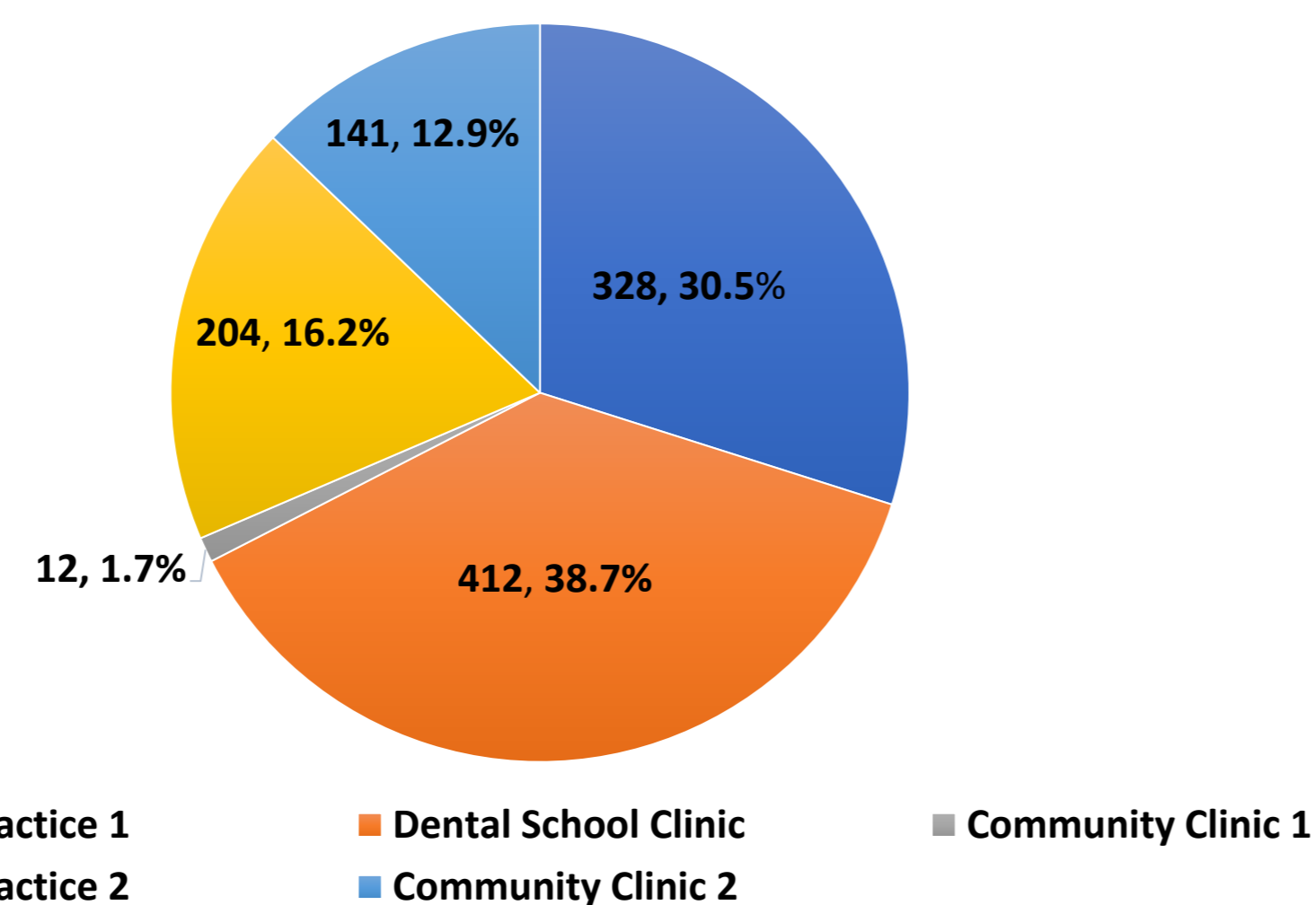
MATERIALS AND METHODS

This was a retrospective study of logged treatments from June 2022 to April 2023 by residents at Texas A&M's Pediatric Dental Residency and associated dental clinics where predominantly healthy patients are treated. Data did not include procedures logged at Hospital clinics where residents provide treatment. Data included: patient age, medical history, procedure date, provider role, clinic location, and treatment rendered. Logged treatments were then tallied and categorized by clinic.

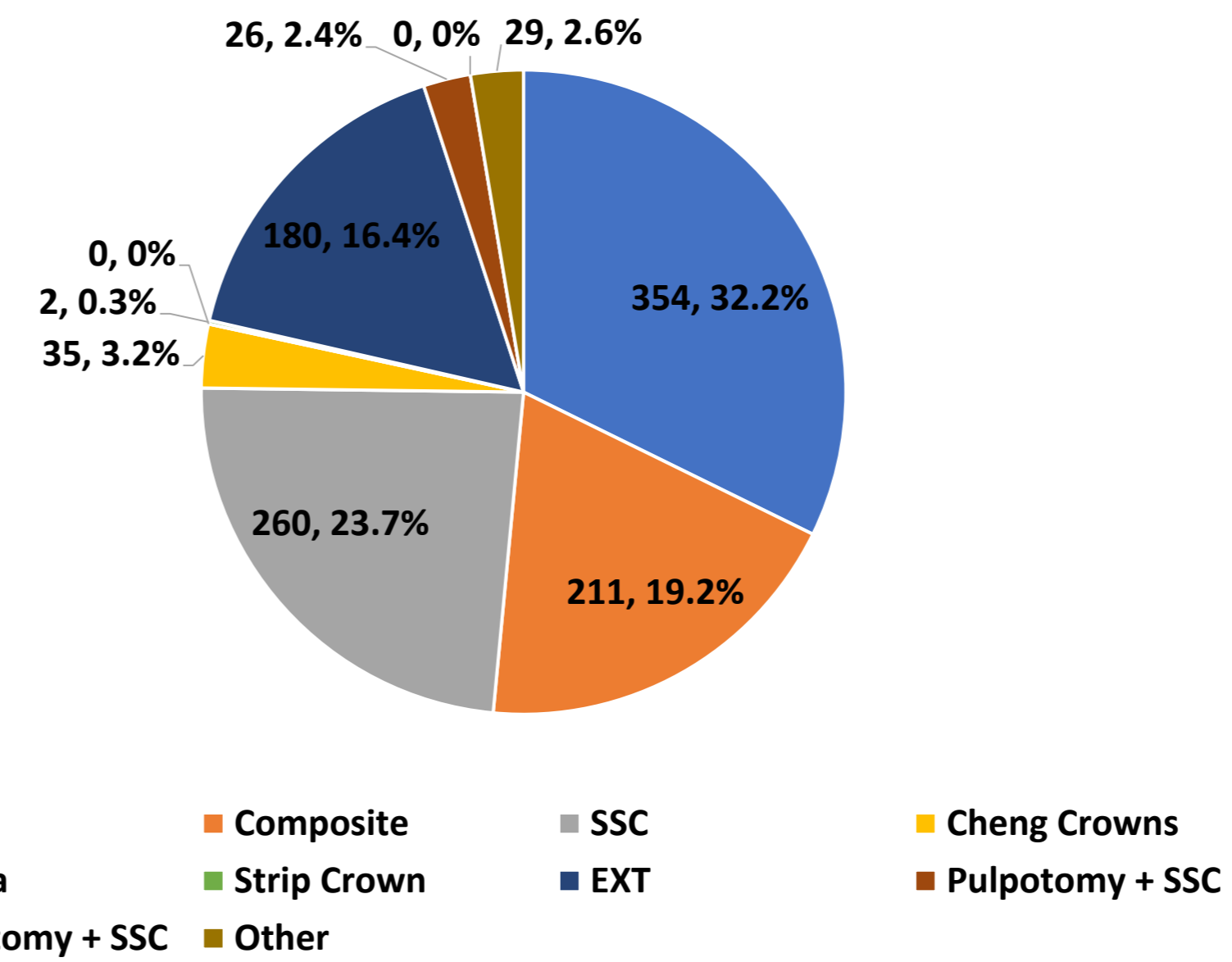
Results

- 38.7% of logged treatment was completed at TAMU dental clinic, 43.4% of logged treatment "private practice" type clinic and 17.9% of logged treatment was completed at community clinics.
- 32.3% of logged treatment were sealants, 23.7% of logged treatment were SSC, 19.2% of logged treatment were composite restorations, and 16.4% of logged treatment were extractions.

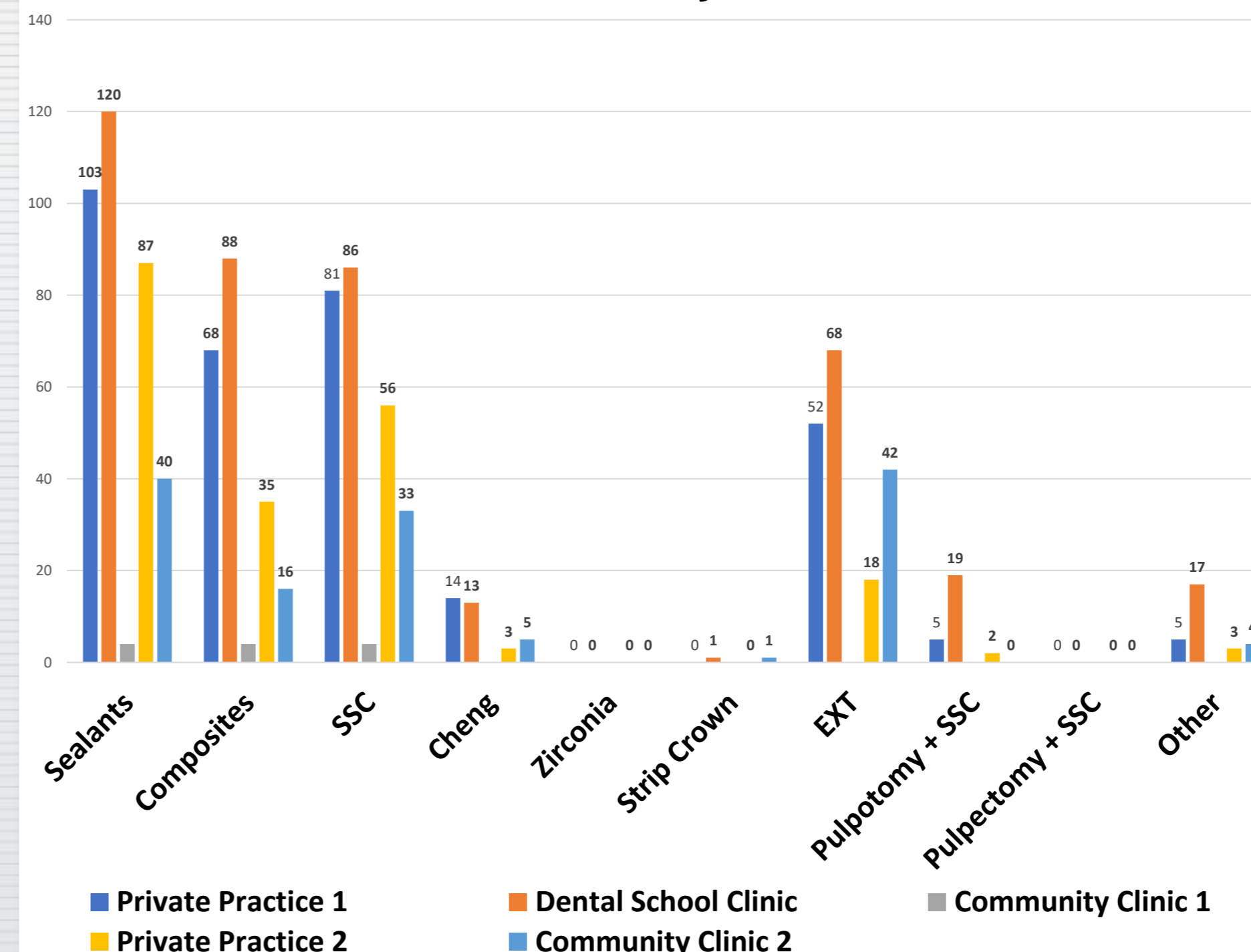
Distribution of Treatment By Clinic



Distribution of Treatment by Procedure



Distribution of Treatment by Procedure and Clinic



DISCUSSION

Between the four compared clinics, the TAMU school clinic provided residents with the most treatment opportunities. This finding was surprising because residents are scheduled more patients in the community clinics than they are scheduled in the dental school clinic. "Private practice" type clinics typically do not have the amount of paperwork encountered in the traditional dental school setting and often schedule more patients per day. These results may be due to confounding factors that affected the results, such as, inconsistent logging from residents, and residents being scheduled more frequently in the dental school clinic rather than the community clinics. Residents are scheduled at TAMU Clinic every day but at "private practice" clinics only 6 days per month. Analyzing the average number of operative procedures completed per day, rather than the total number of operative procedures may provide a better understanding of which clinics are more efficient at providing operative opportunities.

CONCLUSIONS

1. The dental school clinic currently has the most operative restorative opportunities but when data is compared as amount of operative/day, this may change.
2. Future research should limit the confounding factors of inconsistent logging from dental residents and uneven scheduling between clinics.