

UNDERGRADUATE DENTISTRY STUDENTS ABILITIES IN DEALING WITH NON-COLLABORATIVE CHILDREN.

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Abstract

The study aimed the detailed analysis of broad categories of responses to a questionnaire with problem situations in Pediatric dentistry. The results emphasize aspects to be included in dentistry students education.

Key words:

Non-collaborative children, students abilities, Pediatric dentistry.

Introduction

Dental treatment of children is often challenging, due to different kinds of non collaborative behavior.

Knowledge of student difficulties is vital to their formation, both in technical and social skills and assessment of abilities to cope with children non collaborative behavior is needed to support education plans.

A questionnaire with 10 problem situations, describing uncooperative behaviors in pediatric dentistry, was applied, for two consecutive years (2013 and 2014), to 101 undergraduate Dentistry students (School of Dentistry of Piracicaba, Unicamp). The open answers were categorized in broad categories, including Explanation, Tranquilization, Restraint, Distraction and Reward, and a frequency analysis was performed (Bragile et al, in press). The objective of the present study was to carry out a detailed analysis of students responses to each of the broad categories of coping with uncooperative child behavior.

(2013, P7, question 10: “Frederico, 6 years old, repeatedly grabs your hand, trying to interrupt your work of polishing a dental restoration”).

Question on fear cause - *“I would ask him about the cause of his crying, what does he fear, and I would talk to the child to convince him to collaborate with the treatment”* (2013, P31, question 3: “Bruno, 8 years old, cries loudly when you are beginning to prepare his tooth using a high-speed bur”).

Non-verbal affective interaction - *“I would level off with the child. I would make eye contact and ask him to sit down”* (2013, P38, question 1: “Marcos, 4 years old, enters the consulting room with you, but rejects your invitation to sit in the dentist’s chair and silently moves his head in a negative head gesture”).

Instruction to relax/Deep breath - *“I try to calm down the child and I tell her to breathe through her mouth”* (2014, P42, question 7: “Mariana, 8 years old, tries to vomit when you are making a dental moulding”).

Results and Discussion

An example of detailed analysis, related to the category Tranquilization, is presented in Figure 1.

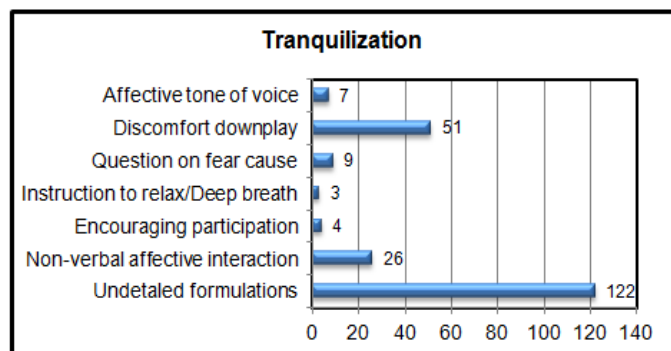


Figure 1. Tranquilization - Frequency of subcategories.

Examples:

Discomfort downplay - *“I would say that I am only polishing the tooth in order to make it look pretty and that he doesn’t have to be afraid”*

Conclusions

Detailed analysis contributed to the identification of examples of strategies to be adopted. Main areas of difficulty were also described.

The results put in relief the importance of student formation, related to social and interactional abilities to deal with non-collaborative children.

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Bragile, S.S.; Batista, C.G.; Rolim, G.S.; Moraes, A.B.A. Humanização em Saúde – Formação do odontólogo para o enfrentamento de situações problema no atendimento a crianças. In Moraes, A. B. A. e Rolim, G. S. (Eds.) *Saúde, Comportamento e Odontologia*. In press.