

The Impact of an Infant Oral Health Program on Dental Students' Knowledge and Attitudes

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Abstract: The high prevalence of early childhood caries and many general dentists' reluctance to treat young children and pregnant women demand new educational programs to foster delivery of oral health services. The aim of this study was to evaluate the impact of an Infant Oral Health Program (IOHP) at the University of Florida College of Dentistry on dental students' knowledge about and willingness to provide dental care for infants, children up to three years of age, and pregnant women. A total of 233 dental students in the first through fourth years and recent graduates completed a survey that assessed the educational outcomes of the IOHP; only the fourth-year students had received IOHP training. The results showed that females were more likely than males to provide counseling to caregivers about dental and physical development ($p=0.024$) and to offer restorative treatment to young children ($p=0.021$). Older students were more likely than younger students to provide restorative treatment ($p=0.013$). A greater percentage of IOHP-trained students (96%) reported knowing how to use the lap examination technique compared with untrained students (71%; $p<0.001$). IOHP-trained students were the most uncomfortable dealing with a crying child in the dental chair ($p=0.0175$). The graduates and fourth-year students were significantly more likely than the other cohorts to provide preventive ($p=0.001$) and restorative ($p<0.001$) care for pregnant women. The graduates were least likely to use some form of caries risk assessment ($p<0.001$). These findings highlight the need for earlier and greater exposure to the IOHP and the importance of promoting awareness about risk assessment and oral disease management.

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Dental caries is preventable through a combination of oral hygiene, dietary measures, and use of fluoride.¹ However, this disease continues to be a major public health problem and financial burden worldwide. Caries affects nearly 23% of U.S. children aged two to five years and 56% of those aged six to eight years.² Visits to emergency departments and ambulatory surgery facilities and associated treatment charges related to caries for children younger than six years increased substantially in New York state from 2004 through 2008.³ Early childhood caries (ECC) can have lifelong consequences on overall health due to severe pain, abscesses, chewing difficulty, malnutrition, poor speech articulation, low self-esteem, and increased risk for future caries.^{4,5} Early risk assessment allows

for identification of parent-infant groups who are at high risk for ECC and would benefit significantly from early preventive intervention.

The American Academy of Pediatric Dentistry (AAPD) recognizes infant oral health care as a foundation for offering preventive education and dental care that can enhance the opportunity for a lifetime free from preventable oral diseases.⁵ The AAPD recommends that every infant receive an oral health risk assessment from his or her primary health care provider or qualified health care professional by six months of age⁵ and that parents establish a dental home for infants by 12 months of age.⁶ This initial oral health risk assessment should include evaluation of medical (infant) and dental (parent and infant) histories; a thorough oral examination; an assessment

of the patient's risk of developing oral diseases of soft and hard tissues; education on infant oral health, oral hygiene measures (such as age-appropriate tooth brushing demonstration), nonnutritive sucking habits, teething, injury prevention, and dietary effects on the dentition; anticipatory guidance regarding dental and oral development; evaluation and optimization of fluoride exposure; development of a preventive treatment plan that includes prophylaxis, fluoride varnish, and periodic reassessment appointments; and referral to the appropriate health professional if specialized intervention is necessary. Despite the importance of early risk assessment, many young children in the United States lack access to dental services, coupled with a limited workforce to address their oral health needs.

Dental education provides a unique opportunity to address the workforce problem and improve access to preventive oral health services for young children. Unfortunately, a study found that, on average, didactic curricular time devoted to infant oral health averages only two hours and 20 minutes in the dental schools that responded to a survey.⁷ Inadequate or improper predoctoral training in treating young children negatively impacts the competence and comfort of future general dentists in treating this population. To address this issue, the Department of Pediatric Dentistry at the University of Florida College of Dentistry (UFCD) introduced an Infant Oral Health Program (IOHP) in 2012. Shortly after its introduction, the IOHP received support in an educational grant from the Health Resources and Services Administration (HRSA) and established collaborations with the local Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the university's Shands Department of Pediatrics. The main goals of the IOHP are to improve access to oral disease prevention services and promotion of oral health practices for low-income pregnant women, infants, and children up to three years of age; provide hands-on experience for predoctoral dental students on prevention and dental care for these populations; and serve as a research resource in the areas of education, prevention, and early dental care.

From January 2012 to October 2015, the IOHP provided care to 587 families, and the majority (around 70%) of the patients were considered at high risk for caries. The IOHP operates one-half day per week and provides the following services for all patients at each clinic visit: review of medical and dental history; oral examination and risk assessment

of oral diseases; application of fluoride varnish or silver diamine fluoride when indicated; preventive counseling; anticipatory guidance; and necessary treatment referrals to the UFCD pediatric dental clinic or UF Shands Hospital for treatment under general anesthesia. Follow-up appointments take place at the IOHP clinic every three months until the age of three years regardless of caries risk.

At UFCD, fourth-year dental students are required to participate in weekly rotations at the IOHP clinic. During their rotation, students have the opportunity to conduct all the procedures and services provided at the IOHP under faculty supervision. They rotate in pairs at the IOHP clinic and provide care to an average of 20 patients each per rotation. Following the completion of their rotation at the IOHP, students are expected to feel better prepared to identify ECC and its early signs, understand risk factors associated with ECC, conduct infant and toddler oral exams in a knee-to-knee position, perform caries risk assessment for infants and toddlers, provide anticipatory guidance and preventive care planning for infants and toddlers, and provide preventive dental care for a high-risk population in a public health setting.

As part of the pediatric dentistry curriculum and prior to the IOHP rotation, all UFCD students receive didactic teaching of approximately two hours on infant oral care and 18 hours on caries diagnosis and management in the form of lectures and case-based learning. In addition, third- and fourth-year students provide care to young children at the predoctoral UFCD pediatric dental clinic and outside rotations, but typically these rotations do not include experiences with children under three years of age or their caregivers. On the students' first day of IOHP rotation, they received a 30-minute orientation on the procedures performed at the IOHP clinic.

The IOHP rotation has been well received by students, patients, and families. However, its impact on students' knowledge, confidence, opinions, and subsequent practice behaviors regarding infant oral health care had been unknown. The aims of this study were to evaluate the effectiveness of IOHP training on the fourth-year students' basic knowledge of prevention and pediatric dentistry, willingness to provide guidance for patients and parents, and overall sense of confidence and competence in treating young children and pregnant women and to compare those fourth-year students' knowledge and attitudes with those of first-, second-, and third-year students and recent graduates who were not trained in the IOHP.

Methods

The University of Florida's Institutional Review Board approved the study (IRB02 #2013-U-536). To determine the educational outcomes of the UFCD IOHP, we surveyed fourth-year dental students who were trained at the IOHP as well as first-, second-, and third-year dental students and recent UFCD graduates who were not trained at the IOHP. When the study was conducted, each UFCD DMD class and the group of graduates were comprised of approximately 81 students.

The survey was sent via email to all current UFCD students and recent graduates using the professional and encrypted version of SurveyMonkey. To avoid the appearance of coercion by faculty, the questionnaires were administered after completion of students' pediatric dentistry courses and their receipt of course grades. The survey instrument consisted of 21 questions. The first set of questions related to demographic characteristics (UFCD year of graduation, gender, and age) and future job plans or current job description (private practice, community dental clinic, graduate program, military, or not sure). Table 1 shows the questions used to evaluate didactic and practical knowledge on infant oral care, and Table 2 shows the questions used to evaluate overall opinions, beliefs, and willingness to provide care to young children and pregnant women. Data were checked for missing elements, distributional form, and feasible values.

Comparisons were made between the groups to evaluate the impact of the different levels of information received on students' knowledge, confidence, opinions, and subsequent practice behaviors regarding infant oral health care. Specifically, comparisons were made among the first- and second-year students who received only didactic information, third-year students who rotated and provided care to young children at the predoctoral UFCD pediatric dental clinic, fourth-year students who received didactic and clinical training in the IOHP, and recent graduates who experienced the same curriculum except for IOHP training. Descriptive statistics and two-sided tests of hypotheses were performed using SAS version 9.3 (SAS Institute Inc., Cary, NC, USA). To compare groups on numeric measures, t-tests were conducted. To compare groups on categorical measures, chi-square tests were used. The level of significance for all statistical testing was set at 0.05.

Results

The descriptive survey findings are shown in Table 3. The overall response rate for this study was 58.7%, and the response rates per study group were first year (74.1%), second year (54.9%), third year (81.5%), fourth year (35.1%), and recent graduates (47.9%). The respondents consisted of 56% females and 44% males, with a mean age of 26.2 years (range 22 to 38). With regards to future employment plans (for students) or current employment (for recent graduates), the majority of the participants indicated private practice (46%) followed by graduate programs (35%) and community dentistry (14%).

Most of the respondents (63-84%) correctly answered questions evaluating their didactic knowledge about infant oral care (Table 1), and there were no statistically significant differences among the groups regarding didactic knowledge. When compared by subgroup, the correctness of responses evaluating didactic knowledge for graduates and fourth-year students ranged from 52% to 80%, suggesting considerable variability in knowledge. A greater percentage of fourth-year students (96%), who were trained in the IOHP, indicated knowing how to examine young children using the lap examination technique as compared with those who did not receive training (71%); the variation among groups was statistically significant ($p < 0.001$). There was a significant difference in the participants' reported willingness to provide restorative treatment for young children ($p < 0.0001$), with graduates, third-year students, and fourth-year students being least likely to provide such treatment. There was also a significant difference in the participants' willingness to provide restorative treatment for pregnant women ($p = 0.0051$), although most (84%) indicated they would provide or already provide such treatment.

The numeric responses to the survey are shown in Table 4. The fourth-year students indicated that they were the most uncomfortable dealing with a crying child in the dental chair, while the recent graduates were the most comfortable ($p = 0.0175$). This was the only statistically significant difference when the responses of recent graduates and fourth-year students were compared. Graduates and fourth-year students reported being the most prepared to offer preventive (significant group difference, $p = 0.0001$) or restorative (significant group difference, $p < 0.0001$) care for pregnant women. As expected, the reported level of preparedness to offer

Table 1. Questions used to evaluate respondents' didactic and practical knowledge about infant oral care

Question	Answer Options
On average, at what age does the first tooth erupt?	birth to 3 months, after 3 months but before 6 months, <i>6 to 12 months</i> , after 12 months
By what age do the AAP and AAPD recommend that a child be weaned off the bottle?	6 months, <i>12 months</i> , 24 months, 36 months
At what age should a child have his/her first dental visit?	birth to 3 months, after 3 months but before 6 months, <i>6 to 12 months</i> , after 12 months but before 18 months, after 18 months
How often should an infant or toddler at high risk for caries be seen by a dentist?	<i>every 3 months</i> , every 6 months, every year, every five years, only when the child feels tooth pain
Do you know how to perform a lap examination on a very young child under the age of 3 years?	yes, no
<i>Note: Correct answers are in italics.</i>	
AAP=American Academy of Pediatrics; AAPD=American Academy of Pediatric Dentistry	

Table 2. Questions used to evaluate respondents' opinions, beliefs, and willingness to provide care

Question	Answer Options
How comfortable are you dealing with a crying infant or toddler sitting in your dental chair?	very uncomfortable, uncomfortable, no opinion, comfortable, very comfortable
How comfortable are you with providing preventive services such as tooth cleaning and fluoride varnish on infants and toddlers (up to 3 years)?	very uncomfortable, uncomfortable, no opinion, comfortable, very comfortable
How comfortable are you with providing restorative care to infants and toddlers?	very uncomfortable, uncomfortable, no opinion, comfortable, very comfortable
Do you anticipate providing (students)/do you provide (graduates) restorative treatment to infants to 3-year-olds?	yes, no
How prepared do you feel to offer preventive dental care to pregnant women?	very unprepared, unprepared, no opinion, prepared, very prepared
How prepared do you feel to offer restorative care to pregnant women?	very unprepared, unprepared, no opinion, prepared, very prepared
Do you anticipate providing (students)/do you provide (graduates) restorative treatment for pregnant women?	yes, no
How important do you feel it is for infants and toddlers to have a dental home?	very unimportant, unimportant, no opinion, important, very important
How important do you feel it is to assess the presence of a pacifier or finger sucking habit in infants and toddlers?	very unimportant, unimportant, no opinion, important, very important
How often do you anticipate providing counseling to caregivers about their child's dental and physical development?	never, some visits, most visits, every visit
I would likely use (students)/I use (graduates) some form of caries risk assessment for children in my practice.	strongly disagree, disagree, no opinion, agree, strongly agree
I would likely use (students)/I use (graduates) some form of caries risk assessment for pregnant women in my practice.	strongly disagree, disagree, no opinion, agree, strongly agree

preventive and restorative care was consistent with the level of training of each group. Graduates, followed by fourth-year students, were the least likely to provide counseling to caregivers about their child's dental and physical development (significant group difference, $p=0.024$) and to use some form of caries

risk assessment for children (significant group difference, $p<0.0001$) or for pregnant women (significant group difference, $p<0.0001$). Irrespective of the statistically significant comparisons, the questions showing the higher scores (in favor of promotion of infant oral health) were related to the importance

Table 3. Number and percentage of descriptive categorical variables for survey respondents: total, graduates, and students by year

Question/Variable	Total	Graduates	4th Year	3rd Year	2nd Year	1st Year	p-value
Cohort N (% of total respondents)	224 (100%)	32 (14.3%)	25 (11.2%)	66 (29.5%)	45 (20.0%)	56 (25.0%)	
Gender							
Female	125 (55.8%)	19 (59.4%)	14 (56.0%)	41 (62.1%)	21 (46.7%)	30 (53.6%)	
Male	99 (44.2%)	13 (40.6%)	11 (44.0%)	25 (37.9%)	24 (53.3%)	26 (46.4%)	
Future career/educational plan or current job							
Private practice	104 (46.4%)	13 (40.6%)	12 (48.0%)	22 (33.3%)	24 (53.3%)	33 (58.9%)	
Community clinic	31 (13.8%)	4 (12.5%)	0	10 (15.2%)	7 (15.6%)	10 (17.9%)	
Graduate education	79 (35.3%)	13 (40.6%)	12 (48.0%)	33 (50.0%)	11 (24.4%)	10 (17.9%)	
Military	8 (3.6%)	2 (6.3%)	1 (4.0%)	1 (1.5%)	2 (4.4%)	2 (3.6%)	
Not sure	2 (0.9%)	0	0	0	1 (2.2%)	1 (1.8%)	
On average, at what age does the first tooth erupt?							
Correct	189 (84.4%)	27 (84.4%)	22 (88.0%)	50 (75.8%)	38 (84.4%)	52 (92.9%)	0.1347
Incorrect	35 (15.6%)	5 (15.6%)	3 (12.0%)	16 (24.2%)	7 (15.6%)	4 (7.1%)	
By what age do the AAP and AAPD recommend that a child be weaned off the bottle?							
Correct	161 (71.9%)	22 (68.8%)	20 (80.0%)	51 (77.3%)	35 (77.8%)	33 (58.9%)	0.1189
Incorrect	63 (28.1%)	10 (31.2%)	5 (20.0%)	15 (22.7%)	10 (22.2%)	23 (41.1%)	
At what age should a child have his/her first dental visit?							
Correct	140 (62.5%)	21 (65.6%)	13 (52.0%)	42 (63.6%)	32 (71.1%)	32 (57.1%)	0.4847
Incorrect	84 (37.5%)	11 (34.4%)	12 (48.0%)	24 (36.4%)	13 (28.9%)	24 (42.9%)	
How often should an infant or toddler at high risk for caries be seen by a dentist?							
Correct	181 (80.8%)	23 (71.9%)	19 (76.0%)	54 (81.8%)	36 (80.0%)	49 (87.5%)	0.4484
Incorrect	43 (19.2%)	9 (28.1%)	6 (24.0%)	12 (18.2%)	9 (20.0%)	7 (12.5%)	
Do you know how to perform a lap examination on a very young child under the age of 3 years?							
Yes	165 (73.7%)	28 (87.5%)	24 (96.0%)	52 (78.8%)	18 (40.0%)	43 (76.8%)	<0.0001*
No	59 (26.3%)	4 (12.5%)	1 (4.0%)	14 (21.2%)	27 (60.0%)	13 (23.2%)	
Do you anticipate providing (students)/do you provide (graduates) restorative treatment for infants to 3-year-olds?							
Yes	99 (44.6%)	9 (28.1%)	8 (32.0%)	20 (30.3%)	26 (57.8%)	36 (66.7%)	<0.0001*
No	123 (55.4%)	23 (71.9%)	17 (68.0%)	46 (69.7%)	19 (42.2%)	18 (33.3%)	
Do you anticipate providing (students)/do you provide (graduates) restorative treatment for pregnant women?							
Yes	186 (84.2%)	24 (75.0%)	18 (72.0%)	52 (78.8%)	39 (88.6%)	53 (98.2%)	0.0051*
No	35 (15.8%)	8 (25.0%)	7 (28.0%)	14 (21.2%)	5 (11.4%)	1 (1.8%)	

AAP=American Academy of Pediatrics; AAPD=American Academy of Pediatric Dentistry

Note: Some respondents skipped questions.

*Statistically significant

Table 4. Comparison of numerical variables by class: mean (SD)

Question/Variable	Total N=224	Graduates N=32	4th Year N=25	3rd Year N=66	2nd Year N=45	1st Year N=56	p-value
Age of respondent in years	26.2 (3.0)	28.2 (2.7)	28.5 (3.0)	26.0 (2.2)	25.3 (2.1)	24.9 (3.3)	
How comfortable are you dealing with a crying infant or toddler sitting in your dental chair?	3.2 (1.2)	3.6 (1.4)	2.8 (1.0)	3.0 (1.1)	3.0 (1.1)	3.4 (1.1)	0.0175*
How comfortable are you with providing preventive services such as tooth cleaning and fluoride varnish on infants and toddlers (up to 3 years)?	3.7 (1.0)	3.9 (1.2)	3.6 (1.2)	3.8 (0.9)	3.5 (1.0)	3.7 (0.9)	0.1416
How comfortable are you with providing restorative care to infants and toddlers?	2.9 (1.1)	2.8 (1.4)	2.6 (1.2)	3.0 (1.1)	2.8 (1.0)	3.3 (1.0)	0.0875
How prepared do you feel to offer preventive dental care to pregnant women?	4.0 (0.8)	4.3 (0.5)	4.2 (0.5)	4.1 (0.8)	3.8 (0.9)	3.6 (1.0)	0.0001*
How prepared do you feel to offer restorative care to pregnant women?	3.8 (0.9)	4.2 (0.7)	4.2 (0.4)	4.1 (0.7)	3.6 (1.0)	3.2 (1.0)	<0.0001*
How important do you feel it is for infants and toddlers to have a dental home?	4.8 (0.4)	4.8 (0.6)	4.9 (0.3)	4.8 (0.4)	4.9 (0.3)	4.9 (0.4)	0.3142
How important do you feel it is to assess the presence of a pacifier or finger sucking habit in infants and toddlers?	4.8 (0.4)	4.7 (0.5)	4.9 (0.3)	4.8 (0.4)	4.9 (0.3)	4.8 (0.5)	0.3055
How often do you anticipate providing counseling to caregivers about their child's dental and physical development?	3.4 (0.8)	3.1 (0.9)	3.2 (0.8)	3.5 (0.8)	3.5 (0.6)	3.6 (0.7)	0.0235*
I would likely use (students)/I use (graduates) some form of caries risk assessment for children in my practice.	4.6 (0.6)	4.3 (0.5)	4.4 (0.6)	4.6 (0.6)	4.7 (0.5)	4.8 (0.4)	<0.0001*
I would likely use (students)/I use (graduates) some form of caries risk assessment for pregnant women in my practice.	4.6 (0.6)	4.2 (0.6)	4.4 (0.6)	4.6 (0.5)	4.7 (0.5)	4.8 (0.4)	<0.0001*

Note: The response options were on scales from 1 to 4 or 1 to 5. Scales were 1=very uncomfortable to 5=very comfortable; 1=very unprepared to 5=very prepared; 1=very unimportant to 5=very important; 1=never to 4=every visit; and 1=strongly disagree to 5=strongly agree.

*Statistically significant

of young children having a dental home, assessing detrimental oral practices such as the use of pacifiers and finger sucking, and using caries risk assessment for children and pregnant women.

Comparisons of participants' responses to the survey were also made by gender and age. Females were significantly more likely than males to provide counseling to caregivers about their child's dental and physical development ($p=0.024$) and to provide restorative treatment for young children ($p=0.021$). With regard to age, older students were more likely than younger students to provide restorative treatment for young children ($p=0.013$). Older students indicated knowing how to perform lap examinations more often than did young students ($p=0.01$); however, the fact that older students were mostly fourth-year students and recent graduates was a confounding factor.

Discussion

The main findings from this study suggest that oral health training may promote preparedness among health care providers in performing recommended oral health practices for young children and pregnant women. The IOHP has enhanced dental students' hands-on experience and attainment of concepts related to preventive and restorative care for young children. This educational program has met its objective of increasing the knowledge and preparedness of practicing oral health clinicians. Specifically, a greater percentage of UFCD students who received IOHP training reported knowing how to examine young children using the lap examination technique compared with those who did not receive training. However, students who received IOHP training were the most uncomfortable dealing with a crying child in the dental chair, and they were also among the groups who were least likely to provide restorative treatment for young children and pregnant women. Clearly, these findings highlight the need for an earlier and greater exposure of UFCD dental students to the services provided at the IOHP. Moreover, the findings point out the importance of ensuring that our predoctoral curriculum promotes a greater awareness among students about the importance of risk assessment and management of oral diseases.

The inclusion of education on oral health risk assessment, anticipatory guidance, and early intervention in the curricula of health professions programs has been found to be effective in increas-

ing the establishment of a dental home at an early age.⁸⁻¹⁰ However, other studies have found that the majority of pediatricians and general dentists do not advise patients/caregivers to have their child see a dentist by one year of age, which emphasizes the need for increased infant oral health care education in medical and dental programs.^{11,12} Unfortunately, the extent of infant oral health education in U.S. medical or dental schools and residency curricula is not well documented and may be limited.

Relatively few studies have examined the attitudes and practices of general dentists regarding a child's first visit and infant oral health in general. A survey of Nebraska general dentists found that most practitioners reported seeing children although only 11.9% saw children before their first birthday.¹³ In that survey, most practitioners reported performing oral hygiene procedures for young children, but few of them provided restorative services. Most dentists reported discussing oral hygiene practices during infant oral health examinations, but few discussed caries risk. A national survey of general dentists found that those who had performed infant oral health examinations during dental school were significantly more likely than dentists who did not have such educational experiences to provide oral examinations to children less than three years of age in their current practice.¹⁴

The ultimate goal of early assessment is the timely delivery of educational information to populations at high risk for developing caries and prevention of later surgical intervention. Caries risk assessment for infants allows for implementation of appropriate prevention and management strategies as the primary dentition begins to erupt.⁵ Although our findings revealed that caries risk assessment was considered to be a procedure of great importance, graduates and fourth-year students were the groups least likely to use such procedures in their practice. This issue needs to be urgently addressed. Perhaps a more comprehensive approach grounded in evidence-based teaching methods and dental practice will solidify the importance of applying this method in dental education. Strategies to achieve this goal include conducting a national survey of dental graduates over the last five years; comparing the practices of dental practitioners who have an infant oral health practice rotation with those who have not; and conducting interviews with the same groups to assess how dental education and patient outcomes have influenced their practice.

One of the limitations of our study was the low response rate to the electronic survey. Despite

our many attempts to invite all students from each class and graduates to participate in our study, the overall response rate was low (56%). The response rates for the first-, second-, and third-year students were 74.1%, 54.9%, and 81.5%, respectively. The groups with the lowest response rates were graduates (47.9%) and fourth-year students (35.1%). For graduates, a possible explanation for their low response rate may be that the invitation to participate was sent to their personal email addresses provided to the school at the time of graduation. It is likely that, a year after graduation, many of the graduates had changed their email addresses, or the old addresses were no longer in regular use. For the fourth-year students, the invitation to participate was sent to their school email addresses at the time of graduation. Graduation is notorious for being an extremely busy and transitional time for students because it involves the completion of school requirements, licensure board examinations, and the search for a job.

UFCD's IOHP is an important community resource for preventive dental care for young children at high risk for caries and should continue to complement the pediatric dental experience in the DMD curriculum. Strategies to further enhance the outcomes of this educational program have been proposed.¹⁵ More research is needed to identify the best methods for delivering information on infant oral health to general dentists and ensuring long-term retention of the information.¹³ Findings from this study will be used to support the enhancement of education received during the IOHP rotation and the overall dental curriculum on infant oral health. Changes in the curriculum may include a significant increase in the number of hours dedicated to didactic lectures and active-learning sessions on the topic of infant oral health and access to oral care and an increase in the frequency of rotations to the IOHP.

Conclusion

The training of predoctoral dental students in infant oral health care can significantly increase their knowledge and preparedness on how to provide dental services for young children and pregnant women. This study highlights the need for an earlier and greater exposure of UFCD dental students to the services provided at the IOHP and the importance of promoting awareness about risk assessment and oral disease management.

Disclosure

The authors reported no conflicts of interest with respect to the authorship or publication of this article.

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