

Pediatric Dental Resident Preferences Regarding Parental Presence in the Operator

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Background / Introduction

- Parental presence during pediatric dental treatment can influence child behavior and treatment outcomes¹
- The AAPD recognizes benefits of parental presence for young and anxious children, though it may also cause distraction or anxiety transfer.
- Studies report mixed findings. Some show improved cooperation when parents stay^{2,3}, while others note behavior may worsen⁴.
- Reasons for exclusion include parental anxiety, interference, and loss of focus⁵.
- No standardized guidelines exist, and residency training varies across programs.
- This study evaluates pediatric dental residents' preferences, comfort, and training regarding parental presence and the policies they anticipate adopting in practice.

Objective / Purpose

- The purpose of this study is to evaluate pediatric dental residents' preferences and comfort levels regarding parental presence in the dental operator during operative procedures and recall visits

Methods

- This study was approved by the University of Nebraska Medical Center Institutional Review Board (IRB)
- A national cross-sectional survey consisting of 11 questions was distributed via email to pediatric dental residents through Qualtrics.
- Participation was voluntary, with no financial compensation, and all responses remained anonymous.
- The survey was sent to 1,132 pediatric dental residents.
- The questionnaire collected demographic information (program type, region, and year of residency) and included Likert-scale and multiple-response questions assessing training, operator design, and attitudes toward parental presence.
- Responses were analyzed descriptively and comparatively using chi-square tests to evaluate relationships between treatment type and parental presence preference, as well as potential associations with residency year. Statistical significance was set at $p < 0.05$

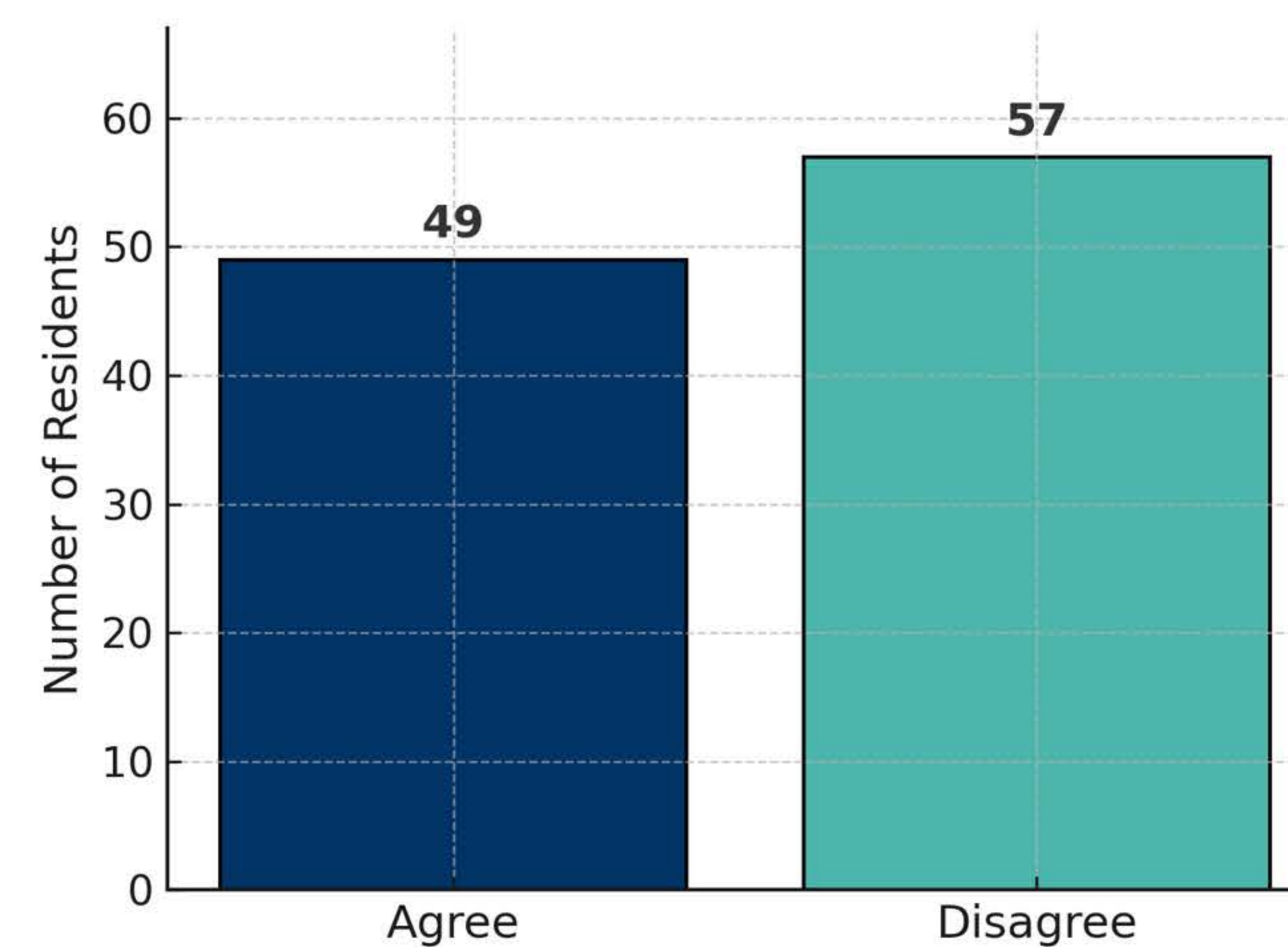
Results

A total of 110 valid responses were analyzed. Most respondents were second-year residents, representing all U.S. regions and program types.

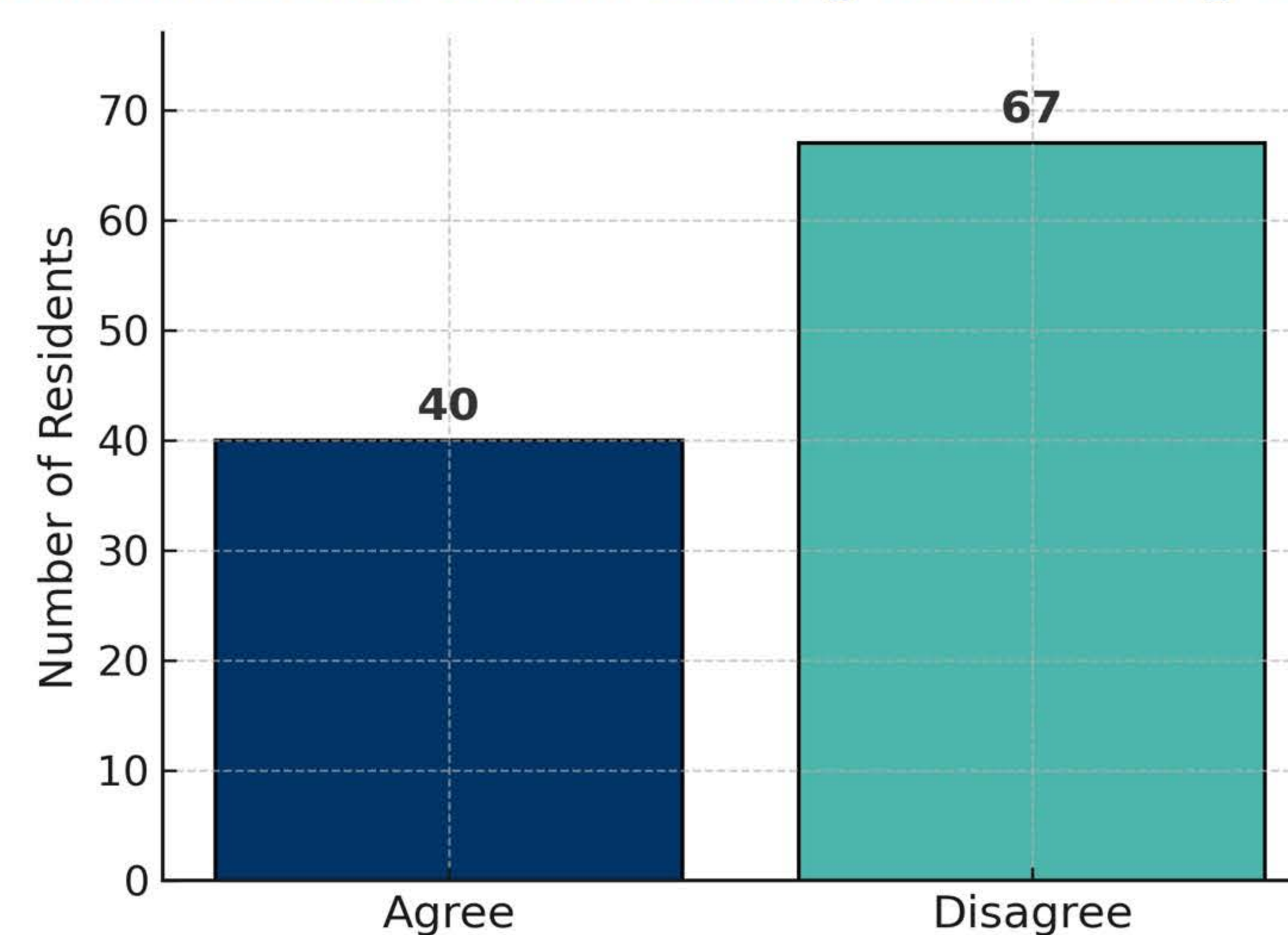
- Operative treatment: 44.5% agreed that they would recommend parents remain in the waiting room upon graduation, while 51.8% disagreed.
- Prophylaxis/exams: 36.4% agreed that they would recommend parents remain in the waiting room, while 60.9% disagreed.
- Significant difference between treatment types ($\chi^2 = 23.3$, $p < 0.001$).
- No association between residency year and parental presence preference ($p = 1.0$).

Descriptive data also suggested residents felt adequately trained to work with parents in the operator, but fewer agreed that training emphasized having parents remain in the waiting room

Preference: Parents Wait in Waiting Room During Operative Treatment



Preference: Parents Wait in Waiting Room During Propy/Exam



Discussion / Conclusion / Future Directions

- Pediatric dental residents demonstrated mixed attitudes toward parental presence, with a slight majority opposing the exclusion of parents during operative procedures.
- Even fewer supported asking parents to wait outside for prophylaxis or exams, suggesting that most favor parental presence, particularly for routine care.
- Residents were more likely to consider parental exclusion during invasive procedures, while preventive visits were viewed as appropriate for parental observation.
- Survey responses showed that choices were strongly shaped by child behavior, parental anxiety, and emotional context.
 - Reasons for allowing parents in operator: young age, special needs, parent preference, anxious or uncooperative children were most common.
 - Reasons for parents waiting outside operator: parent interruption and anxious parents were most common.
- Most residents supported parental presence for young (<5) or special-needs patients, emphasizing individualized care.
- No significant differences were found by residency year, suggesting that experience level did not influence attitudes.
- Overall, residents favored a family-centered, situational approach, recognizing that effective management depends on the child's needs, parental behavior, and clinical context.
- Greater emphasis on behavior guidance and parental communication training may further support confidence and consistency across pediatric dental programs.

References

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