

Dentist's Perception on the Quality of Dental Care Delivered to Children with Special Needs Up to 12 Years in the Primary Care Service in the City of Concepción, during the Years 2015-2016

Mónica Carvajal Romero*, Paola Mendez Muñoz and Francisca Lecannelier Barahona

Faculty of Dentistry, Universidad del Desarrollo, Chile

*Corresponding Author: Mónica Carvajal Romero, Faculty of Dentistry, Universidad del Desarrollo, Chile.

Received: February 20, 2019; Published: April 30, 2019

Abstract

Introduction: The perception of the dentists, that play with good part in primary care services, on the level of quality of care delivered to patients up to 12 Years old that present some kind of special need is necessary to improve the quality of care that these patients in these health centers receive.

Objective: To determine the perception of dentists of the primary service health care centers about the quality of dental care delivered to children with special needs up to age 12 in the city of Concepción, during the years 2015 - 2016.

Methodology: This non-probabilistic study responds to an investigation of qualitative type with phenomenological focus, where applied a semi interview structured, duly validated by expert judgement, to a sample of specific dentists for a trial sampling, to speech saturation. The results were transcribed and subjected to structured semantic analysis.

Results: The results of the research note that the dentist's perception is that there is a deficiency of part of the primary health care centers for the care of patients with special needs.

Conclusion: Primary care dentists show that they do not have the necessary clinical skills to provide care to children with special needs and that they do not have the necessary resources for their care.

Keywords: Children with Special Needs; Dental Care; Attention Service Primary; Quality of Care; CESFAM; APS

Introduction

Within the progress and new research that has been made in the field of dentistry (National Federation of Associations of Early Care professionals (GAT) (2005). Early Care book. Madrid: Royal Board on Disability), it has been determined that early care, both preventive and restorative, should be done from an early age. Today there is the dentistry, a branch of dentistry in charge of the care of children. However, within this group there are those who have special needs such as down syndrome, autism spectrum disorder, cerebral palsy, organic brain damage, among others.

According to the National Disability Fund's First National Disability study (FONADIS, 2004), about 13% of the population has some type of disability, with 5.7% of the total number of disabled persons under 15 years of age.

The term "children and adolescents with special health care needs", abbreviated with the acronym "NANEAS", was first defined in the year 1998 in the United States of America as "all those who have or are at risk of presenting a Disease Chronic physical, developmental, behavioral or emotional, and that also require greater UTI Health services ". Reaffirming the foregoing, the American Academy of Pediatric

Dentistry considers that persons in a situation of disability present an increased risk of developing oral diseases. The above is because the increased risk of caries is directly related to good oral hygiene, which is difficult for these patients. On the other hand, care for such patients requires in many opportunities the use of sedation or general anesthesia which increases the barriers to access care services.

Objective of the Study

The objective of this study was to determine the perception of dentists on the quality of dental care given to children with special needs up to 12 years in primary care centers in the city of Concepcion.

At present in Chile, an agreement was implemented between the University of Chile and the Chileans to carry out a program of prevention and promotion of health for people with disabilities in order to increase the access to dental care and to carry out preventive actions and promotion in oral health. This consists in the realization of "theoretical-practical courses of dental special care in people in a situation of disability" for dentists, dental assistants and families at national level, having a three-year planning (2014 - 2016).

Materials and Methods

This research corresponds to a qualitative study with Phenomenological Recruiting, through a trial sample, dentists from the primary care health service who have delivered dental health benefits to children with special needs In the primary care service in the commune of Concepción during the years 2015 - 2016, excluding those whose care work is greater than one year of the last patient or has been directed to Children over the age of 12. For the realization of this study was necessary the preparation of a semi structured interview duly validated by expert judgement, a tape recorder and photocopies. In the first stage, dentists from the public service were suitably selected to whom the objective of this study was subsequently presented, and they were asked to sign an informed consent, indicating that they are in agreement with their participation voluntarily and anonymously, complying with the Helsinki Declaration of 2000 of the World Medical Association. Then it was proceeded to Apply the recorded interview, the interview was analyzed, the data collected through a structured semantic analysis, thus obtaining the results and making the conclusions. The field work was carried out between May and October of the year 2016.

Results

How do you perceive your abilities to treat patients with cognitive disabilities? Why?

This minute I feel like a professional, from that standpoint, from empathy, I feel prepared. Also, I perceive that I have capacities, I have perfected myself in that, but outside the public health system. Moreover, I have had experiences mainly in dental emergencies and within that area I have not had any problems. I would say it's regular, because I'm a general dentist and I don't have the theoretical part to specifically cater to these Patients, but I love children and I also love children with disabilities in general. Although also It's just printing, I'm not ready for that, I haven't had any kind of training. Neither in the undergraduate and in the postgraduate very little. It's more than anything intuition, experience with other children.

After the analysis of the delivered responses, it can be deduced that the dentists who perform their work in the public service feel trained to some extent in giving care to patients with special needs since they have not been instructed on the subject, but rather it is a matter of personal interest. The above is reflected in the following responses: "I'd say regular, one because I'm a general dentist and I don't have as the theoretical part to specifically cater to these patients [...]. Skills as techniques I don't have them because I haven't done any specialty in the area but it motivates me to attend children" (interviewed N° 1).

Respondent's response number 2, 3 and 7 is similar to that given by interviewee number 1. It reveals the lack of theoretical knowledge regarding care for patients who have some degree of permanent cognitive disability.

"It's complicated when you face a patient for the first time in that sense, but you still feel that if you have the patience and disposition to care for the patient in general, you should have good capacities..." (Interviewed N° 8).

"I consider them low, because it is only impression, I am not prepared for that, I have not received any form of training [...] It's more than anything intuition, experience with other children, that" (Interviewed n° 9).

In these two replies (from interviewees N° 8 and 9) reaffirms the lack of preparation during the undergraduate stage on the care of those patients with special needs.

In short, the capacities for the care of patients with some kind of permanent disability is acquired by experience and there is no protocol for their care in primary care centers.

How do you perceive your clinical competencies for the behavior management of a child patient with some kind of special need? Why?

I would say yes, if I am trained... I think I have enough vocation to attend children, I like to attend children. In general, we can manage children's patients who need some kind of more difficult care. That yes, you have to have more patience, you have to be a little more playful to let them attend and see it as a game. Clearly it is more difficult to get to them than with a normal patient... Dentists when we get out of school, we're not prepared but through the years of service, one is doing courses and getting ready. Although I think I have a good care with patients, the same lack of training.

The answers given to the question show that the clinical competencies for the management of these patients are not standardized, but rather it is done according to the touch of each dentist since none has received training in the subject. The attention given is by vocation, this is demonstrated in the following replies delivered: "My skills I think are within the possibilities of attending a patient in a good way, get a good treatment, but are limited by other factors..." (Interviewed n° 3).

"In general, we can manage children's patients who need some kind of more difficult care..." (Interviewed n° 1 and 9).

"You have to have yes, more patience, you have to be a little more playful, as to let them attend and see it as a game. Clearly it is more difficult to get to them than with a normal patient but in all, I have not had problems" (interviewed N° 6).

"Dentists when we leave school, we are not prepared but through the years of service one goes doing courses and is preparing..." (interviewed N° 5).

On the other hand, it is shown that the theoretical ignorance about the management of these patients can lead to not receiving the requested attention, as the following answer states: "...The subject more than anything is that lack of training, nor are both patients who come from that type, and the few cases I've attended we have been able to do something but sometimes they are not the ideal treatments and often it is necessary to derive to greater complexity health centers" (Interviewed n° 2).

How do you perceive the attention you have given to patients with special needs? Why?

Correct... I've had patients with needs specials that perhaps were not so difficult, then in general they could have been discharge with full treatment, one in general takes more time than with the rest of the patients, but that makes possible. Although It's always a little complicated, I always try to give them the best I can, because it is always complicated any kind of attention, they are always patients that one feels super compliant with the attention in the system in general... I consider that well... But for example, if you have a joint anomaly or a problem that needs orthodontic treatment one evaluation by a pediatric dentist there I find that I am limited. Equal It depends on the case because there are patients who I can attend, that one I can work, that there is much cooperation of the companion or tutor or dad where one can achieve satisfactory things but there are other cases where the patient is not allowed to attend, which must be derived. Also, you have the time limit.

As a result of the care given to patients with special needs, dentists consider that it is good within the conditions in which they have to care for these patients, but that they are also conditioned by the behavior management and by the knowledge they have on the subject, in addition to the time. The above is reflected in the following responses: "... The part of restorative dentistry I would say it is more or less satisfactory, but for example if you have a joint anomaly or a problem that needs orthodontic treatment one evaluation by a pediatric dentist there I find that I am limited..." (Interviewed n° 1).

"It depends on the case because there are patients who are allowed to attend, that one can work, that there is much cooperation of the companion or tutor or dad where you can achieve satisfactory things..." (Interviewed n° 2).

"Sometimes I feel that it has not been good because I have the limitation of time. When you attend patients with special needs in 20 minutes, one is not enough to do anything..." (Interviewed n° 3).

It also shows that the inability to treat these patients in primary care centers often ends up in the non-care and referral of these patients to more skilled care centers, such as the Regional Hospital (high complexity center in Concepción). This is reflected in these answers: "... I touched a case where I had to derive for example a little boy with autism, that little boy definitely I could not attend, he wouldn't let me see him, he didn't even sit down..." (Interviewed n° 1).

"... But there are other cases where the patient do not allow you to get to them, that must be derived and you get very frustrated by what you can't do, and as for that is as very regular thing" (Interviewed n° 2).

"... I try to explain as much as possible to those who are accompanying what are the things we could do here in the primary health care center and the things that actually have to be done in another center..." (Interviewed n° 7).

What do you think about training for the care of children with a permanent condition of special need? Why?

I find that the training has to be compulsory, the truth is that one has to be prepared, especially here in primary care, for whatever arrives. It would be ideal to be trained because while there are not so many children special needs that come here. Moreover, it's super necessary... Usually you have to self-educate or self-train because at least the employer does not give you the conditions to train you. Today, it's very poor. Currently, the topic of special needs is just what you listen from mouth to mouth.

With regard to the idea of receiving training in the care of patients who present a permanent condition of disability, dentists are interested in the topic and believe it necessary to give a correct attention to these children. This is revealed in the following answers: "It would be ideal for us to be trained because while there are so many children with special needs who come here..." (Interviewed n° 1).

"Yes, it's super necessary. And generally, one is not among the priorities of training services, at least here in primary care in Concepción. Uh... Poor at least in recent years almost no training has been made of the subject, usually one has to self-educate or self-train because at least the employer does not give you the conditions to train..." (Interviewed n° 2).

"I find that it is super necessary, I find that it should be more extensive to undergraduate students, independent that maybe not everyone may like it. [...] I find it very important to do so because it is a sector of the population that is a little neglected" (Interviewed n° 4 and 6).

"I find that the training has to be compulsory, the truth is that one has to be prepared, especially here in primary care, for what arrives..." (Interviewed n° 7). This answer is repeated in the interviewee N° 9.

On the other hand, there is a belief that the affected population feels marginalized and that they will not receive attention in the primary care center for the same lack of training of the officials, as the respondent N° 1 says: "... I think that there are not so many because they think that what we will not attend them here, or that there is not an option of deriving them..." (Interviewed n° 1).

It also shows the lack of information about these disabilities at a country level, where these patients are not considered as a priority: "It's very poor. Currently people are starting to talk about special needs [...] You have many limitations from the infrastructure, the behavior of the patient..." (Interviewed n° 3).

"... I find it very important to do so because it is a sector of the population that is a little neglected" (Interviewed n° 4).

What do you think about the amount of time allocated to care for patients with special needs? Why?

We have thirty minutes to attend a patient but we still have the possibility of, for example, if a child comes, give it more time, put it as in two patient quotas. It's more flexible here at least, because we handle that part of the agenda. But within the primary care... One has every half hour to attend a patient, therefore, the half hour is very scarce and if you want to attend a patient with special needs you see a decrease in your production or your high. I mean, there is no defined time. There is a standard of performance but the types of consultation are the same for all patients. Require more time, perhaps special teams would be required with more paramedic assistants. Time is the same as for a normal patient... The idea is to increase the time for patients with special abilities or to make a special part in some destination. In addition, we have to assure accessibility to those patients because I think more than a certain amount of time it is the accessibility that they have, something like GES, a priority attention.

Dentists consider that the time allocated is not enough because it is not specific for this type of patient, but is standardized, not considering that they require more time of adaptation in the consultation due to their condition. This is the case for the following interviewees: "Children are supposed to have thirty minutes to attend..." (Interviewed n° 1). This answer is repeated in the interviewed numbers 2, 3, 4, 6 and 7.

However, there are also flexible care schedules according to the center, care but these are not by protocol but more as well by the intuition of the dentist: "... If a child comes, give it more time, put him in two patient quotas. It's more flexible here at least, because we handle that part of the agenda" (Interviewed n° 1 and 4).

Finally, it shows that since these patients are not the priority of primary health care, in many cases they should be referred to other care centers and it is suggested that their attention should become a priority: "... From the APS's point of view, at least in my area everything is resolved elsewhere because it is not the CESFAM's priority, nor of the base Hospital, you must leave if you need larger treatment" (Interviewed n° 3).

"I think that more than creating an specific schedule, allocate a time, you have to assure accessibility to these patients because I think more than time is accessibility, that they should have something like GES (explicit health guarantee), a priority attention..." (Interviewed n° 9).

What do you think about the number of people who help, as assistants or others, in the care of patients with special needs? Why?

We have on the team a preschool teacher that helps us a little to prepare the children for dental care, we have a good team here now. I find that actually attendees play a fundamental role... In theory, it is limited because it is a single attendee... Every now and then another girl comes here to help (assistant) or a colleague, the other thing is that I that usually the help comes from the patient's companion, the assistant helps but many times lack training. In addition, Usually it's up to a dentist an assistant... Many times, you don't need one, you need two or you need males... An assistant is very little help in difficult situations.

In general, the problem that arises in analyzing the number of people (assistants) that help during the treatment of patients with special needs is that an assistant is not enough.

"It's usually an assistant for each dentist... Many times you don't need one, you need two or you need males... An assistant is very little" (Interviewed No 3). This answer is consistent with that given by the interviewee 4.

On the other hand there is the problem that despite the help of the same, many time they are not sufficiently trained to adequately assist a patient with more complex special needs. It summarizes the problems in number of attendees and training of the same. We see this reflected in the replies delivered by the interviewees 2, 6, 8 and 9.

What is your perception of the amount of resources allocated to the care of these patients? Why?

At the hospital level, but what you see, the times you have gone to the hospital, I have been told that you have received well. Now, I assume What If they are already specialties, they must be very well equipped, the problem are the hours that are difficult, but in my perception, I find that they are well. Now, a primary care level is very scarce, the care of special patients is generally referred to specialty... Is super limited the subject of resources. There are no specific resources for these children, that is, one occupies the materials that we have... which are also limited.

Mainly highlights the fact that in none of the establishments of primary health care attention there are a number of specific resources for the attention of these patients and are used for all patients, which are generally scarce and limited. This is reflected in the following response: "... There is no specific resource for these little children, that is, one occupies the materials that there are... It is also limited" (interviewed 1). The above is also manifested by the interviewee's numbers 2, 4, 5, 6 and 9.

It also shows that care for these patients is mainly at the hospital level where they have the necessary resources, as stated by the interviewees 7 and 8.

Regarding the infrastructure, what is your perception of the equipment that the health centre has for the mobilization and access to this patient with physical difficulties? Why?

In general, for getting in here there is no problem. We have wheelchairs, there are stretchers, many care center therefore Stinks that the door This Regulation It may be that the waiting room this regulation, but the armchairs not everywhere are Regulations in order to attend. We have a basic equipment, sometimes defective and access for patients must be done my themselves. As for access, in this case is a building of one floor f, easy access, it is important that the person comes accompanied. Here there is no difference, we use the same dental chair for every patient, there is no extra element to be able to help. There are stairs, no elevators, no nothing.

Respondents generally agree that as a primary care facility infrastructure for patient access has no major difficulties.

"Well, overall... To enter here there is no problem" (interviewee 1). The same is stated by the interviewees 4, 7 and 8.

Nevertheless problems come by the quality of attention affected by the lack of infrastructure and material specific for the care of patients with special physical needs.

"The door may be built by the normative, the waiting room may be built by the normative, but the dental chairs don't have normatives when it comes to children with special needs" (interviewed 3).

At the end of the day, you may have access to the center of the attention, it might be suitable for the mobilization of the patient without problems, but the interviewees emphasize that despite this the general attention is hindered by the absence of special equipment for the attention of these patients.

What do you think about the number of dental chairs available for your attention? Why?

It would always be nice to have more available dental chairs... The number of dentists is always limited to the number of dental chairs. Usually it is one dental chair and in that dental chair, all must be seen; Also for the resources, for an infrastructure issue and I would say but than anything for a matter of importance to the subject of special needs. We have emergency dental chairs and dental chairs which are 4... It would take a clinic, maybe it would have more resources to care for these children because the spaces are reduced, or that the accompanying person can sit with the child or the little girl with problems because people have arrived in a wheelchair and sometimes it is difficult to move them. In addition There is no dental chair for special patients and there is not a special program as for special patients to receive attention obviously, but it is like attention to the general public.

The respondents agree that it would always be good to have more availability of dental armchairs for the care of patients in general, and almost all the interviewees emphasize the absence of dental armchairs designed in a way specific for the care of patients with special needs.

“There is no armchair for special patients” (interviewed 2, 6 and 9).

On the other side, one of the respondents argues that the non-existence of these resources and infrastructure goes along with the little importance that is given to the issue care for patients with special needs (interviewed 4).

“There is no special program as for special patients then there is public attention obviously, but it is like attention to the general public...” (Interviewed n° 8). Here is evidence of the lack of planning in the care of these patients, making known that their attention is given without considering their cognitive disabilities.

Discussion

The perception of dentists on the quality of dental care given to children with special needs up to 12 years in the primary care service in the city of Concepción, during the years 2015 - 2016, according to the data collected, is that currently nor there are specific resources, whether training for staff within the primary health center, staff or infrastructure support; So quality of care delivered to these patients are affected or derived from more complex centers, such as the regional Hospital of Concepción. The above hinders timely attention to these patients, who in most cases are totally dependent on their parents, which is very difficult for them to get adequate instruction on a dental treatment protocol for their children. As some of the respondents mentioned, patients with special needs are patients whose attention is recently being considered at the primary health care level.

According to the Research work of Cristian González Parraguez in the year 2013 [1], “there are several barriers of access to dental care for patients in situations of disability, being the most named: difficulty of mobilization and physical access to the site, difficulty to find a professional with the skills and disposition for care, and mismanagement of fear and anxiety. The whole of the barriers will generate an adaptation to the circumstances experienced, coming to consider as normal the various difficulties for which they must pass”. As stated above, there is a concordance between the results obtained from this study with the current research. Already in the year 2016 are still present these “barriers”, mainly the barrier of “competencies and the disposition of attention”, because although the interviewees showed their disposition to attend to patients with special needs, many times they were limited by their same clinical and professional competencies that are reduced to the attention of a patient without some kind of cognitive or physical alteration. Even mentioned, and reaffirms, the little information that is given on the subject in the training of undergraduate and that just a few years ago has been included in The Post Degrees of dentistry.

Reserves the flowchart of the modality of care for persons under 20 years of age in a situation of disability of the Minsal (2012) [2] most of the attentions are limited to a treatment in common dental armchair, as is the one available in a primary care service, according to the patient's behavior and collaboration. However, as this depends heavily on the clinical competencies of the driver and on his knowledge of behavior management, which often insufficient, it derives to centers of secondary care.

Added to what I said before, we find the fact that these patients have a higher risk of caries (Scottish Intercollegiate Guidelines Network, 2000) and as its treatment is derived from centers of greater complexity, where its treatment is not priority against uses that are given to the pavilions, the dental care is postponed.

On the other Part There is the problem of poor infrastructure Specific For attention Dental of patients with special needs, mainly with physical limitations that do not allow them to be placed in a common dental armchair. According to the results obtained, the presence of dental chairs or recliners of wheelchairs in the primary care service is non-existent, so the attention of these patients is limited despite the fact that there are competences on the part of the treating dentist. Although accessibility for patients with physical difficulties is a subject of national importance, even not all primary care centers have the facilities to access them.

To solve the problems posed above, some universities such as the University of Concepción and the University of Chile, have implemented an increased the number of hours allocated to education, management and care of patients with special needs in undergraduate students, in addition to a development and construction of specialized clinics counting with an infrastructure according to the needs of these patients.

From the health standards established by the State, there are still no programs or priority for this type of patients. Of all ways some of those interviewed, according to the information gathered, raise the possibility of some type of priority or program for this type of patient so that attention would not be so delayed, and so avoiding greater caliber dental problems.

Despite the problems mentioned above, highlights the good disposition and will of the dentists and assistants of each primary care center in the commune of Concepción, who often without training or more knowledge about cognitive disabilities, manage to give a quality attention to these patients [3-12].

Conclusion

The objective of this study is to determine the perception of the dentist on the quality of dental care given to children with special needs up to 12 years in the primary care service.

It managed to establish the perception of dentists about the factors related to the treaters by means of four questions, which show that their clinical competencies are not sufficient to deliver quality care to this type of patients. Despite having the disposition and basic knowledge about some special physical or cognitive conditions, and in addition to showing will to attend and train in a more extensive way, many times have been overlooked by the situation, having to derive to centers of greater complexity. In addition to the foregoing, dentists who participated in this study show that their employer, in this case the Municipality of Concepcion it does not give the opportunity to be trained, having to be done by the dentist's management. Gradually, the trainings have begun to be sponsored by the centers of attention or the same Municipality, according to the results, so until the last time most of the training related to the subject must be paid by the same dentists in the care center.

The perception on factors related to the primary health care center analyzed through five questions that highlight the lack of resources and infrastructure specific for the treatment of these patients. Many primary care centers found the means of access and mobilization necessary for patients, but in a minority, there is still no adequate infrastructure, which ends up limiting and, in many cases, harming access to dental care on the part of patients with special needs.

Bibliography

1. González P. "Perception of the dental care of patients in a situation of disability attended by reclinator Wheelchair". (Undergraduate thesis), University of Chile, Santiago de Chile (2013).
2. MINSAL. Primary dental care for preschool from 2 to 5 years. Guide Clinical. 7 (2009).
3. Arellano C and Elias M. "Cognitive and Affective Neuroscience: implication of the theories of attachment and self-regulation in the clinical practice of dentistry for babies". *Vis Dentistry* 9.5-6 (2006): 91-98.
4. Carrillo Díaz M., *et al.* "Behavioral disorders in the child and impact on care Residency". *Jada* 4.5 (2009): 250.
5. Of Souki K., *et al.* "Behavior of the child in the dental office. Dental Act Venezuelan". *Flight* 37 (1999): N3.
6. Days Rodriguez J. Educational Approaches Magazine. N° 48 (2009): 3-63.

7. Gugelmeier V. "Psychosocial Fundamentals of the behavior of the patient in the Attention odontopediátrica". Chair of Pediatric Dentistry. University of the Republic. Uruguay (2008).
8. Hernandez E. "Attachment: The special mother-child bond". Psychology Online (N.d.).
9. Churches I. "Oral health in the primary dentition: (and III) study on dental injuries, oral pathologies and problems in the management of behavior in the dental consultation in a sample of 441 children from Vigo". *Avances en Odontología* 19.2 (2003): 95-104.
10. Josef P. "Adaptation From the child to the dental behavior". *Acta Odontologica Venezolana* 36.2 (1998).
11. Lima M and Casanova Y. "Fear, anxiety and phobia of stomatologic treatment". *Rev Hum* 6.1 (2006).
12. Convention on the Rights of persons with Disability. United Nations Department of Public Information (2006).

Volume 18 Issue 5 May 2019

© All rights reserved by Mónica Carvajal Romero., et al.