

Prevention and Management of Dental Caries in Children [B]

Follow-Up Questionnaire

December 2018

The Scottish Dental Clinical Effectiveness Programme (SDCEP) have now published their updated guidance on the *Prevention and Management of Dental Caries in Children*.

You are invited to complete this six-month follow-up questionnaire because you completed the baseline questionnaire earlier in 2018. At that time you indicated that you would be willing to complete the follow-up. The purpose of this questionnaire is to help evaluate the impact of the SDCEP updated guidance, and to inform the development of appropriate training and support to help practitioners implement the updated guidance. Completion of this follow-up questionnaire will ensure your eligibility for the QI (Research) activity. For more information about the QI (Research) activity go to [Prevention and Management of Dental Caries in Children](#) on the SDPBRN website (www.sdpbrn.org.uk).

Please complete this questionnaire without referring to any literature or consulting with colleagues.

Most of the questions require you to circle or tick a box, but there are also a number of text boxes that we hope you will use. **Please do not take too long over your replies, your immediate reaction to each question is likely to be more accurate than a long thought out response.**

If you work in more than one practice, please answer in respect to the practice in which you spend the majority of your time.

Please be assured that your responses will be held in confidence and anonymised. It will not be possible to identify you, your practice or your patients in any report or publication that arises from this work. The questionnaire should take approximately 20-30 minutes to complete.

Please complete the questionnaire by **Tuesday, 11th December 2018**.

Your contribution is valued and gratefully received.



**Translation Research
in a Dental Setting**

SECTION 1: CURRENT PRACTICE

To what extent do you currently do the following in your dental practice? Please circle one option for each statement	Never	Always
1. I assess a child's risk of developing caries	1 2 3 4 5 6 7	
2. I take bitewing radiographs in children every two years (or, if the child is at increased caries risk, every 6-12 months)	1 2 3 4 5 6 7	
3. I provide children (and/or parents/carers) with personalised oral health promotion advice	1 2 3 4 5 6 7	
4. I encourage and support children (and/or parents/carers) to brush their teeth, or have their teeth brushed for them, at least twice a day using fluoride toothpaste	1 2 3 4 5 6 7	
5. I advise children (and/or parent/carers) about how a healthy diet can help prevent caries	1 2 3 4 5 6 7	
6. I place preventive fissure sealants on the permanent molars as early as possible after eruption	1 2 3 4 5 6 7	
7. For children over 2 years of age, I apply sodium fluoride varnish at least twice per year	1 2 3 4 5 6 7	
8. For a child with a carious lesion in a <u>primary tooth</u> , I choose the least invasive feasible caries management strategy	1 2 3 4 5 6 7	
9. For a child with a carious lesion in a <u>permanent tooth</u> , I choose the least invasive feasible caries management strategy	1 2 3 4 5 6 7	
10. For a child in pain due to pulpitis in a primary tooth with irreversible symptoms and no evidence of dental abscess, I would consider carrying out a pulpotomy to preserve the tooth and to avoid the need for an extraction	1 2 3 4 5 6 7	
Please use this box to comment on any of your answers. Include the number of the question you are commenting on.		

In your dental practice who usually does the following for children? Please tick or circle one box for each statement					
1. Delivers healthy diet advice	Dental Nurse	Dental Hygienist	Dental Therapist	Dentist	Other
2. Places fissure sealant on permanent molars	Dental Nurse	Dental Hygienist	Dental Therapist	Dentist	Other
3. Applies sodium fluoride varnish	Dental Nurse	Dental Hygienist	Dental Therapist	Dentist	Other
4. Delivers personalised oral health promotion advice	Dental Nurse	Dental Hygienist	Dental Therapist	Dentist	Other
5. Encourages children to brush their teeth at least twice a day with fluoride toothpaste	Dental Nurse	Dental Hygienist	Dental Therapist	Dentist	Other
6. Assesses caries risk	Dental Nurse	Dental Hygienist	Dental Therapist	Dentist	Other
7. Takes bitewing radiographs	Dental Nurse	Dental Hygienist	Dental Therapist	Dentist	Other
Please use this box to comment on any of your answers. Include the number of the question you are commenting on.					

The remainder of this questionnaire will assess your beliefs and attitudes regarding certain key recommendations from the *Prevention and Management of Dental Caries in Children* guidance.

SECTION 2: FLUORIDE VARNISH APPLICATION IN CHILDREN

To what extent do you agree with these statements about applying fluoride varnish at least twice per year in children over 2 years of age? Please circle one option for each statement	Strongly disagree	Strongly agree					
1. I know how to apply fluoride varnish	1	2	3	4	5	6	7
2. I have the skills required to apply fluoride varnish	1	2	3	4	5	6	7
3. I have a clear plan of when, how and who will apply fluoride varnish	1	2	3	4	5	6	7
4. I check regularly whether fluoride varnish is required	1	2	3	4	5	6	7
5. It is easy to remember to apply fluoride varnish	1	2	3	4	5	6	7
6. In the practice where I work, the appointment time is long enough to apply fluoride varnish	1	2	3	4	5	6	7
7. Within the SDR there is sufficient remuneration to apply fluoride varnish	1	2	3	4	5	6	7
8. Child patients (and/or parents/carers) want fluoride varnish to be applied	1	2	3	4	5	6	7
9. Other dental professionals who are important to me think I should apply fluoride varnish	1	2	3	4	5	6	7
10. I am confident that I can apply fluoride varnish	1	2	3	4	5	6	7
11. I am confident that I can apply fluoride varnish even when there is little time	1	2	3	4	5	6	7
12. Applying fluoride varnish will help prevent caries from occurring	1	2	3	4	5	6	7
13. Applying fluoride varnish is frustrating	1	2	3	4	5	6	7
14. Applying fluoride varnish is important	1	2	3	4	5	6	7
15. Applying fluoride varnish takes priority over other competing tasks	1	2	3	4	5	6	7
16. I intend to apply fluoride varnish at least twice per year	1	2	3	4	5	6	7
17. As a dentist, it is my job to apply fluoride varnish	1	2	3	4	5	6	7
18. As a dentist, applying fluoride varnish is an efficient use of my time	1	2	3	4	5	6	7
19. When I apply fluoride varnish, I feel like I am making a difference	1	2	3	4	5	6	7
<p>Please use this box to comment on any of your answers. Include the number of the question you are commenting on.</p>							

SECTION 3: DELIVERING PERSONALISED ORAL HEALTH PROMOTION ADVICE (including toothbrushing) TO CHILDREN

To what extent do you agree with these statements about giving personalised oral health promotion advice (including toothbrushing) to children? Please circle one option for each statement	Strongly disagree Strongly agree						
1. I have sufficient knowledge to deliver personalised oral health promotion advice (including toothbrushing)	1	2	3	4	5	6	7
2. I have the skills to deliver personalised oral health promotion advice (including toothbrushing)	1	2	3	4	5	6	7
3. I have a clear plan of when, how and who will deliver personalised oral health promotion advice (including toothbrushing)	1	2	3	4	5	6	7
4. It is easy to remember to deliver personalised oral health promotion advice (including toothbrushing)	1	2	3	4	5	6	7
5. In the practice where I work, the appointment time is long enough to deliver personalised oral health promotion advice (including toothbrushing)	1	2	3	4	5	6	7
6. Within the SDR there is sufficient remuneration to deliver personalised oral health promotion advice (including toothbrushing)	1	2	3	4	5	6	7
7. Child patients (and/or parents/carers) do not want to receive personalised oral health promotion advice (including toothbrushing)	1	2	3	4	5	6	7
8. Other dental professionals who are important to me think I should deliver personalised oral health promotion advice (including toothbrushing)	1	2	3	4	5	6	7
9. I am confident that I can deliver personalised oral health promotion advice (including toothbrushing)	1	2	3	4	5	6	7
10. I am confident that I can deliver personalised oral health promotion advice (including toothbrushing) even when there is little time	1	2	3	4	5	6	7
11. Delivering personalised oral health promotion advice (including toothbrushing) is beneficial to a child patient's oral health	1	2	3	4	5	6	7
12. When I deliver personalised oral health promotion advice (including toothbrushing) to children (and/or parents/carers), they are interested in what I have to say	1	2	3	4	5	6	7
13. Delivering personalised oral health promotion advice (including toothbrushing) is frustrating	1	2	3	4	5	6	7
14. Delivering personalised oral health promotion advice (including toothbrushing) is important	1	2	3	4	5	6	7
15. Delivering personalised oral health promotion advice (including toothbrushing) takes priority over other competing tasks	1	2	3	4	5	6	7
16. I intend to deliver personalised oral health promotion advice (including toothbrushing)	1	2	3	4	5	6	7
17. I am optimistic delivering personalised oral health promotion advice (including toothbrushing) will reduce a child's risk of caries	1	2	3	4	5	6	7
18. As a dentist, it is my job to deliver personalised oral health promotion advice (including toothbrushing)	1	2	3	4	5	6	7
19. As a dentist, delivering personalised oral health promotion advice (including toothbrushing) is an efficient use of my time	1	2	3	4	5	6	7
20. When I deliver personalised oral health promotion advice (including toothbrushing), I feel like I am making a difference	1	2	3	4	5	6	7

Please use this box to comment on any of your answers. Include the number of the question you are commenting on.

SECTION 4: BITEWING RADIOGRAPHS IN CHILDREN

<p>To what extent do you agree with these statements about taking bitewing radiographs in children every 2 years (or, if the child is at increased caries risk, every 6-12 months)?</p> <p>Please circle one option for each statement</p>	<p>Strongly disagree</p>	<p>Strongly agree</p>					
1. I have sufficient knowledge to take bitewing radiographs	1	2	3	4	5	6	7
2. I have the skills to take bitewing radiographs	1	2	3	4	5	6	7
3. I have a clear plan of when, how and who will take bitewing radiographs	1	2	3	4	5	6	7
4. In the practice where I work, the appointment time is long enough to take bitewing radiographs	1	2	3	4	5	6	7
5. Within the SDR there is sufficient remuneration to take bitewing radiographs	1	2	3	4	5	6	7
6. Some child patients (and/or parents/carers) do not want to have bitewing radiographs taken	1	2	3	4	5	6	7
7. I am confident that I can take bitewing radiographs	1	2	3	4	5	6	7
8. I am confident that I can take bitewing radiographs even when there is little time	1	2	3	4	5	6	7
9. I think taking bitewing radiographs is beneficial to a child's oral health	1	2	3	4	5	6	7
10. Taking bitewing radiographs is frustrating	1	2	3	4	5	6	7
11. Taking bitewing radiographs is important	1	2	3	4	5	6	7
12. I intend to take bitewing radiographs	1	2	3	4	5	6	7
13. As a dentist, it is my job to take bitewing radiographs	1	2	3	4	5	6	7
14. As a dentist, taking bitewing radiographs is an efficient use of my time	1	2	3	4	5	6	7
15. When I take bitewing radiographs, I feel like I am making a difference	1	2	3	4	5	6	7
<p>Please use this box to comment on any of your answers. Include the number of the question you are commenting on.</p>							

SECTION 5: DEMOGRAPHICS

1. What is your professional role? (Tick only one box)									
Principal	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Assistant	<input type="checkbox"/>	VDP	<input type="checkbox"/>	Other	<input type="checkbox"/>
							Other:	<input type="text"/>	
2. In which setting do you work? (Tick only one box)									
GDS	<input type="checkbox"/>	PDS	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other:	<input type="text"/>		
3. On average, how many sessions (1/2 days) do you work per week?						<input type="text"/>			
4. How many of the following clinical staff are employed in the practice? (Boxes left blank will be interpreted as 0)									
Dentists	<input type="checkbox"/>	Therapists /Hygienist Therapists	<input type="checkbox"/>	Dental nurses	<input type="checkbox"/>	Extended Duty Dental Nurses	<input type="checkbox"/>	Other	<input type="checkbox"/>
							Other:	<input type="text"/>	

Thank you for taking the time to answer these questions. Your contribution is very much appreciated.

If you would like to discuss any part of this questionnaire then please contact triads@nes.scot.nhs.uk

THANK YOU