diagnosis. TDOS is genetically linked to markers on chromosome 17 q21.

References

1 Crawford PJ, Aldred MJ. Amelogenesis imperfecta with taurodontism and the tricho-dento-osseous syndrome: separate conditions or a spectrum of disease? Clin Genet. 1990;38:4450.
2 Price JA, Wright JT, Walker SJ, Crawford PJ, Aldred MJ, Hart TC. Tricho-dento-osseous syndrome and amelogenesis imperfecta with taurodontism are genetically distinct conditions. Clin Genet. 1999;56:35-40.
3 Nguyen T, Phillips C, Frazier-Bowers S, Wright T. Craniofacial variations in the tricho-dento-osseous syndrome. Clin Genet. 2013;83:375-379.
4 Neville BW. Oral and Maxillofacial Pathology. St. Louis, MO: Saunders/Elsevier; 2009.

A BLENDED LEARNING RADIOLOGY INTERPRETATION LAB: A QUALITATIVE APPROACH.
A. SENIOR, C. PACHECO-PEREIRA, J. GREEN, E. WATSON, S. COMPTON, K. RASMUSSEN. UNIVERSITY OF ALBERTA, EDMONTON, AB, CANADA

Background: Blended-learning (BL) radiographic interpretation activities were implemented into the dental hygiene curriculum with the aim of increasing student confidence in interpretation and to address this perceived gap in students' education.

Objective(s): This study assessed senior dental hygiene (DH) students' self-reported confidence in interpreting dental radiographs after the introduction of a BL module for radiology interpretation. Preliminary results were presented at the American Academy of Oral and Maxillofacial Radiology (AAOMR) meeting in 2017. This abstract further describes the effectiveness of this qualitative approach and the subsequent changes that were implemented into the radiology curriculum.

Study Design: In order to capture the context, descriptions, and differences of students' experience and confidence, a qualitative research approach was selected. Data were captured using a semistructured interview process and analyzed using the phenomenographic approach. This method involves researchers coding transcripts of the interviews to determine categories of description (commonalities and their variations) of the participants' various ways of thinking about and describing their experiences. Sixteen students, 5 months from graduation, consented to participate and were interviewed. Blinded transcripts were analyzed by the research team, and the main themes relating to confidence were extracted and arranged into categories. The categories were coded as to how confident (low, medium or high) each of the students felt, specific to varying contexts and complexities of radiographic interpretation. Quotations were extracted to exemplify each category.

Results: The BL module had a positive impact on DH students' confidence in interpretation of radiographic findings. However, when asked about their level of overall confidence in interpreting dental radiographs, the students still did not describe themselves as confident with regard to all potential findings on radiographs at this point in their education.

Discussion/Conclusions: The phenomenographic approach revealed important themes relating to confidence and provided useful insights on the issues and attitudes affecting the students' confidence levels that can inform further course and curriculum development.

Reference

1 McGee P, Reis A. Blended course design: a synthesis of best practices. J Asynchronous Learning Networks. 2012;16:7-19. Available at: http://sloanconsortium.org/jaln/v16n4/blended-course-design-synthesis-best-practices. Accessed November 12, 2017.

A CLINICAL AUDIT TO ASSESS THE QUALITY OF DENTAL RADIOGRAPHIC REPORTS.
I. PURI, I. THAKRAR, J. MAKDISSI. BARTS & THE LONDON SCHOOL OF MEDICINE & DENTISTRY, LONDON, UK

Background: Radiography forms an integral part of dental and maxillofacial practice, but its reporting continues to pose a variety of problems for practitioners. Chief among these are medicolegal complications and the detriment to patient care that arises from a lack of comprehensive record keeping.

Objective(s): This audit objectively assessed the completeness and variation of radiographic reports written by undergraduate dental students from year 2 to year 5, including dental core trainees (DCTs) and consultants. We aimed to provide recommendations enabling higher-quality reporting.

Study Design: Conducted at the Royal London Dental Hospital (UK), 100 radiographic reports were randomly selected for each of the chosen groups, and the data were collected retrospectively using clinical case notes. Based on national and international guidelines, we compiled a list of 10 criteria, against which all reports were judged. The data were recorded in a dichotomous manner for each criterion to minimize ambiguity. Each report was subsequently scored of ten (with equal weighting of each criterion) and the average for the group calculated.

Results: Data analysis revealed that less than 1% of reports met all criteria. On average, 5 criteria were met; however, there exists considerable variation between groups. A slight tendency for more comprehensive reporting with undergraduate seniority was noted, in opposition to a substantial drop at the DCT level and again at the consultant level.

Discussion/Conclusions: The data demonstrate a concerning lack of comprehensive reporting across all groups, especially at the higher-ranking levels. Possible explanations include a reduction in senior input and feedback; awareness of the importance of record keeping; time available for each patient encounter; and knowledge of current guidance and policy. Following these results, we recommend regular auditing of radiographic reports by every department and local publication of updates to guidelines and legislation. Raising awareness of this issue will