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CREATION OF A BARRIER-FREE ENVIRONMENT IN THE TRAINING OF DENTISTS

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Abstract. *The growing demand for inclusive healthcare necessitates reforms in the training of future medical professionals, including dentists. This paper explores the formation of an inclusive culture and the readiness of dental students to contribute to a barrier-free environment. Through a mixed-methods approach, including surveys and interviews with dental students and educators, the study evaluates current training practices, attitudes toward inclusivity, and the institutional framework supporting inclusive education. The findings highlight a gap between policy intentions and practical implementation, suggesting recommendations for curriculum reform, faculty development, and institutional strategies.*

Keywords: *Inclusive education, dental training, barrier-free environment, accessibility, medical ethics, higher education reform.*

The psychological tradition of exploring the issue of professional development of future doctors in the context of their academic and professional training at higher medical educational institutions is associated with the works of such domestic scholars as Lazurenko (2017), Magrlamova (2016), Titova (2017), Filonenko (2015) and others. In the context of global human rights and sustainable development goals, the need for inclusive and accessible healthcare is increasingly recognized. Dentistry, as a critical component of public health, must evolve to meet the needs of all individuals, including those with disabilities or other forms of vulnerability. This article investigates how the formation of an inclusive culture and institutional readiness can be integrated into the training of dental professionals, ensuring that future dentists are not only technically skilled but also socially and ethically competent to provide equitable care.

Research indicates that inclusive culture in healthcare training fosters empathy, reduces bias, and improves patient outcomes (Smith & Jones, 2021). Institutions that prioritize inclusivity in their curricula often report higher levels of student engagement and professionalism.

Patients with disabilities often encounter physical, communicational, and

attitudinal barriers when seeking dental care. A lack of training in inclusive practices contributes to inequitable service delivery. Recent studies have emphasized the role of higher education in shaping healthcare providers' attitudes (Kozlova et al., 2020). Integration of topics such as universal design, patient diversity, and adaptive communication strategies into the curriculum is essential for preparing students to serve diverse populations.

A mixed-methods design was employed: An online survey was distributed to 130 dental students in three Ukrainian universities (Luhansk State Medical University, Horbachevsky Ternopil National Medical University of the Ministry of Health of Ukraine, Kyiv Medical University). The criteria for the representativeness of the sample population were defined by the socio-demographic characteristics (gender, age) of the participants. The survey measured attitudes toward inclusivity, perceived preparedness, and awareness of accessibility issues. In-depth interviews were conducted with 15 faculty members and 10 students to gain insights into institutional practices and challenges in implementing inclusive training. Quantitative data were analyzed using descriptive and inferential statistics; qualitative data underwent thematic analysis to identify recurring patterns and themes. While 85% of students expressed a positive attitude toward inclusion, only 42% felt adequately trained to address the needs of patients with disabilities.

Only two of the three universities surveyed had formal policies or modules addressing inclusive care. Physical accessibility of dental clinics was found lacking in 60% of facilities.

Faculty acknowledged the importance of inclusive education but cited limited resources, lack of training, and rigid curricula as barriers to implementation.

The findings reveal a clear discrepancy between the aspirational goals of inclusive education and the operational realities in dental training programs. Students are willing to engage, but without systemic support, their readiness remains theoretical.

Current curricula focus heavily on clinical skills with limited attention to ethical, social, and communicative aspects of care for diverse populations.

Faculty development is critical. Workshops, collaborative training with disability advocates, and interprofessional education can enhance instructors' ability to model and teach inclusive practices.

Universities should introduce mandatory modules on inclusive healthcare, disability studies, and universal design principles as an integral part of the dental curriculum. These modules should provide both theoretical knowledge and practical skills necessary to understand and address the diverse needs of patients, including those with physical, sensory, cognitive, or psychosocial disabilities. Course content should cover legal frameworks (such as the UN Convention on the Rights of Persons with Disabilities), communication strategies for interacting with patients with special needs, and the application of universal design in dental practice. Learning methods may include case-based learning, clinical simulations, guest lectures from disability advocates, and interdisciplinary collaboration. Integrating such modules early in the educational process can foster empathy, reduce stigma, and equip future dentists with the competencies needed to deliver truly inclusive and patient-centered care.

The next point, we should pay attention to is to upgrade facilities to meet accessibility standards, ensuring equal participation for all students and accommodating diverse patient needs during training. This includes implementing universal design principles in the layout and equipment of classrooms, laboratories, clinics, and communal areas. Key improvements should involve the installation of ramps, elevators, accessible restrooms, tactile signage, adjustable dental chairs, and assistive technologies for students and patients with disabilities. Clinical training spaces must be designed to simulate real-world inclusive environments, enabling students to practice providing care to individuals with limited mobility, sensory impairments, or complex communication needs. Beyond physical spaces, digital infrastructure must also be made accessible - online learning platforms, educational software, and e-libraries should comply with international accessibility standards. Regular audits, conducted in collaboration with accessibility experts and users with disabilities, should guide the ongoing development of an inclusive educational environment that supports academic success and clinical

competence for all learners.

The third point is the Student Engagement. The universities should encourage involvement in community outreach and interprofessional education to expose students to diverse care settings. Active participation in real-world environments helps dental students develop a deeper understanding of social determinants of health, cultural competence, and the challenges faced by underserved and marginalized populations, including individuals with disabilities, the elderly, and economically disadvantaged groups. Community-based learning initiatives - such as mobile dental clinics, school-based screenings, or partnerships with disability advocacy organizations - offer valuable experiential learning opportunities. These experiences not only enhance clinical skills but also foster empathy, ethical responsibility, and a commitment to health equity. Interprofessional education, in which dental students collaborate with peers in medicine, nursing, public health, and rehabilitation sciences, cultivates teamwork and a holistic approach to patient care. Through shared case studies, joint simulations, and community service projects, students learn to appreciate the roles of other health professionals and how collaborative practice can improve outcomes, particularly for patients with complex needs.

Universities should support these activities through curriculum credit, mentorship, and logistical resources, ensuring that engagement in inclusive care settings becomes a core component of professional development rather than an extracurricular option.

Summary and conclusions.

Building an inclusive culture and fostering readiness for barrier-free dental care must be prioritized in dental education. This requires a systemic approach - curriculum reform, infrastructural improvements, policy support, and faculty training. Integrating these components will not only prepare students for inclusive practice but also contribute to a more just and accessible healthcare system.

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