

Social Work and Pediatric Dentistry: Partnering to Serve the Whole Patient

When Karine Nadeau, DDS, an Eastman Dental Pediatric Dentistry Resident, encountered complicated patient circumstances, she sought consultation with Eastman's Social Work Division.

Dr. Nadeau has learned that a dentist's responsibility involves much more than diagnosing and treating a patient's mouth.

"Some issues for families in need and for vulnerable children include barriers to care, language and/or cultural differences, and lack of oral health knowledge," she said. "One of the most difficult challenges we face when treating children is addressing those barriers. Teamwork is very important in dentistry, and collaborating with social work allows us to remove barriers and to be successful in treating children who otherwise would suffer from not being part of a dental home."

The following scenarios describe how the collaboration between Pediatric Dentistry and Social Work has benefited the patients.

Suspected Child Abuse

Dr. Nadeau was called to the ED late one evening when a 13 year-old female presented with an extruded tooth. Dr. Nadeau splinted the tooth, instructing the family to follow up at Eastman Dental due to potential trauma to the nerve. Dr. Nadeau was concerned when the family failed to follow through; in addition, she had a suspicion about the mechanism of injury as reported by the family.

She and EIOH Sr. Social Worker Lenora Colaruotolo discussed the case and strategized how to approach the family. Despite two voice mail messages, the family failed to follow through or confirm the child received follow-up dental care with another dental provider. In light of this, along with the concern that the injury was unlikely the result of a falling object (part of an entertainment center), a report with Child Protective was filed.

The assigned Child Protective caseworker and Colaruotolo worked together to ensure the child received the required dental treatment and the case was closed. In cases where the situation has not been resolved, Child Protective management will remain active with the family, refer the family for ongoing Preventive Services, or take court action if warranted.

Custody Issues

Another case centered around a custodial issue and authority to consent for a 5 year-old child who required oral rehabilitation under general anesthesia in the operating room.

A five year old child required treatment in the OR, but his foster mother, who was also his maternal grandmother, did not have legal custody of the child. Unfortunately when the child presented for his OR appointment, the surgery had to be cancelled because the child's mother and legal guardian was not present to sign consent. Colaruotolo contacted the child's mother, and after explaining the legal ramifications of informed consent, she agreed to be present for and consent to treatment in the OR. The child was successfully treated a couple of weeks later.

Repeated No-Show

In another situation, Dr. Nadeau contacted Social Work about a 10 year-old male with an episodic history of dental care and multiple failed appointments.

Social Work established collateral contacts with the pediatrician and school nurse of the 10 year-old male who had significant treatment needs. Colaruotolo sent written communication to the family requesting they schedule needed restorative dental treatment and to contact her if any barriers existed that would prevent follow up care. The child re-engaged in treatment and successfully completed the next two appointments.

Insurance

Another referral involved a 6 year-old male who presented on emergency without dental insurance.

Colaruotolo spoke with the child's mother, who reported that although she receives insurance through her employer, she did not believe it included dental coverage. The child's mother agreed to follow up with her employer to see if she could add a dental rider; but in case she was unable to secure dental coverage, Colaruotolo gave her information for scheduling an appointment with a Facilitated Enroller for Child Health Plus insurance.

Getting to Know Dr. Nadeau

Why do you want to be a pediatric dentist?

I have always been surrounded by children. I used to teach figure skating to children and then started worked at a summer camp in Vermont during my college and dental school years. Teaching kids and seeing them grow and evolve has always been very close to my heart. During my GPR program in Denver Colorado, I had a 2

month rotation was exposed during a two month rotation in pediatric dentistry. Of all the rotations, those two months were the most interesting and the most fun for me. After finishing my general residency, I practiced in a private general dentistry clinic in Montreal, Canada. My staff noticed that I connected well with children and I started getting referrals from some of my co-workers to treat children. After a trip to Guatemala with Dentists without Borders, where I worked with underprivileged families and children, I realized that I had found my real passion. Working with children and helping them overcome fears and have a positive experience at the dentist became my ultimate goal and desire. I truly believe I followed the right career path.



How did you become interested in dentistry?

During my early teenage years, my dentist referred me to an orthodontist due to a malocclusion problem. My orthodontist was great and transformed my smile. When I compared the before and after pictures, I realized that this profession could really make a positive difference in someone's life. This is when I became interested in

dentistry. People have told me that I'm quite the talker and I enjoyed the idea of interacting with patients, and providing oral health education while providing dental treatment.

Describe your experience with Eastman Dental.

The pediatric dentistry program curriculum at Eastman Dental is well balanced between clinical experience and didactics. We were introduced to many different aspects of dentistry and medicine. Our program allowed us to collaborate with pediatric medicine and the emergency department, allowing us a broad knowledge base in the treatment of the whole child and not just his or her teeth. Throughout these past two years, I have learned from great mentors and have been exposed to a variety of teaching philosophies. The pediatric dentistry program is

also based on teamwork encouraging collaboration of staff, administrators, faculty, social work, and co-residents. I have made significant gains in expanding my knowledge while working with my 12 co-residents. The friendships I made at Eastman Dental helped me grow as a person; I will always cherish those memories.