Social Work and Pediatric Dentistry:
A Collaborative Approach to Health Care

Brent Gill, an Eastman Dental Pediatric Dentistry resident, frequently works closely with Social Work. Dr. Gill was scheduled to provide new patient exams for two of four siblings (6, 5, & 4 year-old girls & an infant son) who were brought to the clinic by their mother. Two of the children had observable bruises under their right eye. While their mother was attending to one of the seated children, Dr. Gill asked his patient what happened to her eye. She quietly reported that it was “from my whoopings” When Dr. Gill inquired who gives her the whooping, the child responded, “my mom.” Dr. Gill involved social work and a report was made to Child Protective Services. The report was assigned to a child protective worker for investigation. Dr. Gill recalls that it was a difficult situation at the time; although he recognized as a mandatory reporter, the children’s safety might be at stake. Many months passed, and he wondered about the outcome.

How did you partner with Social Work to make the child protective report?

Once I was suspicious that there was the possibility of abuse, I contacted our Social Worker, Lenora, right away. We discussed the child’s disclosure and strategized how to approach the case in the most professional, yet sensitive way. Following a conversation with the patient’s mother, we filed a report with Child Protective. We later learned that the report was deemed indicated and closed in Child Protective and referred for ongoing Preventive Services.

Describe your reaction to the family’s return to Eastman for follow up dental care.

Honestly, I was a little surprised to see them, given that mom was not pleased with the discussion regarding suspected physical abuse, during the first visit. However, the affect of the mother and the children was noticeably different. They appeared to be happy and had a better “light” in their eyes, as compared to the previous appointment. They were pleasant during the visit and I was pleased that Mom brought her children back in for follow up dental care. Clearly this family benefited from the preventive services that were provided to them.
Why is the social work component important in dentistry?

Dentistry is more than treating teeth. It is treating people who happen to need help with their teeth. Our patients have many psychosocial issues, many of which can be addressed by social work intervention. Removing barriers to care, providing families with resource and referral information, advocating for vulnerable children, are some of the ways social work collaborates with dentistry in effecting positive outcomes. Social work is an integral component to dentistry and medicine; they are inseparable. Having a social work presence in the dentistry clinic has been valuable in allowing us to take care of the individual and family, not just the teeth.

Why do you want to be a pediatric dentist?

I love treating kids from diagnosis all the way through to treatment. Kids are innocent, curious, and fun. They do not always get to vote on how they receive care so I enjoy being involved in creating a healthier individual and setting them on a more sure foundation of taking care of themselves. The hope is that the can enjoy their childhood without worrying about tooth pain and having them grow up enjoying going to the dentist and recognizing the value of oral health.

How did you become interested in dentistry?

I realized later in life after a previous career as an audiologist, that dentistry was much more suitable to my personality. It allows me to provide dental care for people while allowing me to maintain a sense of balance between professional and personal goals. Dentistry gives me the ability to spend more time with my family.

I have had a great experience during residency. Looking back, I have come a long way in my knowledge of theory and clinical abilities. Eastman offers a balanced approach between didactic and clinical components. I have learned a lot while at Eastman, and I have enjoyed working with fellow residents, faculty and staff.