

ALUMNI NEWS

pediatric dentistry

UNIVERSITY OF WASHINGTON

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Joel Sanderlin and his son Kaleb

TEAM

Social Work

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Cliff Sanderlin photo

Bridging the Gap Bake Sale nets \$369.58 for patient fund

Pediatric Dentistry held a Bridging the Gap bake sale in February to establish an emergency fund to assist patient families with non-clinical needs while at the clinic (parking fees, baby formula, diapers, etc.).

Organized by administrative assistant Amanda Ryan—who baked most of the goodies—the sale earned \$369.58 for the fund to help patient families. “A significant number of Medicaid patient families cannot afford \$6-15 to park at the UW,” said Heather Marks, social worker, “and consequently, children often miss needed appointments. Now we can help in emergencies. The Medical Center has a gift shop to raise patient care funds—we have Amanda and the bake sale.”

Dr. Berg named to new position in SOD

Dr. Joel Berg was named to the new position of Associate Dean for Hospital Affairs at the School of Dentistry. He will meet with senior administrators of hospitals affiliated with the School to determine promising possibilities for improved collaboration. “In this new job, I hope to strengthen the working relationships between the School of Dentistry and the Puget Sound hospital community,” Dr. Berg said.

See the new blog and the Alaskan access-to-care project

Representing the University of Washington, third-year resident Dr. Travis Nelson and Dr. Bea Gandara, Clinical Associate Professor, Oral Medicine, traveled to Alaska for three weeks in April to help develop a project addressing access to care issues in isolated villages above the Arctic Circle. The program is part of New York University’s (NYU) project managed through its department of Global Student Outreach started three years ago with grant funding from the Rasumson Foundation. Dental caries is a major health problem in rural Alaska. The

problem is compounded by an insufficient number of dentists and poor transportation options. Focusing on children in rural Alaska, the NYU team provides care to isolated villages. Three main goals are treatment, education, and sustainability. Previously other dental schools’ faculty, pediatric dentistry residents, and dental students have been partners. “We offered a treatment approach that aims to maintain the oral health status of these children and prevent them from experiencing the dental destruction that their elders have suffered,” said Dr. Nelson.

Dr. Nelson also established a blog called **Word of Mouth** to help share information within the department and with others outside the department. This trip is featured on that blog.

See more photos and the stories on the blog at this address:

<http://www.dental.washington.edu/cpd/>



Dr. Nelson (left) at work in rural Alaska.



Ice fishing before school.



End of the road. at Village of Circle, population: 100. (Travis Nelson photos)

Dr. da Fonseca named Residency Director

MARCIO DA FONSECA, DDS, MS, will be the new Residency Program Director in the Department of Pediatric Dentistry and will start the position in August, 2010. Dr. da Fonseca currently is Clinical Professor of Pediatric Dentistry at The Ohio State University College of Dentistry and Director of Inpatient Dental Care at Nationwide Children's Hospital Columbus, OH.

A native of Brazil, Dr. da Fonseca earned his degree in dentistry from the Federal University of Juiz de Fora in 1987, and did his specialty training in pediatric dentistry at the University of Minnesota in 1991. He went on to complete a fellowship in advanced pediatric dentistry from Denver Children's Hospital and another fellowship in oral medicine at the Fred Hutchinson Cancer Research Center.

He has held other faculty positions at the University of Michigan School of Dentistry and University of California, San Francisco (UCSF), School of Dentistry. His areas of special interest are medical conditions and resulting oral-systemic implications as well as oral manifestations of child abuse and neglect.

In Brazil, Dr. da Fonseca was Director, Section of Pediatric Dentistry, Boldrini Children's Center for Hematologic Research, Campinas and a dentist in general practice at Sindicato Textil, Juiz de Fora.

In 2005 the University of Michigan's School of Dentistry in Ann Arbor presented him with the Lloyd H. Straffon Award for Excellence in Teaching and Mentorship in Pediatric Dentistry.

"Marcio brings the right mix of clinical, teaching, research and administrative skills to do an outstanding job," said Dr. Joel Berg, department chair. "His outstanding leadership skills will augment our program at a critical time."



Dr. Marcio da Fonseca

"Marcio brings the right mix of clinical, teaching, research and administrative skills"

Opening in September 2010!



The next time you read this newsletter, our clinic will be located at our new facility, the Washington Dental Service Building for Early Childhood Oral Health, 6222 NE 74th Street, Seattle.



BUILDING A SOCIAL WORK TEAM

IN THEIR APPROACH to caring for children and their families, pediatric dentistry clinic staff, residents and faculty at the University of Washington have developed into a social work team — call it “Team Social Work.”

Social worker Heather Marks, MSW, emphasizes the clinic team approach to taking care of patient health care needs. By coordinating and communicating with each other, the clinic team is helping low-income families overcome multiple complex barriers to care ranging from cultural and language hurdles to transportation and parking costs.

While social workers have been involved in medical care settings for a hundred years, their involvement is relatively new in dentistry.

“The same social and environmental barriers to care exist in both medical care and dentistry” says Ms. Marks. “It is only logical that pediatric dentistry take a more deliberate approach to getting care for these young people.”

The team includes patient services representatives, dental assistants, clinic manager, residents, faculty, and the social worker. “Everyone working in the clinic has expertise, knowledge and a



connection to the patient or caretaker that can help them receive proper and timely care,” explained Ms. Marks. “It’s our team members’ ability to build a trusting relationship with the patient. And that is the key to success.” Ms. Marks often works with the patient and family to

drive to the car in the parking garage to pay the bill. She said, “One father thanked me for my role in the child’s treatment plan: ‘You cooled

Team members gather information from the patient or caretaker, both formally and informally, to help in assessing issues keeping them away from treatment. The social worker’s role is to discuss strategies with the patient and caretakers and help them navigate the system, internally and externally.

While earning her Masters Degree in Social Work at the UW several years ago, Heather Marks was doing administrative

Patient case #1

Language barrier and difficulty navigating the system

The pediatric clinic patient services representative asked the social worker (Heather Marks) to help the patient’s mother make a phone call to the Department of Social and Health Services (DSHS) about her pediatric dentistry bill. The mother spoke limited English and was very distressed by a bill that she did not understand would actually be covered by Medicaid. The complexity of DSHS policies, combined with the family’s native cultural/language challenges, made it difficult for this single mother to know what to do. In trying to straighten out the situation, she said a state worker derided her for her confusion and poor grasp of the English language, making her feel stupid. Eventually, Ms. Marks helped resolve the problem to the relief of the mother, who later emailed the department chair, Dr. Joel Berg, the following:

“Dear Dr. Berg,

“My son was a patient of the UW Pediatric Dental Clinic last year. Since I am straggler of the English, I have got a big help from the social worker, Heather Marks. I am appreciate for her kindness and patience, and I would like to thanks this organization, I am grateful to have her help me. Thank You!”

Patient case #2

Cultural and language problem

A very nervous and scared four-year-old child needed extensive restorative work, and intravenous sedation to calm her. Her immigrant parents, who were not willing to allow the procedure. The team approach was used by Heather Marks who used a team approach.

Over the next six months, she involved several team members: the patient services representative, a social worker, a pediatrician and nurse, several dental assistants, and a translator in addition to herself.

“The actual time we spent wasn’t much, but the coordination were essential. We listened, we were patient, we found a person to speak with them in their language, we won their trust.”

At the follow-up visit a week later, the child had the procedure: she came in smiling, greeting her dentist and dental assistant.

AM IN PEDIATRIC DENTISTRY

patient and patient's family or be critical in helping a child get timely dental treatment," Ms. Marks. "Communication among staff and with the family is crucial in building a strong relationship with families. It is important to their compliance." Ms. Marks focuses on relationships with the patients when she walks them to their rooms. "The \$15 fee they can't afford. I focus on helping him understand his situation and come down when I was hot."

from the patient and family. Normally, the child's role is to help the dentist. I have to be in the room for a while ago, and I have to be creative



work in the pediatric dentistry department. She realized that 80 percent of the patient families in pediatric dentistry were low income. She learned that the psychosocial problems and other barriers to dental care for many low income families can be overwhelming to the person who is responsible for bringing the child to the clinic.

Armed with her MSW degree, Ms. Marks, social worker, set out to help families overcome some of the barriers to getting good oral health care for their children. In working with children from low income families, she focuses on building trust between patients (and their families) and clinic team members. It all begins by trying to communicate in a non-judgmental and non-threatening manner. When there is trust, families are more likely to seek help when needed. The staff and residents are alerted to the fact that low income families are often dealing with challenges that are more complex than any they have faced personally. This leads to a willingness to be flexible and understanding in areas such as finding appointment times that work for the family.



Patient case #3

Lack of resources: Parking, transportation

A 13-year-old male and his mother were stuck in two traffic jams driving from Bothell to the clinic, taking more than an hour. The clinic line was busy.

The frantic mother called the social worker and explained she was stuck in traffic on 25th Avenue near the clinic and was late for his 3 p.m. appointment. Her car was overheating, and she had no money for parking. At Ms. Marks' suggestion, the mom dropped off her son on Pacific Avenue and he sprinted the rest of the way to the clinic.

Social worker Marks notified the clinic to find he was too late and had missed his appointment. She explained it would be a hardship for the family if the appointment had to be rescheduled – they would have to go through this again. The clinic rallied and pulled together the resources and completed the two-hour appointment.

The social worker kept in touch with the mom who parked on the street and remained with her car.

blems

Old girl with limited English needed conscious (IV) sedation would be needed who spoke limited English, were not attending faculty member called Ms.

and nearly a dozen pediatric dentistry residents, a resident, the child's pediatrician, and the clinic manager, in addition

to the child, but good communication and collaboration learned about the family's real fears, their native language, and eventually

The patient's attitude had turned 180 degrees and staff in English and asking to see

We welcome 6 new residents in June



Avenetti



Dinh



Mitchell



Onwuka



Stout



Zane

DR. DAVID AVENETTI has extensive leadership, teaching, research and professional service experience. As a dental student at UCLA, he was president of the UCLA ASDA chapter and recognized as the 2009 National Delegate of the Year. He taught the Basic Dental Principles Course given to pre-dental students and conducted an educational research project to present at the 2009 AAPD Annual Meeting. Dr. Avenetti's volunteer activities include coordinating volunteers for the UCLA-USC mobile clinics and providing dental screenings and oral hygiene instruction in Los Angeles schools. He graduates this June.

DR. ANH MAI DINH, who will graduate from University of California, San Francisco's School of Dentistry this June, is the first dental student at UCSF to receive the Albert Schweitzer Fellowship – a prestigious community service award. Her leadership positions in the school include Outreach Chair for the UCSF Society of Pediatric Dentistry and Legislative Liaison for the UCSF ASDA chapter. Her main interest lies in working with children who have special needs. She has contributed time to SNAP – the Special Needs Aquatic Program.

DR. JONATHAN MITCHELL is from South Carolina where he has worked in a pediatric dentistry practice for the last two years. He entered the Medical University of South Carolina's dental school with a background in history and biology and two years of experience as a research technician. In dental school, he opted for the dual degree DMD/PhD program where his research focused on craniofacial development. After completing the pediatric residency program, he hopes to be associated with an academic institution and have an opportunity to teach and participate in clinical/basic science research projects.

DR. CHIOMA ONWUKA comes from the UCLA dental school where she was president of the UCLA chapter of the AAPD and class representative to ADEA. She was one of 10 students selected to participate in the UCLA exchange program with Asahi and Meikai University dental schools in Japan. She received several academic awards and is active in community service projects – both as an organizer and a healthcare provider. Her research in awareness of oral health and potential negative pregnancy outcomes for expectant mothers underscores her professional goal of providing education and preventive care to mitigate oral disease.

DR. JOE STOUT graduates from the University of Washington's School of Dentistry in June. He has had extensive volunteer experience during his time in dental school – with Husky Smiles, various health fairs, and the 45th St. Clinic for homeless teens. In addition, Dr. Stout has a long-time interest in working with people with special needs. Before dental school he volunteered in a dental clinic for developmentally disabled adults and during dental school he has had several volunteer experience with DECOD in their clinic and in their mobile van. He has earned several honors and awards for academic scholarship and research.

DR. TANNER ZANE comes to us from the University of California, San Francisco's School of Dentistry where he will graduate this June. As an undergraduate at UC Berkeley, he volunteered as a dental assistant at the Berkeley Free Clinic. He volunteered throughout dental school and created CalSmiles, an innovative student-organized oral health education program for disadvantaged high school students to learn about careers in the dental profession. For his exemplary service, he was awarded the Albert Schweitzer Fellowship in 2008. He is president of the UCSF Student Society of Pediatric Dentistry and received commendations for his outstanding academic performance.

WE SALUTE OUR DONORS FOR 2009!

Thank you to all the wonderful donors in 2009 who supported the Department of Pediatric Dentistry programs to promote oral health in children

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Every effort was made to compile an accurate list. We sincerely apologize for any oversight. Please contact the SOD Development Department with any corrections by calling 206-685-9350 or 1-800-550-2977.

Domoto Fund receives \$30,000 from Beverly J. Jewell foundation

The compassion, curiosity, and legwork of a Richland man has resulted in a \$30,000 gift to the Peter K. Domoto Fund for Children's Oral Health in Pediatric Dentistry at the University of Washington. The contribution is from The Beverly J. Jewell Memorial Foundation in Richland, WA, which provides grants for children's health.

Moved by an article in the Yakima Herald about the lack of access to dental care for children of local farm workers, Foundation member and brother of Beverly J. Jewell, Earl Moore, asked his Richland dentist how he could help. His dentist, an alumnus of the University of Washington School of Dentistry, knew of the Peter K. Domoto Fund at the UW.

The Domoto Fund of the UW Pediatric Dentistry Clinic, created in honor of the former department chair, is intended to cover costs of dental care at the UW Pediatric Dentistry Clinic for uninsured or underinsured children who are not covered by Medicaid. Treatment provides important educational opportunities for residents in pediatric dentistry. The children are referred to UW Pediatric Dentistry by community resources. The care provided to children under this program improves their overall health and, in some cases, can save lives by preventing complications. The program also benefits dental residents and dental students by giving them experience with patients from a broad spectrum of backgrounds and oral health conditions.

"We are so pleased to receive this generous gift. It continues the work of Dr. Domoto, who is well known and respected throughout Washington State and across the nation for his work in seeking ways to promote oral health in young, underserved populations," said Linda Yedlin, department administrator.



Dr. Joel Berg

WE ARE EXCITED TO HAVE DR. MARCIO DA FONSECA join our department as director of our residency program. Dr. da Fonseca will bring the set of experiences and skills we need for our program.

His interests focus on children with special health care needs and implications for their oral health, and he is recognized as an expert on oral manifestations of child abuse and neglect. He is committed to improving children's lives as he has demonstrated in all of the places he has lived and worked, whether in his native Brazil or in Washington state. He has a strong interest in the culture of poverty and its influence on access to care. In addition, he has completed several studies identifying the factors and program characteristics that influence the program ranking decisions of applicants. We are grateful to have "enticed" Dr. da Fonseca away from Ohio State University. He is also a wonderful person whom I hope all of you have a chance to meet.

I also want to acknowledge the great work of Dr. Joseph Kelly currently serving as interim residency program director until Dr. da Fonseca arrives in August. He has provided steady leadership as interim director in addition to his regular position as clinic chief at Seattle Children's – a position he will assume with additional responsibilities when our new facility opens in September. With many years of experience managing various aspects of dental care delivery, Dr. Kelly is a consummate operations leader. He is careful in his analysis and equally responsive in his execution. We are honored and grateful for the impact he will continue to make on us all.

I could go on with more accolades to describe the large team of passionate experts who make great things happen. Our dedicated staff is unequalled in its pursuit of what is best and what is right. Each day, they come to work and ask how things can be better for the care children receive here. As our esteemed colleague Dr. Paul Casamassimo says, "good care delivery is good education." This mantra describes how we will simultaneously launch the biggest and most comprehensive pediatric dental clinic while strengthening our residency program and the training it provides.

Watch for innovative approaches to teaching pediatric dentistry to our dental students and residents while maintaining our focus on providing quality care to our patients.

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