Paediatric dentistry and the dental team

In the second of our series of articles focusing on specific areas of dentistry, **Shaadi Manouchehri**¹ considers the complete team approach to child patient management.

Optimal holistic care

We often hear about four-handed dentistry. To me, that seems like an underestimation of reality. There is no doubt that coordination between a clinician and their assistant is essential for providing optimal care for the patient. However, we must also consider the complete team approach to patient management. As dentists and dental care professionals (DCPs), we all have a role to play in providing optimal holistic patient care.

This is particularly true for paediatric patients. Children are typically more impressionable than adults, and experiences seem to stay with them for much longer than we might expect. Therefore, we must collectively ensure that we look after our patients and attempt to provide them with an experience that is memorable for all the right reasons.

I personally have fond memories of my childhood visits to the dentist. I remember a warm and friendly welcome at reception, a fun stay at the waiting room followed by a kind and caring dentist and dental nurse. I also remember looking forward to being rewarded with a shiny pink sticker at the end of every visit. In fact, my choice of career was largely influenced by my positive experiences as a child. Therefore, I make a conscious

effort every day to provide my patients with a similar experience.

It is fair to say that most of the children I see at the paediatric unit are anxious to varying degrees. There are various factors that seem to affect a child's level of anxiety, such as age, previous dental experience and maternal attitude to dentistry - to name a few. Children with learning disabilities, medically compromised patients and the very young present some of the most challenging scenarios. In these cases, it is important to recognise our limitations and seek assistance from the appropriate specialists in the best interests of the patient.

Welcome

First impressions are extremely important. A child-friendly reception area can set the

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mood and make a considerable contribution to putting the patient at ease. A play area, cartoons playing on a TV screen and colouring pencils are simple additions which can make all the difference. A warm and welcoming reception team with a positive attitude would also help the patients be more at ease. This introduction can make-or-break the consultation prior to the clinician ever being involved and, in turn provide the foundation on which the clinical team can build on.

The dental nurse would then call the patient in and establish rapport en route to the surgery where they meet the clinician. Following introductions, I often find that paying them a compliment, whether it is their light-up glittery shoes or a Batman hoodie, does wonders for making them smile and putting them at ease.

Now we come to the consultation itself, and the key here is positive reinforcement. It is fair to say that between us at the paediatric unit, we are never short of stickers. From the dentist to the dental nurse to radiographer, we are all fully loaded with stickers and always ready to provide positive reinforcement,

which has proved very effective in progressing the consultation.

Treatment and behaviour management

When it comes to the treatment itself, the consultation becomes more challenging as the children are understandably more apprehensive. I find that distraction techniques work quite well during treatment and with my nurse, we tend to work in synergy to provide the distraction. It is here that four-handed dentistry really comes into play. I try my best to multitask the procedure and the distraction simultaneously. However, at times when I am concentrating on a particularly complex clinical procedure, my nurse will step in and take over the distraction.

Most children seem to prefer the tell-show-do approach to treatment, but it may be advisable to remain discreet with certain dental instruments such as local anaesthetic needles, drills and the more visually 'scary looking' appliances. Perhaps consider passing these between assistant and clinician out of direct patient view.

Oral health educators and dental hygienists

are key members in the team approach to paediatric dentistry. A significant number of children are undergoing oral rehabilitation under general anaesthesia for treatment of caries, which, as we are all aware, is largely a preventable disease. Ensuring prevention advice is effectively delivered to children and their families is a crucial step in raising awareness to hopefully reduce the need for undergoing such extensive treatment at a young age. Establishing a solid foundation could also lead to improved oral health in adult life.

Conclusion

By working as a team we can provide optimal care for our paediatric patients without causing

any undue stress or discomfort. By adopting the right approach we can manage the patient's concerns in a number of ways and reduce the difficulty of particularly challenging cases. In doing so, we not only set the tone for future consultations but may improve our patients' entire future of oral health behaviour. We might even add to the future generation of dental health professionals!

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