

Dental Student–Delivered Care at a Student–Faculty Collaborative Clinic in a Correctional Facility

 See also Borrell, p. S6.

People experiencing incarceration are uniquely vulnerable to poor health, including oral health. We implemented a dental clinic in a city jail in tandem with medical and mental health care. Students deliver dental care with a supervising dentist. Students also provide patient oral health education and train other students to conduct oral screenings. Dental students are exposed to correctional dentistry, and health professions students acquire oral health skills. All students learn about the unique needs of patients experiencing incarceration.

INTERVENTION

We describe creating a team of dental students and faculty to provide services to patients experiencing incarceration as part of a unique clinic at a city jail. Our objective was to integrate dental services and oral health training for health professions students into this setting.

PLACE AND TIME

The dental team began providing care one evening a week in October 2015 and continues

to operate at the Suffolk County Jail in Boston, Massachusetts.

PERSON

The Suffolk County Jail is a 650-bed men's facility in downtown Boston that houses a predominantly pretrial population. Our intervention serves as a supplementary source of dental services for the many patients at the jail who require dental treatment.

PURPOSE

The purpose of the intervention was threefold: first, to expose dental students to the correctional setting and the impact of incarceration on health; second, to increase interdisciplinary training of health professions students, including oral health training; and third, to increase availability of dental services for patients (Figure 1).

IMPLEMENTATION

The Crimson Care Collaborative, composed of students and faculty from several Boston health professions schools, operates a weekly evening clinic at the

Suffolk County Jail. Initially consisting of a medical team, the clinic has since expanded to provide primary medical, dental, and mental health services to patients with chronic health conditions under the supervision of an attending internist, dentist, and psychiatrist. An education team provides health education in various jail units, and a health insurance team assists patients with Medicaid enrollment before discharge. Dental, medical, nurse practitioner, physician assistant, and undergraduate students participate on both the education and health insurance teams. A student leadership board and faculty mentors jointly run the clinic. Volunteers who have chosen to dedicate their time to the clinic fulfill all student roles.

Both the medical and dental teams are composed of a student in their clinical years of study (the

“senior clinician”) assisted by a preclinical student (the “integrated clinician”). Interested students apply through a central electronic application and are selected by the student leadership. All volunteers attend a mandatory training session administered by the students and the attending clinicians, which provides an overview of the US justice system, the structure of the clinic, and role-specific expectations.

During each clinic session, the attending dentist selects a patient from the triage list used by all dental providers in the jail's electronic health record. Nursing staff generate the list on the basis of severity of dental need. The patient and a correctional officer arrive at the dental clinic, and the patient verbally consents to treatment by students. Although no patients have opted out, any patient who did would be seen the following morning by a staff dentist.

The senior clinician (third- or fourth-year dental student) and the integrated clinician (first- or second-year dental student) conduct a comprehensive history and examination to develop a problem-focused treatment plan with the patient. The team,

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FIGURE 1—A Senior Dental Clinician Trains a Medical Resident to Administer Dental Anesthesia on the Attending Dentist

patient, and attending dentist discuss the plan together, and the attending dentist directly supervises treatment provided by the senior clinician. Students also provide oral hygiene

instruction and guidance on locating a community dental home upon release. The dental operatory is colocated with all medical services, and all health professions students participate in

a huddle at the start and close of clinic and may obtain immediate consultation with other health fields during patient encounters.

Patients can access multiple services on the same evening, and students can observe care provided by the other teams (e.g., medical students may observe a tooth extraction, and dental students may observe a dermatologic work-up). Clinic workflow is portrayed in Figure 2. Both genders are represented among participants; eight of 14 dental volunteers are women.

However, the jail setting poses numerous challenges to a successful dental clinic. All student volunteers must have security clearance before participating. Additionally, the jail population is particularly transient because most individuals are undergoing court processes and may be either sentenced or released, making the establishment of a dental home either at the jail or in the community very difficult. Patients are often released unexpectedly after a court date, so providing dental resources upon release may not be possible. We have established a relationship with the dental center at the Harvard School of Dental Medicine so that patients may have dental appointments scheduled during the discharge planning process to allow greater continuity of care. We are also seeking collaboration with community-based programs to

ADVERSE EFFECTS AND LIMITATIONS

The launch of dental services in our student clinic has been met with enthusiasm from students, detainees, and jail staff.

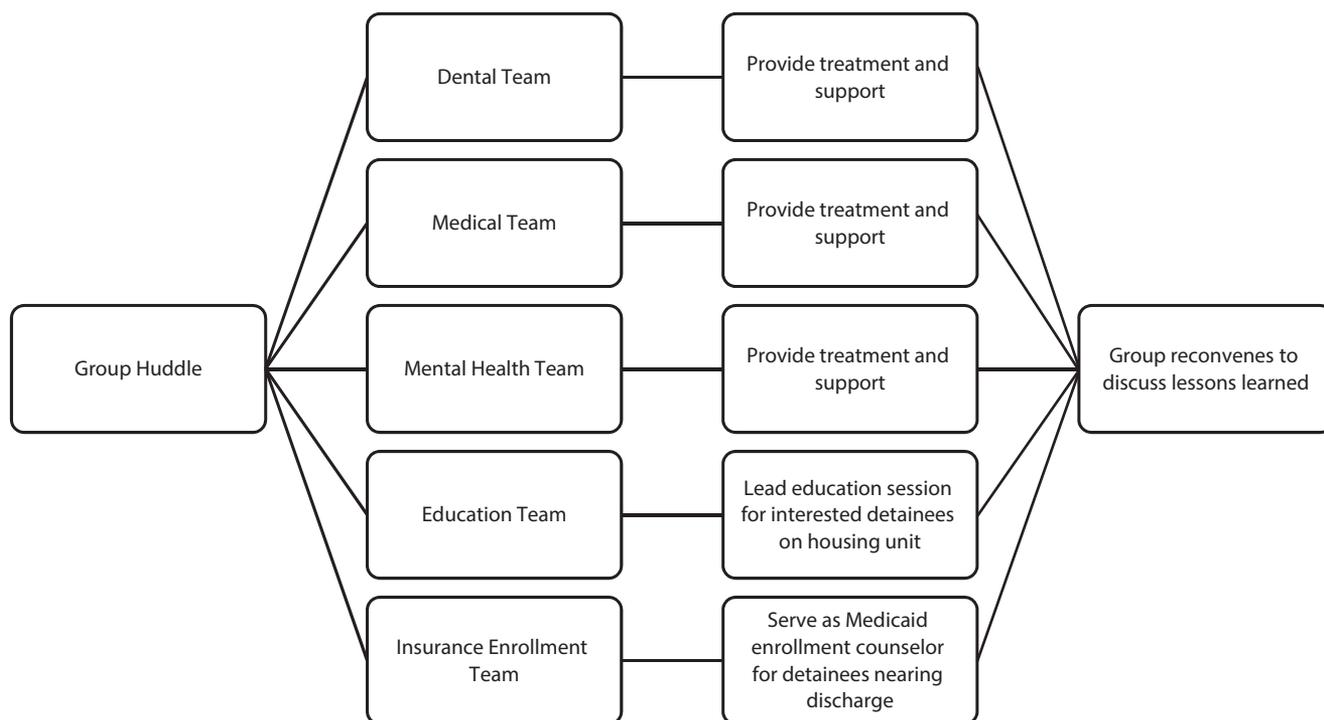


FIGURE 2—Interdisciplinary Clinic Workflow: Suffolk County Jail, Boston, MA

improve transitions to care when patients reenter the community.

The jail's dental infrastructure is tailored to short-term palliative dental care. Patients are often diagnosed with extensive dental disease upon admission to the jail, resulting in a high number of patients with urgent needs. Combined with the high rate of turnover in the jail's population, this leads to high demand for dental treatment. As a result, dental treatment is problem-focused rather than prevention focused.

SUSTAINABILITY

The program is extremely popular with dental student volunteers as well as other health professions students; as the attending dentist is a salaried employee of the jail, the intervention is sustainable without additional funding. As the second year of clinic operations concludes, we plan to evaluate the impact of the integrated clinic structure on the interprofessional attitudes of student volunteers and to continue monitoring the future career trajectory of dental student participants. We hope to develop more robust infrastructure to support patients as they transition into the community, including care navigation to obtain a medical and dental home. We are fortunate to work with a progressive sheriff's department that is committed to training future health care providers with correctional health experience.

PUBLIC HEALTH SIGNIFICANCE

More than 2.1 million Americans are currently

incarcerated, and people of color and low-income people are disproportionately affected.¹ In addition to other chronic health conditions, such as cardiovascular disease and substance use disorder, justice-involved individuals are significantly more likely to have untreated dental disease.² Although correctional facilities must provide dental treatment, the depth of oral health needs makes resolution of all oral disease in the correctional setting challenging, and dental needs often remain unmet when individuals return to the community.^{3,4} In addition to pain and discomfort, individuals may suffer social and economic consequences from poor dentition.

Dentists who work with vulnerable groups during training are more likely to practice in these communities.⁵ Students exposed to correctional health care during training gain awareness of complex social determinants of health and the health care experience of marginalized groups.⁶ Considering the high rate of dental need in jail and prison populations, dental trainees also have the opportunity to improve clinical outcomes for patients at high risk of poor oral health.⁷

Our interdisciplinary team of students, dentists, and physicians provide dental services as part of an innovative student-faculty collaborative clinic in a city jail. Students from multiple health professions are able to collaborate in patient care and develop skills in oral health, such as dental anesthesia and oral cancer screening. To our knowledge, this is the first collaboration of its kind involving student-delivered medical, dental, and mental health care in the correctional setting. **AJPH**

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L. Simon is the attending dentist at the clinic and was responsible for implementing the program and writing the article. L. Simon, D. Beckmann, and M. Tobey provided education and training to volunteers. K. Sue founded the medical clinic. K. Sue, R. Williams, D. Beckmann, M. Tobey, and M. Cohen edited the article. R. Williams and M. Cohen provided administrative support to students and faculty. D. Beckmann is the attending psychiatrist at the clinic. M. Tobey is the attending physician at the clinic. M. Cohen is the medical director for the clinic network of which our clinic is part and provided mentorship to students and faculty of the clinic.

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HUMAN PARTICIPANT PROTECTION

Institutional review board approval was not necessary because no human participants were involved in this descriptive work.

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