Free Article

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Dr. Madalina Trofin

Madalina Trofin is a young and enthusiastic orthodontist from Romania. She is well known in her mother country, having won awards for the most successful woman at the celebrities gala and appeared on magazine covers. Dr. Trofin works with all modern techniques in orthodontics (Incognito lingual brackets, Invisalign, orthodontic implants) and she has a campaign called ‘braces are cool’. She also ran for 3 years at marathons for the Cancer Research foundation in London.
Here is an interview with Dr. Madalina Trofin:

1. What is your journey as an orthodontist so far?
I started this journey thinking that it was going to be a straight-forward road, but to my surprise, I had to face many bumps and side-ways. Being a woman in the medical field, was not and will never be an easy thing to do, especially when you want to be one of the best in your profession, but you also want to accomplish your personal dreams, like family and children.

2. What was life after graduation for you regarding the beginning of your career?
Right after I graduated, I went into the 3 years orthodontic post-graduate program, but I was also working in the private practice. It was very difficult for me to keep the pace, especially after I had my daughter, but I was lucky enough to always work in multidisciplinary teams, alongside periodontists, prosthodontists, implantologists and surgeons. By working with them, I discovered how much difference can an interdisciplinary approach make, in order to obtain the best possible result for a patient. That was when I decided to work harder on adult orthodontics, and I started to specialize in this field. I started to use skeletal anchorage a lot, and improved my global perspective of the treatment plans.

3. What are the main reasons that keep you moving forward and become a better orthodontist?
I strongly believe, and this is something that I’ve been saying a lot in my presentations, that the way we do our work speaks not only for the type of doctors that we are, but for the type of persons that we are and for the type of character that we have. I work hard not only to become a better orthodontist, but to be a better person, to set a standard and be an example for my daughter, and perhaps, for other clinicians, too.

4. What failures did you face? How to solve them with appropriate solution?
While working in multidisciplinary teams and treating a large number of patients, we sometimes, did not have the possibility to keep track with them, as they left for other disciplines. So we came to the point that we need a leader, or a person to keep us updated with the evolution of our global treatment plan, in other words, to make sure that “the right hand knows what the left hand is doing”. Being always updated with the situation of your patient, even when he is treated in other discipline, is the key to avoid mistakes or errors in the treatment plan.

5. What was the key motivation for running for Cancer Research? Do you also have other volunteering/ fundraising plans for the future?
We live in times when cancer affects at least one person, in everyone’s circle of friends or family. It is not only about the people that die of cancer, it is also about the people that survive cancer, and how their lives are changed forever. As I was wondering why there isn’t a cure yet, and how come medicine is so evolved, but there is still no answer for so many questions, I decided that I had to do my part, even if it was so little I could do. I thought about raising awareness and also money for cancer research, and since I was already running, as a hobby, I thought this was my role to play. I looked for a running event and turned out that there were so many foundations that organize running events, every year, for cancer research. This year (2019) was my 3rd year in a row, that I was running in London, the 10 km winter run, and doing the little I could, playing my small role. I am also planning to volunteer in Nepal, as a dentist for children, in November, this year. Orthodontics brings me so much satisfaction, but I think we would all live in a better world, if somehow, everybody would give something back to the communities, no matter how little.

6. Since orthodontics evolved a lot during the past years, can you tell us what do you find to be the most innovative technique to use at the moment and why?
The technique we use nowadays is still the “straight-wire” technique, even though there is an increase in the number of devices and techniques from a growing variety of companies. But what has changed, in the past decade, is the number of adult patients seeking orthodontic treatment, for various reasons, to the point that most orthodontists treat now more adult patients than children. However, despite its rapid rise, adult pathology can be easily treated, especially when working in multidisciplinary teams. Also, nowadays, it is so important to being able to give our patients treatment options, as so many of them have their minds set on aesthetic or invisible appliances. Every orthodontist is free to provide the services he wants and knows how to manage, while me, personally, I prefer to practice my job in the most aesthetic and clean manner as possible. From a practical standpoint, I believe the digital era is rising in the orthodontic field, also, and it is easier now to scan and print our models, to plan our objective and even make our own appliances.

7. Any advice you would like to give to the next generation of dental students?
My advice for young dentists and students is to keep working hard and to be passionate about this beautiful field that we work in, and to remember that success is not measured in how much money one makes, but in the way one influences other people’s lives and changes them for the better.

To keep up with the latest updates and clinical cases, you can follow Dr. Madalina Trofin on:

Facebook: Dr. Madalina Trofin
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There are some techniques in Behaviour Management of children in the dental clinic:

A- Universally accepted techniques
B- Controversial techniques (not universally accepted)

A- Universally accepted techniques:
1. Desensitization
2. Tell-show-do
3. Modelling
4. Reinforcement
5. Voice control

a. Desensitization: It is traditionally used with a child who is already anxious about the dental situation, its objectives are:
   1- To help the child overcome dental anxieties.

2- To expose the child to a graduated-series of potentially anxiety-inducing experiences.

Indication: May be used with all child patients.

b- Tell-show-do technique: Closely aligned with desensitization, this is a method of introducing child patients to a procedure in a stepwise fashion. Its objectives:

1- To allow the child to learn about and understand dental procedures in a way that minimizes anxiety.

2- Used with rewards, to gradually shape the child’s behaviour towards acceptance of more invasive procedures.

Indication: May be used with all patients. Can be used to deal with pre-existing anxieties and fears, or with patients facing dentistry for the first time.
There are some techniques in behavioural management of children in the dental clinic:

A- Universally accepted techniques:
1. Desensitization
2. Tell-show-do
3. Modelling
4. Reinforcement
5. Voice control

   a- Desensitization:
   It is traditionally used with a child who is already anxious about the dental situation. Its objectives:
   1- To help the child overcome dental anxiety.
   
   c- Modelling:
   The method that allows the child to observe one individual who demonstrates appropriate behaviour in the dental setting. Its objectives:
   1- To reduce anxiety in a child with previous experience.
   2- To introduce a child to dentistry.
   Indication: Introduction of a child to new procedures and reduction of anxiety. Appropriate-filmed modelling can be an economical approach, not requiring extensive chair side time.

   d- Reinforcement:
   This technique is useful for children who can clearly identify their fear and who can verbally communicate. Its objectives:
   1- To strengthen desired behaviours.
   Indication: Can be used with all patients.
   
   We have two types of reinforcement:
   1- Positive reinforcement: presentation of reinforcements which increases the frequency of desired behaviour.
   2- Negative reinforcement: withdrawal of reinforcements which increases the frequency of desired behaviour.

   e- Voice control:
   Changes in the tone and loudness of speech have long been used in pediatric dentistry. Its objectives:
   1- To control disruptive behaviour.
   2- To gain the child’s attention.
   Indication: Can be used with all patients.

B- Controversial Techniques (not universally accepted):

   a- Restraint:
   Restraint in the dental setting is the act of physically limiting the body movements of the child in order to facilitate dental procedures and to decrease possible injuries to the child and/or dentist.
   
   Indications:
   1- It should only be used when absolutely necessary.
   2- The least restrictive alternative should be chosen.
   3- It should not be used as a punishment.
   4- It should not be used solely for the convenience of the dental team.
   5- Staff should closely monitor its use.
   
   Objectives:
   1- Restraint is used to control unwanted physical movement of the child, both to facilitate treatment and also to prevent harm to the child and dental staff.

   b- Hand-over-mouth:
   is used to establish communication between dentist and a hysterical child or one who is having a tantrum.
   
   Contra-indications: it is totally contraindicated in any child whose mental capacity and command of language means that effective communication would be impossible.

References: