

Introduction to Dental Assistant

Ø History of dental assistant:

History of dentistry is divided into, early times and renaissance.

1. Early times:

The Egyptians – the Greeks – the Romans.

2. Renaissance:

Renaissance achievement was separation of dentistry from theology and superstition.

3. Educational and professional development in United states:

a. Women enter the profession: in the middle of the eighteenth century.

b. Dental accreditation: American dental association (ADA) is the association that gives the dental accreditation.

Ø Professional dental assistant:

1. Characteristics of professional dental assistant:

a. Professional appearance: good health - good grooming - appropriate dress.

b. Knowledge & skills: should have administrative & clinical skills.

2. Many roles of dental assistant:

a. Chairside dental assistant: work with dentist directly in treatment area providing four hand technique services.

b. Expanded function dental assistant: have additional training to perform intraoral functions.

c. Administrative dental assistant: greeting patient, answer the telephone & performs management.

3. Team work:

Dedication – responsibility & initiative – confidentiality – personal qualities.

4. Professional organizations:

American dental assistants association – dental assisting national board – specialty certification.

Ø Dental health care team:

1. Dentist or dental specialist:

Responsible for the treatment of the patients.

2. Clinical dental assistant:

Chairside assistant – circulating assistant.

3. Expanded function dental assistant.

4. Dental hygienist:

Charts oral cavity conditions, dental prophylaxis & radiographs.

5. Business assistant:

Greeting patient, answer the telephone & performs management.

6. Dental laboratory technician:

Performs only extraoral work.

7. Sterilization dental assistant:

Responsible for infection control.

8. ADA divide dentistry into nine branches:

- a. Dental public health.
- b. Oral maxillo-facial radiology.
- c. Oral & maxillo-facial surgery.
- d. Oral pathology.
- e. Orthodontics.
- f. Pediatric dentistry.
- g. Periodontics.
- h. Prosthodontics.

9. Registration and education of dental team:

- a. Dental assistant minimal education is one academic year.
- b. Dental hygienist minimal education is two academic years.
- c. Dental technician not require to have formal education or have ADA accredited programs for two years.

Ø Dental ethics:

It organizes the relationship between patient and dental team.

1. Basic principles of ethics:

Self determination – avoidance of harm – promotion of well-being
– regard for justice.

2. Professional code of ethics.

3. Ethics versus law:

Legal issues are settled by using laws & court decisions, ethical issues are subject to individual interpretation.

4. Sources of ethics:

Basic instinct – parents – teachers – religion – people behavior.

5. Solving ethical dilemmas:

- a. Identify the alternative.
- b. Determine the professional implications.
- c. Rank the alternative.
- d. Choose a course of action.

Ø Dentistry & the law:

1. Expanded functions & supervision.

2. Expanded functions delegated qualified dental assistants.

3. Dentist patient relationship:

Dentist duty of care to patient are:

- a. Maintain confidence.
- b. Use skills.
- c. Drugs.
- d. Material for patient service.
- e. Use precautions.
- f. Obtain and up date medical and dental history.

4. Categories of law:

Criminal law - civil law.

5. Contracts:

It must be between two competent people.

6. Torts:

Wrongful act that results in injury of a person by another.

7. Malpractice:

Avoiding malpractice lawsuit:

- a. Silence is golden.
- b. Patient consent.
- c. Informed refusal.
- d. Exceptions to disclosure.

8. Clinical situation that require written informed consent:

- a. New drugs are used.
- b. Experimentation.
- c. Patients photograph is used.
- d. General anesthetic.
- e. Minors used in public program.
- f. Treatment take more than year.

Ø Patient records:

1. Guidelines for charting entries in clinical records:

- a. Keep a separate for each patient.
- b. Do not include business.
- c. Better too much than too little.
- d. Make chart during patient visit.
- e. Write legibly.
- f. Chart should be sufficiently complete.