The dental hygienist in the dental office

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Summary

In the OMS classification, oro-dental diseases are situated in the third place as frequency. This shows us that dentistry has to make efforts in order to meliorate this condition.

For reaching this point, preventive measures have to become a priority.

The patients have to be educated in the direction of developing certain skills, obtained by individual education.

Dental hygienist instructed in this direction has become a "key factor" in the efficiency and the proper management of a dental office.

Introduction

Over the years the experience has shown that only efficiency and the dentist's technical skills alone in managing the dental treatment are not enough. Is has become imperative to bring "other two hands" for improving dental assistance. Not only the gain in time but the performance of the "dental team" has become more efficient. The supportive help and implication of an educated dental hygienist showed that nothing is more important than the satisfaction of well-done work.

This presentation is about the importance of the dental hygienist in dental practice (in every day activities of a dental office) and it is also about the importance of the dental hygienist in the process of educating and informing the population.

The dental hygienist takes over the patient, than he completes the prophylactic file, after which he carries out the professional hygiene measures and decides the prophylactic program.

The dentist identifies the pathology, establishes the diagnosis and the treatment plan and after that accomplishes the proper treatment.

The dental hygienist represents the connection between the dentist and the patient.

He plays an important role in the relationship between dentist and dental hygienist and also between dental hygienist and the patient.

Because of the existence of the dental hygienist, the dentist need not repeat over and over again certain activities in dental office; these activities have been taken over by the hygienist who can substitute the dentist very well (the dental hygienist takes over the patient from the first dental appointment. He

has to select a patient with proper oral cavity, educated from the dental point of view). The presence of the dental hygienist also increases the efficiency of the "team work"

The dentist-dental hygienist team has the responsibility of ensuring "clean" oral cavity so that the dentist can observe and evaluate the health of the teeth and of the oral cavity. The dental hygienist assesses the patient's status, discovers the negative aspects in the patient's behavior and tries to improve the attitude toward dental check-ups.

The dental hygienist ensures and sustains with pertinent arguments the motivation of the patient for dental treatment.

Finally, the dentist controls the evolution of pathology, corrects the treatment plan if it is necessary and settles the conclusions.

The team gains the patient's trust.

The instructions for the patients, in order to obtain optimal conditions of the oral health (concerning personal oral hygiene) are part of the responsibilities of the dental hygienist, but only in the circumstances in which the following demands are observed: the dental hygienist has to have the education and the training to do so, the dental hygienist has to keep constant and efficient communication with the patient.

Together, the dentist and the dental hygienist have to become a team taking full responsibility of the dental treatment.

The dentist has the responsibility to establish the diagnosis and the proper treatment.

The dental hygienist has the responsibility to establish and develop the prophylactic program.

The phases of the prophylactic program

At the first appointment, the personal data files are registered; the personal and family disease history, complementary exams; the presence and the severity of the disease and the possible existence of the predisposing factors have to be identified.

In the second phase, information concerning the patient is recorded: the educational level, occupation, social-economical status, attitudes concerning oro-dental aspects, and physical and mental disorders.

In the third phase, the presentation of the information and the demonstration of preventive techniques and the methods of evaluation are performed.

In the forth phase, the dental hygienist completes personal hygiene with scaling and professional tooth brushing, application of the topical agents for preventing dental caries, sealing and information about diet.

The fifth phase has to assess:

- the marginal periodontium, by calculating the periodontal indices,
- the dental plaque, by establishing plaque indices,
- the corrective activities in the situation when initial tasks are not achieved.

The sixth phase consists of periodic evaluation in order to monitor the efficiency of prophylactic activities and also to ensure supplementary measures when necessary.

The education of the patient

An essential part of the preventive program is the instruction of the patient; this contributes to the knowledge of the attitudes of each person. With the help of each individual the messages become familiar to every person from the community. Education means giving information concerning dental health in a way that could be applied. It has to be adapted to each individual needs.

The dental hygienist has to present his information in a way that reaches out the different age groups (children, adults, old people), certain social categories including children in normal schools and institutionalized children, adults with different social standards, with different risks - healthy patients, patients with different diseases (acute or chronic phase) and the pregnant women. The dental hygienist has to be prepared to explain and to justify the importance of dental education

and the dental hygienist also has to make him understood by all these categories. The objectives of dental education in the field of dentistry are:

- the knowledge of the most important oral diseases and its importance to general health;
- the knowledge of the causes of dental caries, periodontal diseases, dento-maxillary abnormalities and the means of preventing these aspects;
- the necessity of systematical infor mation about dental health since childhood and adolescence during all lifetime.

Education represents a series of scientifically studied and used actions and influences in the direction of establishing a good relationship in order to develop real communication.

The motivation of the patient

The motivation and what the patient should learn and practice are proportional with the concerns and the competence of the dental team.

The activities of a dental hygienist are focused on: preventing dental caries, which involves the application of 4 methods recognized by OMS as the most efficient means for fighting against this disease:

- 1. Dental hygiene
- 2. Diet hygiene
- 3. Fluoridation
- 4. Sealing pits and fissures.

Dental hygiene - represented by the identification of dental plaque, brushing techniques, evaluation by determining the plaque and gingival indices.

The sealing of pits and fissures is a method of preventing dental decay: it represents a technique of mechanical isolation of pits and fissures by applying sealing agents.

The topical fluoridation - an essential part of the prophylactic program, is achieved in dental office and uses varnishes, gels, solutions and fluoridated gums. Diet hygiene

By discussing with patients, the dental hygienist can identify the unhealthy diet habits and can give information about proper alimentation, the introduction of a dietary program and the introduction of a non-carious diet.

Conclusions

- 1. Team work (dentist-dental hygienist) is much easier, more pleasant and efficient.
- 2. The patient is adapting easier to the environment of a dental office.
- 3. The dental hygienist modifies the attitude of the patient.
- 4. The effective working time of the dentist decreases.
- 5. From the economical point of view, the efficiency and the revenue of the dental office significantly increase.

References

- 1. Angela Podariu, Ovidiu Grivu, Daniela Jumanca, Atena Galuscan. Educatie sanitara stomatologica, curs, Timisoara, Ed. Mirton, 1999.
- 2. Baume, L.J. Principes et buts d'une medicine dentaire preventive. *Rev. mens Suisse Odonto-Stomatol*, 1978; 88: 18-23.
- 3. Podariu Angela, Daniela Jumanca, Atena Galuscan. Ghid de educatie stomatologica pentru
- studentii colegiului de profilaxie, LITO, UMFT, 1999.
- 4. Grivu Ovidiu, Podariu Angela, Baila Anca, Pop Ioan. Preventia in stomatologie, Timisoara, 1995.
- 5. Grivu Ovidiu et al. Organizarea actiunii de igienizare buco-dentara in colectivitatile de copii din Timisoara. *Stomatologia*, 1980; 27: 71-73.

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