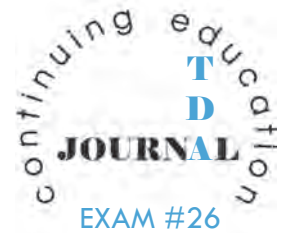


# Expanded Functions for Dental Auxiliaries Education in Tennessee

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What a difference a “State” makes. This is particularly true with Expanded Functions for Dental Auxiliaries (EFDA). Upon review of a state-by-state analysis of EFDA programs, the Dental Assisting National Board (DANB) data identified disparities that exist between states in definition of EFDA functions.<sup>1</sup> Some states define EFDA as training only in radiology. Other states have given broad expansion of the duties of dental assistants including packing and carving amalgam and composite restorations and making final impressions for fixed and removable prosthodontics. Also in several states the dental hygienist may provide expanded functions in addition to providing local anesthesia.

Expanded functions come under the purview of state boards of dentistry and are included in their rules and regulations. The expansion of duties of dental auxiliaries or the development of new dental auxiliaries has created much discussion in the dental community. *Oral Health in America: A Report of the Surgeon General (SGOUS)* identified profound and consequential disparities in the oral health of some population groups in America as classified by gender, income, age and ethnicity.<sup>2</sup>

In response to this report, the American Dental Education Association (ADEA) Presidential Commission responded to these areas of concern. The ADEA report suggested that the current oral health workforce has reserve capacity through better utilization of current allied dental professionals.<sup>3</sup>

As we look at the expansion of dental auxiliary duties, we are bombarded with acronyms including EFDA, CDHC, DHAT, DT, ADT, ADHP and others. Essentially, EFDA refers to the definition and legal authority given by the state for dental auxiliaries with expanded functions. CDHC (Community Dental Health Coordinator) is a term applied to a concept developed and approved by the American Dental Association House of

## ABSTRACT

Access to care continues to be an overriding issue in dentistry. The development of new categories of dental auxiliaries, such as mid-level providers, is a matter of concern to many states and the dental profession. Tennessee has an EFDA educational program for dental auxiliaries taught by dental school educators who have trained more than 300 auxiliary personnel in restorative and prosthetic dentistry. Graduates of this educational program have helped keep Tennessee’s dentists well ahead of any increased demand for dental care.

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*Many distinguished dentists were present to start the EFDA program at Meharry Medical College School of Dentistry. From left to right are: Dr. Leon Stanislav, President of the Tennessee Dental Association; Dr. Walter Owens, President of the National Dental Association; Dr. Morris Robbins, UT Director of EFDA education; Dr. Billy Ballard, Interim Dean of Meharry Medical College School of Dentistry; Dr. Michael Tabor, Immediate Past President and current Tennessee Board of Dentistry member; Dr. Timothy Hottel, Dean of UT College of Dentistry and Dr. Robert Hatch, UT EFDA instructor.*

Delegates in 2006. The concept is now reality as the ADA program is now education based with CDHC students in three sites: one Native American, one urban and one rural. The CDHC is much like the community health worker and focuses on the underserved population by working with community members to assist in collecting information to

assist the dentist in triage of patients and education of community members in preventive health care and linking them to avenues of oral health care. They will be able to provide services such as radiographs, screenings, simple dental prophylaxis, sealants, fluoride treatments and placement of temporary restorations. The CDHC is not considered a mid-level

provider.

The Dental Health Aide Therapist (DHAT) is a mid-level provider whose presence has been most prevalent in the Alaskan Native population. Most DHATs received their training in New Zealand and have returned to their native Alaska. A training program for DHATs in Alaska has been developed between the University of Washington and the Alaskan Tribal Health Consortium.

Legislation in Minnesota approved two new dental positions, a Dental Therapist and an Advanced Dental Therapist to provide care to underserved populations. The Dental Therapist must work with a licensed Minnesota dentist. Dental Therapists are licensed with a B.S. degree in dental therapy and may provide, among other services, restoration of primary and permanent teeth and/or extraction of primary teeth. The Dental Therapist must work under direct supervision of a licensed dentist. The Advanced Dental Therapist must complete a master's degree in Advanced Dental Therapy and pass a dental board exam. They can work independently, but must have a dentist's consent before performing non-surgical extraction of periodontally involved permanent teeth. These new positions are integrated members of the dental team. These mid-level providers who can provide irreversible procedures are opposed by the American Dental Association (ADA) and American Student Dental Association (ASDA).<sup>4,5,6</sup> Five states (Kansas, New Mexico, Ohio, Vermont and Washington) have been identified by the Kellogg Foundation as more likely to pass legislation expanding the dental workforce to include dental therapists. Kellogg has issued a \$16 million dollar grant for this Dental Therapist Project.

The American Dental Hygiene Association has proposed an expanded scope of practice for the dental hygienist, the Advanced Dental Hygiene Practitioner (ADHP). Curriculum development and implementation of the educational portion of this mid-level provider, titled as an Oral Health Care Practitioner, was approved in 2006 by the Minnesota State Colleges and Universities System. Graduates may be credentialed as an Advanced Dental Therapist. The program will be at the Master's degree level.

Some procedures listed by ADHA for the ADHP are diagnostic services for oral diseases/conditions, prepare and restore primary and permanent teeth (removing tooth decay, tooth preparation and place restorations), pulpotomies in primary teeth, and non-surgical extractions of primary and permanent teeth. (More information is available on the ADHA website)<sup>7</sup> It is proposed that the ADHP will work under general supervision in collaboration with a dentist.

Attempts continue to be made through state legislative processes or through educational institutions and representative associations to develop and implement non-dentist practitioners who will provide selected dental surgical services.

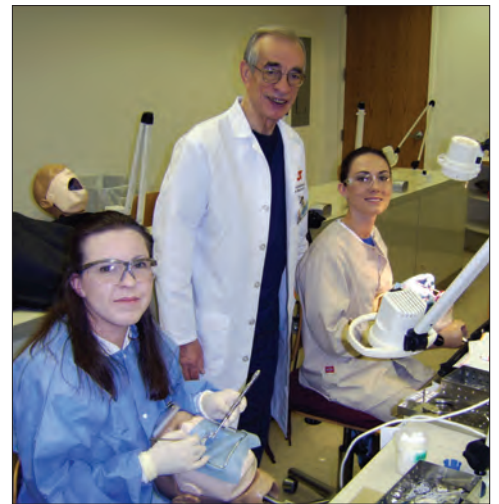
How has Tennessee responded to these attempts? The Tennessee Board of Dentistry and the State Legislature have partnered with Tennessee's dentists to provide for the public welfare through the mitigation of barriers to access to dental care by greatly increasing the productivity of the dental team while focusing on quality care and dental office safety for all patients.<sup>8</sup> The Tennessee General Assembly in 2001 approved a move to begin legislation to develop the EFDA concept in Tennessee. This legislation was approved in 2002 and with cooperation from the Tennessee Board of Dentistry, a curriculum was developed and the first EFDA class was in March 2006. Since that time, there have been approximately 300 graduates from both the restorative module and the prosthetic module. The courses have been offered at the campus of the University of Tennessee Health Science Center, School of Dentistry. In August 2010, the UT College of Dentistry in cooperation with Meharry Medical College School of Dentistry taught a restorative module in Nashville. Each module consists of lecture and laboratory exercises with competency and written examinations and must be passed with a minimum grade of seventy-five. The following is a brief description of the EFDA curriculum.

**Restorative Module** - 96 Clock hours (three weeks – one week per successive month)

1. Dental Morphology and Occlusion
2. Rubber Dam placement



*EFDA trained dental assistants Susan Casey (l) and Betty Eason (r) preparing for lab.*



*EFDA students Lyda Yager (l) and Angela Odom (r) with course Director Dr. Morris Robbins at UT.*



*Lisa Nanney smiles while making a smile.*



*Caryn Closen-McLain working on a composite at UT.*



*EFDA students at Meharry enjoying the course.*

3. Composites and Glass Ionomers
4. Cavity Preparation (all classes)
5. Instrumentation
6. Liners and Bases, Bonding Agents
7. Finishing and polishing composite and glass ionomers.
8. Matrix retainers
9. Amalgam and its mercury controversy
10. Packing, carving and finishing of the amalgam restoration

**Prosthetic Module** - 60 clock hours (two weeks – one week per successive month)

1. Anatomy and Physiology (dentulous and edentulous tissue and the gingival sulcus)
2. Occlusion for fixed and removable appliances
3. Tray selection and fabrication
4. Preparation of the patient
5. Dentulous and Edentulous Impression
  - a. Retraction cord – selection,

- pharmacology and placement
  - b. Tray selection
  - c. Impression material selection with placement and technique
  - d. How to recognize a correct impression
6. Temporary restorations – materials, fabrication, polishing and placement

Tennessee dentistry took an early and a very forward step in developing the EFDA programs, one that recognized the talents of dental hygienists and dental assistants to provide quality care to the public in Tennessee. Today when a patient has dental care supervised by a licensed dentist, the local anesthesia may be given by a trained dental hygienist. After preparation of the teeth, the restorations or the impressions for prosthodontics may be a function of the properly trained EFDA dental hygienist or dental assistant. This provides the office with the capability to meet more dental demands and to provide

additional quality care to meet the dental access needs of the people of Tennessee.

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*Is graduation a happy time? Yes!!!*