



(Figure 22.1)

Chapter 22: Chairside Dental Assisting

Real-Life Clinical Questions/Scenarios

Dental Student Questions

- *“We are required to assist each other in school now. I don’t know the 1st thing on how to assist.”*

Registered Dental Assistant (RDA) Question

- *“Tell me where to suction so I am not in your way doc.”*

Scenarios

- You work in an office with a dental assist that has zero dental training.
- You work with a bad experienced dental assistant. You’ve worked with good dental assistants in the past and can distinguish the good ones from bad ones. However, you don’t know how to teach the technical aspects of dental assisting.

Relevance

As a general dentist, you work chairside with dental assistants. The dental assistant plays a vital role in how smoothly your day runs, and directly impacts the patients’ experience in the at the dentist.

At times you may have to train your assistants. You may know what you like but not know how to provide these technical instructions (e.g. where to place the High-Volume Evacuator).

Objectives

This chapter addresses:

- Ways the Desirable Patient Management Skills
- Dental Assistant Can Help the Dentist
- Treatment Planning
- Referrals
- Consent
- Armamentarium
- Procedural Steps
 - Moisture Control
 - High Volume Evacuator
 - Saliva Ejector
 - Surgical Suction
 - Air Water Syringe

- 2-Handed Suctioning/Retraction Combinations
- Curing Light
- 1-Handed Instrument Passing
- 2-Handed Instrument Passing
- Wiping Instrument Debris
- Assistant Ergonomics
- Post-Operative Instructions
- Charting Recommendations
- Charting Templates
- Things assistants like that dentists do
- Things assistants don't like that dentists do
- Miscellaneous Pearls
- Real-Life Clinical Questions/Scenarios

Desirable Patient Management Skills

- **Dental assistant should:**
- Keep it professional
- Not discuss religion, politics, money, or personal problems (e.g. venting)
- Not take sides (e.g. pt says the last dentist ruined their teeth)
- Help calm the patient and ensure they are in good hands with the doctor
- Prepare the pt on what to expect with today's procedure
- Answer patient questions, if unsure about the answer, wait for the dentist to answer
- Build good rapport, make patient feel welcome/comfortable (e.g. how was your daughter's graduation?)
- Do not have side conversations with the dentist while treating the patient. If these conversations are not related to the procedure (e.g. what movie did you see this weekend?), this can make the patient feel anxious that you are not focused on the procedure

Ways the Dental Assistant Can Help the Dentist

- Make the dentist's life easier
- Prepare the dentist privately by saying:
 - patients CC, any fears, concerns, goals, blood pressure, what the patient is expecting (e.g. he wants the tooth out today, he doesn't want to lose any teeth, pt is pregnant, asking for narcotics), does the patient want everything explained or minimal explanations
- Don't talk too much to the pt. Don't talk too little.
- **WITNESS:** Don't leave room during oral cancer screening (accusation of touching), witness during mirror check with extractions
- During treatment
 - Focus on the pt's eyes to see if in pain, asleep, fainted, anxious (dentist is focused in the mouth)
 - Pay attention/Be on the lookout for water pooling in the mouth

- Pay attention to dentist/active listening, don't zone out (e.g. we will go over the consent -> assistant should begin pulling up the consent form, we will make an impression -> assistant begins to grab bowl)
- Anticipate what the dentist will need
 - GOAL: dentist should not even look up between instrument passing
- Documentation

Treatment Planning

Train your assistants to understand the logic behind how you treatment plan. This will help the assistant to understand each patient's treatment plan better in order to answer the patient's questions if you are not in the room. You and your assistant are a team and should be in agreement over what is in the best interest of the patient's oral health in order for the patient to develop trust.

Referrals

Train your assistant to pull up the referrals and lab prescriptions and fill out the basics (e.g. patient name, date of birth, etc.) and have you fill out the diagnosis, reason for referral, lab prescription.

Consent

Do not allow your dental assistant to simply hand the consent to the patient to sign. The assistant, or dentist, must read the consent outloud and then make sure the dentist addresses any questions and/or concerns the patient may have in order for the patient to make an informed decision.

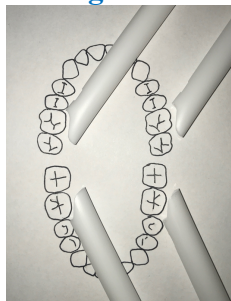
Armamentarium

Recommend taking photos of the tray setups for every procedure to train the dental assistant on what instruments/materials you expect to have setup. Have room set up prior to seating the patient to prevent the assistant running out and back into the room.

Procedural Steps

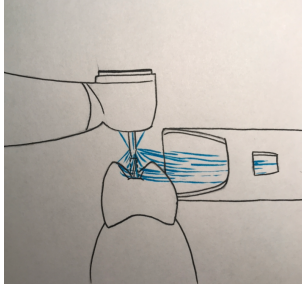
Moisture Control

- High Volume Evacuator



(Figure 22.2)

Positioning for a right-handed dentist (opposite if left-handed)



(Figure 22.3 Here)

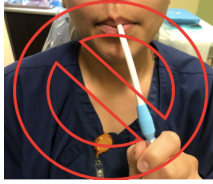
Position in relation to a posterior tooth



(Figure 22.4 Here)

Soft tipped HVEs available for pt comfort

- Suctions liquid and debris¹
- Positioning:
 - See Figure 22.2, 22.3
 - Position the HVE on the opposite side of the tooth (i.e. where the water is spraying)
 - Face bevel towards tooth resting against tooth for stability/support
 - Don't rest on the gingiva (painful), poke the hard/soft palate/gingiva, or gag
 - Can use to retract tongue/cheek
- When a high speed is used
- Vented/Non-vented tip:
 - Advantage: Vented catches more aerosol and less powerful suction of tongue and cheek
 - Disadvantage: Vented has a little less suction power
- **Surgical Extractions:** HVE when a surgical handpiece is used and assistant irrigates with saline to cool the tooth
- ETCH: suction with HVE by encapsulating tooth before rinsing with water
- Try not to suck the cheek/tongue
 - If sucking the cheek or tongue simply pull away. Do not turn off the HVE or this can result in backflow of fluids from the tube back into the patient's mouth.
- Caution suctioning near a recent extraction site (don't cause a dry socket)
- Anterior teeth: warn pt this is the splash zone (like at sea world), retract lip to help catch water
- Rubber dam: press down on RD on so water flows towards HVE
- HVE with rubber tips are available (softer) See Figure 22.4
- **Saliva Ejector**



(Figure 22.5 Here)

- Suctions liquid, not debris¹
- Good for suctioning the corners of the mouth where water/saliva pools (retromolar pad area)
- Can bend like a candy cane and hang on the cheek
 - Good under a rubber dam
- See Figure 22.5 The CDC recommends dental health care personnel not to advise patients to close their lips around the tip of the saliva ejector. This can create cross contamination from backflow, which is when the fluids present in the suction tubing flow back into the patient's mouth.²

○ Surgical Suction



(Figure 22.6 Here)

- Suctions liquid, not debris¹
- Does not work as well as the LVE for the corners of the mouth
- **SRP when using hand instruments:** Dab the bleeding gumline and move out of the way.
- **RCT:** Keep the tip at the pulpal access to prevent any sodium hypochlorite from overflowing
- **Simple Extractions:**
 - Dab the bleeding gumline and move out of the way
 - Suction the socket and move out of the way so the dentist can see the floor of the sinus, granulation tissue, remaining root tip
 - Caution not to push the root fragment back into the socket which the dentist is attempting to remove
- **Surgical Extractions:** Hold and/or drag against the bone
- **Incision:** Drag across gingiva

Air Water Syringe



(Figure 22.7)



(Figure 22.8)

- **WARN** the patient anytime you spray water (if unprepared for a stream of water the pt will aspirate!)
- **Slow Speed Decay Removal:** The assistant rinses debris off the teeth from the slow speed (spray air and water simultaneously) and then dry and move out of the way See [Figure 22.8](#)
- **Defog:** Defog the dentist’s mirror by blowing a continuous light stream of air, tell pt “try to breathe through your nose”
 - **Pearl:** The dentist can hold the mirror further away from the mouth to reduce splatter and fog.
- **Cleaning/Drying Mirror:** When the dentist is using indirect vision, the assistant blows air to keep the mirror dry and occasionally rinses the debris and then continue to blow air
- The assistant can bend the tip to for better aim of hard to reach surfaces

2-Handed Suctioning/Retraction Combinations

- Table below outlines dental procedures and associated operator and assistant suctioning and retraction combinations.
- Assistant’s dominant hand is preferred for holding heavier suction (HVE and Surgical Suction)

Procedure	Dentist	Assistant	
		Dominant Hand	Non-dominant Hand
Prophy/SRP	Ultrasonic Scaler + Mirror	HVE	LVE
Operative/Fixed	Handpiece + Mirror	HVE	LVE
		HVE	A/W (dry/clean mirror)
RCT	Handpiece + Mirror	HVE	LVE (hanging under rubber dam)
	Sodium Hypochlorite + Mirror	Surgical Suction	LVE (hanging under rubber dam)
Simple Extraction	Forceps	Surgical Suction	Gauze (to wipe/grab fragments, accept tooth)
Surgical Extraction	Surgical Handpiece + Mirror	HVE	Sterile Saline

*SRP: Scaling and Root Planing, RCT: Root Canal Treatment, HVE: High Volume Evacuator, LVE: Low Volume Evacuator, A/W: Air Water Syringe

Curing Light

- Hold as close to the composite (or bond) as possible
- Don't touch sealant/flowable composite with light, or it will stick to the plastic barrier covering the light
- Remind the pt, and anyone accompanying the pt, not to look into the light

1-Handed Instrument Passing

- Place instruments in sequential order in cassette or tray
- Anticipate instrument needed
- If passing 1 instrument hold out, holding instrument near working end placing it into the dentist hand
- Hand the instrument in the orientation the dentist will use the instrument. If the dentist is using an instrument, hand the new instrument parallel to the position of the previous instrument in the dentist's hand
- Make sure dentist has a solid grip before letting go. Be intentional when passing instrument
- If unsure which instrument of 2, hold 1 in pinky and 1 between thumb/index and have the dentist choose
- If passing 1 instrument and grabbing 1 from dentist, grab with pinky and hand with thumb/index
- Pass cotton pliers with cotton roll ensuring cotton roll will not drop

2-Handed Instrument Passing



(Figure 22.9)

- For passing floss [See 22.9](#)
- Pass mirror to dentist's left hand and explorer to dentist's right hand

Wiping Instrument Debris

- Dentist holds instrument firmly and still and the assistant:
 - Wipes *mirror* with alcohol wipe
 - Wipes *composite* off instruments and examines to ensure all is removed
 - Carefully wipes the *sharp* instrument with a large stack of 2x2 gauze (curettes, scalers, endo files)

Assistant Ergonomics



(Figure 22.1)

- Assistant must sit higher than the dentist with feet on footrest and knee around the level of the patient's headrest
- Assistant eye level should be 6 inches above the dentist's eye level¹
- Elbows resting on arm rest
- Assistant should not lean body weight/stomach onto arm rest or the chair will fall over onto the patient.
- Right-handed dentist sits around 9-12 o'clock and assistant sits around 2-4 o'clock
- Left-handed dentist sits around 12-3 o'clock and assistant sits 8-10 o'clock
- Some assistants prefer to stand rather than sit on the assistant chair

Post-Operative Instructions

- The assistant must be well versed in providing oral hygiene instructions (OHI) and Post-operative instructions (POI).
- The assistant must understand the logic behind the OHI and POI in order to clarify any parts for patients.

Charting Recommendations

- Dentist interprets radiographs and documents findings on odontogram
 - Existing/missing/restorations/RCTs/PARL/Caries/bone loss
- Dentist confirms findings with assistant in this order:
 1. missing/existing teeth
 2. existing restorations
 3. caries/unsatisfactory restorations/disease and treatment plan
 4. perio chart

Charting Template

End each note with:

- Dental assistant's name and credentials
- Dentist's name and credentials

NV (next visit):

Documenting the assistant's name is important as this person is considered a witness.

Things assistants like that dentists do (per the author's informal survey of 10 registered dental assistants)

- When perio charting the dentist says "crossing the midline" so the assistant doesn't get to the end and realize the assistant was off by 1 or 2 teeth

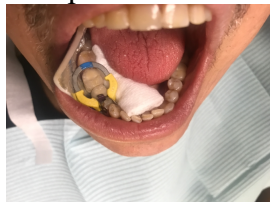
- Allow the dental assistant to go in 1st to position the suction, then the dentist goes in with the handpiece. If in reversed order the dental assistant may struggle to go around the dentist's mirror and handpiece to get into the proper position for moisture control.
- Dentist knows names of the instruments so the assistant knows what you want (e.g. clamp forceps, acorn, ball burnisher)
- Dentist expresses appreciation for the assistant as an essential team member
- Dentist provides constructive criticism in a respectful manner (not yelling)
- Dentist willing to help them (i.e. teamwork)
- Dentist that will educate them
- Dentist to put sharps away (syringe needles, suture needle, removes burs from handpiece)

Things assistants don't like that dentists do (per the author's informal survey of 10 registered dental assistants)

- Dentist that talk too much
- Bossy dentists
- Dentist that criticizes an assistant in front of a patient
- Dentist that treat an assistant less than
- Grabbing instruments from the assistant's tray

Miscellaneous Pearls

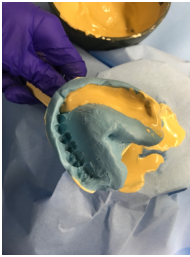
- Dentist needs to know the DA table of permitted duties in order to know what an assistant is legally allowed to perform
- Assistants must be flexible because working with different dentist that like to do things differently
- DO NOT rest instruments/dental materials on the patient's bib/chest
- Size 3 mirror and smaller HVE occupy less space in the mouth
- Dry angle helps with retraction because whatever instrument you use to retract, the dry angle helps pull away more surface area (e.g. retracting with the air/water syringe)
- Wet cotton roll and dry angle prior to removing from mouth (if dry can traumatize mucosa, pain, and excess cotton fibers stick to mucosa)
- Know working times/setting times/curing times (refer to manufacturer instructions)
- If pt's lips appear dry apply lubricant (e.g. Vaseline) prior to procedure
- Grab materials from drawers with sterilized cotton pliers (set aside on tray table and don't use in the mouth)
- Hang trash bag on edge of tray table and assistant continually throws items away to keep the tray table organized
- Burrito: wrap cotton roll in unfolded (unfold once like a book) 2x2 and place under



tongue (Figure 22.10)

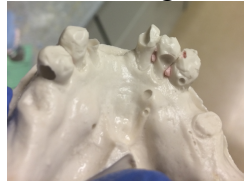
- Impressions: Determines which tray fits the mouth, mixes alginate quickly, good smooth consistency (no oatmeal).

- Train assistant how to properly pour up models to avoid a model looking like this



(Figure 22.11) which requires calling the patient to return to the office.

Recommend mix stone and slowly pour into impression starting at the most distal tooth and watching the stone flow into each neighboring tooth slowly until reaching the last



tooth to avoid bubbles/voids. (Figure 22.12)

- During suturing, the dental assistant should dab the tissue with gauze to absorb blood to improve visibility for the dentist. See Figure 9.53
- Crown Final impressions: Loads tray with heavy body while dentist extrudes light body
- Don't get the pt's lip stuck between an instrument/suction tip and their teeth (painful)
- FMX criteria musts: (See Chp. 3 Radiographs and Interpretation)
 - D of canine in PM bitewing
 - D of last molar
 - 2 mm beyond the apex
 - Capture entire PARL (may require PANO if large)
 - Open contacts
 - Upper/lower crestal bone visible on BWs (it not due to bone loss take vertical BW)
- Composites:
 - Mix the composite bonding agent prior to handing the micro brush to the dentist. Be sure it is a homogenous mixture.
 - Call it the "composite dispenser" not "composite gun." Yelling "gun" in an office can alarm patients.
 - Press the composite light filter button when dentist is placing composite
 - Do not forget to disassemble the composite dispenser and wipe excess composite

Real Life Patient Questions/Scenarios Answered

Dental Student Questions

- "We are required to assist each other in school now. I don't know the 1st thing on how to assist."
 - Read this chapter.

Registered Dental Assistant (RDA) Question

- "Tell me where to suction so I am not in your way doc."
 - See Moisture Control

Scenarios

- You work in an office with a dental assist that has zero dental training.

- You work with a bad experienced dental assistant. You've worked with good dental assistants in the past and can distinguish the good ones from bad ones. However, you don't know how to teach the technical aspects of dental assisting.
 - For both scenarios let this chapter give you the tools to help you train your assistants.

Suggested Reading

Bird, Doni L., Robinson, Debbie S. (2005). *Torres and Ehrlich Modern Dental Assisting*. 8th Edition. Missouri: Elsevier

References

1. Bird, Doni L., Robinson, Debbie S. (2005). *Torres and Ehrlich Modern Dental Assisting*. 8th Edition. Missouri: Elsevier
2. Centers for Disease Control and Prevention (CDC). Saliva Ejector & Backflow. How does backflow occur when using a saliva ejector?
<https://www.cdc.gov/oralhealth/infectioncontrol/faqs/saliva.html> (Accessed 8/8/2020)

Keywords

1. Dental assisting
2. Ergonomics
3. Moisture control
4. Instrument passing
5. High Volume Evacuator
6. Saliva Ejector
7. Surgical Suction
8. Air Water Syringe

Abstract

As a general dentist, you work chairside with dental assistants. The dental assistant plays a vital role in how smoothly your day runs, and directly impacts the patients' experience in the at the dentist.

At times you may have to train your assistants. You may know what you like but not know how to provide these technical instructions (e.g. where to place the High-Volume Evacuator).

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