

21st-Century Dental Assistants Are Knowledge Workers

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Since September 11, much has been said of the challenge “you are either for us or against us.” Although choices are rarely so black and white, those of us responsible for health care are faced with a similar challenge: Either we provide the best patient care possible or we choose not to. Either the patients’ best interests are paramount or they are not. Any compromise of patient care is the choice of the practitioner; therefore “you are either for us or against us” is an appropriate challenge to you, the dentist, and to me, the dental assistant. The “us” in this challenge represents our patients. They believe that you have their best interests and health at heart when they visit your office. They also believe that the person working beside you is formally trained and feels the same way. They are right to expect this of us.

I believe that most dentists value their assistants and agree that they play a critical role in the delivery of excellent dental care. Modern materials are technique-sensitive. Sterilization, which occurs away from dentists’ direct supervision, is critical. Employing an assistant who can apply proper techniques to ensure the safety of patients is a must. Formal training for dental assistants, proper testing and licensure are clearly in the public’s interest.

Let me be absolutely clear and firm about this — the health of the public is too important to be left in the hands of untrained people. The nearly 20,000 members of the Canadian Dental Assistants’ Association (CDA) are committed to professionalism and to promoting national occupational standards, formal training and continuing education for all dental assistants. The CDA will validate the title ‘Professional Dental Assistant.’

In the November 1, 2001 edition of *The Economist*, an article entitled “The New Workforce” describes workplace employees as knowledge workers. It states: “Knowledge has become the key resource, and the only scarce one. (...) This means that knowledge workers collectively own the means of production.” According to *The Economist*, effective knowledge is now specialized. For example, the greatest

software designers need hardware specialists, manufacturers need experts on product development, surgeons need nurses and dentists need dental assistants.

The article also states that the most important thing about these knowledge workers is that they “see themselves as equal to those who retain their services, as ‘professionals’ rather than as ‘employees.’ The knowledge society is a society of seniors and juniors rather than of bosses and subordinates. (...) Knowledge workers, whatever their sex, are professionals applying the same knowledge, doing the same work, governed by the same standards and judged by the same results.”

Although these professionals spend much of their time doing unskilled work — such as placing bibs on patients, answering the telephone or filing — they identify with the specialized knowledge aspect of their job, and this identification gives them a sense that they are full-fledged knowledge workers.

Knowledge workers possess a formal education and continue that education throughout their career in an ongoing effort to remain up-to-date. Knowledge workers are very mobile within their area of specialization, a result of the increasingly transitory nature of work. In the knowledge society, education must never stop.

There is no hierarchy to knowledge. Either it is relevant to a particular situation or it is not. For example, proper application of surgical and sterilization techniques are equally important to patient safety. Formally educated dental assistants have the knowledge required to recognize this. Our expertise allows us to understand the difference between sterilization and disinfection, and the relative importance of both. These tasks are nearly always performed by dental assistants, without direct supervision. In the era of Walkerton and the recent \$27.5-million settlement in the Ontario EEG-Hepatitis B class action lawsuit against Dr. Ronald Wilson, public safety demands that those responsible for sterilization be knowledge experts.

Ultimately, the dentist is responsible. It is your profession and it is your job to make sure that patients receive proper dental health care in your office. The public looks to you to do the right thing. For the sake of your community, I urge you to do the right thing. Support formal education and registration for dental assistants. The public trusts you and would be outraged if it were to find out that you were permitting someone without a formal education to guard them from infection and communicable diseases.

The argument that there are not enough formally trained dental assistants to meet current demand in various parts of Canada is spurious. The answer is not to lower the standards of care but to increase the supply of knowledge workers. It should be mandatory that every dental assistant in every dental practice be formally educated and have recognized licensure. Properly trained people are those who have received a recognized formal education. This is the only way we can ensure that dental standards are maintained and that dental patients across Canada receive safe

health care. As president of CDAA, I urge you to insist that your regulatory body work with us to make it mandatory that every dental assistant and chairside or office auxiliary in every dental practice be formally educated and have recognized licensure. I also urge you to work with CDAA to endorse national dental assisting practice standards.

I have spent over 25 years as part of a dental health care team and have the utmost regard for dentistry in Canada. Dental assistants want to complement your profession. We are proud to work beside you. I am confident that when you examine these principles, you will agree and will work towards making education and regulation for all dental assistants a reality across Canada.

It is the right thing to do. ♦

Ms. Moffatt is president of the Canadian Dental Assistants' Association.

The views expressed are those of the author and do not necessarily reflect the opinion or official policies of the Canadian Dental Association.

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