



A Most Valuable Asset: Support Personnel

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When did you last take the time to express your gratitude to the auxiliary personnel who support your services and assist in caring for patients? If you can answer "today," "yesterday," or "just recently," your operation is probably productive, efficient, and well-regarded professionally. Your concern reflects an awareness of the improbability of successfully "going it alone," which is prudent as a new era of delivery systems impacted by health care reform appears on the horizon. The practitioner must be willing to invest, produce, and accumulate a staff of capable, hard-working, and loyal paradenial personnel to compete in the current professional marketplace.

Beginning at the *reception desk* or on the telephone, a cheerful greeting and open concern for the old and new patient alike set the stage for relationships that will beckon return visits in the face of predictable discomfort, inconvenience, and expense. Besides being the up-front contact, this person may well be involved behind the scenes with bookkeeping or backing up in the operatory or laboratory when needed.

As the scope of practice continues to grow, the *dental assistant* is expected to have greater insight into the rationale for and instrumentation essential to the provision of all treatment procedures provided in the office. No longer just responsible for passing instruments and materials at chairside, today's assistant provides more hands-on care. The treatment appointment usually begins with the assistant's anticipation of and preparation for definitive operations and often concludes with the assistant's provision or reseating of temporary restorations, hardware, or dressings to complete the procedure. Instructions for the use of prescribed medication or home care measures are reviewed and reinforced by the assistant before the patient departs.

With the spectrum of direct services that assistants now provide, off-operatory activities such as inventory maintenance, laboratory, procedures, and OSHA-directed obligations take what little time may have once been available for self-improvement and refresher course participation. These activities are necessary for motivating and retaining capable, happy assistants. One new attractive continuing education offering is the Assistant's Program to be held March 4, 1994, in conjunction with the 9th Annual Meeting of the Academy of Osseointegration. Not many programs addressing all facets of implant practice have been offered for assistants in the past, but this course, to be presented simultaneously with the scientific program, should provide pertinent exposure to a variety of implant-related concepts and procedures.

The completed implant-supported restoration is only as effective as the office and home postplacement maintenance rendered. The *hygienist* oversees patients, participation in the home care program. In addition to providing direct prophylactic treatment, the hygienist also may be responsible for adjunctive services (pack removal and replacement, assistance in suture removal, exposure of radiographic films, etc) in support of the practice's operations.

For the clinician providing technique-sensitive implant restorative services, there is no more important contributor than the *laboratory technician*. Always abreast of new technological advances and ever striving to improve the fit, function, and appearance of definitive restorations, the capable lab tech is an essential ingredient in the personnel mix of a quality practice. Whether based in-house or off the premises, reliable laboratory services do not just happen; they require ongoing constructive dialogue, encouragement, and mutual reward. Material and technique developments often originate in the laboratory and have resulted in new entities such as spark erosion-produced restoration components and laser welding. Professional-laboratory relations have improved dramatically in recent decades, reflecting clinical awareness of the significance of these services and the need to work constructively in harmony to meet the demands of the practice and patient. The presence and active participation of lab techs in the Academy of Osseointegration is an example of how these relationships have matured.

If you have not been one to regularly acknowledge the superior contributions of your informed, skilled, and caring auxiliary staff, take the time to do it (as in the old adage, in "thought, word, and deed")! Our supporting team people are our most important asset and deserve all the nurturing and rewards we can give them.

Editor's note: *It has been brought to our attention by Dr E. H. Ehrmann, Melbourne, Australia, that the editorial recognizing Professor André Schroeder's contributions to the implant field (Vol 8, No. 2) failed to mention his vast contributions to Endodontics. During the 1950s and 1960s Professor Schroeder was responsible for introducing both epoxy resins and topical corticosteroids into the field; materials that resulted from his research are still being used by endodontists throughout the world. We thank Dr Ehrmann for pointing out our oversight.*