

Better team spirit, improved efficiency, increased production: Consider an EFDA

EDITOR'S NOTE: *Dr. Ed Kendrick, a second generation dentist in Kansas City, has worked with the MDA EFDA program for almost 15 years. Following, he shares his passion for the program.*

How did you first become involved with EFDA, and why have you remained so committed to the program, especially as a course instructor.

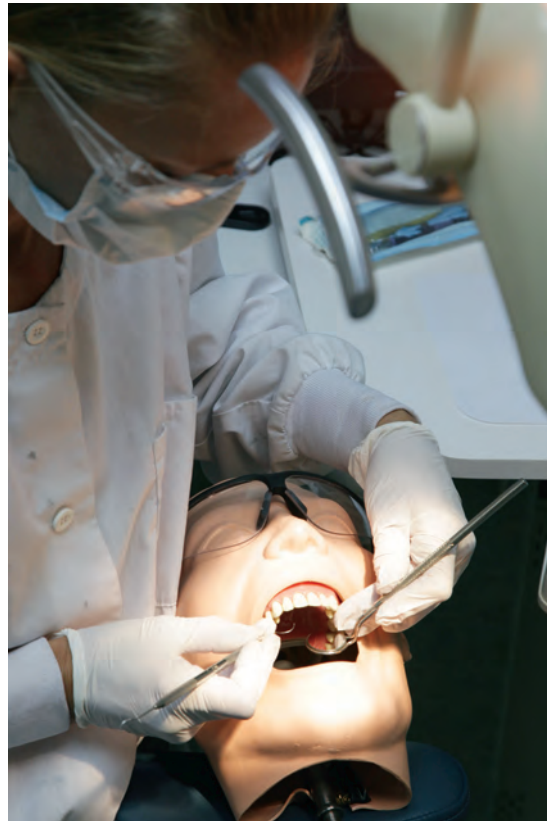
In the early 1970s, junior and senior dental students at UMKC had the opportunity to experience a rotation at Truman East dental clinic where the federal umbrella allowed EFDAs to place composites and amalgams. This EFDA team environment provided a sense of what is possible in production utilizing skilled auxiliaries in performing reversible procedures.

One of the EFDAs at Truman East became my mentor in placement and carving beautiful amalgam restorations. When I asked her about the possibility of working with me after I graduated, the Truman dental clinic EFDA replied that she wouldn't consider returning to private practice because of the limitations on duties that would be imposed by leaving the federal clinic umbrella and returning to the restrictive Missouri Dental Board Rules.

As I entered private practice in 1975 with my father (who at that time employed one assistant with 10 years experience and another with 24 years experience), I longed for the legal permissions to delegate to these competent and dedicated assistants the tasks that the federally funded clinic allowed.

Rather than cheat the MDB rules, I chose to advocate for change. I wrote an article for the *Journal of the Missouri Dental Association* in 1989 about EFDA performance in federal programs, noting the logic, efficiencies and team morale building aspects of the EFDA team. Guy Deyton read that article, and contacted me for an extended discussion that continued to develop into the present Missouri Dental Board Rules and 19 delegable duties.

We owe Guy a debt of thanks for his untiring efforts at formulating strategies for getting legislation that enables the Missouri EFDA system and for his tireless efforts as a key author of all the EFDA training modules.



Dr. Kendrick has been very involved in the EFDA course update process, including helping review (and at times re-writing) the current curriculum and working with the UMKC School of Dentistry to 'shoot video' for the new restorative online didactic course. As a part of the grant the program also will be purchasing new manikins for the restorative and prosthetics courses. At present, the courses have used only the model in the clinical courses; the update will include a full manikin with a chair mount. Here, one of Dr. Kendrick's staff members tests the sample manikin he was reviewing for the course, attached to one of their chairs.

You've served mostly as a Lead Trainer for the MDA's Restorative Course. The MDA is recruiting new trainers for the program. Tell us about the teaching experience and why you'd encourage other dentists to consider becoming an EFDA Trainer.

It is so rewarding to become a trainer and participate in the EFDA training sessions. In a form of selfishness I call "altruistic selfishness," trainers derive many benefits from volunteering to coach in the EFDA courses.

Course trainers are a team who learn from one another our techniques of operative dentistry and share how we utilize EFDAs effectively in the flow of a busy patient schedule. We experience satisfaction in seeing and feeling the pride and enthusiasm of EFDA students in

their accomplishments—and sharing their vision for possibilities in their dental careers. Trainers interact with assistants who have a commitment to the success of our practices and to their own professional career training and advancement.

Each new EFDA expands the capacity of dental practices and the Missouri workforce to meet public dental needs. As a new rung on the dental career ladder, the EFDA certification raises the professionalism of dental assistants and increases productivity so that earnings growth is a possibility for each EFDA. Patients in EFDA dental practices regularly comment on the team capabilities: the team spirit and the competence of our EFDA team. This aura of team spirit today is what I had hoped for during my rotation at Truman East dental clinic in 1975, and I'm manifesting that dream now as an EFDA trainer.

I absolutely love the team spirit of an EFDA clinical environment. Production increases add to morale; in fact, it can be said that, to a great extent, production= morale.

A lot of people involved with EFDA (doctors and assistants) tell us that many assistants preparing to take the course have trepidation about learning the skills. What would you tell those assistants to allay their fears, especially because you have

had the experience of seeing some of them walk through the door (afraid) to take the course and walk out (proudly) with a passing certificate?

Some EFDA students are fearful of classroom testing and of failure. Many have not been in a study environment for years and feel intimidated by written tests and by having their worked judged 'pass' or 'fail'.

Although a bit of trepidation about the rigors

of the course can be a motivator to learning, we have seen a handful of students (out of nearly 500 I've coached) who have lost sleep or become emotionally so distracted by the fear of failure that the fear becomes self-fulfilling.

I want EFDA students to prepare well for taking the courses, so I'm not going to say the course is a cake walk. The most rigorous part of the course is the didactic portion. EFDAs are expected to be conversant in the terminology of each module. If you don't study and prepare, then expect that you will likely fail the written dental morphology test. We have set the bar high enough to screen out those who are not serious enough to put in the effort to learn the dental anatomy terminology. Those who are committed to study and who persevere will succeed in getting certified as an EFDA.

We want to have fun as trainers and see the EFDA students enjoy the course—and succeed. Regularly we hear graduates say to us how much they feared the course—and how much more relaxed an environment it was from what they had expected.

As we've been talking about in the Focus for several months, the EFDA program is being updated through a grant. You have been intimately involved in that update process, including helping review (and at times re-writing) the current curriculum and working with the UMKC School of Dentistry to 'shoot video' for the new restorative online didactic course. What has that been like? What technologies are going to be incorporated into this online curriculum? How do you think this update is going to make for a better assistant learning experience?

Thanks to the Missouri Foundation for Health, the EFDA program has funds for an online audiovisual curriculum produced by the UMKC Biomedical Communications department... the excellent audiovisual production staff at UMKC. Bill Marse, Director of Educational Resources at the School of Dentistry, has extensive experience in developing curriculum outlines to follow for the studio shooting. He has been involved for a number of years in programming the dentistry curriculum into computer and online format—putting short video modules together with reading materials and post-module questions that test for understanding.

The online curriculum will include video demonstrations, narrative and still images coordinated with written study materials (printed and

also online) and modular testing to assure that each module is understood before proceeding to the next. The clinical/lab training will occur in facilities which can accommodate EFDA classes and which simulate or actually are dental clinics.

Restorative technique demonstrations are videotaped in the classroom laboratory at the school. The taping sessions involve a handful of studio lights surrounding the lab bench using manikins as the patient. Wide (full-face) view and close-up video view along with still photography is recorded to illustrate important steps, techniques and anatomical features of the restorative processes with amalgam and composite. When it is necessary to have real patient demonstrations, we are using the UMKC clinic and moving the studio equipment to the first floor.

The results promise to set a precedent for other states to pattern. EFDA students will be able to log into the online course, study the reading materials and watch the lab demonstrations. After each online module students will take a post-test to assure understanding before moving on to the next module.

EFDA candidates will complete the didactic portion online prior to coming to a clinical location where we can accomplish the clinical lab exercises and clinical competence testing. Trainers can focus on coaching the actual clinical procedures on manikins, confident that the EFDAs have a good understanding of the didactic portions.

Part of the information we plan to provide through this update is assistance to help doctors in practice better coach their assistants in developing their skills after the EFDA course has been completed. What would you tell doctors is most important to help their newly trained EFDAs hone their skills?

Dentists who sponsor their assistants (and hygienists) into the coursework should begin their participation at or before enrolling the staff member into the EFDA program.

We suggest that dentists familiarize themselves with the EFDA course materials and commit to being a trainer/mentor in the EFDA program. The MDA conducts a "Train the Trainers" course

which acquaints new trainers and dentist employers in the principles of learning. These principles of learning focus upon assuring that each EFDA has knowledge of the desired results and knowledge of the steps needed to achieve those results. The trainer course also is being updated as a part of the grant. I recommend, as does the program as a "best practice", that every dentist with EFDAs as a part of their team take this course as a management tool for ongoing staff training...it's not just for those desiring to become trainers.

EFDA training begins with understanding the terminology of our profession. Think back to the first days in dental school when terminology of dentistry seemed unfamiliar. Our profes-

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sion arises in a set of specific terms that, when combined in conversation gives us the science and practice of dentistry. Words give us our world. Words are the key to how effectively we relate to one another professionally, and the best preparation and coaching involve bringing the EFDA candidates and new EFDA graduates fully into the conversation of anatomy, occlusion, margin accuracy, materials strength, esthetic goals—the ideals (goals) of restoration, and how the restorations either meet or fall short of those ideals.

The 'conversations' about EFDA performance necessarily includes our patients—introducing patients to this "new rung on the dental career ladder" and your pride in your EFDA's accomplishment. Be a 'positive' coach during the learning process. Speak your vision for the future team functioning and indicate your confidence in the skills of your new EFDA assistants/hygienists—positive coaching that enrolls the team and patients in welcoming the advancement in provision of care.

Having EFDA capabilities in my practice has lightened my clinical load while increasing productivity and morale. One function I am very pleased to be able to delegate is denture and partial adjustments. Over time I've seen great growth in my EFDAs' sense of how much to adjust—including balancing occlu-

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sion. In immediate denture placements, I confidently direct my EFDAs to relieve compression areas—and all the while converse about what the patient should expect and give post-surgical instructions. While this insertion adjustment is occurring, I'm able to be productive with the next patient with, perhaps injecting anesthetic and, taking a short break during onset of anesthesia, return to the immediate denture patient to assure comfort, seating and occlusion are within normal limits before dismissing the patient.

The learning and practice in delegable EFDA skills has had a positive impact on other non-restricted activities such as dental laboratory techniques. Increasingly, our assistants are producing in house laboratory products such as acrylic partials, bite guards and temporaries—with better anatomical form and attention to occlusion. These skills derive, in part, in the EFDA training in anatomy and occlusion.

The efficiencies of our practice improve by delegating impressions for dentures, partials, crowns and bridges. I perform many of these impressions myself, however, in a pinch and in cases where I know my assistants are capable, delegating these procedures gives me time to be productive in other ways—catching up on returning phone calls, making clinical notes, etc. Even when I might want to accomplish a particular EFDA-doable task, it behooves me to delegate, as this delegation cultivates our team capabilities and boosts morale.

Envision the possibilities for your practices when EFDA capabilities are added. Talk with your team about the patient flow patterns that may change as certain functions become delegable. Volunteer to be an EFDA trainer. For most who volunteer, the attendance at EFDA courses will become a habit you won't want to miss.



Dr. Kendrick has been in private practice in Kansas City since graduation in 1975 from the University of Missouri-Kansas City School of Dentistry. He is a past MDA Trustee and currently is on the Missouri Diabetes

Control Program Advisory Board. Contact him at 816-231-3333 or whole2th@gmail.com.

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