

## **Cosmetic Dentistry and the Expanded Functions Dental Assistant Program**

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**May 11, 2010 - [PRLog](#) -- BELLEVUE DENTIST SUMMARIZES THE EXPANDED FUNCTIONS DENTAL ASSISTANT (EFDA) PROGRAM IN WASHINGTON STATE**

Washington State in 2008 put into effect the expanded functions dental assistant (EFDA) program at three locations: Seattle Central Community College, South Puget Sound Community College, and Spokane Community College. The program is designed to give dental assistants expanded abilities in the restorative dentistry arena. The Washington State Dental Association (WSDA) was instrumental in moving the program through the state legislature by making sure the program was well understood by both dentists and legislators. Two classes of EFDAs have graduated from Seattle Central CC. The program is modeled after similar programs in the Indian Health Services, the US Army and the US Navy, which for differing years have had thriving EFDA programs. These EFDA graduates are now doing expanded duties in restorative dentistry in many dental offices in Washington State. Our lead assistant at Brookside Dental, Bellevue, WA, who has been with us for 15 years, has applied to the EFDA program at Seattle Central CC and if accepted will complete the program in the summer of 2010.

Washington State has for many years allowed dental hygienists to do expanded functions in restorative dentistry. Advantages to having the new program for dental assistants are first that dental assistants generally work more directly associated with the dentists and are therefore more experienced in restorative work and second that the more highly paid and more specialized dental hygienists will continue to provide hygiene care which can not be provided by dental assistants in Washington State.

According to the WSDA, the US Army has a report on EFDAs that indicates that dentists that work with an EFDA provider are 40 percent more productive than their counterpart dentists working without an EFDA without any compromise in the quality of dental care delivered to the patients.

Although the end result is the same and should allow more people to have access to high quality dentistry, the route to graduation at the three schools is different. SCCC has their students do all of their hands-on clinical training on patients that come to the vocational schools' clinic and follow that with a 20-24 hour externship at a community health clinic. The other two schools use private dentists under contract to teach individual students within the private practice offices during the regular day while seeing scheduled patients of record. Administrators at the different schools champion the method that they use as the better model. Ultimately all EFDA graduates must pass a state board examination to receive an EFDA credential.

It may be too early to determine if EFDAs will increase the access to care for people, but there appears to be some anecdotal evidence that they are helping to address a portion of that problem according to the WSDA. There is no doubt that the Indian Health Care model definitely provides increased access to care for those people served by those providers. At this time, the EFDAs are being trained in three metropolitan areas where dentists are not in short supply as they are in some of the smaller communities in the state. These smaller communities will need to be given the opportunity to have their dental assistants be able to enroll in some type of EFDA program in the future.

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