

The Scope and Unit of Work of a Dental Technician in Orthodontic Practice

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ABSTRACT

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These changes have an impact on the quality and productivity of the work of orthodontists and dictate the need for periodic study and scientific justification of key aspects of the work of specialists in this profile in modern conditions. The efficiency of the orthodontist is directly related to the level and quality of the dental laboratory. There have been significant changes in the methods of orthodontic treatment, technologies and materials, as well as in the types of orthodontic devices used by orthodontists in their practice. (Persin L.S. 2006, Arsenina O.I. 1997, Khoroshilkina F.Ya. 2004). The introduction of new methods of orthodontic treatment with the use of complex orthodontic structures and devices requires a higher qualification of a dental technician, takes a longer time to manufacture them (Osanova G.B. 2000, Gunenkova I.V. 2007). Despite the widespread use of fixed orthodontic devices, removable devices are also effective in the treatment of HPV.

Introduction

The current regulatory framework regulating the activities of dental technicians (orthodontists) was formed many years ago and should be updated and supplemented in accordance with modern approaches (Alimova M.A., Gubin M.A. 2004). In 1998, L.S. Persin pointed out the need for the development of dental technology in orthodontic practice, justified the need to create specialized courses and faculties in medical schools in order to improve the skills of dental technicians (orthodontists), taking into account the specifics of the specialty, but this problem has not been further developed and remains unresolved. In the conditions of a constantly developing and changing specialty, there is an urgent need to process many aspects in the organization and management of an orthodontic service, financing conditions and economic justification of the cost of services provided.

Dental services should be reviewed every 2-3 years in order to objectively assess the volume of work of specialists, and the regulatory framework for the organization of orthodontic care to the population requires study and updating (Wagner V.D. 2011). This was the basis for this study. However, despite the rapid development of "Orthodontics", the development and introduction of

new materials and methods of manufacturing orthodontic devices, insufficient attention is paid to the problems of organizing and rationing the work of dental technicians (orthodontists). There are practically no works devoted to the activities of dental technicians (orthodontists) in the available literature. In 2012, Yanushevich O.O., Wagner V.D., Persin L.S. et al. published the manual "Orthodontics. Issues of organization and management", which presents the time standards for the list of devices and elements for them, however, these data are outdated and requires updating taking into account modern technologies.

The orthodontic department or office is directly related to the work of dental laboratories. The effectiveness of the orthodontist's work largely depends on the quality of dental technicians' work. In an effort to improve and speed up the treatment process, orthodontists often use complex designs of orthodontic devices of mechanical and functional action. Their production takes a longer time and requires a highly qualified dental technician- orthodontist (Osanova G.B., 2000; Gunenkova I.V., 2007).

The purpose of the study: to improve the quality and effectiveness of treatment for patients with dental anomalies by improving the performance of orthodontic dental techniques in modern conditions.

Research objectives:

1. To analyze the normative-legal framework that regulates the activities of orthodontist dental technician in order to determine compliance with the state of modern specialization.
2. Evaluation of the material and technical equipment and personnel composition of techniek laboratories on various forms of property, depending on gender and age-related characteristics, work experience and the level of qualification of the dental technician by questioning.
3. Based on frequency of application and orthodontic questionnaires, to determine the types of orthodontic devices most commonly used to treat patients with dental anomalies.
4. Calculation of the working time and labor costs of orthodontic dental equipment for the manufacture of orthodontic devices.

Research methods:

1. Clinical and hygienic.
2. The mass of the surfactants, size, length, (Rengenological.)
3. The time spent on the preparation of clasificacial apparatus.
4. Digital technology
5. Statistics.

Differences in the organization of the activities of various forms of ownership in dental laboratories were determined, factors affecting the normalization and efficiency of Labor were determined. For the treatment of patients with dental jaw anomalies in the production of orthodontic ligaments, scientifically based norms of spending time and materials have been developed.

The need was justified: the introduction of the post of dental technician (orthodontist) in the nomenclature of specialties; development of educational standards for training and professional development of dental technician (orthodontists); improvement of material and technical equipment of dental technical laboratories of state property forms. In accordance with the changes in the socio-economic sphere of the country, the development and use of modern equipment, new technologies and materials in dentistry and, in particular, in orthodontics, additional requirements are imposed on dental laboratories. Improving the labor efficiency of dental technicians is a leading

factor in the development of their competitiveness in market conditions.

The standards of dental technicians, the characteristics of 3TJI premises, power supply and ventilation systems corresponded to sanitary and hygienic requirements and standards established in the 50-70s of the last century. Currently, they need to be revised and supplemented in accordance with modern requirements, since the effectiveness of his work largely depends on the correct organization of the workplace of an orthodontist technician. In addition, in the manufacture of medical devices and prostheses, it is necessary to accurately follow the instructions and technological requirements, otherwise it may subsequently have a negative impact on the dental system and the patient's body as a whole. All this requires a clear organization of work, not excluding a creative approach from both an orthodontist and a dental technician [1.3.5.7.9.11]. Dental engineering in our country largely depends on the state of the material and technical base and the professional level of training as the main resource of healthcare. An important role in modern conditions is given to the structural reorganization of the activities of dental laboratories. The forms of training, postgraduate retraining and improvement of orthodontist technicians are relevant and insufficiently justified today.

According to the results of the study, it was found that mainly for bending various wire elements of orthodontic structures, dental technicians - orthodontists still use crampon forceps, only 6.7% of dental laboratories are equipped with special forceps, with the exception of forceps for forming clamps, but they are also available only in 14.2% of dental laboratories. The availability of dental laboratories with special screws varies significantly. Three-dimensional screws (Bertoni) are used by dental technicians in devices for expanding the palatine suture - in 62.7%, for sagittal movement and movement of one tooth - in 56.9%, tightening - in 71.1%, sectional - in 27.3%, trapezoidal - in 12.5%, arcuate - in 6.7% Insufficient staffing with special screws makes it impossible to individualize the manufactured orthodontic devices

The results of the assessment of the level of equipment of dental laboratories with modern tools and materials are presented, insufficient availability of varieties of standard wire elements of the Adams clamp and vestibular arches are present in 66.4% of the examined dental laboratories, palatal clasp - in -36.7% of them, button clasps - only in 13.2%

Currently, great importance, especially in the provision of paid services, is paid to the design of orthodontic devices, a color monomer for the manufacture of the basis of plates and devices is used only in 33.9% of dental laboratories, colored applications and sequins- in 23.2% of them, This indicates that traditional designs with pink are mainly made in medical and preventive institutions. bases without various additions. In practical dentistry, the problem of accounting and norms of materials write-off remains constantly relevant in the manufacture of various orthopedic and orthodontic structures By Order of the Ministry of Health of the USSR dated 12 06 84 No. 670, temporary consumption rates for the main types of dental materials were approved, However, over the past twenty-odd years, new technologies have been introduced into practice, a lot of previously unused materials have appeared, tools, accessories [2.4.6.8.10.12]

This is due to the different and not always high level of qualification of dental technicians, the state of the material and technical equipment of medical and preventive institutions, as well as the non-stimulating salary level of dental technicians-orthodontists

During the survey, dental technicians-orthodontists expressed their suggestions for improving the organization and activities of dental laboratories, the first and main, in their opinion, is to increase the material interest of dental technicians working in public institutions (29.9% of

respondents said so) An important point is also the improvement of the material and technical support of dental laboratories of 17.5% and working conditions - 19.6%, introduction of new technologies -10.3% Respondents attach great importance to training in specialized short-term courses in orthodontics with a cumulative system of crediting hours of training for them 12.7%, as well as paying for participation in short-term courses at the expense of the institution -10.3% [10.11.12]

CONCLUSIONS:

This is due to the fact that 76.3% of the staff of dental technicians of children's urban dental clinics are staffed by women, mainly aged 40-60 years (56.7%), who have low motivation to improve. They improve their qualifications once every five years at state training bases, but not in orthodontics, but in the specialty "orthopedic dentistry", practically do not participate in short-term courses, which does not contribute to mastering new technologies. In urban children's dental polyclinics and dental departments of multidisciplinary polyclinics, 1 total is manufactured.

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