

Quintessentials

口腔临床要点快速掌握系列

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6

牙周治疗团队工作原则

Decision-Making for the Periodontal Team

► Suzanne Noble

Margaret Kellett [编 著]

Iain Chapple

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内容提要

“口腔临床要点快速掌握系列”是由国际著名的 Quintessence 出版集团近期出版的一套介绍口腔各科的基本技术和最新的医学理论的口腔专业丛书。丛书 2002 年起陆续出版，人民军医出版社率先引进国内，以便国内读者同步了解国际口腔技术发展的新情况。本书由国际知名口腔专家编写，摆脱了一般专著的照本宣科，一切从临床实践出发，通过大量实例，讲解了牙周治疗团队的组成、牙周疾病的预防、牙周疾病的控制、正畸与牙周健康的关系、殆与牙周疾病的联系、牙周与修复的关系等内容。本书采用了中英文对照的编排方式，对提高读者的专业英语水平大有裨益，适合临床口腔医师和口腔医学生阅读。

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序

为确保牙科医师给患者提供高质量的医疗服务，一个与之相应的技术团队是必不可少的。近年来牙科全科医师协会已建立了专科医师的名册，注册牙科临床技师的数量也逐年增加。现在，许多口腔全科医师开始为患者选择最适合的专业医师，使医师的专业技能符合患者特定治疗阶段的需要。

为使治疗计划获得成功，患者应被告知治疗团队中每一名成员在他或她的治疗中所扮演的角色。全科医师管理者负责协调整个团队工作，作为团队的领导将对整个团队负全责。他或她如将治疗项目委托给未经注册的医师，则应承担相应的法律责任。每个牙科医师的职责要求其只能允许牙科执业助理医师从事一些他们已经经过培训并且能胜任的治疗项目。所谓能胜任，指不仅具有执行该治疗项目的法定资格，而且应具有无需监督也能达到专业治疗标准的能力。如果团队成员缺乏有规律的临床实践机会，将导致其技能水平下降。因此，全科医师在委派治疗前应留意团队成员是否能胜任，并支持其团队接受职业继续教育。

全面的治疗计划不应仅限于牙周疾病的治疗，还应综合考虑其他疾病，以便使患者获得稳定的、具有一定功能、并符合审美要求的咀嚼器官。本书将指导全科医师为牙周治疗团队作出正确的决策。

本书可独立于其他四本牙周病学系列丛书使用。由于该系列丛书的设计是为了形成某些特定观点及概念，并对其进行强化，因此本书也可作为其他四本书的参考。

前 言

由国际精萃出版集团出版的口腔执业系列丛书中的第11册,即第2本牙周病学专业著作《牙周治疗团队工作原则》(decision - making for the periodontal team) 的出版具有划时代的意义。随着牙科执业助理医师 (professional complementary to dentistry) 在牙科全科医师协会 (general dental council) 的注册, 牙科治疗团队的时代即将来临。因此有必要回顾和评价团队治疗在临床实践中对患者的作用。

牙科临床技师可从根本上影响患者的口腔健康, 进而影响患者对治疗的满意程度, 当然也不能忽略治疗队伍中其他成员的作用。作为领导者, 您与您的团队成员在制定患者的治疗计划、协同工作并相互交流意见等方面的合作, 决定了患者口腔健康从中获益的程度。在一个舒适的、管理有方的环境中共同工作是满足患者需求并不断提升他们期望值的基本条件。如果这些与依据循证医学制定的优秀治疗计划一起很好地实施, 可获得最终的成功, 患者对此也将充满信心。

您是否对您的患者应采用何种牙周治疗方法充满自信? 您何时建议您的牙周病患者到专业牙周医师处就诊? 其他治疗方法, 如先进的修复、正畸及种植治疗对牙周健康的影响如何? 这些方法与牙周治疗的关系如何? 最重要的是, 您有责任避免以下现象的出现, 即牙体及其修复体经过多年后仍然保持良好状态, 而牙周组织却出现病变、恶化, 最终导致治疗失败。

如果这些问题能引起您的关注及思考, 或者您认识到在临床实践中应注意上述问题, 那么具有简明实例及指导原则的本书将是您最佳的选择。

主 编

Nairn Wilson

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第 1 章 牙周治疗团队

The Periodontal Team

目 的

本章的主要目的是让牙科全科医师 (general dental practitioner, GDP) 了解牙科执业助理医师 (professionals complementary to dentistry, PCD) 的发展及其在牙周病治疗中的所扮演的角色。

要 点

通过阅读本章，开业医师可以了解牙周治疗团队是如何形成的，牙科治疗医师及牙科临床技师各自的法律职责是什么。

简 介

首先应明确的是，大量的牙周病患者需要接受诊断及治疗。针对牙周病患者治疗的团队人员组成可能较少，如仅包括牙科医师、牙科临床技师和牙科护士。但是，该团队要在多个临床科室内共同开展工作，每个科室的牙周治疗均由专业的牙科人员进行。这样，牙周专科医师才能对更为复杂的

Aim

This chapter aims to provide the general dental practitioner (GDP) with an insight into the development and role of professionals complementary to dentistry within the context of the management of periodontal diseases.

Outcome

As a result of reading this chapter the practitioner should have an understanding of how the periodontal team has evolved and the legally permitted duties of dental hygienists and dental therapists.

Introduction

It is in the primary care setting that the vast majority of periodontal disease is diagnosed and managed. The *team* involved in patient care may be small, involving only the dentist, dental hygienist and dental nurse. Conversely, the team may work together in a large polyclinic where periodontal care is one of many specialist dental

牙周疾病作出诊断及处理。

广义上说，牙周治疗团队的概念超越了街道上的诊所，其范围涵盖了在医院牙周科作进一步治疗。在此修复科医师及其治疗团队将为相关患者提供建议及治疗。

为了使每一个患者都能得到最恰当的治疗，牙科全科医师应推荐患者到团队的其他医师那里，充分利用其他医师的技能、学识及临床经验，以获得理想的治疗效果。该过程并非是一种上下级关系的等级模式，而是以牙科全科医师为中心的圆形模式。牙科全科医师负责接诊患者，并在其他医师治疗后继续对患者进行治疗（图 1-1）。牙科全科医师在整个治疗过程中发挥着重要的作用！团队的其他医师将提供重要的技术支持，但是他们的作用有限，仅根据牙科全科医师的要求及治疗计划提供相应的技术支持。

在这种分工合作模式下，牙科全科医师在患者疗效的巩固及治疗的告知方面扮演重要的角色，牙科全科医师作为团队领导的作用将在第 3 章中讨论。为了更好地介绍第 3 章“协同工

services offered. In such situations the periodontal specialist will be available for the diagnosis and management of the more complex cases.

In its broadest sense, the dental team reaches beyond the high street surgery to include the secondary care services in hospital periodontal departments where the consultant in restorative dentistry and his or her team will offer advice and, where appropriate, treatment of referred cases.

In order to obtain the most appropriate care for an individual patient the GDP will refer the patient to other team members to utilise their skills, knowledge and experience to achieve the desired treatment outcomes. Rather than this referral process being considered as a hierarchical model, it is suggested that it be considered in a circular form with the GDP at the centre. It is the GDP with whom the patient is registered and it is the GDP to whom the patient returns for continuing care (Fig 1-1). The role of the GDP is an *infinite* one! The other team members have important skills to offer, but their roles are *finite* ones, clearly defined by the practitioner's referral request or treatment plan.

By co-ordinating the referral process the practitioner plays the key role in consolidating the treatment and ensuring that the patient is informed of the reasons behind the referral. The role of the practitioner as

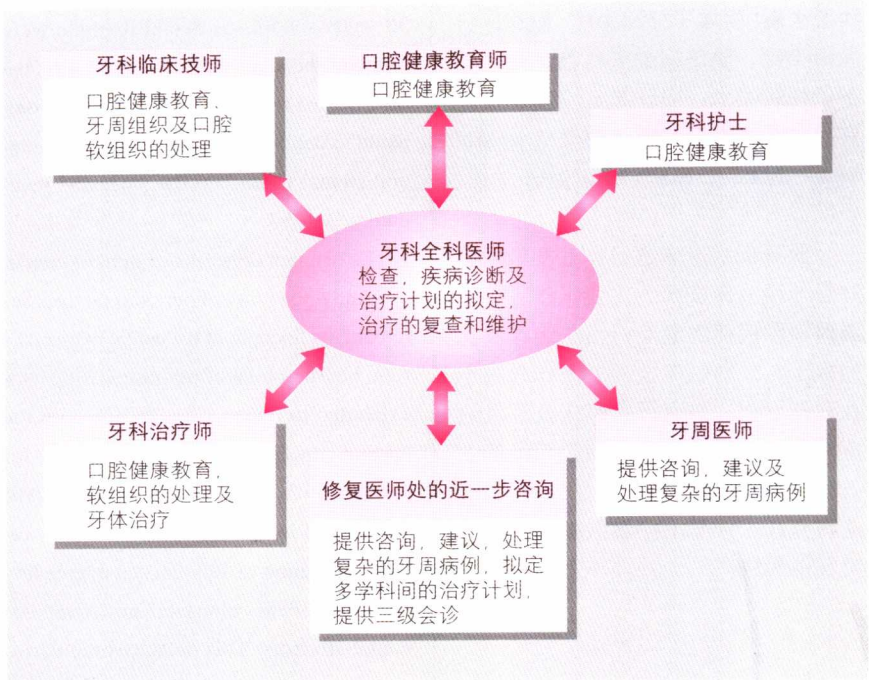


图 1-1 牙周治疗团队的组成

Fig 1-1 Members of the periodontal team

作”,本章将着重介绍牙科执业助理医师的形成过程及牙周治疗团队中各成员所具有的专业技能。

牙科临床技师

1913年美国就开始了牙科临床技师的培训,但英国直到1943年才在皇家空军中开始有正规的牙科临床技师培训。在以后的20~30年里成立了牙

the team leader is explored further in Chapter 3, but by way of introduction to “working together” this chapter will focus on the evolution of the professionals complementary to dentistry and the skills these team members have to offer.

The Dental Hygienist

Although dental hygienists were first trained in the United States in 1913, there was no formal training in the UK until 1943, in the Royal Air Force. During the next 20-

科卫生系, 附属于牙科学校, 但与牙科医师相比, 受培训的牙科临床技师数量仍相对较少。1957 年牙科临床技师开始被要求在牙科医师协会 (general dental council, GDC) 登记注册。

对牙周病患者进行宣教及预防仍然是牙科临床技师的主要工作, 但随着对口腔疾病患者实行团队治疗概念的提出, 牙科临床技师的工作内容也在逐渐增加。具有牙科临床技师及治疗医师双重资格者与牙科学校的学生一样接受牙科教育以获得学位及文凭。这将有助于牙周治疗团队概念在临床实践中形成。

口腔疾病模式的变化以及公众对口腔健康的关注和要求的日益增加促成了 1993《纳菲尔德地区牙科辅助人员受教育及培训情况调查报告》的产生。这种日益增长的需求对牙科辅助人员提出了更高的要求, 同时也使牙科治疗团队在形成过程中产生的许多关键问题的讨论变得更加激烈。为此牙科医师协会成立了牙科辅助人员评议组, 以对各种类型的牙科辅助人员制定合适的推荐标准。该委员会于 1998 年制定了牙科辅助人员的从业标准、注册要求及职责, 并建议对正在接受教育的牙科医师及牙科辅助人员中推广团队协作的概念, 使两者的关系

30 years schools of dental hygiene were founded and attached to dental schools, but they trained relatively few hygienists compared to dentists. Enrolment with the General Dental Council (GDC) became mandatory in 1957.

The original concepts of *patient education* and *prevention* of periodontal diseases remain the linchpin of the dental hygienist's role, but the range of permitted duties has expanded in recent years in line with the current concepts of team management for patients with oral diseases. Dually qualified dental hygienists/therapists now receive education to diploma and degree levels in universities alongside undergraduate dental students. This enhances the periodontal team concept within the workplace.

The changing patterns of oral disease and the increasing public awareness and demand for oral health was the driver behind the *Nuffield Inquiry into Education and Training of Personnel Auxiliary to Dentistry* in 1993. This extensive inquiry examined the role of dental auxiliary personnel, and stimulated widespread debate on a number of key issues surrounding the development of the dental team. Following this the GDC set up the Dental Auxiliaries Review Group (DARG), to prepare appropriate recommendations in relation to all classes of dental auxiliary. The committee reported in 1998, setting out

更为密切。

1999牙科医师协会宣布了牙科执业助理医师时代的到来。牙科医师协会支持对所有牙科从业人员进行依法注册，并提高经正规教育及培训的人员在临床工作中的作用。虽然牙科临床技师由于公众对其作用熟悉，仍采用原有的称谓，但牙科临床技师已经成为另一个较大的群体——牙科执业助理医师中的一员。牙科医师协会强调协会成员必须是经过正规教育培训，并且牙科执业助理医师应在注册医师的指导下进行临床工作。

牙科全科医师协会作出上述规定的意图是让所有牙科执业助理医师在牙科治疗团队中工作，在团队内牙科医师仍将对疾病的诊断、治疗计划的制定及治疗效果负责（图1-2）。

法律责任

当牙科全科医师协会允许所有的

proposals on permitted duties, entry requirements and registration. It was also recommended that the team concept for future practice should be promoted through the training of dentists and dental auxiliaries in close association with each other.

Subsequently, in 1999, the GDC announced a new era for professionals complementary to dentistry. The council supported statutory registration of all members of the dental team and the widening of clinical roles after appropriate education and training. Although the term *dental hygienist* remained protected, as it was a role with which the general public was familiar, the dental hygienist became incorporated into a wider group subsequently named Professionals Complementary to Dentistry (PCD). The GDC emphasised that entry to the register would be on the basis of appropriate education and that each PCD should practise only under the delegated authority of a registered dentist.

It was the expressed intention of the GDC that all PCDs should continue to work within the dental team within which the dentist would remain responsible for diagnosis, treatment planning and the quality control of the treatment provided (Fig 1-2).

Legally Permitted Duties

Until such time as the GDC is able to



图 1-2 牙科团队及其领导

Fig 1-2 The team and team leader

牙科执业助理医师注册后，牙科临床技师及牙科治疗医师可从事1984年制定的《牙科医师工作守则》及1986年《牙科医师辅助人员条例》中所规定的临床操作内容。上述法规于1991年及2002年进行两次修订。超出上述两条例规定的临床操作均是违法的。

允许在“注册牙科医师的指导下”进行工作，意味着牙科医师事先需对患者进行检查，并对患者所需治疗内容以书面形式作出简要的说明。当临床技师或治疗医师进行治疗操作时并不需要牙科医师在场。这项立法是1991年修订案的一部分，这也使得牙科临床技师可以上门对患者进行服务。

register all PCDs, dental hygienists and dental therapists may practise dentistry to the extent of the Dentists Act 1984 and the 1986 Dental Auxiliaries Regulations, with amendments in 1991 and 2002. It is an offence to practise outside these limits.

They are permitted to work “under the direction of a registered dentist”. This implies that the dentist has examined the patient and indicated in writing the course of treatment to be provided. The dentist need not necessarily be present on the premises at the time the hygienist or therapist is carrying out the treatment. This legislation formed part of the 1991 amendment to permit hygienists to carry out domiciliary visits.

临床表现的不同，牙科医师的督导作用也有所不同，因此牙科医师有责任注意临床表现的变化。当临床技师或治疗医师对患者进行清醒麻醉时，牙科医师必须在场，并陪同患者完成整个治疗过程。当进行神经阻滞麻醉时，牙科医师需待在诊所内，但不必在场。2002年后，随着执业内容的增加，许多开业医师须在其诊所内对临床技师和治疗医师进行再培训，以获得其他技能。建议对这些培训应进行密切的监督。

牙科临床技师被允许进行的牙科临床操作内容包括：

- 清洁及抛光牙面。
- 洁治牙面（即使用恰当的医疗器械去除牙面及近游离龈缘下的沉积物）。
- 根据牙科医师协会的规定对牙齿进行处理如预防性材料的使用。
- 根据《牙科工作守则》（1984）37章第1款内容对患者提供建议，

The supervisory role of the dentist varies in differing clinical situations and it is the dentist's responsibility to be aware of these parameters. In the case of treatment of a patient under conscious sedation by a hygienist or therapist, the dentist must be in the surgery with the patient throughout treatment. Whilst inferior dental nerve blocks are being administered the dentist must be on the premises but not necessarily in the room. With the introduction of expanded duties from 2002, many practitioners will be involved in workplace post-qualification training for additional skills for hygienists and therapists, and the recommendations are for close personal supervision of a designated number of procedures.

Dental hygienists are permitted to carry out the following kinds of dental work:

- Cleaning and polishing teeth.
- Scaling teeth (i.e. the removal of deposits, accretions and stains from those parts of the surfaces of the teeth which are exposed or which are directly beneath the free margins of the gums, including the application of appropriate medicaments).
- The application to the teeth of such prophylactic materials as the GDC may from time to time determine.
- Giving advice within the meaning of section 37(1) of the Dentists Act 1984

是正确执行上述牙科工作所必须的。

- 拍摄牙科X线片。
- 龈下刮治及根面平整术前的局部浸润麻醉及神经阻滞麻醉。
- 为临床诊断制取研究模型。
- 在急诊时使用塞治剂,临时冠的替换。
- 对接受治疗的患者进行清醒麻醉。

在获得资格认证后,牙科临床技师还应通过其他课程学习及通过临床实践具备其他的技能。在临床实践中牙科临床技师的技能包括:

- 去除龈上及龈下牙石。
- 精细的根面刮治 (root surface debridement, RSD)。
- 口腔卫生宣教。
- 牙周辅助治疗,如局部缓释抗菌制剂的使用(根据1968年《药物使用规则》规定,药物须由临床医师开具处方)。
- 使用恰当的药物治疗牙本质过敏。
- 局部使用氟化物进行龋病的预

such as may be necessary for the proper performance of the dental work prescribed.

- The taking of dental radiographs.
- The administration of local infiltration and inferior dental nerve block analgesia for the purpose of scaling or root debridement.
- The taking of impressions for diagnostic purposes.
- The emergency placement of temporary dressings and replacement of crowns with temporary cement.
- The treatment of patients under conscious sedation.

Depending upon the date of primary qualification, there may be additional skills obtained and certified by course attendance and workplace supervision. In clinical practice the dental hygienist's skills include:

- The removal of supra- and subgingival calculus.
- Closed root surface debridement (RSD).
- Appropriate oral hygiene advice.
- The application of local delivery antimicrobial agents as an adjunct in periodontal therapy (under the Medicines Act 1968 the dentist must prescribe the drug to be used).
- Management of dentinal hypersensitivity with appropriate medicaments.
- Prevention of dental caries by the ap-

防。

- 窝沟封闭 (不允许对小的龋洞进行树脂充填治疗)。

- 对充填体进行抛光。

牙科治疗医师应对牙科临床技师的下述临床操作负责:

- 乳牙的拔除。
- 简单充填。
- 乳牙的牙髓治疗。
- 乳牙预制冠的放置。

1986年《牙医师辅助人员条例》中规定牙科临床技师及牙科治疗医师的执业内容

局部麻醉

局部浸润麻醉

1992年以后获得牙科临床技师证书 (diploma in dental hygiene) 的牙科临床技师或者获得牙科治疗证书 (diploma in dental therapy) (以前称为熟练证书 (Certificate of Proficiency)) 的牙科治疗医师可以在局麻下进行刮治。上述技能在1992年以后成为牙科临床技师培训课程的核心内容, 因此, 1992年以后获得资格的牙科临床技师不必再经过该方面的资格认证。

1992年以前获得资格的牙科临床技师则必须出具接受过局部浸润麻醉培训的资格证明。2002年7月1日通过

plication of topical fluoride.

- Fissure sealing (the use of filled resins in minimally prepared cavities is not permitted).
- Polishing dental restorations.

Dental therapists may carry out all the duties listed for dental hygienists with the addition of:

- Extraction of deciduous teeth.
- Simple fillings.
- Pulp therapy to deciduous teeth.
- The placement of prefabricated crowns on deciduous teeth.

Permitted Duties of Dental Hygienists and Dental Therapists since the 1986 Dental Auxiliaries Regulations

Local anaesthesia

Local infiltration analgesia

Dental hygienists who hold the Diploma in Dental Hygiene awarded after 1992, or dental therapists who hold the Diploma in Dental Therapy (formerly the Certificate of Proficiency) may carry out scaling under local infiltration analgesia. This competency was included in the hygienists' core curriculum from 1992 onwards. Therefore hygienists qualifying after that date will not hold separate certification.

Dental hygienists who qualified before 1992 must be able to demonstrate competency by presentation of a certificate