



**POINTS OF
INTEREST:**

- MDA's new Registrar: Dr. Marcel Van Woensel's column
- Set your calendar for MDA's 125th Annual Convention in "The Big Apple"
- University of Manitoba, Faculty of Dentistry's 50th Year-End Celebration

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CAN YOU EXPLAIN THE MDA COMMUNICATION PROGRAM TO YOUR COLLEAGUES?

Manitoba dentists have shown the leadership and wisdom to support a communication program designed to represent and promote our profession. It is time to revisit our communication budget to ensure a continuing return on the investment we have made. There are new opportunities and challenges, projects we have begun to implement and our long running, ever evolving public education campaign. Our current budget is substantial by comparison to other jurisdictions while very modest in the light of what we do and still hope to accomplish. To ensure that Manitoba dentists get the best bang for their buck, every dollar has been targeted where it will do the best. Dentists are not a target group of the MDA communication program. As a result many Manitoba dentists think of this carefully designed, comprehensive, integrated program as simply "those ads" and are not as fully aware as they could be, and would like to be, of the background, goals, integrated elements and details of the MDA communication programs that have led successive MDA Boards of Directors to support our leadership position in communications in Canadian dentistry. I will try to outline our current program and provide information about many of the factors affecting our plans. Visit the MDA website manitobadentist.ca, part of the MDA communication program, to see more of what the MDA is doing on your behalf.

THE HISTORY, GOALS AND PATH OF THE COMMUNICATION PROGRAM

None of the goals or plans of the MDA communication program are set in stone. They are a map that has served us well in the past and used so far for planning for the future. The three current goals are:

- promoting a positive public image of the profession.
- dental practice busyness.
- minimizing communication based complaints about dentists.

The communication plan has had internal, external and special event elements. We have tried to keep all elements of the plan integrated with each other and well aligned with the rest

of the MDA and national activities that impact Manitoba. Based on both research and opinion that as dentists we are more likely to answer patients' questions than to initiate discussions the call to action has been "Ask your Manitoba dentist."

Our communication consultant has taught us that promoting ourselves requires development along a continuum. The process begins with "awareness" in which our messaging is designed to draw attention to ourselves and that we have something to say worth hearing. An evolution into specific "call to action" is then possible. An earlier phase of our communication activities was the public awareness campaign exemplified by the Mona Lisa television commercial. At that same time, general dental information was disseminated through dental offices in the "Behind the Smile" newsletters.

The next phase, the call to action, began with the busyness factor as the main focus among the three goals. More patient education than self promotion, this would be the information television spots addressing a broad cross section of dental procedures and considerations. Each television spot has a corresponding fact sheet designed to function as both a guide for discussions between dentists and patients and as a patient handout. There are additional fact sheets on topics not addressed by television. These culled together the information found in previous MDA printed material. Everything ended with the "Talk to Your Manitoba Dentist" tag line. See our current TV ads on the website.

Our primary special events have been the annual Winnipeg International Children's Festival and the Open Wide free dentistry day held approximately every three years (most recently October 2006). Providing a service to segments of the public while showing dentistry to be giving back to the community we benefit so much from. While our television reach, website and provision of in office materials is province wide there is a need for unique focus outside of Winnipeg. The past several years we have sponsored significant sporting events in this regard and continue to seek out other opportunities.



Pat Kmet
President, MDA

President's Message...

Dentistry as a profession has many successes. Water fluoridation is an example. The WHO regards this one of the great public health achievements of the 20th century

As I write this column, I think back to the last bulletin where I did not want to predict what was to come. Well, who would have thought that the fluoride issue would emerge once again? It seems that every 6-7 years fluoride makes the news. Health Canada had a new posting on its website with recommendations by an expert panel commissioned by Health Canada. Some of these recommendations included decreasing the amount of fluoride in municipal drinking water, using low fluoride toothpaste by children and a suggestion for infant formula makers to reduce fluoride levels in their products. The chief dental officer for Canada, Dr. Peter Cooney in a letter to Health Canada offered the benefits of fluoridation.

The CDA supports appropriate use of fluoride in dentistry. It also recognizes the need to monitor the scientific literature with respect to levels of exposure to fluoride and general health to ensure the continued safe and effective use of fluorides in dentistry.

Another prediction I did not want to make was if and when it would be compulsory for dental employees to be covered by Workers Compensation. Good News. The province announced on August 27, 2008 that an additional 30,000 Manitobans will get mandatory compensation coverage next year. Once again, Healthcare Professionals are not included! I would like to thank Ross and Rafi for participating at these meetings with all other health care professionals. The government listened this time!

Shannon Martin, Director of Provincial Affairs, summed it up nicely "Once again health care professionals dodged the proverbial bullet."

More good news. Effective October 2008, FNIHB fees will increase to 90% of the 2007 fee guide.

We in Manitoba enjoy high quality dental care. We, therefore, must continue to focus our efforts on reinforcing the critical role that dentistry plays in oral health- specifically the importance of the dentist. On a national level the Dental Leadership Task Force is coming up with strategies on how to communicate with dentists on the issue of dental leadership, how to educate them and to begin to change behaviors so that our position in the oral health team is not eroded. Dentists have enjoyed unchallenged leadership status in oral health to this point. With the increasingly aggressive and influential insurance and cosmetic industries influencing patient and oral care decisions, and the jockeying for increased scope of practice from others, dentistry is at a crossroads. The success of the profession is largely in the hands of dentists. We will be sending out a survey asking your opinion on issues specific to denturists. Please take the time to reply. Your comments will help guide the Board in how to approach the issue. Your feedback is vital! In my previous message to you I indicated the communications committee would be placing an advertisement with regards to the requirement of an oral health certificate. It has been suggested that we wait for the survey results to better guide us in the proper approach and determine the type of advertisement needed. Manitoba has one of the, if not the best communications plan in the country. We therefore look to our experts to advise us.

August is the time when dental students return to classes. A "Welcome to the Profession" Dinner was held for the first year students. The MDA would like to thank all the dentists who have taken on the 4 year responsibility to mentor these students. The students look to the mentors for guidance and advice. It was a wonderful evening that allowed the students to meet and get acquainted with their mentors. Greetings were brought on behalf of the MDA by Dr. Sandy Mutchmore. Rafi and I had the opportunity to address the 4th year dental students on the Roles and Responsibilities of the MDA. These students will be looking to us for associateship positions in 2009!

Also, I had the privilege of bringing greetings to the first year dental students at the Opening Assembly - White Coat Ceremony on Thursday August 28, 2008. Twenty-nine first year dental students were given their white coats by their mentors. The white coat symbolizes the professional, social and ethical responsibilities that go with the chosen path of Dentistry. Anyone wanting to become a mentor for future dental classes can contact the MDA.

"The MDA would like to thank all the dentists who have taken on the 4 year responsibility to mentor students."

President's Message cont'd...

As you all are aware, our Faculty is celebrating its 50th Anniversary. This 50th anniversary year will culminate with a Gala on November 22, 2008. The guest speaker, Mr. Charles Winograd, has Winnipeg roots. His late father was and his brother is still a dentist here in Winnipeg. Let's support this event. Dental classes can arrange tables through Rafi by calling the MDA. It no doubt will be a first class evening!

Now that summer has passed I'm sure many are beginning to plan their winter vacations. Please remember that the MDA Convention falls at the end of January 2009 (the 29th-31st to be exact). Plan around these dates! Dr. Kettner and his team are planning a spectacular weekend celebrating 125 years of the Dental Association. It's a time of collegiality and a time to get those CE points before March!

On a final note, I urge members to communicate their concerns to us. We don't know if you don't tell us!

Pat Kmet, D.M.D.
President
Manitoba Dental Association

"Remember:
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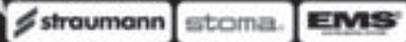
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Director of University of Florida -
Center for Implant Dentistry
"Analysis and Treatment Plan
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Hidaeki Katsuyama DMD, Ph.D.
Oral Surgeon, ITI Fellow
Director of Implant Center Japan
"Immediate Implants in the
Esthetic Zone and Sinus Grafting"



Gary Solnit DDS, MS, FACP
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Former Director of Occlusion,
University of Southern California
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Thomas von Arx DMD, P.D.
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Marcel Van Woensel
Registrar, MDA

Registrar's Column...

THE DELICATE ART OF COMPLAINING

"Complaining is good for you as long as you're not complaining to the person you're complaining about." Lynn Johnston

"The people who live in a golden age usually go around complaining how yellow everything looks." Randall Jarrell

There are a variety of methods to invoke change. Complaining is often an effective approach to creating awareness of a problem and generating action. However, not all complaints elicit a positive response; how you complain can be as important as what you are complaining about in advancing an issue. The MDA receives many letters of concern from members. Here are excerpts from a recent letter,

THIS IS SHAMEFUL! SHAME ON THE MDA BOARDS SHAME ON THE REGISTRAR'S LEGACY SHAME ON THE DENTAL FACULTY IS THIS ALL YOU CAN DO WITH YOUR MILLION \$ BUDGETS...TOO TIMID TO PUT THEM IN THEIR PLACE...

ANONYMOUS

To the Board's credit, they focused on the actual issue raised and the MDA is working on various options to address the concerns. The difficulty with a complaint in this form is two-fold: (1) the language is off-putting. It shows a level of ignorance and disrespect to the members who volunteer a significant amount of time and effort on behalf of the entire profession. (2) In sending it anonymously, it precludes a full direct discussion of the complexities – both legal and ethical – in addressing the issue.

With the rest of this article, I would like to offer some recommendations to more effectively complain.

- (1) IDENTIFY YOURSELF – if you have a serious concern be willing to sign it. If you are concerned your letter may lead to a disciplinary charge of 'conduct unbecoming a professional', redraft it. The MDA Board and its officers have statutory confidentiality requirements. It would take an extreme effort on your part for us to take comments personally.
- (2) SHOW SOME EFFORT – the more knowledge and information you can provide to support your position on an issue, the easier it is to appreciate the concern. Below the surface, many problems are complex. Solutions can have consequences far beyond the initial problem. Showing an understanding of the complexities and implications will help focus your letter and address some of the potential barriers the MDA may have to your suggestions. Quickly scrawled notes on the side of poor photocopies demanding the Board "deal with it" are unhelpful.

Similarly, put some effort into resolving a personal or business complaint against another member before complaining to the MDA. These issues can often be resolved by employing some grace, humility and perspective. Please take a moment to consider if your problem with another member is a professional issue or a personal issue. The MDA regulatory processes should not be used for a vendetta.

- (3) SHOW SOME HUMILITY – although not necessary, appreciating your problem is one of many and there may be legitimate reasons why a suggested solution is not feasible encourages a similar thoughtful response. Real discussion of a problem is limited if you accept there can be only one point of view.

This is an issue when commenting on the dental treatment provided by your colleagues. Usually, you are unaware of the situation leading to the result and have only one perspective of the event. You are expected to fully inform the patient of their dental condition. It is prudent to do so objectively. Saying a root canal treatment has been filled short of the apex and there is a draining parulis associated with the tooth is

"The people who live in a golden age usually go around complaining how yellow everything looks."
Randall Jarrell

Registrar's Column cont'd...

more accurate and fair than saying "this root canal sucks, the other dentist really screwed up." Please consider the following format to manage concerns with another member's dental treatment of a patient:

- (a) Carefully assess and document the concern (notes, radiographs, photographs, etc.);
 - (b) Objectively identify the problem to the patient. Make notes on any information the patient provides. Avoid legal terms like negligence and malpractice – they are determined by a Court.
 - (c) If the patient is comfortable, encourage them to contact the treating dentist to correct the problem. Most times the treating dentist is unaware of the problem and would appreciate the opportunity to correct any problems. Indicate your (un)willingness to explain your concerns directly to the other dentist.
 - (d) If the patient is unwilling or uncomfortable to seek further treatment from the prior dentist, encourage them to contact the dentist to explain the situation and their discomfort in having further treatment performed by him/her and request a refund. Indicate your (un)willingness to explain your concerns directly to the other dentist.
 - (e) If the patient wants no direct contact with the prior dentist, you may offer (your choice) to communicate with the other dentist to help resolve the problem. If you are unable or unwilling to contact the prior dentist, you should inform the patient the MDA Registrar's Office may be able to assist in resolving the problem formally or informally.
 - (f) Be prepared to provide documents and a written statement to the MDA Peer Review Committee if the patient initiates the formal complaint process. All dentists are required to provide documents on request by the MDA. Failure to provide requested information by the required date may lead to disciplinary charges or a Court Order demanding the documents. Delays in receiving documents can interfere with a peer review investigation and reflects poorly on the profession as a whole.
 - (g) Take advantage of the opportunity to discuss, manage or correct a perceived problem when you are contacted by a patient or another dentist with concerns about dental care. Be open and objective when assessing your treatment and the reasonableness of the concerns expressed. Defensiveness and refusal to communicate will likely lead to a complaint and a more formal resolution process.
- (4) OFFER SOLUTIONS – you may not get the response you want if your complaint only states the problem. Similarly if you cannot identify any reasonable solution, it is unfair to expect others to do it for you.
- (5) BE AWARE OF WHO YOU ARE WRITING – I am paid to listen to complaints in an objective and thoughtful manner. For the most part, the tone of a complaint will not affect the courtesy, diligence or explanatory efforts of my response.

The tolerance in communications by me does not extend to communications with the volunteers who form the backbone of our organization. They do not deserve or need to deal with abuse from members who benefit from their voluntary service. Most notably communications with the two statutorily mandated committees - the MDA Board and the Peer Review Committee – must be respectful of the essential but challenging role they play in the self regulation of our profession. All members are statutorily required to cooperate on regulatory and disciplinary issues. Refusal to cooperate with reasonable requests or offensive behaviour (written, verbal or physical) may lead to a disciplinary charge. This does not preclude disagreement or seeking further advice, but it does require those concerns be communicated civilly.

I hope this has been helpful in planning your future complaints to the MDA. If you would like to discuss this or any other issues further, please feel free to contact me at the MDA Office.

Yours sincerely,

Marcel Van Woensel

Registrar, Manitoba Dental Association

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- Experience in community based dentistry is an asset;
- Experience working with Multi-Cultural Communities an asset
- Ability to work within a pro-choice, interdisciplinary environment where respect, professionalism, cooperation, and cultural sensitivity is essential

We thank all applicants; however only those candidates selected for interview will be contacted.

Please forward resume by August 31, 2008 to:

T. Anthony, Manager of Human Resources
886 Main Street, Wpg, MB R2W 5L4
Fax # 582-6006 or email to tanthony@mountcarmel.ca

MDA DIRECTORY AMENDMENTS

**For changes to the MDA Directory please contact:
April Delaney at the MDA office - (204) 988-5300 Ext. 2**

Dr. Jeffrey Bales
Dr. Trudy Corbett
Unit B—1100 Richmond Ave
Brandon, MB R7A 1M6
(204) 727-6453

Dr. Rob McIntosh
#380—500 Portage Ave
Winnipeg, MB R3C 3X1
(204) 775 8761

Dr. Colleen Moore
PO Box 236
Erickson, MB R0J 0P0
(204) 636-2320

Dr. Anthony Nowakowski
D226A—780 Bannatyne Ave
Winnipeg, MB R3E 0W2
(204) 789-3324

Dr. D'arcy Pierce
Unit 28—845 Dakota St
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Dr. Jay Winburn
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RESEARCH AT THE FACULTY

RELEVANCE TO NUTRITION AND TASTE

Nutrition research is one of the nine 'Pillars of Innovation' at the Faculty of Dentistry. In line with this, a major area of research thrust in Dr. Chelikani's laboratory is to elucidate molecular mechanisms of vertebrate taste signal transduction. The sense of taste is a chemosensory system responsible for basic food appraisal and is mediated mostly by G-protein coupled receptors (GPCRs). GPCRs are proteins which sense biological signals and are present on the surface of cells. They are versatile biological sensors and respond to a wide variety of extracellular signals, including light, peptides, amines and taste. Humans are capable of detecting five tastes which are, sweet, umami, bitter, sour and salt. While the signal transduction for sweet, umami and bitter tastes are through GPCRs, the sour and salt tastes are sensed by ion channels. In humans 80 GPCRs are known to mediate taste perception, with 25 of these sensing bitter tastes alone. While sweet taste perception is well studied and the taste receptors well characterized, very little is known regarding the bitter and umami tastes sensed by GPCRs.

Bitter taste has evolved as a central warning signal against the ingestion of potentially toxic substances. The molecular events in the perception of bitter taste start with the binding of specific water-soluble molecules (tastants) to the bitter receptors (T2Rs) initiating an intracellular signalling cascade. Thus far the identities of the tastants for a majority of the T2Rs are unknown. These T2Rs are referred to as orphan receptors (14 out of 25 human T2Rs are orphan receptors). Indeed even for the T2Rs with known tastants, very little structure-function data are available and the molecular mechanisms of action of these receptors are not yet understood. In our laboratory we use a combination of cellular, molecular, biochemical and biophysical approaches to unravel details of both the structure and mechanism of action for the bitter taste receptors. This research is being carried out in collaboration with researchers from the Departments of Nutritional Science, and Physiology, at the University of Manitoba.

In a second project we are investigating how drugs interact with GPCRs as they are the most common targets with more than 50% of prescription drugs targeting these proteins to treat a variety of diseases including stroke, cancer, viral infection, metabolic disorders, inflammation, and depression. The molecular mechanisms of action of these important pharmaceutical targets are poorly understood. The research in Dr. Chelikani's laboratory addresses some of the important and unanswered questions in the GPCR field, such as, to understand how the drug molecules (ligands) are recognized specifically and how ligand binding events alter protein conformational dynamics to form an active state (efficacy).

The projects dealing with work on GPCRs have already generated over \$200,000 in peer-reviewed research funding for the year 2008-09 and a five year New-Investigator Award from the Heart and Stroke Foundation of Canada.

Dr. Prashen Chelikani, PhD
Assistant Professor,
Department of Oral Biology
University of Manitoba

University Welcomes Dr. Getulio Nogueira, New Director of the Graduate Program in Periodontics

The Department of Dental Diagnostic and Surgical Sciences welcomes Dr. Getulio Nogueira as Director, Graduate Program in Periodontics, effective April 21, 2008. Dr. Nogueira (right) was Vice-Dean (Graduate Program in Dentistry) since 2006 and Associate Professor of Periodontology since 2000 at the Faculty of Dentistry, Bahian School of Medicine and Public Health. Dr. Nogueira received two post-doctoral degrees; one from the University of Campinas-UNICAMP in Sao Paulo-Brazil and the other from the University of Washington-UW in Seattle-USA. He has lectured nationally and internationally. Dr. Nogueira will teach periodontics in the undergraduate and graduate programs and direct all aspects of the Graduate Program in Periodontics, Faculty of Dentistry.



	CLINICAL DENTISTS 2 Full-Time Itinerant Positions or a combination of part-time (EFT)	 FACULTY OF DENTISTRY SCHOOL OF DENTAL HYGIENE <small>Division of Excellence, Division of Change</small> Centre for Community Oral Health
<p>The Centre for Community Oral Health requires contracts with several dentists for fly-in dental services in Northern Saskatchewan and Manitoba.</p> <p>Remuneration Rate: \$800/clinical day</p> <p>Trip Length: 3-weeks to 5-weeks per trip</p> <p>Clinic Days: Monday to Saturday 8:00 to 5:00 (6 days/week)</p> <p>Associated costs: We cover all flight, accommodation, and meal costs</p> <p>Equipment/Supplies: We provide all equipment & supplies</p> <p>Dental Assistant: We provide, or will cover the cost if you provide your own</p> <p>Dentist's take-home reimbursement: 3-week trip—\$14,400.00 5-week trip—\$24,000.00</p>	<p>Applicants eligible for Saskatchewan licensure should reply, in confidence, to:</p>	<p>Dr. Doug Brothwell Director, Centre for Community Oral Health Faculty of Dentistry, University of Manitoba 780 Bannatyne Ave. Winnipeg, MB R3E 0W2 Ph: (204) 789-3892 Fx: (204) 789-3991 brothwel@cc.umanitoba.ca</p>



Have you considered placing your classified job wanted ads on the MDA website?

The Manitoba Dental Association will place free of charge to Manitoba dentists job wanted ads for associates, dental hygienists and dental assistants on our website. We will also run ads for practice sales. The ad will run for two weeks. At the end of the two weeks if you want to run the ad again just contact the MDA office.

You can email you ad to: office@manitobadentist.ca

The MDA Communication Committee is investigating the cost to run an ad in the Winnipeg Free Press classified section directing dental job seekers to our website. If the cost is reasonable we will start this initiative in 2009.

CANADIAN DENTAL ASSOCIATION

The Canadian Dental Association (CDA) Board of Directors (BOD) met in June 2008 for its annual strategic planning session.

The CDA BOD met to harmonize its strategic priorities with the functional priorities identified by the Corporate members and other dental constituents at the interactive session in April 2008 in Ottawa. The BOD began the strategic planning exercise by ratifying its current mission and vision statements and agreed to develop strategic priorities based on these two statements.

The BOD set three priorities for the CDA:

- A strong profession (advancing the dental profession)
- A united community (Building a collaborative dental community)
- A healthy public (Promoting health)

The BOD developed a set of strategies for each of the priorities. These strategies are directly aligned with priorities identified at the interactive session in April, 2008. The BOD also developed a list of actions for each strategy.

The BOD agreed that "Seniors' oral health" will be the CDA's government relations priority issue for the coming year.

The CDA has undertaken with the cooperation of its Corporate members and other dental constituents to clarify the Roles and Responsibilities of the CDA. It is the intention of the CDA BOD to align the activities of the CDA more closely with a new Roles and Responsibilities framework.

In all the discussions of the role of the CDA, advocacy for our profession at the national level is always identified as a key priority for the CDA. The CDA is positioned to be the authoritative voice of Canadian dentistry in dealings with the federal government and its various departments and agencies. The CDA is also ideally situated to deal with issues affecting our profession at the national or international level. The dentists of Canada and the dental profession need a strong voice on our behalf.

There are many issues currently impacting our profession. These include credentialing of foreign trained dentists and dental specialists, expansion of scopes of practice of allied oral health practitioners and access to care to name just a few. The CDA must maintain an effective voice for all dentists in Canada to protect the health of our profession and the public in the future.

Unfortunately as important as advocacy is, it is very hard to quantify. In our world of "What have you done for me lately?" advocacy is an intangible benefit. There has at times at the CDA been a desire to provide a suite of tangible benefits for our member dentists to justify membership fees. This exercise has never been successful because of the impossibility of quantifying our most important member benefit, advocacy.

Mandatory membership in the CDA in 8 of the provinces has ensured the ability of the CDA to act as advocates for dentists and the profession over the years. Currently talks are underway to develop a new membership model which will bring more of the dentists in the largest province in Canada into the CDA. When the CDA promotes the interests of dentistry, all dentists and the entire dental community benefits, whether or not all dentists are members of the CDA. While a CDA in which every dentist in Canada is a member because they understand the benefits of a strong national association and voice is theoretically possible, this is an Utopian ideal which likely will never be achieved. That being said I believe a new equitable membership model is possible which will bring us closer to our ideal.

It is my firm desire that the MDA and the dentists of Manitoba will remain the strong supporters of their national organization that they have always been. The CDA continues to try and improve the way it serves our members and remain the invaluable advocate for our profession in Canada. As always I and the BOD are committed to working in the best interests of Canadian dentists.

Peter J. Doig, DMD
CDA Board Representative

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PRICE vs VALUE

Every day we are faced with the dilemma of balancing price versus value. We may not always think of things in these terms but ultimately most decisions can be broken down into this sliding equation. What am I willing to pay (time, money, effort) for something of value (cars, dental supplies, hygienists)?

Interestingly, when the balance of an item is heavier on the value side, we do not care about the price, and when we place little value on an item, it becomes all about the price.

The same can be said of the dental school experience.

I am on a committee that is trying to bridge the gap between the school and the practicing dentists. A common theme we have discovered is that many people feel that the price they paid to get their education was too high. This may mean many things; having difficulty with an instructor, failing a course, excessive debt.

Regardless of the meaning, all of these people have one thing in common; they place little value in their education.

We need to change this type of thinking and start placing more value in the school. Regardless of the “price” you may feel you paid, the time invested in earning a dental degree has tremendous value. Four years of education pays a lifetime of returns.

The dental school needs your support; physically in the form of instructors as well as financially. Think about what price you will have to pay for an associate, a hygienist, and an opportunity to retire, if the school no longer exists. Don’t wait to appreciate the value in this institution. Be part of the changes that are taking place there, even if there is a price to be paid, they will have an impact on the value of your life.

Dr. Aaron Snidal
General Dentist

ManitobaDentist.ca



The Manitoba Dental Association website was developed to provide the public and the dental profession with information relating to all aspects of dentistry. The public site provides information on careers in dentistry, job opportunities, links to other provincial dental associations, dental health fact sheets, find a dentist, dental bylaws, and licensing requirements.

The members section is for dentists only. Any licensed dentist can access this portal and find information on their continuing education, member mailouts, MDA Bulletin, calendar of events, and other information. To access this portal please follow these steps:

Step 1: Access site: www.ManitobaDentist.ca. This is the public site.

Step 2: Click on “Members Login”. Your MDA ID is your unique or license number. i.e. “512-345” Your generic password is: “password”

Step 3: At the top left hand corner you will see the following: My Account/Logout. If you click on My Account it will bring you to another screen to view your CE record and personal information. Once in this area of the website, you can then change your password.

The Members Only section is update monthly. This will ensure that your CE record is current and that any other information on the website is always accurate.

If you have any questions about our website please contact Rafi Mohammed, Membership Services Director, @ (204) 988-5300 ext 3.

Lifeline

The **Members' Assistance Program** is a free, short-term counselling and referral and information service. It provides a supportive lifeline to dental professionals and their families on a wide range of issues, including addictions, finances and work-life balance. Call for confidential assistance whenever you need to reach out for help.

1-800-268-5211



The Members' Assistance Program (MAP) is offered as a CD SPI Affinity Service. Shepell-figi, the largest provider of employee assistance programs in Canada, administers the program. MAP is meant to complement similar services that may be provided by your provincial dental association.

08-196 07/08

Winnipeg Dental Society

Wine Tasting Evening

Saturday, November 1st, 2008

7:30 to 10:30 pm

Assiniboine Park Conservatory

Contact: Dr. Cory Sul



THE DENTAL SPECIALIST

“The Dental Specialist” is written by Manitoba Dental Specialists. Each issue features one of the dental specialty groups (on a rotational basis). In this month's issue, the article is submitted on behalf of the Orthodontics.

Impaction of Maxillary Canines

By Dr. Susan Tsang

During maxillary canine development, the mesially angled crowns of these teeth are positioned closely to and guided by the roots of the adjacent lateral incisors. Failure of the erupting canine to travel in a favourable distal and incisal direction, however, can lead to impaction.

Incidence:

Impacted permanent maxillary canines occur in 0.92% to 3% of various populations, second only to impacted 3rd molars.^{1,2} Occurrence has been reported to be 2-3 times more common in females than in males and bilaterally occurring in approximately 8-45% of cases.^{1,3,4} Palatal impactions occur 2:1 to 9:1 times more often than labial impactions.^{2,5}

Etiology:

Canine impaction can be an isolated phenomenon in an individual with an otherwise normal occlusion, or it can be found in individuals with a malocclusion and other dental anomalies.¹ Causes are localized or can be multifactorial. Crowding is present in a large number of cases of labially impacted canines, suggesting that arch length deficiency is the primary cause for labial displacement.⁶ Palatal impactions, however, occur in many cases despite adequate arch space.

A guidance theory has been proposed to explain the development of palatal impactions. Lateral incisors with small roots or roots with delayed development are more likely to fail to guide canines into their proper eruption path. Becker et al³ found over 40% of individuals with palatal impactions had small or peg lateral incisors. Congenitally absent lateral incisors were present in 5.5% of individuals with palatal impactions.³ Individuals with both a peg/small lateral incisor and a missing lateral incisor were 5.3 times more likely to have palatal impaction of a canine on the side with a peg lateral incisor.⁷

It has also been proposed that genetics has a role in the etiology of palatally impacted canines, since impactions often occur in individuals with other co-existing dental anomalies, including missing or small teeth, spaced dentitions, transpositions or late developing dentitions.⁸ The genetic theory is also supported by the bilateral occurrence of impactions, a higher incidence in females, reports of familial occurrence and population differences.⁸

Diagnosis of Impaction

In young children, the possibility of impaction may be suspected if the child has a small, peg or missing lateral incisor, or there is a family history of palatally impacted canines.⁹ Clinical signs that may be indicative of a possible impaction include:^{1,9}

- Asymmetry in palpation or eruption timing between right and left sides.
- Prolonged retention of a primary canine and/or delayed eruption of permanent canine.
- Absence of a normal palpable labial canine bulge when occlusal development is advanced.
- Presence of a palatal bulge.
- Distal tipping and retroclination/proclination of the maxillary lateral incisors due to the canine pushing on the lateral incisor root. Distal tipping alone of the maxillary lateral incisors may be a normal stage of dental development (“ugly duckling” stage).
- Loss of vitality or increased mobility of the permanent incisors.

Radiographic examination, such as a panoramic radiograph, can supplement a clinical examination if canine impaction is suspected. If impaction is present, accurate radiographic localization is especially important to determine the feasibility of surgical exposure, proper direction of orthodontic force application and the extent of root damage to adjacent teeth.¹

Localization of the impacted canine can involve shift shots using periapicals and panoramic radiographs. More recently, there has been increasing use of cone-beam computed tomography (CT) scans to provide 3-dimensional information about tooth position and the relationship of the tooth to adjacent teeth and structures.

The amount of mesiodistal overlap of an erupting canine onto the root of the adjacent lateral incisor is a predictor of the probability of impaction. Approximately 80% of impacted canines have varying degrees of overlap with the lateral incisor on a panoramic radiograph.^{10,11} The odds of a canine becoming impacted increased by factors of 8.7 with each increase in overlap from no overlap, to overlapping the distal half of a lateral incisor, the mesial half of the lateral incisor, and then past the mesial edge of the lateral incisor. Once a canine has migrated past the midline of the long axis of the lateral incisor, there is nearly a 90% probability of impaction.¹¹

Sequelae of Impacted Canines

The impaction of a canine can have many effects, including the labial or lingual displacement of the tooth, migration of neighbouring teeth, loss of arch length and external root resorption of the impacted or neighbouring teeth.¹

The use of advanced imaging techniques has shown the rate of incisor resorption to be higher than previously estimated using traditional 2-dimensional films.^{12,13} Resorption on maxillary incisors has been shown by cone-beam CT to affect 27–67% of adjacent lateral incisors and 11–23% of central incisors.^{4,5,14} Displacement of a canine does not appear to be correlated to the width of the follicle, nor does contact or enlargement of a follicle necessarily cause root resorption.^{1,5,12-14} Resorption is more likely to occur when there is close contact between the crown of the canine and the incisor root.^{1,4,5}

Management

When an impacted canine is suspected in the mixed dentition, interceptive treatment may reduce the need for surgical intervention to expose the tooth or extract the permanent canine, and/or reduce the chance of damage to adjacent teeth.

In many cases of mild impaction, extraction of the overlying primary canine has been found to facilitate distal movement of a canine crown away from the lateral incisor root to allow it to erupt favourably^{15,16} (Figure 1). If follow-up does not show improvement or if impaction is severe, surgical uncovering and orthodontic correction of the impacted tooth will be required.

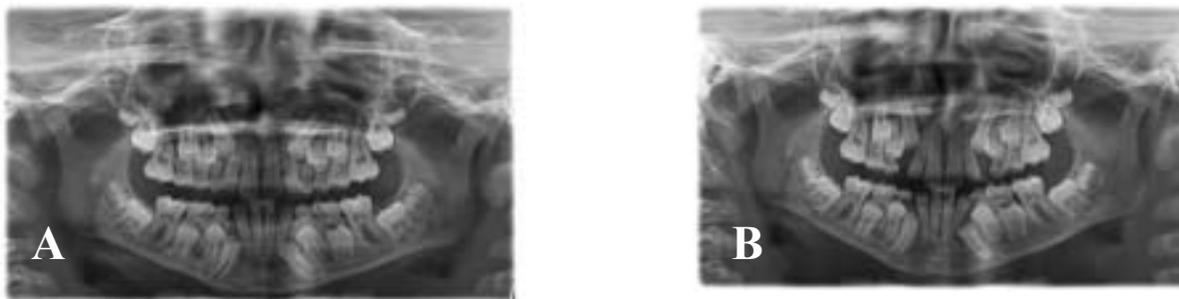
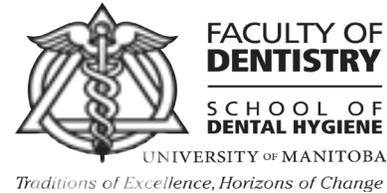


Figure 1. (A) Panoramic radiograph of a young male patient at age 9 years, 10 months. The maxillary canine teeth overlap the distal portion of the adjacent maxillary lateral incisors and have a higher probability of impaction. (B) Eight months after extraction of the primary canines, a follow-up panoramic radiograph shows the maxillary canines erupting more distally and in an improved direction.

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FACULTY CORNER



The Best Is Yet To Come 50-Year Finale marks a new beginning

What a difference a year makes. As our whirlwind 50th anniversary year draws to the final stages, it is amazing to note how much has been achieved in such a short time. To date: we have witnessed the success of several special events to commemorate the triad of teaching, research and outreach, beginning with our kick-off gala last February.

Traditions of Excellence in Oral Research, Urban Smiles and Dentistry at the Downs were all well-attended and successful events in their own right and will be followed by our Excellence in Education Symposium, the last installment of our "Symposia 50" series.

On October 17 and 18, the Faculty of Dentistry and School of Dental Hygiene will acknowledge and celebrate 50 years of academic achievement through a series of presentations delivered by accomplished alumni. Included on this list are special presentations from Dr. Larry Golub and Dr. Gerald Niznick, two of our most accomplished and celebrated alumni. The appearance by Drs. Golub and Niznick is one of a host of activities and presentations slated for the symposium that will take place in Theatre A of the Basic Medical Sciences building. This is also the final event to mark the triad of teaching, research and community outreach as part of our golden anniversary year.

To close this most special year, we have planned our biggest celebration ever. The 50-Year Finale has been set for Saturday, November 22 and promises to be the biggest celebration in the history of our institution. We encourage you all to attend and support what we are confident will be a milestone event.

As you may have already heard, this event will include several prominent members of the community who will appear to make this one of the more memorable and important events in the faculty's history. Our keynote address will be delivered by Mr. Charles M. Winograd of RBC, one of the highest ranking officers of one of North America's most powerful, prominent and successful firms. This is an outstanding development for our faculty in light of Mr. Winograd's proven business acumen plus his strong connection to the dental community in Manitoba. In addition to the status and respect he commands within the financial community, Mr. Winograd also has strong historical ties to the Faculty of Dentistry. His father and brother were both practicing dentists in Manitoba, while the senior Dr. Winograd also played a leadership role in developing our community outreach program for underserved populations in Manitoba. We are fortunate as Mr. Winograd rarely accepts speaking engagements and look forward to his appearance with much anticipation. His experience and insight should prove quite interesting to those running a practice in our province, just as it will to those in Winnipeg's financial community.

The 50 Year Finale will feature Dr. Jan Brown as co-host and emcee. Dr. Brown is the former president of the Winnipeg Blue Bombers football club and was named co-recipient of the 2008 Faculty of Dentistry Alumni of Distinction award, among many other community and professional achievements. Dr. Brown will share the stage with Dr. Les Allen, another faculty Alumni of Distinction winner and one-time president of the Canadian Dental Association. Live entertainment plus a host of dignitaries will also be part of the evening that will again take place in the fabulous Winnipeg Ballroom of the Fairmont Winnipeg. Tickets are now available and we anticipate they will go quickly.

The outstanding support from our practicing community has been instrumental in many of our past successes this year. I personally welcome and encourage anyone interested in being part of this most exciting and historical time to contact me directly about how to get involved.

Already, we have been fortunate as so many have stepped up and come forward to show support or lend a hand. It is difficult to describe the positive impact this has had. We welcome and very much appreciate the valuable role the practicing community plays as we move forward on our "Drive for Top Five".

Grant Warren
Public Affairs, Dean's Office

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“Update on Esthetic Restorative
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8:30—5:00

Victoria Inn, 1808 Wellington Ave



As busyness of dental practices improved the communication program evolved. New impact on dentistry by external forces developed. The focus became the image of the profession, creating a public mind set to chose dentistry regardless of the availability of other service providers. Within Manitoba there has been a long term concern with the competition for provision of services from denturists. The emergence of denturists restoring implants has heightened this concern. Nationally similar concern regarding hygienists has arisen. In designing recent action we have considered these concerns as well as CDA materials reaching Manitoba. The alignment of any materials to come out of the Dental Leadership Task Force is yet unknown. The DLTF is an initiative of the provincial dental associations, facilitated by the CDA.

To briefly summarize the thinking behind our current direction:

The idea is to have every dentist talk to every patient about dentistry, fostering an appreciation for what dentists offer that others don't. Stimulate and support those discussions with an integrated program of public and in office materials. Create a public that will chose dentists when offered a choice. Have the public chose dentists and dental office hygiene services over other options. The call to action remains, talk to your Manitoba dentist. Ask the questions that get dentists talking.

We are now in the awareness phase of the new direction. When and how to move into the call to action phase and what it will look like is in the planning stage. This latest phase of our program is comprised of :

- The Signature Award winning "Smiling Faces" television commercial.
- The "What Makes Dental Specialists so Special" television commercial.
- The updated, multiple Signature Award winning, "Mona Lisa" television commercial.
- The MDA website. The MDA website is up and running and serves as an effective means of reaching both the public and our membership. An attempt to drive traffic to our website is an integral part of everything we now do. Developing bigger and better ways to benefit from the opportunities offered by the website should continue to be part of our planning. Results indicate an average of 27,000 hits per week.

Other elements of the campaign have been supermarket counter ads and bus boards displaying graphics, messaging and call to action from the TV spot. The earlier information TV spots continue to air in proportionate rotation.

WHAT ARE SOME OF THE CHALLENGES WE MUST CONVERT TO OPPORTUNITIES?

Complacency

We have had a long run in Manitoba. The membership of the Manitoba Dental Association and the association

board are accustomed to the presence of the communication program. The benefits derived have become the norm. Up to now we have, by design, not included dentists in the target group of our activities. Whether or not to promote an appreciation for what we accomplish may require consideration.

Budget

Our current budget has not increased in a number of years. Inflation has effectively and substantially decreased the resources necessary to continue and grow. The cost of media we use for our campaign has increased 8% per year over the last five years without a corresponding increase in our budget.

Alignment with others

We have attempted to align our materials with theirs without diminishing our impact. The alignment of the Dental Leadership Task Force is yet to be seen. The DLTF has plans to take their message directly to dentists. We will have to determine how to harmonize any plans we make to message directly to dentists.

EMERGING IDEAS AND SOME THOUGHTS CURRENTLY ON THE TABLE

The need for an increased budget. The anticipated limit to our ability to do more with less has been reached. To just stay where we are would require approximately \$180 more per member annually, yet there is more to do such as:

- Launching the First Free Visit program. Phase one is to take the idea to dentists to create awareness of the program and garner support and participation.
- Developing action to counter self promotion by denturists
- Evaluating the timing for another "Open Wide" free dentistry day.
- A meeting of all MDA committee chairs to achieve alignment within the association.
- The creation of curriculum to get dental health included in health education in schools.
- Partnering with appropriate public health agencies to include dental health information in educational materials for new mothers.
- Explore opportunities to improve our participation in the Children's Festival. Can our tent be better, can we get higher profile for our efforts?
- Partnering with the Dental School to inform dentists of changes that benefit the dentists of Manitoba, once evidence of such change is available.

Continued success of the Manitoba Dental Association communication program requires your support and input. As always your enquiries and input are encouraged and welcome.

Dr. Joel Antel
Chair, Communication Committee



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08-186 07/08

Professional Classified

The Manitoba Dental Association offers a referral service for: **(I) Dentists with Opportunities:** (practices for sale, space to share and associateship/locums) and **(II) Dentists Seeking Opportunities:** (full or part-time associateships, short-term locums and practice purchases/buy-ins). To list with this service please contact April Delaney at the Manitoba Dental Association Office, Phone: (204) 988 5300, Ext 2.

ASSOCIATE OPPORTUNITIES

Winnipeg, MB

Lifesmiles Dental Group in Grant Park Shopping Centre has an opportunity for a full-time Associate. If you own your own practice, and would like to associate, we may be able to purchase or blend in your practice. We would be happy to answer any questions.

Please contact Lynn: (204) 452-0560

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DENTISTS SEEKING OPPORTUNITIES

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Experienced dentist available for locums (i.e. sick leave, vacations, etc.)

Please contact: Dr. Neil Winestock

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Dentist with 15 years experience, available for locums or short-term associateships in Winnipeg.

Please contact: Dr. Wade Salchert

(204) 999-8005

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Experienced dentist available for part-time associateship.

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Experienced dentist available for short-term locums (i.e. sick leave, vacations, etc.). References available upon request.

Please contact: Dr. I. R. Battel

(204) 489-4507

Winnipeg, MB

Experienced dentist seeking either a locum (i.e. sick leave, vacation, etc.) or a regular 1 or 2 days per week basis.

Please contact: Dr. Julius Wise

(204) 489-2263

PRACTICES FOR SALE

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West Kildonan Practice for sale in a growing part of West Kildonan in high traffic location as part of a medical professional building. Very good potential for growth. Optional share in the building is negotiable. For more information leave contact info at: Email: toyono@mts.net

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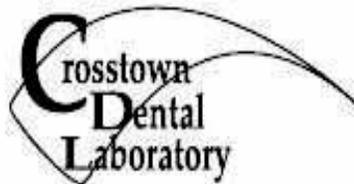
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