MDA Bulletin

Volume 38, Issue 3,
Fall 2019
ISSN 070-1717

2019 ALUMNI OF DISTINCTION

Tribute to the Class of 1969
2019 Alumni of Distinction Award Presentation to
Ken Stone, DMD/69 and Sheryl Sloshower, Dip.D.Hyg./79, B.Sc.D.Hyg./12

Front row left to right: Mal Nattrass, Allan Baker, Jan Brown, Ken Stones, Keith Morley, Earl Winestock, Paul Beesley, Ed Zak
Back row left to right: Makoto Suzuki, Tom Breneman, Dan Green, Les Allen, Robert Pochailo

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Your Manitoba Dentist

NETWORKING

SECURE DATA STORAGE

SINGLE POINT OF CONTACT

PHONE SYSTEMS

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Manitoba Dental Association

MDA Bulletin

The MDA Bulletin is published on a quarterly basis; submission deadlines are: February 20, May 20, August 25 and November 20.

Full colour, 8 1/2 x 11 published quarterly.

Circulation is approximately 1000 to Manitoba dentists and dental professionals.

Published online at ManitobaDentist.ca.

Advertisements may be submitted by email or CD accompanied by hard copy.
Please email submissions to: the Manitoba Dental Association by email:
office@ManitobaDentist.ca

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Manitoba Dental Association

President's Message

DR. DAVID GOERZ, D.M.D. F.I.C.D.
PRESIDENT, MDA

Fall has arrived and it is time to once again provide a report to the membership. The summer months and sunshine went by all too quickly and it feels like we have had nothing but rain in September. Trusting everyone enjoyed this past summer with family and friends and all are getting back into the regular work routine.

The world at the MDA continues to be filled with challenges and accomplishments. Our recent meetings in Saskatoon at the joint CDA and provincial convention showed very clearly the issues we are facing at this time. Manitoba was front and center during the President's meetings on a number of discussion topics.

I am pleased to report that we have national support on our stance against the development of a new oral health provider without the dental profession being part of that discussion.
It is firmly agreed upon that the regulation of the proposed new provider must be in the hands of dentists. Your president elect Dr. Marc Mollot, had the nation's dental leaders engaged in his very thorough report on the history and development of this issue. Marc and I were also able to recently address the Winnipeg Dental Society and where we had a good question and answer session on this challenging proposal for dentistry in our province and ultimately Canada. We will continue to engage all stakeholders on this initiative and we invite any questions you may have. For your information, I have asked Dr. Mollot to submit a report to be included in this bulletin.

A second issue of very strong national interest was the legal action that has been launched against the MDA by a direct to consumer dental product service provider. While I am not able to discuss in this bulletin report the current status of this legal case, public documents of the civil case are available on the Court of Queen's Bench website. I look forward to updating the membership when I am able.

Thirdly, I am very pleased to report that Manitoba was very involved in the continued development of the new MOU with CDA and all the provincial partners. The current ten year agreement ends in 2020 and there has been a lot of work and discussion in getting to a new proposed agreement that helps all provinces feel they have an equal voice at the CDA level. The current proposal will see a savings to the MDA upwards of $40,000 annually which no doubt helps us as a smaller organization. Manitoba continues to demonstrate strong leadership on issues facing dentists across Canada.

At the local level, everyone should be aware of or at least heard of the Blue Ribbon panel established by your board. This panel's mandate is to review the workings of our peer review system that we currently have in place. Their work is ongoing and they are asking for members to appear before them to discuss their experience with the MDA peer review system. If anyone has interest, please contact the chair of this panel, Dr. Jim Bonar at drjbonar@gmail.com. All contact with the chair will be held in strict confidence and I encourage members to contact Dr. Bonar.

One of the foundations and privileges of being self-regulated is the peer review system and this panel's work will be instrumental in ensuring we have the best system in place.

The work of streamlining our MDA committees continues and this is one of our top priorities. To date, 75% of the MDA committees have had their terms of reference (TOR) reviewed and approved by the MDA board. It is expected that we will have the remaining 25% completed by April 2020. This has been an onerous task for all members involved in this process but the positive outcome will stand the MDA in good stead for years to come.

As I have come to the two thirds point of my term, I continue to see the importance of communication and how it is vital to success. Whether the discussion is happening at the national level, provincial level or chair side with your patient, communication always determines the outcome. The highway to success is paved with effective communication. I want to remind members of three vital points to effective communication that our past president Dr. Sul shared with you in one of his articles to you last year. Firstly, be clear on what you are communicating and why. This can and usually takes some preparation. Secondly, have the courage to say what you want. Do it with honesty and people will know where you stand. Thirdly, and probably the most important part of communication is listening. It is vital to hear and listen first before one speaks. It is also critical to listen afterwards as well. A well thought out difference of opinion can show that success may have a different road that needs to be traveled.

Speaking of success, I would like to congratulate our Alumni of Distinction winner Dr. Ken Stones ('69). The AOD evening was once again, a celebration of our history and achievements by alumni. The class of 1969 was honored on their celebration of 50 years in dentistry. If you have never attended one of these events, I would encourage you to do so. Celebrating the foundation of our profession and remembering our past is good for the dental community.
Once again I will remind everyone to mark their calendars for next year's convention, April 2-4, 2020 in conjunction with the Canadian Dental Association. It will be "clear to see" an exciting weekend planned with great speakers and social events for dentists across the country. The registration site is now open, let's show Canada how we do it here in Manitoba.

I would like to give a big welcome to Greg Guenther as our new Director of Member Services and Public Events. Greg joined our MDA staff at the beginning of September and he brings a wealth of experience to his new role with us. A great addition to our hard working and top notch MDA administration team. Greg has a great smile and a good handshake. Make sure you say hi when you have the opportunity. Greg is your membership director!

Finally, I want to remind everyone that I can be reached privately at president@ManitobaDentist.ca. For a fun event, I am going to put everyone's name who contacts me on this email now till Christmas in a hat and draw out a pair of Jet's tickets for a stocking stuffer! I really enjoy hearing from the membership and I know all dentists like a free gift! It doesn't matter if you are asking a tough question, looking for information, sharing a story, or just saying hi.

Thanks for reading, stay dry and have a great fall.

Best regards,
Dr. David Goerz D.M.D. F.I.C.D.
President and Chairman of the Board
Manitoba Dental Association

MDAA
Manitoba Dental Assistants Association

MDAA Board of Directors Message

LAURA CAMPBELL
PRESIDENT, MDAA

As the leaves begin to change and fall to the ground, we say goodbye to the warmth of the summer sun, and hello to the tasks at hand, as we join our fellow MDAA directors around the board table once more.

The MDAA Board of Directors met on September 17th with so much to discuss! With our Continuing Education Course fast approaching on October 5th, the final details were being put in place. It's so exciting to have three very important topics that have something for everyone! It's sure to be an enlightening day! It always amazes me the wealth of knowledge that we have in our city, and those who are so generous to come out on an early Saturday morning to share it with our membership! Kudos to you all!

We have also had wonderful success with our RDA of the Month! The nominations have been pouring in, and we have had four winners thus far! All of their names and bio's can be seen on the MDAA website. Please take a look, as we are so very proud to show off our well deserving RDA's!

Our amazing Association Administrator/Member Relations Officer, Heather Kinsman has been hard at work, continually updating our website! With exciting discounts, promotions, and everything you need to know about your role and responsibility as an RDA, it's now right at your fingertips! With links to the MDA website, our bylaws, continuing education, etc, it's never been easier to get the information you need, and if you can't find it there, give her a call at the MDAA office. She's always more than willing to help.

The 2020 CDA/MDA Annual Convention is just around the corner, and what an amazing event it will be! The MDAA will also be holding our Annual General Meeting (AGM) on the Saturday morning of the convention. Please be sure to register to attend our AGM by watching your mail/email for the convention registration details. We'd love to see you there!

So on that note, I'm hoping you can come out to any of the events in the upcoming months. It's always nice to meet new faces, and catch up with those from the past. From all of us at your MDAA Board of Directors, here's wishing you all a wonderful Autumn Season, full of cool refreshing weekend strolls, and hot chocolate with marshmallows at night!

Laura Campbell
President, MDAA

Manitoba Dental Association

MANITOBA DENTAL FOUNDATION

We've Won...Twice!

We are excited to announce that our Marketing and Communications Team has won the MDA and MDF a 2019 Summit Creative Award for our Re-branded MDA Stationery – "Best Re-brand" and MDF's Smile Gala – "Best Integrated Campaign".

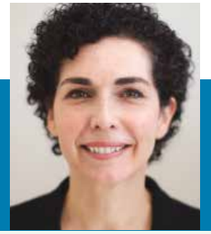
The creative work was awarded by the Summit International Awards organization from a pool of more than 4,500 candidates from 27 countries.

For 25 years, the Summit Awards recognize outstanding work in the communications and marketing fields. The annual awards program is administered by The Summit International Awards. The program is wholly independent from third-party influence and is focused on companies with less than $30 million in annual billings.

From our Marketing and Communications Team:

"We are all about results for our clients, but it's really great to get recognized by our industry and peers for the hard work and dedication we have promised to always deliver to the MDA, MDF and ADM. We thank them for their trust in us.

As we say farewell to 2019 and head into 2020 we look forward to once again, generating outstanding results for the MDA, MDF, ADM and maybe earning them all a few more awards along the way."



Dean's Message

DR. ANASTASIA KELEKIS- CHOLAKIS
DEAN, COLLEGE OF DENTISTRY,
RADY FACULTY OF HEALTH SCIENCES,
UNIVERSITY OF MANITOBA

As newly appointed Dean of the Dr. Gerald Niznick College of Dentistry I am looking forward in continuing its tradition of excellence. As a graduate, educator and researcher of this institution I am well aware of the strengths and challenges that exist within our College.

In our retreat in August, faculty, staff and student representatives reflected on our identity as a College and re-affirmed our commitment to excellence in teaching and patient care. We also reviewed a research map of our College and identified nationally recognized areas of strengths such as early childhood oral health and oral chemosensing. Our goal is to proceed to a comprehensive strategic plan encompassing education, service and research in the upcoming year.

In the last couple of months, we have prepared a capital needs assessment of the whole College. We are aware that our clinics and laboratories are in need of renovation and we are preparing an implementation plan that will involve fundraising, streamlining of our operations, cost savings and possible partnerships with our stakeholders to start addressing our facility needs. We anticipate this will be an ongoing process in the years to come.

On the curriculum side, we will be undergoing a curriculum review and examining where we need to update our didactic, pre-clinical and clinical content to better reflect the current needs of the profession. With Dr. Niznick's ongoing support we plan on further expanding on previous initiatives, to introduce digitization in our curriculum in didactic, pre-clinical and clinical training.

This upcoming year will be an exciting one as the Dr. Gerald Niznick College of Dentistry and the School of Dental Hygiene prepare their strategic priorities for the years ahead, in collaboration with their alumni and respective associations.

Front Row (L-R): Antoine Chehade, Hilary Stevens, Dimple Bhatia, Master Fellow Donna Brode, International President Bettie McKaig, President Patti Grassick, Registrar Gordon Thompson, President-Elect Drew Smith, John Odai, Vijay Pruthi.

Middle Row (L-R): Gordon Markic, George Vouronikos, David Lim, Robert Staschuk, Lange Soo, Jaideep Lail, Alan Robinson, Ben Davis, William Cooke, Ken Shek, Lawrence Watral.

Back Row (L-R): Dean Zimmer, Wes Thomson, Laureen DiStefano, Amanda Maplethorp, Benjamin Thomas, Paul Hurley, Lyle Best, Edward Busvek, Kate Kerr-Lawson, Leonard Bajcer.

The International College of Dentists, Canadian Section held it's Annual Meeting and Convocation in Saskatoon September 12-14, 2019. The College recognized 24 new Fellows from across Canada including four from British Columbia, three from Alberta, three from Saskatchewan, three from Manitoba, seven from Ontario, one from Quebec and three from Atlantic Canada.

New Fellows who were inducted in Saskatoon are Dr. Bill Cooke, Dr. Ken Shek and Dr. Vijay Pruthi.

Mr. Lyle Best was recognized as an Honourary Fellow for his many contributions to Dentistry.

Dr. Donna Brode was made a Master Fellow in recognition of outstanding service to the College as an International Councilor and a Past President of the Canadian Section as well as her humanitarian work.

The International College is a leading honorary dental organization dedicated to the recognition of outstanding professional achievement and meritorious service and the continued progress of the profession of dentistry for the benefit of all humankind.

A New Oral Health Provider for Canadians?

DR. MARC MOLLOT
VICE PRESIDENT, MDA

On behalf of our President, I would like to provide you with an update on the issue of CDHA funding for a new oral health provider program accepted by the U of M Dr. Gerald Niznick College of Dentistry. As a footnote to this update there is a timeline of publicly available facts related to this initiative.

I would like to first recognize the outpouring of support that we have received from our community on this issue. Many of you have reported feeling insulted by the suggestion that any access to care issues are as a result of lack of participation in our MDA community. As a matter of fact, the FNIHB program in Manitoba reports a full roster of dentists to provide care to some 30+ northern and remote communities.

Access to oral health care, including rural and remote locations, has always been a priority for the MDA and our profession at all levels. Manitoba dentists can be proud of the commitment they have shown supporting their many initiatives related to access to care such as the NIHB program, EIA, Centre for Community Centre for Oral Health, SmilePLUS, Manitoba Dental Foundation, just to name a few. Of course, we can always find ways of improving oral health for Manitobans and we are encouraged that we have no shortage of dentists in our community who continue to be leaders in this area. We have recently struck a dedicated task force to thoroughly review this important issue.

As outlined in their reports, the Canadian Dental Hygienists Association envisions this new provider would receive one additional year of training and, upon completion, would provide dentistry (restorative, avulsions, oral surgery, denture work, prescription writing) to patients of all ages in both urban, and rural/remote locations including on patients with medically complex needs. After a vigorous federal lobby, the CDHA has received funding from the Minister of Indigenous Services to support their plans at U of M and Saskatchewan Polytechnic.

The MDA regulates the professions of Dentistry and Dental Assisting in the public interest and to ensure public protection. This is our primary mandate. The suggestion that First Nations and Indigenous peoples should be satisfied with a mid-level provider trained in one year to provide services that are legally reserved for dentists is in itself problematic for the MDA and is clearly a matter of public protection.

Not for any lack of our efforts over the past couple of years, the process thus far surrounding the discussion of the creation of a new oral health care provider has been done with little or no collaboration with dentistry, nationally or locally.

I look forward to updating you all periodically.

Dr. Marc Mollot
Vice President, Manitoba Dental Association

June 2012 CDHA Position Statement – Addressing Dental Hygiene Labour Shortages in Rural and Remote Areas. "Ensure that reimbursement rates for dental hygiene services are equal to provincial/territorial rates."

Nov 2015 Election of PM Justin Trudeau

July 2017 CDHA Board publishes Position Statement "Filling the Gap in Oral Health Care" Position Statement to support a Dually Qualified, multiskilled provider through integration of the Dental Hygiene and Dental Therapy Diploma Programs.

Fall 2017 Report 4 form the Auditor General of Canada
Oral Health Programs for First Nations and Inuit Health – Health Canada.
6 recommendations - #6 "Health Canada should implement strategies to ensure that it has the human resources it needs to deliver oral health programs and related services to First Nations and Inuit populations over the long term. These strategies could incorporate the use of a variety of professionals and adopt practises from other regions."

2018 CDHA, through the Educational Advisory Committee, Chair Ms. Mary Bertone, with the support of the First Nations and Inuit Health Branch (FNIHB), develops "Canadian Competencies for a Baccalaureate Oral Health Practitioner." This document presents a competency profile for a baccalaureate program designed to educate oral health practitioners with both dental hygiene and dental therapy scopes of practice.
1 additional year. "Includes perio, restorative, and oral surgical services for people throughout the life stages. Includes those with medically complex needs. Restorative includes caries removal, restorations, stainless steel crowns, space maintenance, denture repairs. Oral Surgery includes treating avulsions, extractions, suture placement and managing complications, writing prescriptions for analgesic. Urban, Rural and Remote areas."

July 2018 Email from the Dean of the U of M Dr. Gerald Niznick College of Dentistry to the MDA "…the College of Dentistry would only be interested in participating in the planning process with the understanding from CDHA that the MDA and other relevant stakeholders from the dental community be represented in this process at the onset, and further, that the practise model be one that involves supervision from licensed dentists (no independent practise) and that regulation also be provided through the MDA."

Sept 2018 CDHA Educational Advisory Committee, Chair Mary Bertone, publishes a study commissioned by CDHA and completed by Omni Educational Group, Ltd. "Canadian Oral Health Practitioner Curriculum Resource – Combining Dental Hygiene & Dental Therapy Education"

Jan 31, 2019 The Honourable Seamus O'Regan, Minister of Indigenous Services provided a progress report to Chair of the Standing Committee on Public Accounts:
"…the Department is providing funding to the CDHA for the development of a curriculum to create a new oral health provider with an expanded scope of practise…includes hygiene and dental therapy."
"Furthermore, the Department provided funding to the CDHA to collaborate with the University of Manitoba and Saskatchewan Polytechnic for the creation of the new post-secondary program for the Oral health practitioner as a new oral health provider."

Spring 2019 U of M College of Dentistry confirms intention to pursue feasibility study.

Summer 2019 CDHA confirms providing funding to Saskatchewan Polytechnic to support a feasibility analysis.

Registrar's Message

DR. PATRICIA (PATTI) LING, D.M.D
REGISTRAR, MDA

Fall at the MDA means both members and staff are busy attending meetings where regulatory and service work is accomplished. Board appointed committee members are a valuable resource and play an integral part in researching and completing the work identified by the Board as necessary in order to regulate the profession of dentistry and dental assisting in Manitoba. We are fortunate to have such dedicated professionals who volunteer their time to accomplish this. Thank you, it is valued and appreciated.

I'd like to extend a warm welcome to Mr. Greg Guenther, Director of Member Relations and Public Events. Greg comes to us from Sport Manitoba and brings his many talents in working with volunteers and boards. We look forward to working closely with Greg and learning from each other. Greg is a great asset that will strengthen our MDA team.

The number of dentists and dental assistants in our province continues to grow. Current numbers are 763 dentists and 1379 dental assistants. Prior to licensing, each applicant's credentials are reviewed and verified against the national licensing standards to ensure compliance. A 2-hour orientation is booked where the MDA Executive Director reviews the history, function and operation of the MDA, and the Registrar reviews and highlights our Act and Bylaws to ensure our members understand the importance of their compliance with these regulations.

All members are expected to read, understand and comply with all regulations. Non-compliance may put the public and your license at risk.

Revisions to the **Office Assessment process and Bylaw**, have been completed and will be presented at the upcoming board meeting on October 25th for review by the Board. If the Bylaw is approved by the Board, it will be sent out for member consultation shortly thereafter. Please review and provide your comments. Once ratified by you, the membership, it becomes part of our regulations and must be followed.

Revisions to the Pharmacologic Behaviour Management (PBM) process and Bylaw have been completed and will be reviewed by the Committee of the same name in late October. The final committee approved changes will be presented to the Board at the upcoming January 10th Board meeting. All members providing sedation are to ensure that all sedation facility permits are current and posted for public viewing, and that all sedation providers are on the appropriate MDA sedation roster before providing sedation.

A working group of the Infection Prevention and Control Committee has been diligently editing the document prepared by the committee at large. Draft 9 of the IPAC Manual and Standards will be reviewed and edited by the working group on October 15th. Draft 10 will be presented to the entire committee on November 6th with feedback requested within 2 weeks. It is hoped that a final document will be ready to present for board review by the January 10th Board meeting.

Provincial Committees such as **Office of the Manitoba Fairness Commissioner** (OMFC), **Manitoba Alliance of Health Regulatory Colleges** (MAHRC) and **Manitoba Monitored Drugs Review Committee** (MMDRC) have had their first meeting following summer break. Of interest to you would be the following:

- OMFC meeting focused on creating mentorship activities for foreign trained professionals
- MAHRC is embarking on Strategic Planning Exercises for the future and direction of the organization – this is a collaborative information sharing group of organizations who will all be governed under the Regulatory Health Professions Act of Manitoba (RHPA)
- MMDRC is a committee of the Ministry of Health that utilizes the Drug Program Information Network (DPIN) to monitor restricted drug usage and prescribing patterns among health care professionals. Based on mortality rates and autopsy data, the program monitors oxycodone, fentanyl, and other drugs in morphine equivalents and will soon monitor benzodiazepines. Monitoring of Percocet and Tylenol #3's is being considered for the future. This data is now being shared with each Registrar to inform, educate and monitor prescribing practices of its members.
- MDA members are encouraged to review the "2017 Canadian Guideline for Opioids for Non-Cancer Chronic Pain" document for recommendations and prescribing guidelines. For acute dental pain, NSAIDS or equivalent should be your first line defense. If an opioid is required, a course of 3 to 5 days is recommended. Data shows that dentists make up approximately 20% of all new prescribers of opioids. Limiting your course of prescribing to 3 days, will help to minimize any new dependency, abuse of or trafficking in these drugs.

National Organizations and Committees have also resumed their work. **NDEB** has begun their collaboration with **Royal College of Dentists** (RCDC) for delivery of the **National Dental Specialty Exams** (NDSE) by NDEB in 2020. NDEB is also advertising through Boyden Canada for a Director of Examinations. This position is full-time and based in Ottawa. The ideal candidate would be a licensed dentist in Canada with an understanding and involvement in dental education and evaluation, high-stakes examinations, psychometric testing, NDEB, technology and is bilingual. If you are interested in this position, please visit www.boyden.com.

Canadian Dental Regulatory Authorities Federation (CDRAF) is continuing to follow its Strategic Initiatives through 2020. One such initiative is revision of the **"National Competencies of a Beginning Dentist"** document utilized by CDAC in its accreditation of training programs for dentists. Both non-clinical and clinical competencies will be updated for 2020 and beyond. Currently, a newly graduated dentist may perform 47 individual competencies. Public Interest Groups will be surveyed and will help to inform these new competencies which will be developed by a varied group of stakeholders including ACFD, NDEB, CDRAF and CDAC.
I will continue to keep you, our members, informed of our regulatory activities as they happen. Thank you for the privilege of serving our Association and our profession. I am always happy to answer any questions or listen to your concerns. I can be reached most Tuesdays, Wednesdays and Fridays at the MDA.

Respectfully submitted,
Dr. Patricia (Patti) Ling
Registrar, MDA

DRS. CRAIG FEDOROWICH &
HUMA ROHAN
CO-CHAIRS MDA MENTORSHIP PROGRAM

Mentorship Program

With significant foresight the Dr. Gerald Niznick College of Dentistry (College) and the Manitoba Dental Association (MDA) created a unique mentorship program, the first to be formalized between a provincial body and a dental school in 2005. The uniqueness of this pre-graduation program comes from one special occurrence; under a formal arrangement, the MDA was granted access to work with the College's students. The MDA recognizes that special privilege and from its inception has been careful to respect that access.

The intention of the program is to facilitate the development and to transition the most junior members of our profession; students, towards becoming dentists. The mentor/mentee relationship is a nurturing process to help expand the knowledge and to foster growth and development. This connection with practising members of our profession provides a resource that goes beyond the dental school experience and functions to complement and enhance it.

There are two components to the program: Education and Support. There is informal one-to-one support, including off-campus activities, that are customized to student's needs and interests by each mentor; and there are formal educational sessions to students that have mandatory attendance for both mentor dentists and students.

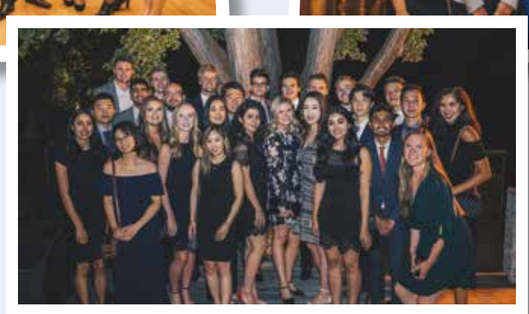
These informal sessions can include visits to a mentor's office, CE event attendance, or a simple Saturday morning coffee.
In the formal component of the program, students and their mentors meet a minimum of three times per year for mentorship events in each of the four years of the College program. These events are integrated into dentistry course requirements where students are expected to gather information for use in assignments and discussion relating to such courses.

These formal meets have a diverse range of topics that include the following: Introduction to Patient Management and Preparing for clinic/handling first patient/clinic setting/time management; Achieving Work/Life Balance; Applying for a specialty; Marketing yourself and development for the thriving associate; Volunteerism; The Do's and Don'ts of Dentistry; Managing Finances after Dentistry; and Real World Ethical Dilemmas. These are most of the topics planned for this year.

Topics are selected for each class as their relevance changes as the students' progress through tier years at the College. Topics change to ensure there is no duplication such that students do not hear the same presentation twice. Topics can also change as students are asked to critique the presentations.

Presentations can change pending the availability of speakers though we are lucky in that members of our profession graciously volunteer when asked to speak. From our time as chairs their expertise is considerable and presentations applauded.

Mentorship has changed from an old school model of mentoring though a senior dentist/associate relationship largely solo practice based to a variety of practice models that are in existence today. While that excellent post-graduate model still exists, societal expectations are as high as they have ever been and social media is critically ever present. The demands on our junior members of the profession are high and this unique program offers education and insight that we hope better prepares them.



1ST ANNUAL Retreat

Manitoba Dental Association

GPSC GENERAL PRACTICE STUDY CLUB

SEPTEMBER 27-29, 2019
ELKHORN RESORT & SPA
CLEAR LAKE MANITOBA

I never went to summer camp as a kid. According to testimonials from those who have, I gather it's a getaway of sorts; A chance to experience nature, to learn something new and form relationships that stand the test of time. An instant peer network of people who share similar interests in an environment removed from the hustle and bustle of daily life. As a Study Club that primarily focuses on mentorship, learning and comradery, what better way to achieve those goals than by going to camp?!

This past September 27-29, 2019 marked the First Annual GPSC Weekend Retreat. A full day of lectures for 6CE points took place at Elkhorn Resort and Conference Centre at the edge of Riding Mountain National Park.

It was the perfect way to disconnect from the everyday stresses of life. It is not uncommon to see people rushing away to other commitments when meetings are held in Winnipeg but at Elkhorn the pace slowed and the mind could rest. With the beauty of the scenic national park, and optional outdoor activities, it was basically 'summer camp' for dentists. Whether it be during the campfire talks or the meals shared with peers and family alike, we were able to reconnect with colleagues and cultivate new friendships and professional relationships.

Participants from Winnipeg, Brandon and the surrounding areas joined the GPSC Weekend Retreat to hear a variety of lectures from local experts (Dr. Susan Tsang – Dr. Andy Dosanjh – Dr. Meredith Brownlee – Dr. Jay Greenfeld). Each lecture was followed by Q and A sessions and was further flushed out by an impressive level of engagement and participation from the intimate group of participants.

From the club's inception in 2013, two initiatives have been on the forefront of the club;

One, to provide an atmosphere of mentorship and sharing, specifically targeting dentists who are early in their careers (or new to practice in Manitoba).

Two, to reach a broader geographical location and accommodate practitioners outside of Winnipeg who may find it difficult to obtain a broad professional network or find CE close to home.

In the past, we have attempted to address these initiatives by offering sessions on various weekday evenings and include at least one week-END session. With many new practitioners working some evenings, this rotation of meeting times was intended to accommodate a variation of schedules. The weekend session was intended to allow ample time for rural participants to drive in if they liked.

The "summer camp" experience of the GPSC Weekend Retreat fulfills both initiatives and based on the immediate feedback from participants, will definitely be a repeat event. When the weekend ends, it's really just the beginning. Upon leaving the retreat, we are not leaving behind what we learned, we are not leaving behind the friendships or the memories. We are leaving with a network to call on for advice, for mentorship and support. The retreat springboards us all back to our practices with renewed excitement and enthusiasm.

The rest of the 2019/2020 GPSC agenda is as follows;

Date	Location	Time
Tuesday, October 29th 2019	Inn at The Forks Dr. Jack Lipkin (Prosthodontist) Dinner will be served	6 PM
Friday January 17th, 2020	Inn at The Forks Dr. John Tsourounakis (Periodontist) Dinner will be served	6 PM
Wednesday February 26th, 2020	Inn at The Forks Dr. Jose Viquez (Prosthodontist) Dinner will be served	6 PM
Saturday April 18; 2020	Inn at The Forks Ken Chizick (Dental Technician) Breakfast will be served	9 AM (Half Day)

RSVP- Please RSVP to Greg Guenther at:
gguenther@ManitobaDentist.ca or by telephone to #204-988-5300 Ext 3.
There is no cost to attend.

The GPSC now has an Instagram account for those social media savvy members where meeting reminders, updates and lecture recaps can be found. Follow us @gpsc_mb to join our online community. Members are encouraged to DM any feedback and questions in order to tailor our lecture content to their needs and interests. Anyone NOT on social media can send us an email or speak to us directly of course.

Learning Today. Leading Tomorrow.

GPSC Co-Chairs:
Dr. Kelly Regula &
Dr. Lori Simoens

Manitoba Dental Association

Staff Announcement

The Manitoba Dental Association welcomes Greg Guenther as it's Director of Member Services and Public Events. Greg comes to the Association with over 20 years of experience working in the not-for-profit world specifically in the area of sports. This would include the following positions at Sport Manitoba: High Performance Manager, Director of Coaching and most recently Senior Manager for Sport. Greg also worked as General Manager for Team Canada Volleyball Centre.

Greg brings to the MDA a passion for working with volunteers at the community, regional, and provincial level. He is focused on building strong relations with members and other dental organizations based on trust, respect and openness.

As the Director of Members Services and Public Events, he will be responsible for working with the following committees of the association: Annual Meeting and Convention, Communications, New Dentists and Student Affairs, General Practice Study Club, and Mentorship. He will also be working with the Manitoba Dental Foundation in the areas of branding and culture of excellence.

Please join me in welcoming Greg to our dental family. He can be reached at gguenther@ManitobaDentist.ca or **204-988-5300 ext 3**.

Rafi Mohammed
CEO, Manitoba Dental Association

Pacific Dental Conference

save these Dates!

March 5-7, 2020

Join us in Vancouver, BC

- Three days of varied and contemporary continuing dental education sessions are offered (something for your whole team)
- Over 140 speakers and 150 open sessions and hands-on courses to choose from, as well as the Live Dentistry Stage in the Exhibit Hall
- Over 300 exhibiting companies in the spacious PDC Exhibit Hall
- Lunches and Exhibit Hall Receptions included in the registration fee
- PDC Lab Expo on Saturday – One day of exhibits area and lectures for Denturists, Dental Technicians and all Dental team (lunch included)

Online registration opens October 15th, 2019 at...

pdconf.com

Save money and register before January 10th, 2020!

Featured Speakers

John Kois
Materials/Techniques

Judy Kay Mausolf
Communication

Liz Pearson
Health

George K. Merijohn
Periodontics

Pacific Dental Conference

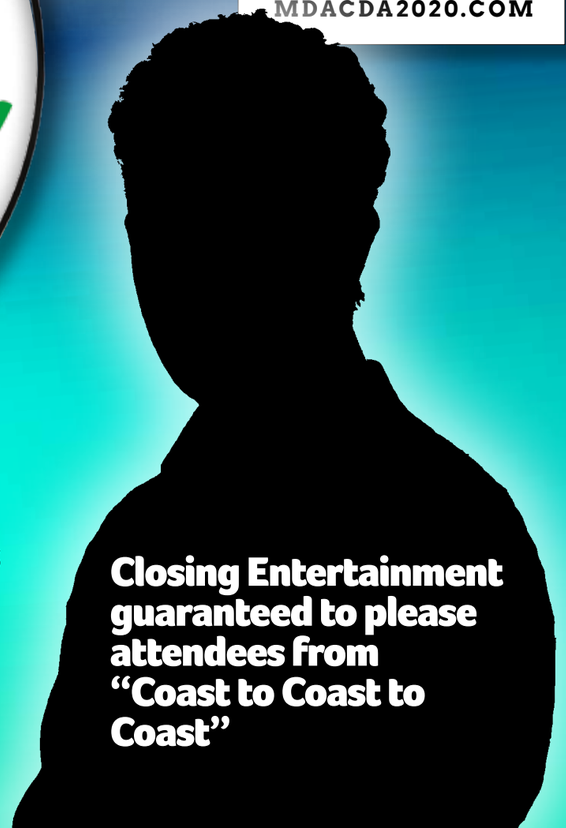
PDC LAB EXPO March 7

Manitoba Dental Association

CANADIAN DENTAL ASSOCIATION

Manitoba Dental Association & Canadian Dental Association Convention

April 2–4, 2020
Winnipeg, Manitoba



MDACDA2020.COM

Exhibitor Registration Opens October 1st

Delegate Registration Opens October 15th

Closing Entertainment guaranteed to please attendees from "Coast to Coast to Coast"

Some Featured Speakers Include:

Ms. Karen Davies: Dental Hygiene

International Speaker Karen Davis, RDH, BSDH is founder of Cutting Edge Concepts®. With insightful humor and how-to information, she delivers the timely and effective messages dental industry members need to succeed in today's world. Karen is also a practicing dental hygienist in Dallas, Texas. Karen received her Bachelor of Science in Dental Hygiene from Midwestern State University. She has served on numerous advisory boards in the profession, and is considered a Key Opinion Leader to several corporations.
Dentistry Today has recognized Karen as a "Top Clinician in Continuing Education" annually since 2006. She is an accomplished author and continues to share her passion for practicing on the cutting edge of the profession. Karen is an independent consultant to the Philips Corporation, OraPharma Inc, and is affiliated with PerioSciences, Inc.

Friday April 3rd

Dr. Dean Kriellaars:

Dr. Dean Kriellaars is a faculty member of the School of Medical Rehabilitation, Department of Physical Therapy at the University of Manitoba. He is a member of the Spinal Cord Research Centre and a scientist of the Manitoba Institute of Child Health. His Human Performance Laboratory has numerous students and staff directed to undertaking research on exercise, physical activity and obesity. Dr. Kriellaars has been awarded two major university teaching awards, as well as national and international awards for scientific research and innovation. Dr. Kriellaars has received two University of Manitoba Presidential Outreach awards for his community work. In 2007, he was named as the co-chair of the Premiers Council on Health Living for the province of Manitoba. He was awarded the Healthy Living Award (2007) for his outstanding activities in building community wellness in the province of Manitoba.

Friday April 3rd

Dr. Jose Viquez: Prosthodontics

Winnipeg Prosthodontist Dr. Jose Viquez earned his DDS degree from Universidad Latina de Costa Rica in 2010. After joining his father in private practice for a brief period, Dr. Viquez decided to pursue his advanced training in Prosthodontics. In 2014 he received a Certificate in Advanced Prosthodontics after completing a three year residency program at Louisiana State University School of Dentistry, where he had the opportunity to work with multiple implant systems. In 2015 he completed the Surgical Dental Implant and Esthetic Dentistry Fellowship Program in the Department of Prosthodontics at Louisiana State University School of Dentistry. Dr. Viquez is a Fellow of the International Congress of Oral Implantologists and a Fellow of the Royal College of Dentist of Canada.

Friday April 3rd

Ms. Carissa Clarke: Mental Health First Aid

Carissa is passionate about the Mental Health First Aid program, and the broader topic of Psychological Health and Safety in the workplace. Under her consulting firm, Listrom Training and Consulting, Carissa has delivered more than 75 Mental Health First Aid Basic certification workshops in the past 2 years. She also supports workplaces who are developing or expanding on existing psychological safety programs as a private consultant.
Carissa has a Bachelor of Education for the University of Regina and more than ten year of experience facilitating workshops for adult learners. Her Mental Health First Aid courses are interactive, activity-based, and take place in a respectful learning environment where participants can share their personal knowledge and experience in a safe and supportive atmosphere.
Based out of Regina, SK, Carissa travels throughout the Prairie provinces delivering Mental Health First Aid Basic courses open to the public, and closed courses for organizations requesting this certification workshop for their staff. She is also a national contract facilitator for the Mental Health Commission of Canada.

Friday April 3rd

Ms. Rita Bauer: Dental Photography

Rita Bauer has become recognized as a leading authority on integrating clinical photography in the Dental Practice.
During her 30+ years as medical photographer and manager of Photographic Services at the University of Toronto she has trained thousands of dental professionals presenting over 900 lectures and workshops throughout the world. She now divides her time between the Faculty of Dentistry and lecturing, training and consulting on dental photography through Bauer Seminars Inc. For her efforts to the dental community she has received Honorary Fellowship from the International College of Dental Surgeons in 1997, the Omicron Kappa Upsilon Honour Dental Society in 2001, Award of Distinction from the University of Toronto, Faculty of Dentistry in 2013 and the Ad Eundum Fellowship in the Royal College of Surgeons, Ireland in 2015.

Friday April 3rd

Kim Hunter
People First HR Human Resources: HR Standards Training

A skilled and engaging facilitator and trainer, Kim is happiest when she's working with clients to support them to develop operational and human resource solutions that fit their unique needs. Kim's business background includes extensive sales, management and marketing experience as a regional manager in both Western Canada and the Middle East.
Prior to joining People First, Kim was the managing partner in a consulting firm specializing in HR solutions, community-based research and reporting for community and Aboriginal organizations. She has extensive recruitment experience and is passionate about developing successful cross-cultural partnerships with the Aboriginal and newcomer communities.

Friday April 3rd

Dr. Nita Mazurat, DMD, MSc: MDA Infection Control standards

Dr. Nita Mazurat is an Associate Professor, Department of Restorative Dentistry, University of Manitoba, Winnipeg, Manitoba, Canada where she is the clinical dentist for Screening for the undergraduate programs in Dentistry and Dental Hygiene, Director of International Students, and Co-ordinator of Regulatory Compliance including Infection Prevention and Control.
Nita has been a member of OSAP since 2005 and is a proud international editor to ICIP. She is also a member of IPAC (Infection Prevention and Control, Canada), CAMDR (Canadian Association of Medical Device Reprocessing, CSA (Canadian Standards Association) Technical Committee on Sterilization, and SCC (Standards Council of Canada, Canada's accreditation body) and is currently awaiting to hear whether or not she will be selected as an advisor to PHAC (Public Health Agency of Canada) representing oral healthcare professionals. Her passion for Infection Control is matched only by her passion for her family, her husband of 42 years and their three children, and golf.

Friday April 3rd

Christina Semaniuk
People First HR Human Resources: Managing Conflict

Christina is a seasoned human resources professional with over 25 years of senior leadership experience as a strategic advisor and business partner within the financial services sector. As a member of the Senior Management team, Christina provided strategic direction and leadership in all human resource initiatives through the development and implementation of proactive programs, activities, policies and procedures relating to recruitment and retention, performance management, compensation and benefits, training and development, change management, succession and talent management, career planning and workforce diversity.
Christina is a certified Sales & Services Trainer and holds an Executive Certificate in Conflict Management from the University of Windsor Law School.

Saturday April 4th

Make Sure You Can Get Credit When You Need It.

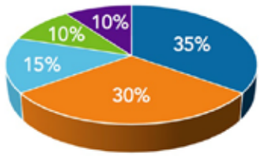
MICHAEL TYLER, CFP®, FMA
INVESTMENT PLANNING ADVISIOR

You apply for a mortgage, car loan, business loan, or credit to make a significant purchase. The first thing the lender does is check your credit score, a number that indicates your capacity to repay the loan. Lenders use it to determine who qualifies for a loan, at what interest rate, and to what limit.

Your credit score is based on credit reports that are maintained by credit bureaus such as Equifax and TransUnion. Your report contains a history of balances, payments, accounts, inquiries and other pieces of personal information.

DETERMINING YOUR SCORE

Using credit report data, your score is calculated based on the following weightings:



Source: myfico.com

- **Payment History**
  On-time credit card payments, cell phone bills, car loans… they're all important.
- **Amounts Owed**
  Your used credit vs. your available credit.
- **Length of Credit History**
  This is why it's good to start early.
- **Credit Mix**
  The number and types of accounts you have, like credit cards, mortgages, car loans, student loans, etc.
- **New Credit Inquiries**
  Whenever a lender checks your report, your credit score may be affected.

Scores in Canada range from 300 to 850. Good scores are 660 and higher, and anything over 760 is considered excellent. You can get your credit score from several companies—some charge and some don't—and they use slightly different algorithms so your score may differ a little from one to the other.

It's important to understand some of the things that can happen if you don't maintain a good credit score:

- It may be difficult to get credit, or you may have to pay a higher rate. This is crucial if you're applying for practice financing.
- It can affect your ability to buy a home or rent an apartment.
- It can affect home and auto insurance rates.
- In a divorce, a low credit score can be used as leverage in dividing a couple's assets.
- Employers may use them as part of a hiring decision.

8 Tips to Help You Keep a Healthy Credit Score

1. Pay all your bills on time.

Make at least the minimum payment. Tell your credit provider in advance if you can't make a payment. They may be able to adjust your repayment terms to more manageable levels. This will appear on your report and may or may not affect your score.

2. Keep your credit card balances low.

The rule of thumb is to keep balances to 30% of your combined credit card limits. Card issuers typically report balances when your billing month closes, so it's a good idea to get under 30% before then.

3. Don't close old cards.

Lenders look at the percentage of your total available credit on all cards. An unused card keeps your total limit higher, so the amount owed on other cards represents a lower percentage of overall credit available.

4. Manage your overall debt.

Credit cards, loan balances or lines of credit drive up your overall debt. As a rule, it's a good plan to keep your monthly debt payments and bills below 35-40% of your gross monthly income.

5. Set up automatic payments.

This is the best way to avoid missed or late payments.

6. Avoid applying for credit from too many lenders.

Every inquiry affects your score. Too many inquiries in a short time may make lenders suspicious that you're overextended.

7. Do whatever you possibly can to avoid defaulting on a loan.

This is an obvious one—it can cause serious and lasting damage to your score.

8. Check your credit report yearly.

It's important to know where you stand and make adjustments if your score is low. Report any incorrect information, including date of birth, social insurance number, errors in your payment history, or unauthorized inquiries. These may be evidence of identity theft.

Credit is an essential part of our lives when it comes to things like buying a home or a practice. On the other hand, if misused, a bad credit score can haunt you for a long time, so it pays to stay vigilant.

Keeping a healthy credit score goes hand in hand with maintaining overall financial health. To help achieve this, you can contact me for a complimentary investment review.

Michael Tyler, CFP®, FMA
Investment Planning Advisor
CDSPI Advisory Services Inc.
1.800.561.9401 ext. 6847

Sources: TransUnion, DebtCanada, Government of Canada
** Advisory services are provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply to advisory services in certain jurisdictions.*

Is EBITDA the Best Way to Calculate the Value of Your Practice?

JACKIE JOACHIM
COO, ROI CORPORATION
905-278-4145,
JACKIE.JOACHIM@ROICORP.COM

I say no. Essentially, EBITDA on its own makes for a fairly futile statistic. There is, after all, a very good reason why you depreciate and amortize assets. To simply put those charges back in to earnings may give an unrealistic measure of your finances. Many in the financial industry will use this as a rule of thumb to help obtain an estimate of value.

EBITDA seems to be very sexy these days. Everyone is talking about practices selling for a multiple of EBITDA. Although some folks do not really understand the formula and yet they feel it is a reasonable way to value clinics. There are endless variables and measurements that factor into the value of your practice. The best way to start is with an appraisal which will extract the maximum value for your practice and go to the Open Market. One buyer who offers you a price based on EBITDA is not a market. Would you give the opportunity to sell your home to only one buyer? Also, financial due diligence may reveal a lower EBITDA which means the purchase price will be reduced from the original offer. So what is EBITDA? Simply put, EBITDA is net income (or earnings) with interest, taxes, depreciation and amortization added back. It is a quick way to evaluate a clinic's performance without having to factor in financing decisions, accounting decisions or tax environments. It also certainly does not factor in intangible items such as location, highly valued staff, premise lease, quality of patients, various services etc. Normalized EBITDA also adds back discretionary expenses such as travel, meals etc, which we also do when completing an appraisal.

It is important to understand that EBITDA has its flaws. You should not put too much emphasis on it when looking at the strength of your practice because EBITDA does not consider risks like the potential for future growth and your mix of patients. It does not consider whether you have an assignment or non assignment practice, offer a variety of treatments, your plan for attracting and retaining new patients, excellent terms in your premise lease, contracts for staff, and other proprietary items in your clinic.

EBITDA is based on actual financial statements. Let's assume for a moment that your year end is December 31. Your EBITDA is $500K. You are made an offer of 6x resulting in a price of $3 million. Sounds great!! However, you are currently into your new year by 8 months and your net profit will be up because you have made many positive changes (adding more services, bringing on another associate, etc.) These positive changes indicate that your expected EBITDA will be $650K which means you are leaving $900K on the table. What a lovely gift you have given this one buyer!!

We believe the best way to place a value on a practice is to use a combination of the cash earnings method and comparables. While there are certainly many valuation methodologies, we use the cash earnings method because we want to demonstrate how much a practice can produce after all the fixed expenses (staff, supplies, rent) have been paid in order to support the doctor(s). Our appraisals never place a value on a doctor. One doctor may be very comfortable living on a draw of $100k while another must have a minimum of $200k. Same practice, same revenue but different requirements of the person providing the treatment. Being in the appraisal and sale of practices for 45 years means we have the largest data base of sold practices. Having this knowledge is critical and can help set expectations for both the vendor and buyer. Selling to one buyer may seem like the right decision. You will, after all, save on commission. But I ask you to consider the following: a business broker can help present your practice in the best light to maximize the sale price. We have an understanding of the key values that buyers are looking for and can assist in identifying changes that can lead to a better selling price. Even more important than the final sale price is what your requirements are post sale. If your plan is to continue working, negotiating your working agreement post sale is also critical.

In the end, I always respect and admire practice owners. It is difficult being the provider of treatment as well as employment to so many. Running a business is never easy, therefore, when you come to the point in your career where selling is the option, I encourage (or challenge) you to consider taking your practice to market. Your clinic represents your life's work. It is likely one of your most valuable assets. As such, you deserve to exit with the maximum price and dignity!!

Jackie Joachim is Chief Operating Officer of ROI Corporation. Please contact her at Jackie.joachim@roicorp.com or 1-888-764-4145

Helping Dentists for 60 Years!

For six decades CDSPI has helped dentists achieve financial security by providing a range of tailored insurance and investment solutions. I am thankful to CDSPI for supporting the dental community in so many ways, including a no-cost insurance program for students, a variety of sponsorships, continuing education programs, and the Members' Assistance Program (MAP)*.

Advice – Exclusively for Dentists

One of the most important services CDSPI offers is financial advice. I am pleased to describe our relationship with CDSPI as a trusted partner in our community whose focused goal is to help you build and protect your practice and lifestyle.

How can CDSPI benefit you?

If you are building your wealth CDSPI can help you prioritize goals, direct your investments, and plan for the future – no matter what life or career stage you are in. The advisors~ are Certified Financial Planner® (CFP®) professionals who can help you navigate complex situations such as investing through a corporation, managing risk, and improving your tax-efficiency.

Or protecting your wealth

CDSPI offers specialized insurance plans to help protect your life, income, property and your wealth. An experienced insurance advisor can help determine what is right for your personal and professional circumstances. All advisors with CDSPI Advisory Services Inc. have earned professional accreditations. They don't work on commission, so you can be assured they are aligned with your best interests.

CDSPI has helped countless dentists achieve life and career goals over the past sixty years. On this important anniversary, I want to thank CDSPI for their enduring focus on helping dentists achieve their goals and dreams. I encourage you to reach out and find out more about all they have to offer.

Dr. David Goerz
President
Manitoba Dental Association

** MAP is operated by Shepell, the largest Canadian-based Employee and Family Assistance provider in the country. Available services vary by region. Use of MAP services is completely confidential within the limits of the law.*
~ Advisory services are provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply in certain jurisdictions.

Practice Support

Canadian Dental Association benefits for Manitoba Dentists

The Canadian Dental Association (CDA) helps dentists in Manitoba in four principal areas: *Practice Support, Advocacy, Non-Insured Health Benefits and Access to Care* and *Knowledge.* Over the years, CDA has been extremely effective in all four domains.

On the Practice Support front, CDA has developed several tools to support dentists and facilitate the workflow in their offices. These resources include:

CDAnet and ITRANS

Services similar to CDAnet/ITRANS in the US cost about $2,000 (USD) per year, per dentist.

CDAnet continues to be an enduring success of CDA and its Corporate Members for over 25 years now. More recently, the ITRANS Claims Service has led the way and set the standard for the secure transmission of dental benefit claims on the Internet. CDA is currently finalizing negotiations with insurance claims processors for a long-term continuation of the CDAnet service, ensuring that dentists will benefit from real-time claims processing, at no additional cost, for years to come. The ITRANS Claims Service is undergoing a significant update which will be launched later in 2018 as "ITRANS 2.0." This updated version will enhance the ITRANS services and provide opportunities for the automation of some routine insurance-related tasks.

CDA Secure Send

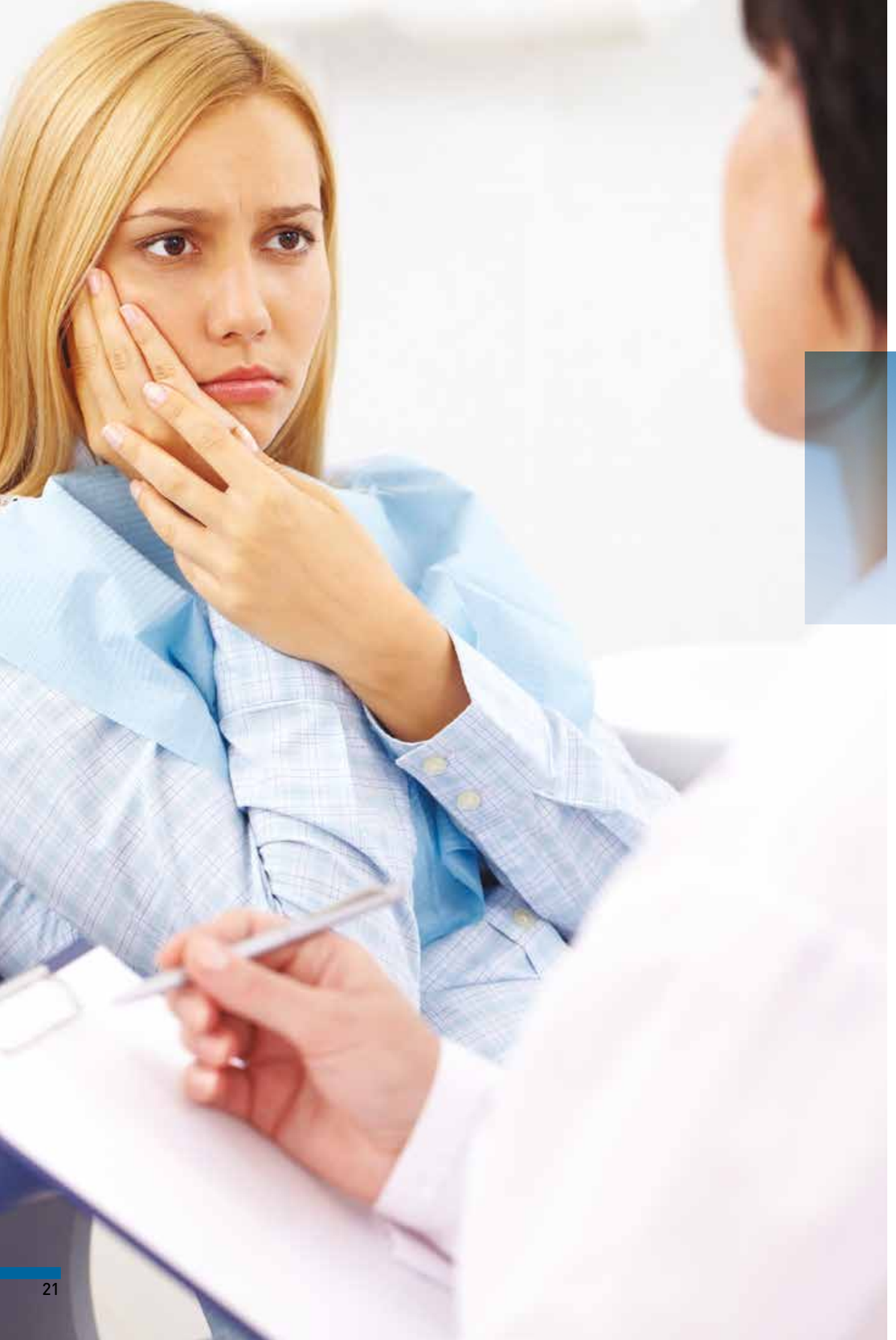
Canadian services similar to CDA Secure Send costs about $500 per year, per dentist.

CDA Secure Send is a new member service providing an easy, simple-to-use system that allows dentists to exchange patient documents and referrals in a secure fashion. CDA Secure Send meets the legal obligation to safeguard the confidentiality of patient data when sending patient information (such as X-rays) electronically. Connected to CDA's directory of dentists, senders can search for dentists by name, specialty, or location. It's as simple and as quick as sending an email.

Canadian Life and Health Insurance Association
CDA established a standard claim form with the Canadian Life and Health Insurance Association (CLHIA) and continues to work with CLHIA in determining the minimum acceptable information material that can be requested on all aspects of claims verification. CDA continues to represent dentists' interest when insurance companies introduce new services that impact the dental office workflow.

CANADIAN DENTAL ASSOCIATION

Manitoba Dental Association



communication

There are five key moments of interaction with your patients during their visit to your clinic. Each component can influence your patients' overall experience and their level of satisfaction.

1

The initial contact

The initial clinical encounter sets the tone for all other interactions throughout the visit. It may also be your best opportunity to avoid future misunderstandings or mismatched expectations between you and your patient.

Get the patient encounter off to a good start.

As we know, first impressions matter. Try to spend a few moments to slow down and focus your attention on meeting your patient's needs.

1. Introduce yourself and be the first to greet your patient in the operatory.
2. Greet every patient with a friendly smile.
3. Call patients by name.
4. Introduce any colleagues who may accompany you.
5. Introduce them to staff members who will be providing care.
6. Sit at eye level.
7. Listen attentively to their concerns.
8. Explain what will happen during their visit.
9. Ask permission to examine the patient.
10. Don't use technical jargon or terms that convey value judgments.
11. Take the leadership role and guide the patient through the appointment.

The dental examination

The dental examination is one of the most important and perhaps under-appreciated components of the dental visit. For most of us, this is a routine procedure, but for many patients it is perhaps the highlight of their visit and maybe the point at which they can best interact with you. It is an opportunity to educate your patients as to what is involved in the examination process.

Most patients have no idea what the dentist does or what the dentist is looking for during the dental exam. An open discussion with your patient will help them better understand the value of what you do and enhance the relationship you have with them.

- Point out that you are checking things such as gum condition, overall health and function of the jaw, soft tissue condition, teeth spacing and bite, and so on.
- Explain what you are looking for as you proceed through the examination and provide the patient with a summary of your findings when you are finished.
- Encourage patients to ask questions so that they feel they are an active participant in their oral health care.

Discussing treatment options

In order for your patients to feel like true partners in their oral health care, they must be fully informed of the treatment options available to them. Be thorough in your explanation of treatment options so the patient understands the pros and cons of each. This is an opportunity to demonstrate your clinical expertise and to build trust in your abilities and motivations.

Use plain language to describe the recommended courses of treatment; avoid using jargon as much as possible:

1. Lay out the options in a logical manner. For example, from the least complex (and costly) procedure to the most complex. Explain the reasons that account for each option.
2. When possible, provide simple printed materials for the patient to take home.
3. Avoid being judgmental about the patient's choice of treatment.
4. Ensure that all instructions for any treatment are as detailed and specific as possible.
5. Check that you have been understood. Ask the patient if they have any questions and correct any misunderstandings as necessary.
6. The more complex, expensive or unpredictable a treatment option is, the greater the need for documentation of the information the patient receives about the procedure and their consent to it.

INFORMED CONSENT

In the context of a dental office, informed consent is "consent given with full knowledge of the risks involved, probable consequences, and the alternatives." No treatment should be performed without the express or implied consent of the patient. The onus is on you, the health care provider, to ensure that whatever decision a patient makes, to accept or decline treatment, it must be informed. Consent must be obtained in advance of treatment – not in the middle and not after the fact. Remember to document consent decisions in the patient chart.

Discussing fees and dental plans

Let's face it — discussing fees with our patients is rarely easy. But if we deal with the cost issue with honesty and openness, we can avoid misunderstandings and dissatisfaction after the fact. Many patients are embarrassed to ask about fees, so it's important for us to take the lead.

Dispelling misconceptions

Some patients may think that they are charged differently depending on whether or not they are covered by a dental plan. Your patients need to know that recommended treatment and the fees charged are the same regardless of dental plan benefits.

Be transparent about fees before treatment begins. The fee discussion is then a golden opportunity to build trust and confidence in your relationship with your patient.

You should be thorough when explaining fees to patients so they understand and appreciate the underlying value of the oral health care services you and your staff perform.

Your patients need to know that fees are determined on the basis of a relative value system that takes into account a variety of factors; factors which are constant regardless of your patient's insured status. It's important to point out the range of variables that are included in determining fees, including:

- The time it takes to perform the procedure.
- Responsibilities related to scientific and specialized knowledge necessary to carry out the procedure.
- The cost of specialized materials or appliances required.
- Costs related to overhead, staffing and laboratory services.

Concluding the visit

The last few minutes of the patient consultation are just as important as the first.

Ask your patient if they understand the treatment option discussed or have any questions.

1. Look at your patient when speaking to them and avoid turning your back while anyone is speaking to you.
2. At a minimum, use your patient's name at the beginning and at the end of the interaction.
3. Confirm your patient's treatment plan or follow-up.
4. Don't conclude your final conversation en route to the door or when walking away.
5. End the consultation with a reinforcing-type of physical contact. When appropriate, personally escort your patient to the reception area.

Conversation on Codes

DR. JEFF HEIN
CHAIR, ECONOMICS COMMITTEE

Periodically the Manitoba Dental Association receives calls pertaining to the codes used in the suggested fee guide. Questions are usually related to which procedure codes should be used to correctly describe the services being rendered. In an effort to better guide members through the fee guide, included below are some common questions:

"How should I correctly code a restoration in which a separate MO and DO restoration has been placed on the same tooth during the same appointment?"

When billing a restoration on any given tooth, the total number of surfaces restored (with the same material) in a single sitting are added up, with 5 being the maximum number of surfaces billable. For example, if DO and MO restorations are performed on one tooth in one appointment using the same material, they would be billed as a 3-surface restoration (a MOD) and NOT as two separate, two surface restorations (DO and MO). Where two different materials are used, such as a DO composite and a B amalgam, it is appropriate to bill a two-surface composite restoration and a one-surface amalgam restoration.

"How should I correctly code for the use of Silver Diamine Fluoride?"

Though a relatively new treatment modality, the code that best describes this service can already be found in the MDA suggested fee guide under preventative services. This treatment should be coded as follows:
"Topical application to hard tissue lesion(s) of an antimicrobial or remineralization agent"
13601: One unit of time + E
13602: Two units + E
13609: Each additional unit over two + E

"What is the appropriate way to code a root canal treatment that takes more than one appointment to complete?"

Non-Surgical Root Canal Treatment (NSRCT) can sometimes be completed in one visit, but may require 2 (or more) visits to complete. Treatment may be started by one provider and then completed by another. Billing for multi-appointment treatments can, at times, become unclear.

If;
1). Treatment is started on any given tooth, and completed by the same practitioner within a 3 month period, that practitioner must reduce the fee for the final treatment by the cost of the emergency pulpotomy/pulpectomy billed at the initial appointment. And if;

2). Treatment is started on a given tooth, and then completed by the same practitioner OUTSIDE of the 3 month period, the practitioner is not obliged to reduce final treatment cost by the emergency pulpotomy/pulpectomy fee. *However, while not obliged to reduce the final fee in this instance, some consideration ought to be given to the circumstances surrounding the delay in treatment completion. (For example, a long-standing, reliable patient who couldn't have treatment completed within the 3-month period (for any variety of reasons) might be given more 'leeway' than the first-time emergency patient who doesn't return to have treatment completed for 2 years.) And if;

3). NSRCT is initiated by one practitioner, and then completed by another (either because of referral or patient choice), the second provider is not obliged to reduce their final treatment cost by the cost of the first provider's emergency pupotomy/pulpectomy fee.

**In any of the above examples, first discussing expected treatment cost with the patient will help avoid misunderstandings, unexpected costs and potential fee-related complaints. Further, if a patient must be referred to a specialist to have treatment completed, informing the specialist of the fees that have already been charged for the commencement of treatment can help the specialist when they discuss their fee for treatment completion with the patient.

"What is the correct code for the management of herpetic lesions with laser therapy?"

The treatment described above would be best coded as follows:
"Oral Disease, Management of Oral Manifestations, Oral Mucosal Disorders"
41211: One unit of time
41212: Two units
41213: Three units
41214: Four units
41219: Each additional unit over four

The questions above are all ones that have been posed frequently to various provincial dental associations, including the MDA. Hopefully the examples above help clarify these coding questions.

Portions of this article have appeared recently in BC, Ontario and NS

Special Offer for MDA Members

Customized Job Descriptions for Dental Offices

The Manitoba Dental Association (MDA) has engaged People First HR to develop a set of Human Resource policy templates for their members. These templates, which will soon be available on the member's section of the MDA website, will support MDA member offices in implementing industry-leading Human Resource practices that: align with Office Assessment requirements; ensure legislative compliance; and support practice owners in building successful businesses.

MDA member offices have a diverse range of requirements for their staff based on the size and location of the office, and accordingly a 'stock' job description template that works for all members is unrealistic. In recognition of the importance of having a job description for every role in a dental office, People First HR is providing a special offer for MDA members who may not yet have these in place (or need a refresh).

Why should we have job descriptions for every role in the office? Why do they need to be customized?

Job descriptions assist you in making sure every staff member understands their role and the expectations you have of them. The job description acts as a framework for understanding what good performance looks like, and assists managers and owners in coaching and guiding staff to meet their potential.

Although there are standard sets of duties that most dental assistants or office managers may perform, each practice owner and office will have their own expectations. By customizing the job description, the practice's vision and culture as well as operational standards, can be reflected.

If you have assigned unique ongoing duties or responsibilities to individuals in the office, their job descriptions should reflect this. If for example, you have a dental hygienist who acts as a 'mentor' or trainer in your practice for new team members, adding this to the job description allows you to measure performance (and compensation) appropriately.

What else would we use job descriptions for?

Job descriptions provide the foundation for recruitment and selection – you'd need them in order to develop an accurate job posting, and to tell candidates what the role entails. When conducting interviews, job descriptions should be the basis of your interview process. Ensuring that your questions are experience-based (and accordingly, legally defensible) assists you to select the best person for the job with facts to back up your decision.

Job descriptions also give us a framework for performance management. They outline what good performance would look like, and accordingly, we can provide performance feedback and base performance improvement and when necessary, termination processes, in the duties described in the job description. It's hard to say 'I didn't know' when it's in your job description!

About People First HR Services:

At People First, our mission is providing trusted people solutions to Canadian businesses. Our experts partner with your organization and apply years of diverse experience to customize, facilitate and implement industry-specific Human Resource strategies to your modern business challenges. Learn more about our services at www.peoplefirsthr.com

People First HR's Job Description Development Process includes:

- Complete review of current Job Description (if applicable)
- Interview an existing Employee in the position and their Direct Supervisor to determine key position requirements (*approximately 1 hour per interview, can be completed by phone*)
- Compare draft job description against others within the dental profession (as available)
- Provide Dental Office with draft job description
- Dental Office to review and offer input and feedback
- Prepare final draft
- Final review and approvals with Dental Office
- Delivery of completed Job Description

NOTE: Average project completion timeline is 2-3 weeks

Special MDA Member Pricing (until September 30, 2019)

- **$399 per job Description ($750 for non-members)**

For more information or to book your job description project contact:

Linda Chammartin, Client Services Executive

204-940-3979 **lchammartin@peoplefirsthr.com**

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Reserve tickets by contacting Dr. Frank J Hechter - Executive Director, Manitoba Dental Foundation:
E: mdf.ed@ManitobaDentist.ca
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Net revenue to support the provision of oral health care to the under served of all ages in Winnipeg and Manitoba including: Siloam Mission, Mount Carmel Clinic, Deer Lodge Centre, Never Alone Foundation, Healthy Smile Healthy Child, Bruce Oake Foundation, About Face, Westman Immigrant Centre and the Mondetta International Charity.

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NEW DATA SHOWS

Canada Among Leaders in Dental Care Utilization

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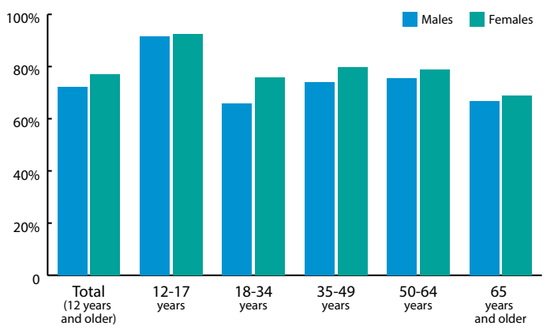
After several years without comprehensive questions related to dentistry, Statistics Canada's 2018 Canadian Community Health Survey (CCHS) collected rich, meaningful, and high-quality data about the utilization of dental care. When this new data is compared to similar Canadian data from 2014, data about dental care use in other high-income countries, and data about use of other kinds of medical care, an exciting and dynamic picture of the successes of the Canadian dental care system emerges.

The new data shows that as many—and even slightly more—people visited dental professionals (74.7%) than medical doctors (74%) in a one-year period. Though medical care has public funding and dental care has mixed public-private (largely private) funding, these statistics suggest that both systems are used by equal numbers of Canadians. These numbers may represent a natural peak—it is uncommon to find a population with higher rates of regular health care use.

Before these new statistics were released, the expectation was that the use of dental care would have stayed the same in the past 4 years, because of tepid economic growth and cutbacks to employer-provided insurance, which we have heard about anecdotally. Instead, it has grown substantially.

Among Canadians aged 12 and over, 66.5% consulted a dental professional in 2014 and 74.7% did so in 2018.[1] This shift represents more than 4 million people. Even with a growing number of dentists, an increase of this size in the number of people using dental care is significant. The demographic of people 65 and over has seen impressive increases in dental care use, from 54.8% to 67.5% in four years.

Percentage reporting a dental visit in the past year
(by age group and sex, population aged 12 and older, Canada, 2018)



Note: Respondents were asked to report the last time they visited a dental professional. A dental professional includes dentist, dental hygienist, denturologist, orthodontist, periodontist, dental surgeon or dental therapist.

Source: Canadian Community Health Survey, 2018.

Reasons for these increases are multi-faceted, but one can hypothesize that Baby Boomers have greater resources then previous generations of seniors and spend more on health care; people are having more elective dental treatments; and an increase in the number of dentists may create induced demand—economist-speak for when increasing the supply of a good or service makes people use more of it.

From a health systems perspective, this data demonstrates that our oral health system provides high levels of dental care use for a large population base at a relatively low cost to government. As well, our system provides minimal wait times, a high quality of care and desirable outcome measures amongst the top in the world (as demonstrated by indicators in the oral health component reports of the 2007-09 Canadian Health Measures Survey).

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

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No health care system can achieve 100% annual population consultation rates for any service, if that is indeed the goal. There will always be people who will not visit a dentist or a physician in a given year. Cost is one important factor. Some people are afraid. Others don't feel it's important enough. Yet others find it too much of a commute or an inconvenience, even if services are free. Access through a universal public health system has its own pitfalls; the 2018 CCHS shows that 15.3% of Canadians aged 12 and over (roughly 4.7 million people) don't have a regular health care provider or family doctor.

Three out of four people visiting a dental health professional annually seems to be an upper limit for utilization in many countries. Germany and Denmark, considered dental care systems to emulate in terms of their usage rates, serve about 80% of their population each year.[2] If these latest Canadian numbers included children under 12 years of age in the overall count, Canada may inch closer to an 80% rate.

Canada is a leader among OECD countries in dental care utilization, even amongst those that have more publicly funded dental health care, as these statistics demonstrate:

- Australia: 47% visited a dentist or dental professional within the last year (2015).[3]
- US: 35.4% of adults (age 19-64) visited a GP dentist within the last year (2015)[4] and 66.2% of dentate adults (age 30 and over) visited a dentist within the last year (2011-2014).[5]
- UK: 51% of adults visited a dentist in the NHS within the last two years (2017).[6]
- France: 63.7% of people between 15 and 75 visited a dentist within the last year (2014).[7]

Statistics Canada Health Fact Sheets: Dental Care, 2018 available at: **www150.statcan.gc.ca/n1/pub/82-625-x/2019001/article/00010-eng.htm**

The Canadian mixed private-public dental health care system that has been built over many decades is working very well. There is opportunity and an ethical obligation to improve access for underserved vulnerable groups, which is an ongoing goal for both government and dental health professionals. But an attempt to transform the dental health care system into a fully public universal system may have negative consequences for millions of Canadians who are currently well-served. Further analysis on this data is needed to understand differences and trends in annual dental care use by various population segments.

Sources

1. Data from 2014 from unpublished custom tables from Statistics Canada.
2. Data from Eurostat, a Directorate-General of the European Commission.
3. Data from the 2014–15 National Health Survey by the Australian Institute of Health and Wellness.
4. Data from the Medical Expenditure Panel Survey (MEPS) by the US Department of Health and Human Services.
5. Data from National Health and Nutrition Examination Survey (NHANES) 2011-2014.
6. Data from NHS Digital, Government Statistical Service.
7. Data from Baromètre santé 2014, L'Institut national de prévention et d'éducation pour la santé (INPES).

People First Human Resources
'Ask the Expert'

Absenteeism: Are your employees sick, or just sick of being there?

TODD NADEAU
PRACTICE LEADER,
PEOPLE FIRST HR'S HR@ YOUR SERVICE PROGRAM

The most recent data from the Conference Board of Canada estimates that employee absenteeism cost Canadian companies $16.6 billion in 2012. Additionally, the average full-time Canadian worker was absent from work 9.3 days in 2011. That's almost two weeks of work (and it doesn't include authorized absences and vacation time)! While staying healthy in cold and flu season is a very real challenge, and we should be encouraging our teams to stay home when they're sick to recover, we know that absences aren't always about germs.

Employee absences can sometimes act as a barometer of sorts for employers on how our people are feeling about their work. When it comes to absenteeism, we can make a couple of generalizations: Staff who are engaged in their work are more likely to have regular attendance; and staff who may be struggling at work or at home have more absences. Of course, a follow up conversation with the employee to ensure our assumptions are correct needs is crucial, but absenteeism is often a first symptom that an employee may be experiencing challenges.

When employers are thinking about how to manage absences, there are a few practices that will ensure that small problems don't become big ones.

Track absences: Whether it is sick time, vacation days, or personal days, employers need to make sure they are tracking employee leave correctly. People want to get paid appropriately, and employers need to be able to spot a trend or problem. That at-a-glance spreadsheet of missed time allows you to quickly identify someone who has seemingly caught the 'Friday flu', and also supports ensuring staff are scheduling vacation time to avoid burnout. The same tracker will help you manage short and longer term sick leaves and help you plan for staff coverage. If your payroll system doesn't include tracking of these hours, keep a separate log.

Policy and process matters: When employees are provided with information at their orientation/during onboarding on what to do when they need to be absent it supports the creation of an environment of transparency. Employees should know who to call when they're sick, how much sick time they have, what other leaves are available, and what the accommodation policies are. Keep them in the loop about how schedules are made in order to ensure they know how work is assigned. Well-informed staff are more likely to understand how their absences impact their colleagues and think twice about calling in sick.

Don't ignore it: If there is a pattern of absence, plan a conversation. It may be nothing, but this employee may need help, and providing the opportunity for the conversation allows the employee to ask for help, and for the employer to share what resources are available.

Be open, and ready to respond: When we ask our people to give us feedback on why they don't want to be at work we've got to be ready to listen. We can be quick to assume that the employee is 'at fault' for their absences, but absenteeism can also indicate a workplace culture that needs some healing. You may have a harassment or bullying situation you weren't aware of, or perhaps an employee is having substance abuse issues, or is involved in an unhealthy relationship. Employers are responsible to respond appropriately in these situations.

Ask for help: Managers and employers may need to seek out guidance and resources to ensure they are supporting staff who need support or reasonable accommodation. They also may need support in managing the performance of staff who simply may not want to be there. This is one of the times when @Your Service is there for you and your business – just give us a call for ideas and guidance! Ultimately, patterns of absenteeism provide us with information about how our people are doing, and measuring them allows us one more tool to support effective Human Resource management.

Todd Nadeau is the Practice Leader for People First HR's HR@ Your Service program and can be reached at tnadeau@peoplefirsthr.com


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