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To register or find out more, contact Greg Guenther at:  
[gguenther@ManitobaDentist.ca](mailto:gguenther@ManitobaDentist.ca)

Our Line up for the 2021 year is as follows;

At this stage GPSC Sessions will be taking place on-line via ZOOM.

A direct registration message will go to GPSC Facilitators and our GPSC Mailing List.  
Session Dates:

- Saturday March 20th (Breakfast session)

**2021  
Lecture  
Series:**

**WDS**  
Winnipeg Dental Society



**Friday April 23, 2021**

**Dr. Lou Graham - Geriatric Dentistry**

Register at:  
**[WinnipegDentalSociety.org](http://WinnipegDentalSociety.org)**

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# MDA Bulletin



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## President's Message

**DR. CHRIS COTTICK, D.M.D.**  
PRESIDENT, MDA

Well, it is almost spring and time for another new President's message. To members it may just be more information from the MDA but for me it is my first message and I am excited to carry on the MDA Presidential tradition of being reminded by Greg Guenther Director of Member Services & Public Events and preparing something at the last minute under pressure. I am very pleased to write this message and mention a few things which I think are important for members to remember and if they don't know about them to educate them.

The MDA is a 134 year old (established 1883) institution that has been built upon working together for all Manitoba dentists and the people of Manitoba. I am happy to be part of this organization and to do my part to continue its tradition of excellence.

You may have heard about a little thing called COVID-19 and if not, I recommend you get the book- it will be quite an exciting page turning thriller. Levity aside this last year has been unprecedented and challenging to say the least. The human cost throughout the world and in Manitoba has been heartbreaking. Dentistry has had many challenges and is constantly moving to accommodate the changing landscape of the pandemic. Presently we are in a bit of a lull in the vaccination effort- hopefully by the time this is published, Manitoba's vaccination program will be running full steam ahead again. More and different vaccines are coming and hopefully dentists will continue to aid in this critical public health effort. It is with pride that I tell patients and medical colleagues that 300 dentists and dental students have been trained and some have already vaccinated with lots more having volunteered to participate in the program. It really speaks to our member's commitment to the community and I applaud it joyfully. As I said at the recent vaccinator zoom call with the Minister of Health, we are ready and able to help, ask us what the effort needs and we will respond. There will be challenges in the coming months as the vaccines roll out and as the variants arrive in full strength and cause unanticipated problems but the people of Manitoba will be well served by their Manitoba Dentist.

The work of the MDA must continue despite the almost daily concern about the pandemic and its consequences. That work involves developing a strategic plan for the MDA board on May 7th. This will be a key phase to discuss and plan for the coming months and years of the Association. Part of this process is the development of a board policy manual. In the last couple of years, I have experienced a renewed appreciation of good governance and this will be a key part of the ongoing functioning of our Association. To continue and strengthen our present good relationship with Government, the MDA Executive hopes to continue regular and fruitful meetings with the Minister of Health in the next few months as well as into the future.

As part of our effort to continue providing good governance for the Association we need to provide good direction to our dentists in regards to infection control procedures. Our present guidelines are from 2006 and is outdated compared to other provincial standards. Our IPC committee has been working hard to craft a science-based Manitoba solution for these guidelines and hopefully this will be available in the near future. I am very proud of the IPC committee and all the work that they have done so far and look forward to a new document.

Reiterating a theme from earlier paragraphs I would like to point out that COVID has made in person meetings impossible to arrange. Our MDA-CDA joint meeting from last spring has been cancelled and is now being marketed as the CDA/MDA New World of Dentistry along with the Global Dental Exchange Trade Show, and will be an opportunity to stream some excellent CE (including a Oral Sedation course delivered by yours truly) and participate in a world-wide trade show. We cannot meet at the Elephant & Castle - you know who you are, but we will anticipate our in person reunion in future times. It will be a unique and interesting virtual convention experience which will make Manitoba and Canada proud. The work that Greg Guenther and his convention committee have done has been a testament to their commitment and energy.

Lastly, I want to take a moment to write about some personal matters. This has been a challenging year to be involved in organized dentistry, I didn't know that we would have 20 hours of meetings a week in March and April. Those sometime difficult hours have been made fruitful and fun by spending time with Dr. Marc Mollot and Dr. David Goerz. I have known Dave since our time in dental school in the late 80's and I have come to appreciate his level-headed common sense through my time with him on the Board and especially the Executive Committee. Years from now I will think fondly of our time as defence partners on student hockey teams in the late 80's and alumni teams thereafter and I will think kindly of our time together on the MDA executive. Marc is another special individual; organized, driven, intelligent, reasonable to a fault and someone that I knew for the last 20+ years since I had the honour to supervise him when he was in dental school, but who I have had the great privilege to work closely with for the last year and who will provide a calm voice of reason and intelligence through this next year. I hope I have provided as much comfort to him as I have and expect to receive from Marc for the next 11 months and which I hope to provide to Tom Colina our present Vice President and future President, another cog in the endless machine of the MDA regulating dentistry in the public interest for the people of Manitoba. 🏔️

Chris Cottick B.Sc, DMD  
President & Chairman of the Board  
Manitoba Dental Association



## MDAA Board of Directors Message

**TRINA BOURGEOIS RDA III**  
PRESIDENT, MDAA

Good day fellow RDAs - hopefully we are out of the difficult cold season and on our way to a beautiful spring! I know we could all use some more fresh- air time, since we are still limited on our times and visits together.

Hopefully we have all learned that by now, we will have some new normals. We also have a greater appreciation for the extra heat with our "new PPE"! I really can't see many of these new normals going away, just maybe simplified procedures hopefully soon. It has been a challenge for all of dentistry. I see the many jobs that are being posted and appreciate that people have different reasons for these changes. The several surveys we have sent out in both the MDAA and CDAA have confirmed there are many reasons for these influxes in job postings. I suggest to educate, discuss and be aware, as there are many resources for information. Whether

this is regarding PPE/Infection control or job standards, there are resources available; we will have a more comprehensible page on our website soon.

I hope everyone has had a chance to see our new quarterly Newsletter. We are hoping it will be a streamlined resource to see what the different National and Provincial organizations are offering. We will be posting some information shortly about the AGM details and our "annual" Infection Control CE in the fall. I still want to assure anyone with questions or concerns; please address us, if we can't provide an answer, we will find one! The board is all working hard to provide better opportunities for all of us! 📢

Trina Bourgeois RDA III  
President of the Manitoba Dental Assistants Association



### Congratulations Dr. Jack Lipkin, D.M.D., F.I.C.D., Prosthodontist

The 2020 recipient of the **George H. Moulton Lifetime Achievement Award** from the American Academy of Fixed Prosthodontics.

The George H. Moulton Lifetime Achievement Award is the highest honor bestowed by the American Academy of Fixed Prosthodontics.

Dr. Lipkin is in full time private practice, and is an Assistant Professor at the Dr. Gerald Niznick College of Dentistry, University of Manitoba, where he has taught for 43 years.

[DRJACKLIPKIN.COM](http://DRJACKLIPKIN.COM)

Dr. Jack Lipkin, D.M.D., Prosthodontist, is the 2020 recipient of the George H. Moulton Lifetime Achievement Award from the American Academy of Fixed Prosthodontics.

Dr. Lipkin is only the second Canadian to win this award which recognizes members who have made a significant impact and contribution to the art and science of fixed prosthodontics and who have demonstrated lifetime service to the field.

Dr. Lipkin received his Bachelor of Science degree in 1970 and his Doctor of Dental Medicine in 1974, both from the University of Manitoba.

After 3 years of general practice, Dr. Lipkin returned to graduate studies at the State University of New York at Buffalo, where he received his specialty in Prosthodontics in 1979. Dr. Lipkin returned to Winnipeg and began practicing as a certified specialist in Prosthodontics, where he continues to practice to this day.

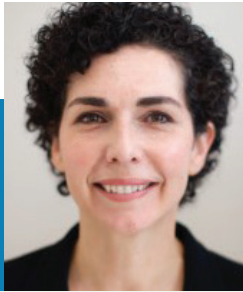
He is an Assistant Professor at the Dr. Gerald Niznick College of Dentistry, Rady Faculty of Health Sciences, University of Manitoba. He has taught at the College of Dentistry for 43 years. Dr. Lipkin holds numerous memberships: he is a member of the Pierre Fauchard Academy; a Fellow of the International College of Dentists; a life member of the Academy of Osseointegration; a life member of the International College of Prosthodontics; a member of the Association of Prosthodontists of Canada; co-president of the Alpha Omega Dental Society; a past President of the Winnipeg Dental Society; and Past President of the American Academy of Fixed Prosthodontics.

Dr. Lipkin has been published in the Journal of the Canadian Dental Association, Family Health and he continues to lecture nationally and internationally.

The George H. Moulton Lifetime Achievement Award is the highest honor bestowed by the American Academy of Fixed Prosthodontics and recipients are nominated by members and then chosen by a standing committee of the Academy.

The American Academy of Fixed Prosthodontics was established in 1951, and is dedicated to the pursuit of knowledge, excellence, and the highest ethical standards in clinical practice, teaching and research, within the dental discipline of fixed prosthodontics. The Academy has members in over 20 countries and is a leading voice for the discipline of fixed prosthodontics.





## Dean's Message

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


The arrival of vaccines in Manitoba started one of the biggest public health drives to have everyone vaccinated against COVID-19 in our province. In order to facilitate this task a ministerial health order was distributed inviting our students and clinical faculty members to become vaccinators.

The spirit of volunteerism amongst our students and faculty was impressive and mirrored by the profession. Several students and faculty have now completed the Red River College vaccinator course and have been called upon to serve in vaccination centers. The response has been so positive that we are now investigating the proposition of introducing vaccinations in our curriculum and creating an interprofessional education module where future generations of health care providers will be taught the necessary skills to vaccinate safely.

The spirit of giving back also extended this term in two impactful donations for the College. The first was the establishment of our first ever endowed lectureship series. The Dr. Elizabeth Tippet Pope Endowed Lectureship is the first endowed lectureship in the Dr. Gerald Niznick College of Dentistry. We are delighted to be the beneficiaries of this initiative made possible by a gift from Dr. Bill

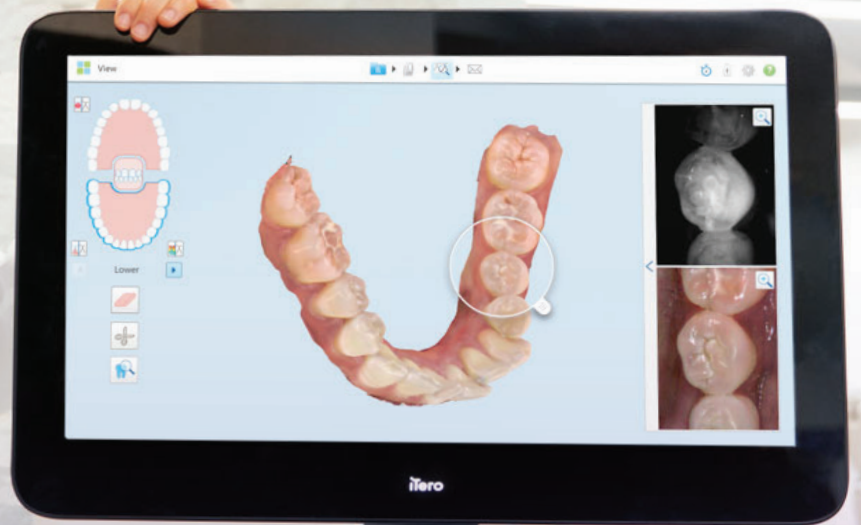
Pope. This endowment will allow the college to invite nationally or internationally respected clinicians, practitioners, researchers, educators and advocates to present to our community on patient-centered care.

The second donation was made to our digital fund by Dr. Marc Molloy and Dr. Shelley Tottle-Molloy. Their donation will enable us to upgrade our design computers and purchase two milling machines to allow undergraduate and graduate students to design and mill a variety of products which will further integrate digital technology in our curriculum. Their gift along with the generous ongoing support from our benefactor Dr. Gerald Niznick facilitated the implementation of digitization and digital scanning in our undergraduate clinic. Senior dental students have been actively involved this term in learning this digital workflow.

I am humbled by the support of the dental community and our alumni. Our college has the highest alumnus donation rate of any other faculty or college at the University of Manitoba, with 34.1% of our alumni participating. I am thankful for this generosity and proud of the commitment of so many people to our school. 

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## Canadian Dental Association Message

DR. JOEL ANTEL, D.M.D.  
CDA BOARD REPRESENTATIVE



Once upon a time . . . Before the COVID-19 pandemic a major focus of the Canadian Dental Association board and CDA activities was the Future of the Profession report.

The report is the result of extensive consultation with a broad cross section of stake holders within and affiliated with the dental profession. It is a 'call to action' to Canadian dentists. Changing disease patterns, innovative technologies and evolving societal expectations combined with new practice models, the ever-increasing supply of dentists and the expanding role of mid-level providers are transforming dentistry. The profession needs to navigate these new realities if it is to meet its ultimate goal of providing optimal oral health care to all Canadians. The Task Force report is the starting point for the profession to collectively prioritize key issues and develop a set of comprehensive action plans to ensure that dentistry remains a valuable and rewarding profession.

To manage such an outsized undertaking the report was distilled down to the twelve recommendations to be tackled first, three each by four task forces overseen by two CDA priority teams: The Healthy Public Team and the Strong Profession Team.

Prior to the pandemic the CDA board was meeting three times a year in Ottawa, including for the CDA AGM, and once a year for a planning and board education session - rotating the venue amongst the provinces.

With the advent of the pandemic the focus of the association became "everything COVID".

We know from our own lives and the public media that the situation is different in every province yet there is also much commonality. The CDA identified its best role as gathering and disseminating information about COVID-19. Information about what is happening at home and abroad, what is the current situation and what is coming down the road. Regular COVID update meetings are held for stakeholders with information that is, at times, as current as having been updated within the last one or two hours. This information is provided to each provincial dental association to use and tailor as appropriate for dentists in their respective provinces.

The evaluation of CDA activities and pivoting as necessary has been an ongoing process. COVID is the focus but business as usual must also go on.

The Future of the Profession report remains an important part of CDA activities. There is continuing work on those projects already well under way and deemed relevant to the current environment.

Attention to the association's three traditional priorities: advocacy, knowledge and practice support continues through such work as the Return to Practice Task Force, the Infection Control Working Group, the DAT program, the Dental Career Option website and others.

CDA promotes CDSPI's Members' Assistance Program (MAP), which provides a variety of resources to help individuals deal with life's challenges. MAP is a confidential counselling, referral and information service for individuals who are dealing with mental health challenges or need advice on topics such as physical fitness, nutrition or parenting.

All in person meeting of the CDA Board have been suspended and have gone virtual. I have not gotten the opportunity to meet and get to know the newer CDA board members as I would have liked to. There are challenges and new skills required to building relationships and exchanging ideas outside of formal meetings. After our last board of directors meeting we held a virtual hospitality suite. It's a start, very much enjoyed by all that attended but still not the same as in person.

Hard to believe it has only been a year. There have been positives as well as the negatives coming out of our changed lives. At the Canadian Dental Association and the provincial dental associations what dentists need from their associations has come to the fore. It is more important than ever to know what your associations are doing for you and to let us know what your needs and expectations are, what more we can be doing for you.

As always, thank you for the opportunity to serve as the MDA representative on the CDA Board of Directors. Please be in touch with any questions or comments you might have.  
Joel



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# Finding Positivity in a Time of COVID

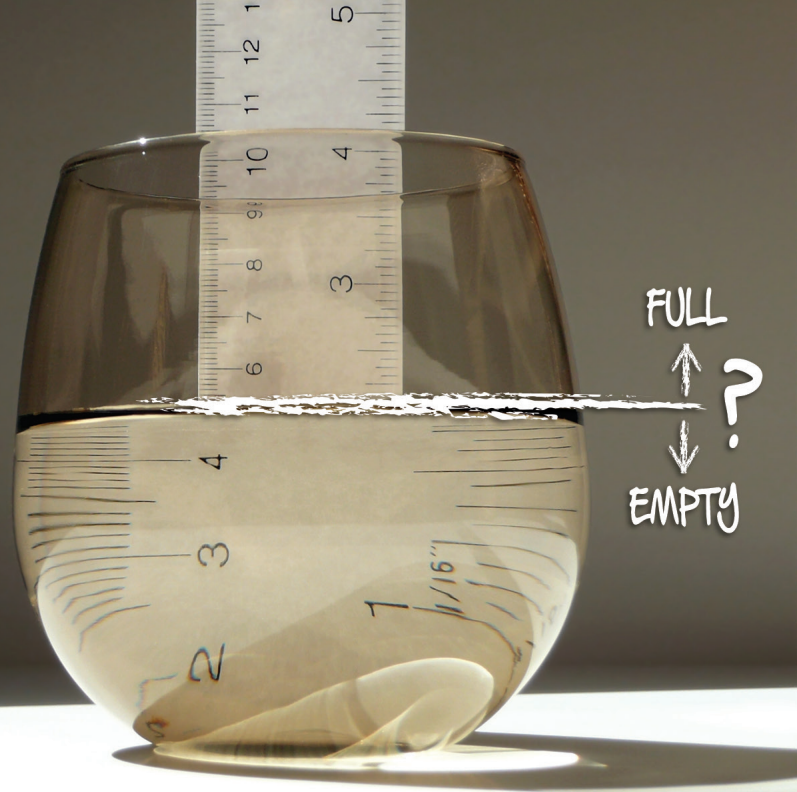


Dr. Lori Simoens

If you ask Dr. Lori Simoens whether the proverbial glass is half empty or half full, she's likely to say neither. Instead, she'll probably tell you it depends on whether you have just poured into the glass or drunk from it, before swiftly announcing that she doesn't care about the glass anyway. She is neither an optimist nor pessimist. What she cares about is doing the best she can with what's left of the water.

Back in March, the general dentist from Winnipeg, published an article on her personal blog entitled *The Rest of the Water*, a heartfelt response to the onset of the pandemic. Touching upon her own concerns and vulnerabilities, along with her considerable insight, the blog post was an honest expression of how it felt to be standing on the cliff edge that we have all come to know as COVID-19. Navigating a myriad of thoughts and emotions that surely reflected the anxieties of dentists across Canada, Dr. Simoens ultimately arrived at the conclusion that, although fear and anxiety were perfectly understandable responses to the most significant health crisis of our time, they were not particularly useful. What could be useful was the sense that we were all in this together and that we must do the best we can with the situation at hand.

When asked about what inspired her to write and share the blog post, she replies in a characteristically candid and generous way: "COVID came at us all of a sudden. I tried to distill the article into a cohesive piece that focused on my own experience," she says. "I think sometimes it's helpful to know that someone else is thinking what you're thinking and is sharing your experience. That's what I wanted to offer my colleagues, more than anything."



Throughout our conversation on Zoom, Dr. Simoens' upbeat outlook shines through. Honest. Practical. Positive. Given the events these past months, it is an outlook that has served her well.

She talks about the lockdown period. It was a hard lesson, financially and otherwise. But she says it was an important lesson. "Dentistry as we knew it shut down, and I'm glad. Taking a step away from our practices gave us the time and realization to look at things under a microscope and think twice about what we're doing every day. It allowed us to put great precautions in place and get everyone on the same page."

From the beginning, she and her partner at the Waverley Dental Centre in Winnipeg, Dr. Kelly Regula, adopted a simple go-to mantra: focus on what we can do, and do it as well as we can.

What followed was a battery of phone consultations with patients, personal delivery of care packages containing high-fluoride toothpaste and other dental products, necessary office refurbishments to meet infection control measures, and regular team meetings on Zoom to keep staff informed. On one occasion, Dr. Simoens even went to the pharmacy



herself to pick up a prescription for a patient who was stuck in self-isolation.

She likes to think about the human impact of COVID in terms of a bell curve — a probability distribution with standard deviations and outliers. “Some people have hardly been affected at all,” she says, “while others are suffering intolerable anguish from the loss of a loved one.” There’s a similar effect on the economy. Job losses and hardships for some but not for others. Patients who have had their entire livelihoods wiped out with no idea when they will recover, while others have hardly been affected at all. Likewise, with the emotional toll. Some patients arrive to their appointments wracked with anxiety while others look forward to their dental appointments as much-needed social interactions.



You get a wide variety of perspectives, and all I can do is try to be a source of strength and stability to my staff and patients, try to maintain as much resilience as I can muster, and be a listening ear or share a few laughs.

“You get a wide variety of perspectives, and all I can do is try to be a source of strength and stability to my staff and patients, try to maintain as much resilience as I can muster, and be a listening ear or share a few laughs,” says Dr. Simoens.

Then there is the impact on the dental profession itself. Here, Dr. Simoens quickly circles back to the assurance that we are all in this together. She’s talking about community, something to which she is no stranger. As a member of the Manitoba Prosthodontic Study Club, Winnipeg Progressive Dental Study Club, occasional lecturer for the Student Mentorship Program, and co-chair of the General Practice Study Club, Dr. Simoens knows a thing or two about the power of community. She knows that a sense of shared experience is a major uptick in these pandemic times, especially in her home province of Manitoba where around 300 dentists have banded together in chat groups to connect, share information, create resources and even place bulk orders for essential PPE. “This will only make us stronger for the future,” she says.

Speaking of the future, Dr. Simoens acknowledges that the uncertainty has not gone away. But she quickly tempers this by pointing out that the pandemic will not last forever. Again, she looks to the positives: dental offices are open, dental

associations are working more closely than ever with Public Health departments, and PPE measures are better than ever. She also agrees that dentistry will benefit from the technological innovations that have arisen from the pandemic, though she cautions that much research and literature will be required to validate long term change.

Before we sign off she returns to that glass of water and the question that hangs over it. Half empty or half full? “I hate that question!” she says. “I got asked it on a first date once and it kind of annoyed me.” She laughs, but there’s a point. “I hate that question because it seems to be designed to put a label on someone or something. It’s much more complex than that. And that’s what COVID is. It’s complex. The factors at play, the effects it will have. It’s really important that we don’t stick to labels or choose sides. I just hope that everyone looks at what’s in the glass.”

We finish our conversation and I gaze at the half-drunk cup of tea on my desk, and I know that whatever Dr. Simoens chooses to do with the water in her glass, she will continue to have a positive impact on her patients and the dental profession for a long time to come. ♦



The original version of this article, written by Gabriel Fulcher, appeared on CDA Oasis: [bit.ly/36DDQ01](https://bit.ly/36DDQ01)





APRIL 12-17, 2021

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## SCHEDULE OF EVENTS AND LIVE SPEAKERS

VISIT [MDACDA2021.COM](https://mdacda2021.com) FOR ON-DEMAND SPEAKER SESSIONS

### MONDAY April 12th

7:00 am - 8:00 am Patterson Breakfast Club

7:00 pm - 8:00 pm **Gamechanger - Motivational Keynote - Orlando Bowen**

### TUESDAY April 13th

7:00 am - 8:00 am Patterson Breakfast Club

7:00 pm - 8:00 pm Implant dentistry - Dr. Dennis Tarnow

### WEDNESDAY April 14th

7:00 am - 8:00 am Patterson Breakfast Club

7:00 pm - 8:00 pm Sleep Apnea-Dr. Louis Chmura

### THURSDAY April 15th

7:00 am - 8:00 am Patterson Breakfast Club

6:00 pm - 7:30 pm Practice Management - Fred Joyal

8:00 pm - 9:00 pm Practice Optimization - LaVonne Keal

### FRIDAY April 16th

7:00 am - 8:30 am Patterson Breakfast Club

9:00 am - 10:00 am Public Health - Dr. Carlos Quinonez

11:00 am - 12:30 pm Women in Dentistry - Dr. Nancy Auyeung & Panelists

1:00 pm - 2:00 pm Woman in Dentistry - Kelli Jaecks

6:00 pm - 6:20 pm Golf Pro Tips - Terry Reilly

6:30 pm - 7:30 pm Laser - Dr. Glenn van As

8:00 pm - 10:00 pm **Friday Night Comedy - Streamed from Rumors Comedy**

### SATURDAY April 17th

7:00 am - 8:30 am Patterson Breakfast Club

9:00 am - 10:30 am Endo - Dr. Domenico Ricucci

11:00 am - 12:00 pm Implant dentistry - Dr. Tomas Linkevicius

12:15 pm - 12:35 Golf Pro Tips - Terry Reilly

1:00 pm - 2:15 pm Dental photography - Dr. Miguel Ortiz

3:00 pm - 4:30 pm Restorative - Dr. Paresh Shah

5:00 pm - 6:00 pm **Nutritional Lalapalooza! Motivational Keynote - Dr. Uche Odiatu**

6:00 pm - 7:30 pm Life is Too Short to Drink Bad Wine - Dentalcorp Hosts



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## Oral hygiene training of staff reduces pneumonia in long-term care facilities

**Research question:** Can staff reduce pneumonia by providing daily mouth care to long-term care (LTC) residents?

**Study:** Participants included 2,152 LTC residents in North Carolina. Some were in an intervention group and others in a control group. The study took place over two years. The intervention was training LTC facility staff in *Mouth Care Without a Battle*, an evidence-based person-centered approach to daily mouth care—tooth brushing and flossing—for persons with cognitive and physical impairment.

**Main result:** In the first year, LTC facilities that were in the intervention group saw a 26% to 31% reduction of pneumonia cases compared to the control group. In the second year, the effect was not significant because care was provided less often.



**Dr. Sheryl Zimmerman**  
Co-director of the Program on Aging, Disability, and Long-Term Care at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill

The COVID-19 pandemic has brought the health and well-being of people who live in LTC facilities in Canada to the forefront of the public consciousness. LTC residents have historically been more susceptible to respiratory diseases; in the US, pneumonia affects 250,000 LTC residents annually. Pneumonia caused by aspiration of microorganisms in the oral cavity was first hypothesized 30 years ago and many studies have demonstrated it.

This new study<sup>1</sup> suggests that a few practical changes to daily care can significantly reduce pneumonia among

LTC residents. “What’s new about our study is that it showed that mouth care provided by LTC staff as part of standard care could significantly improve oral hygiene and reduce pneumonia,” says Dr. Sheryl Zimmerman, who led the study at the University of North Carolina at Chapel Hill. “A few other studies have shown that mouth care provided by dental hygienists, or more regularly than is realistic, could also be beneficial, but that type of care isn’t feasible or sustainable in today’s long-term care settings.”



In the study's introduction, Dr. Zimmerman and her team share other research that shows that many LTC residents who need help with daily oral health care do not receive it. In the U.S., 84% do not receive help with brushing, flossing or gum care. Often LTC staff members are rushed and lack the resources they need, so even when daily oral care assistance is given, it is not effective.

Even with training and initial success, the study found that in the second year, there was a decrease in the efficacy of the intervention. "Sustainability of systemic change in long-term care is a challenge that other researchers have also found," says Dr. Zimmerman. "For us, change from baseline peaked at 12 months and decreased at 20 and 24 months."

How can dentists help? "On the level of daily care, we know that if a physician writes an order for medical care, the care will be provided," says Dr. Zimmerman. "Perhaps dentists can write an order for daily mouth care. We all need to advocate for daily mouth care to become a standard of care." ➡

## Online Resources

[mouthcarewithoutabattle.org](http://mouthcarewithoutabattle.org)

### JCDA.ca Articles:

- Changes in Oral Health and Treatment Needs for Elderly Residents of Long-Term Care Facilities Over 10 Years. [jcda.ca/j7](http://jcda.ca/j7)
- Dentists' Views on Providing Care for Residents of Long-Term Care Facilities. [jcda.ca/j8](http://jcda.ca/j8)
- What is Being Taught to Canadian Undergraduate Dental Students About the Oral Health of Long-Term Care Residents? [jcda.ca/k10](http://jcda.ca/k10)

### Reference:

1. Zimmerman S, Sloane PD, Ward K, Wretman CJ, Stearns SC, Poole P and Preisser JS. Effectiveness of a Mouth Care Program Provided by Nursing Home Staff vs Standard Care on Reducing Pneumonia Incidence: A Cluster Randomized Trial. *JAMA Netw Open*. 2020;3(6):e204321.

The following article originally appeared in CDA Essentials, Issue 7, 2020, pp. 36-37.  
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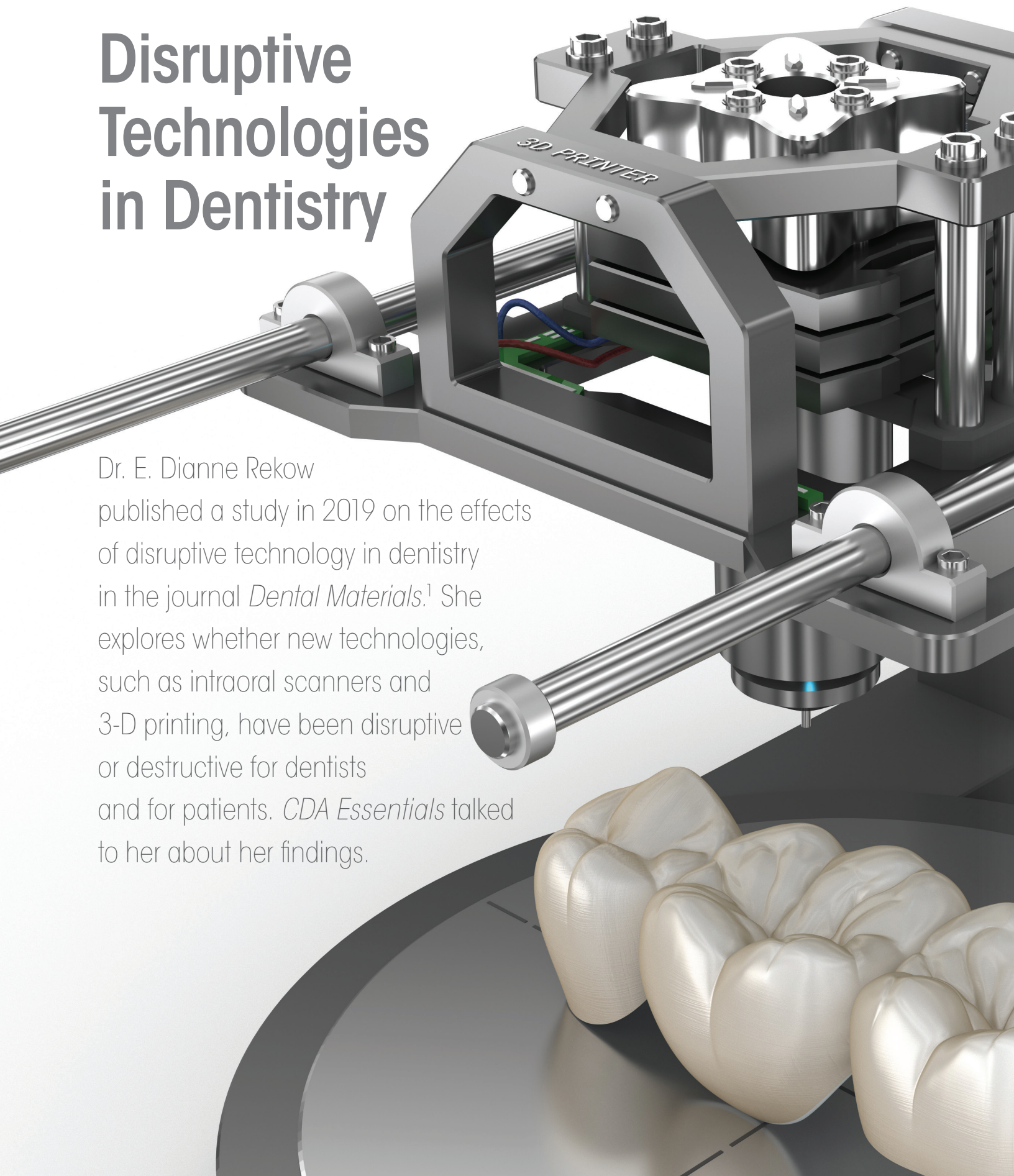


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# Disruptive Technologies in Dentistry

Dr. E. Dianne Rekow published a study in 2019 on the effects of disruptive technology in dentistry in the journal *Dental Materials*.<sup>1</sup> She explores whether new technologies, such as intraoral scanners and 3-D printing, have been disruptive or destructive for dentists and for patients. *CDA Essentials* talked to her about her findings.







**Q** The last line of your journal article reads, “Is digital dentistry disruptive? Absolutely. Is it destructive? Absolutely not.” Could you tell us the story of one technology that you feel has been most disruptive to dentistry and how it has improved patient care?

**Dr. Dianne Rekow (DR):** Computer-aided design and manufacturing (CAD/CAM) systems were one of the most disruptive technologies in dentistry. These systems have revolutionized, and continue to revolutionize, three major elements of delivering dentistry.

First, with their introduction, it became possible for intraoral data to be captured digitally. Although the first intraoral cameras had many limitations, they made it possible to eliminate conventional impressions. Importantly, they also formed the basis of the proliferation of high-quality, high-resolution, fast, full-colour images possible today.

Patients also prefer an intraoral scan to a conventional impression. Further, high-quality images that can be projected on a screen, chairside, in real time, facilitate patient-clinician discussion and patient understanding about treatment needs and options.

Second, subtractive manufacturing (milling) and now additive manufacturing (often called 3-D printing) became possible with CAD/CAM systems, revolutionizing material choices. Perhaps most remarkable has been the possibility of all-ceramic restorations for both anterior and posterior teeth, providing excellent esthetics along with survival rates not possible before these digital manufacturing systems became available to dentistry.

The third disruption is in the workflow for fabrication of restorations, and a host of appliances, drill guides, and aligners. Now workflow can be tailored to the interest and expertise of the clinician, in-house laboratory, or commercial laboratories. One can assume that this flexible workflow yields the highest quality dental restorations.

**Q** You write about the “core digital data set.” Could you say why this data set is so important and what potential it has for the future of dentistry?

**DR:** A core digital data set encapsulates the fundamentals of patient information, including information captured in the electronic patient records, radiographs, digital photographs, and intraoral scans. From this rich data source, critical

information is available for a host of other functions that facilitate high-quality dental care delivery, enable research and education, and underpin practice management opportunities.

Information in the digital data set enables at least 6 important aspects of dentistry. These include:

1. Information for CAD/CAM-based design and fabrication of restorations, appliances of various sorts, surgical guides and practice models, as well as tissue scaffolds.
2. Patient interactions during consultations, patient-clinician shared treatment decisions, and guiding and monitoring healthy behaviours.
3. A host of clinical-based activities, including interprofessional consultations, treatment plans, and robot-assisted treatments.
4. Educational activities including haptics—computer interface technology that mediates the sense of touch—and simulations, as well as distance learning, using anonymized real-patient information.
5. Population health and research-based activities including epidemiology, forensics, and clinical and practice-based research.
6. While not yet fully realized, the data set forms a basis enables marketing, measures of practice efficiency and efficacy of treatments, and automated inventory control/management. Clearly, this data set forms the basis for continuing improvements in a host of dental applications.

**Q** There is often controversy, or discomfort, or even active resistance around the adoption of new technologies. Where did you see the most resistance to a new technology in dentistry?

**DR:** It is difficult to determine which digital technology has elicited the most resistance. Willingness to accept and adopt a new technology has a host of underlying causes and effects. Some people are early adopters, willing to try new things as quickly as possible. Others are reluctant and may only integrate new technologies when the old ones are no longer available. And, of course, there is everything in between.





My suspicion is that cost and the learning curve for using new technologies plays an important role in one's decision. Patient pressure, where new technologies may be deemed to be a measure of the quality of the dentistry, must also be considered and can influence the speed of adoption. I also suspect that technologies integrated into the dental curriculum become those most often used in clinical practice. However, this too is complicated because of the cost and learning curve of integrating the technologies as well as the potential, or real, reluctance of clinical faculty to change from their normal practices.

#### Reference

1. Rekow E. Digital dentistry: The new state of the art — Is it disruptive or destructive? *Dent Mater* 2020; 36(1):9-24. doi: 10.1016/j.dental.2019.08.103. Epub 2019 Sep 14.

**Q** In your article, you talk about new technologies that may be the next disruptors for dentistry. Which one are you most excited about?

**DR:** One technology that I find particularly exciting is teledentistry. While some areas are rich in clinical care opportunities, there are a host of geographic areas that have very few caregivers compared to their population. Similarly, some people have difficulty traveling to a clinic. For instance, those in long-term care homes, workers on oil rigs, researchers in Antarctica, sailors, prisoners, etc. Teledentistry can be critically important for these people.

While the full scope of dentistry may not be feasible for these groups, this technology permits distance-based evaluation of clinical conditions and symptoms. Further, because at least some data can be transferred digitally, less-than-ideally trained personnel could be guided through virtual communication to deliver at least some level of care. Finally, of course, teledentistry provides a platform for distance-based evaluation of conditions so that only those with difficulty traveling need to do so only in urgent situations requiring a full-scope clinical setting.

Having said this, as we have seen with CAD/CAM systems enabling new materials development and utilization, the potential for new technologies to have an impact is very exciting and can catalyze new complementary technology. What is possible is probably limited only by our imagination. ✦



Dianne Rekow, DDS, PhD, is professor emeritus and former executive dean of King's College London Faculty of Dentistry, Oral & Craniofacial Sciences. Previously, she held research and administrative positions at New York University over a 10-year period, including serving as provost of Brooklyn Polytechnic Institute during its merger to become New York University's Tandon School of Engineering. Dr. Rekow has served as president of both the International and American Associations for Dental Research (IADR/AADR).

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## SPEAKER PROFILE:

### Dr. Mohammad Ahmad Javaid,

BDS (UHS), MSc (Dental Science – McG),  
Dip. Perio (UBC), MSc Craniofacial Sciences (UBC),  
Fellow Royal College of Dentists of Canada (Periodontics)  
Diplomate of The American Board of Periodontics (DABP)  
Clinical Asst. Professor Graduate Periodontics (U of A)

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Dr. Mohammad Ahmad Javaid, completed his Bachelor of Dental Surgery from University of Health Sciences, Pakistan. To further his knowledge in basic sciences and research, Dr. Javaid completed Master in Dental Sciences from McGill University, Canada. Following completion of the aforementioned graduate program, Dr. Javaid then embarked on the journey for clinical excellence and enrolled in Diploma in Periodontics, a three-year clinical residency program with focus on advanced surgical techniques in Periodontics and Implant dentistry, at The University of British Columbia, Canada. Simultaneously, he also started his second Masters in Craniofacial Sciences at The University of British Columbia. The clinical residency program together with the research training at McGill University and University of British Columbia, has laid the foundation for his quest for lifelong learning and professional development. Dr. Javaid has cleared the Fellowship of Royal College of Dentists of Canada (RCDC) in Periodontics and is a Fellow with the RCDC. Dr. Javaid has also passed the excellence exam of the Diplomate of The American Board of Periodontology (DABP) and is a Diplomate with The American Board. He has published many articles in peer reviewed international journals and has contributed to multiple book chapters in internationally published books in the field of periodontics and implant dentistry. Dr. Javaid spends most of his time in private practice. However, he is also following his passion for teaching and is currently involved with Graduate Periodontics Department at The University of Alberta in the capacity of Clinical Assistant Professor. Dr. Javaid spends his free time with family, friends, and colleagues. He is an avid fan of bodybuilding, mixed martial arts and anything and everything related to diet and fitness.

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# 5 Key Lessons Taught By COVID

By Jackie Joachim

The unprecedented coronavirus pandemic has caused changes in mindset, attitude, direction, and behavior for practice owners. It changed for employees too. One year later, we can all agree that important lessons have been learned – not always by choice but by necessity.



## Lesson #1: Learning to be agile.

We all had to respond quickly to changing events. Sometimes with only a couple of days notice. This made us realize how important it is to be comfortable with change and willing to shift gears when necessary. A sub lesson in learning to be agile was also recognizing the gaps in the way things were being done. Because we had to change, perhaps some of these changes had positive outcomes.



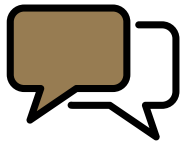
## Lesson #2: Appreciating technology more.

So many of us have had to change the way we do business. The face-to-face meetings, attending events/conventions and how patients needed to be looked after are just some of the many examples. Corona emphasized the importance of technology. Think of all the virtual learning opportunities we have had to embrace or tele-medicine that became a necessary and by default option. I for one was forced to embrace webinars and Zoom calls. Prior to the pandemic, these were never an option for me because I was not comfortable. Simple applications like LinkedIn, Facebook and Instagram have enabled me to meet new people and stay connected to those I already knew. I must admit, until the pandemic, I never appreciated the value of these tools.



## Lesson #3: Being more empathetic.

In these trying times, clear communication with all stakeholders of your practice—staff, partners, advisors, and patients are critical. There is no doubt that the stress of the pandemic on owners is massive. The key towards sustaining your business in this situation is being transparent with your stakeholders and prioritising their needs. Apart from supporting your staff and understanding the situation, you must support your workforce by encouraging them to learn and give them opportunities to join Zoom training and courses.



## Lesson #4: The essential nature of social interaction.

While digital collaboration tools have become critical to remote work and will remain post-pandemic, the new way of work also emphasized the need for social interaction for humans. Suddenly a trip to your office during a lockdown may possibly be a real treat or outing. People miss human contact with those outside of their homes. Never underestimate the positive effect you have on the people who walk through your doors. For the staff, as stressed as people may be, the ability to laugh or participate in banter can mean so much. For example, when I was at my office a few weeks ago, four of us, while social distancing, had the most frivolous conversation that left us simply laughing. It was such a wonderful feeling, one that has been missed from our daily lives.



## Lesson 5: Keeping a cash buffer.

The period from mid-March 2020 to mid-June 2020, taught all of us the importance of fiscal responsibility. Certainly, our credit cards took a beating as evidenced from the multitude of Amazon packages, however, for owners of practices as well as the associates, these were very scary times. Even with the various government programs, the major lesson learned by all was that we must have something in reserve. It is why banks are being tough on purchasers today because they must be confident that this person could withstand another lockdown if it ever happened. The good thing we have seen is that healthcare is recession resilient and now pandemic resilient. The pandemic has taught us the importance of having a cash buffer. Hopefully, it has also taught many of us to be grateful for what we have. So many have fallen on economic hardship and forced with extremely difficult decisions.

The pandemic has been an unforeseen situation for the whole world. It has brought about crisis and problems we never experienced before and has exposed us to many unknown vulnerabilities. This has been a period for all business owners to take a closer look at how their practice was run pre-pandemic versus now. However, along with the many challenges we faced due to the pandemic, it has also given us an opportunity to align, adapt and amend businesses as well as reinforce the strategies to make the most of the ongoing situation. Clearly, it has also taught all of us lessons that shall be both applicable and beneficial in the long run. A wise man told me that we do not need to embrace the reason for the change, but we must embrace change!



Jackie Joachim, COO

Jackie.joachim@roicorp.com



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Our OHKs were enthusiastically appreciated particularly because the Covid pandemic dramatically reduced disposable income for a great many of the vulnerable in our communities. This initiative increased awareness of the importance of maintaining oral health and the critical relationship of oral health with overall health.

Please visit our website and our social media platforms for updates from the recipients of our MDF grants and MDF in Action initiative and activities.

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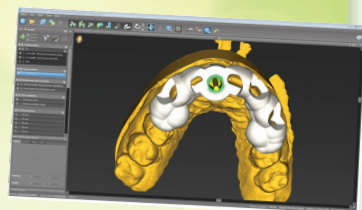
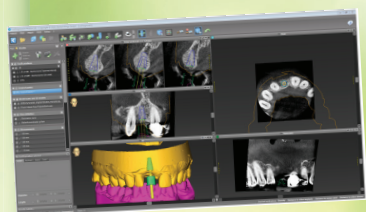
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# Health Benefits

## 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.

With regard to Non-Insured Health Benefits, CDA has been on the leading edge of highlighting key issues and challenges facing the profession. Some of these activities include:

### Non-Insured Health Benefits Program (NIHB)

CDA has worked with Health Canada to develop a simplified Provider Guide to assist dentists participating in the NIHB program. This guide continues to be updated on a regular basis. In recent years, Health Canada has shown a willingness to explore adjustments to existing policies. Most recently, the NIHB initiated a nationwide eight-year partial denture trial project, to assess the merits, feasibility and appropriateness of a streamlined predetermination submission process. This follows the endodontic trial project, which was a success and has resulted in that streamlined predetermination process becoming the permanent policy.

The First Nations Inuit Health Branch in conjunction with the Federal Government will be investing in preventative care in the coming years. This will likely result in a tripling of the budget for the Children's Oral Health Initiative (COHI) in the next two years.



### Access to Care

CDA is active in making representation to government on a number of access to care issues such as oral health care for people with special health needs; indigenous children's oral health; seniors and refugees.





## How Canadian Dentists are Dealing with Stress and Uncertainty

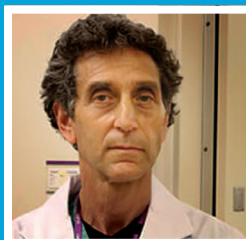
Attending the University of Western Ontario in the early 1980s, Dr. Joel Rosenbloom found dental school demanding and intimidating. “There was not a day when I didn’t worry about being penalized, failing or being spoken to in a punitive tone,” he wrote in an article for the Centre for Addiction and Mental Health (CAMH).<sup>1</sup> He couldn’t imagine himself graduating.

“**B**eing prone to anxiety, this situation was extraordinarily difficult for me to deal with. I had many dark days and barely a week went by when I didn’t contemplate dropping out,” adds Dr. Rosenbloom.

In his third year, his close friend in the program and president of his class died by suicide. The devastating loss left Dr. Rosenbloom grieving and struggling to meet the requirements of his course work. He remembers this period of his life as one of the most challenging and painful. Even after graduating and building a career, his thoughts often return to the loss of his friend.

Decades later, Dr. Rosenbloom worked as a dentist under a difficult supervisor. “I once again spiraled into a very dark place,” he says. He felt despair and hopelessness. He sought counselling and support from family and friends.

He felt motivated to persevere for the sake of his young family. “I eventually came to the conclusion that the situation was untenable and I quit my job for the sake of



**Dr. Joel Rosenbloom**

Staff dentist, Centre for Addiction and Mental Health (CAMH) and associate professor, faculty of dentistry, University of Toronto.

my health,” he writes. “I am truly fortunate that I am a dentist and have more employment opportunities than most people do.”<sup>1</sup>

These days, Dr. Rosenbloom finds his work—at the dental school at the University of Toronto (U of T) and at CAMH—deeply fulfilling. He enjoys a happy family life and pursues ideas and projects that are meaningful to him. When asked what he does to maintain his mental health, he spoke about his love of cycling. “I bike to work and I bike home, every day, no matter what the weather,” he says.



One in 5 Canadians suffers with a mental health problem each year. So even if we don't realize it, all dentists are working with people with mental health issues.

Having experienced his own “dark periods,” as he calls them, seems to have increased Dr. Rosenbloom’s capacity for compassion. Students from U of T do clinical rotations at CAMH, where together they serve patients who are struggling with mental health issues. “One in 5 Canadians suffers with a mental health problem each year,” says Dr. Rosenbloom. “So even if we don’t realize it, all dentists are working with people with mental health issues.”<sup>2</sup>

With his U of T colleagues, Dr. Rosenbloom has been working on a wellness strategy for students. “Our guiding principle has been ‘Let’s talk about mental health,’” he says. “There was a time when it wasn’t something that people talked about and there is still a powerful stigma. But talking about it helps, both at the individual level and the school as a whole.”

## Mental Health During a Pandemic

Each week, half a million people in Canada are unable to work because of mental health problems or illness.<sup>3</sup> The Mental Health Commission of Canada (MHCC) says that health care workers are 1.5 x more likely to miss work due

to mental illness than workers in other industries. One study found that 84% of dentists reported feelings of burnout.<sup>4</sup> Data analyzed by the MHCC and the Conference Board of Canada showed that 84% of respondents felt their mental health had worsened since the onset of COVID.<sup>5</sup>

“Recovery from mental health problems and illnesses is possible,” says Ed Mantler, vice-president of Programs and Priorities at MHCC. “Just like you can recover from a heart attack.”

Recently, Mantler made a presentation to CDA’s Practice Recovery Task Force about the personal, organizational and economic costs of neglecting mental health. He also spoke about how businesses and organizations can promote psychological health and safety using evidence-based strategies.

Mantler told the story of Michael Garron Hospital in Toronto, an early adopter of the National Standard of Canada for Psychological Health and Safety in the Workplace, that has seen a downward trend in long-term disability claims and employee absenteeism since incorporating the guidelines into its wellness program. As well, morale and staff retention rose, medical errors were reduced, productivity increased and patient satisfaction went up.

One of the insights that Mantler shared is that mental health is something that individuals can work to maintain on their own to a certain extent, but our workplaces, institutions and communities influence it a great deal.

## Canadian Dentists Taking Care of Themselves and Their Teams

*CDA Essentials* reached out to a group of dentists to find out how they were managing their dental practices in the context of COVID and how they were taking care of their own mental health and wellness and that of their teams. Many shared feelings that the past year has been far more stressful than most. They talked about how a sense of community and physical exercise have buoyed them. Several explained how they worked to create cultures of open communication and cooperation within their dental offices.

## Camaraderie as a Silver Lining

Before the pandemic, Dr. Roxana Saldarriaga’s first thought each morning was about what to make for breakfast for her family. Now she worries about whether a family member might have symptoms. “Having a child with sniffles means having to drive to a COVID test centre and missing school until the test results are back,” she says. “It also means cancelling and rescheduling a full day at work without much notice to patients, and, all this, without even mentioning the anxiety of a possible positive result.”

Infection prevention and control measures at Dr. Saldarriaga’s dental office in Vancouver have increased significantly. A new wellness coordinator does several rounds of screenings with patients and walks them through new informed consent documents. There have been physical changes to the office including Plexiglas barriers in reception



**Mr. Ed Mantler**  
Vice-president of Programs and Priorities, Mental Health Commission of Canada (MHCC).





**Dr. Roxana Saldarriaga**  
Prosthodontist, Northwest  
Dental Reconstructions,  
Vancouver, BC.

and new enclosure walls in operatories. She and her colleagues all wear level 3 surgical masks and N95s all day, except during a few minutes at lunchtime, which are staggered so that each team member eats alone. "At the end of the week, we are all very tired," she says. "I believe exhausted is the right word. Wearing the PPE without a long break during the day has been the most challenging for all of us."

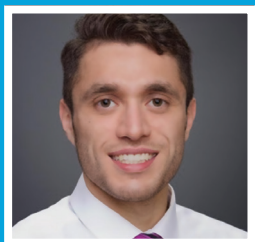
These days, Dr. Saldarriaga checks in often with her team members. "We listen to each other," she says. "We make sure we allow ourselves time to eat and stay hydrated during the day." A greater sense of camaraderie and a willingness to help each other has been an unexpected silver lining to the pandemic.

Dr. Saldarriaga keeps in touch with other dentists in online group chats, study clubs and mentorship relationships. "They provide a sense of belonging and the feeling of not being alone in this challenging environment," she says.

Dr. Saldarriaga says that weekends are for rest and recovery. In the past, she sometimes extended her office hours to evenings and weekends, but now having these two days off is a necessity. She has appreciated more quality time with her family and more home-cooked meals. "I feel fortunate that early in the pandemic, a group of mothers from my son's school took up road biking," she says. "This has provided a great healthy escape from the everyday, and an activity I look forward to every weekend, weather permitting."

### Focusing on the Mission

At his dental office in Whitehorse, Dr. Dhia Mahmud has grown used to new protocols and increased PPE after five months of practise during the pandemic. He sees fewer



**Dr. Dhia Mahmud**  
Dentist, Dandelion Dental  
Centre, Whitehorse, YK.

patients each day because of the time requirements of more stringent infection prevention and control measures. "One real challenge is being constantly and consistently mentally aware throughout a shift that we need to follow these guidelines and protocols to ensure the safety of our patients and staff members," he says.

When asked if anything has improved during the pandemic, Dr. Mahmud notes, "Patients are less likely to postpone a recommended treatment at this time because they fear another wave of the virus might suspend services again."

Living in Yukon has given Dr. Mahmud an opportunity to explore the great outdoors and he also joined a soccer league. "I channel the stress of my job into hobbies and sports," he says. With the pandemic some of these activities were shut down or restricted. "I've had to find new avenues for stress relief," he says.

Dr. Mahmud's attitude toward the pandemic helps him remain positive. "This situation is temporary," he says. "Eventually, we'll resolve it." It also helps that he can see the positive impact of his work. "My patients are so thankful when we are able to relieve their pain."

To support his colleagues at the dental office, Dr. Mahmud tries to keep the mission of their work top-of-mind. "Our patients are not coming in for elective services, but for necessary treatments," he says.

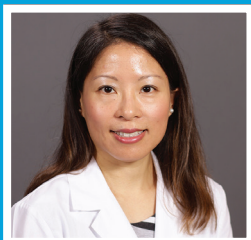
Dr. Mahmud also feels a responsibility as a health professional to help educate his patients about COVID and appropriate precautions. "With our educational background, we have an ability to help people deal with doubt, worry or even misinformation," he says. "I believe educating our patients helps them experience less fear and uncertainty."



**Dr. Dhia Mahmud at work.**

## Trying Something New and Being Appreciative

For Dr. Beatrice Leung, the pandemic has created several new challenges that she faces on a daily basis. The high price of PPE that she needs in a greater number than ever before. The rescheduling of appointments. Some members of her team had childcare fall through, which affected their availability to work. A new uniform of scrubs and gowns. Lost time.



**Dr. Beatrice Leung**

Prosthodontist at Dr. Beatrice Leung Dentistry, Toronto, ON and assistant professor, faculty of dentistry, University of Toronto.

“The extra layers of PPE make it hard to see, hear, talk and breathe, not to mention communicate easily with patients,” she says. Initially, the extra PPE left her dehydrated and exhausted.

Outside of work, her kids couldn’t do their regular activities or play with their friends. Virtual activities replaced active and physical ones. “Everything seemed abnormal,” Dr. Leung says.

To keep herself resilient, she kept up an exercise regime at home. She read books for enjoyment. She also found solace in her teaching at U of T, which provided a new opportunity for her creatively because it had moved online. She enjoyed coming up with entertaining and engaging materials for her students to learn dentistry without being able to meet in person.

To support her dental office staff in Toronto, Dr. Leung starts each morning with a team huddle. They openly discuss the challenges of working during the pandemic. “I try to acknowledge the staff for their efforts,” she says, knowing that being appreciated helps people deal with stress.



**Dr. Beatrice Leung**  
wearing enhanced PPE.

## Compassion for Others (and Oneself)

Dr. Trudy Nwachukwu, a periodontist in Saskatoon, has spent the past months playing catch-up because of a backlog of appointments and procedures after the closures in spring 2020.

Dr. Nwachukwu feels that part of her role is to comfort patients who might feel afraid. “Fear of COVID is tangible and very real,” she says. “When we have a patient that feels afraid, we encourage and reassure them that it’s going to be okay. We are always happy to reassure our patients and show them all the infection control measures in place in our office as recommended by our dental college and Saskatchewan public health.”

Dr. Nwachukwu believes that acknowledging difficulties but focusing on the positive helps her flourish, even in challenging times. Limited social interaction has been hard, but she’s grateful for the health of her team. At the end of each week, she’s tired, but she’s glad that her office was open.



It’s okay to feel a bit overwhelmed, but you’ve got this! Take it one day at a time, do the best you can and just breathe.

Dr. Nwachukwu meditates. She listens to music that makes her feel calm and relaxed. “I also spend time listening to uplifting gospel messages,” she says. “And I find talking to my dental colleagues very helpful, because we get to share our experiences and support each other. It’s informal peer support.”

As the leader of her team, Dr. Nwachukwu makes sure each member knows how to access voluntary and confidential counselling services, such as the Team Assistance Program in Saskatchewan, which provides mental health support for dental team members. “We support the mental health of those around us by ensuring that we have open lines of communication, as well as showing compassion,” she says.

Sometimes, when a team member is overwhelmed, Dr. Nwachukwu finds herself saying, “It’s okay to feel a bit overwhelmed, but you’ve got this! Take it one day at a time, do the best you can and just breathe.”



**Dr. Trudy Nwachukwu**

Periodontist, PerioCentre, Saskatoon, SK.

## Weathering a Storm

Dr. Mark Sutherland runs a solo practice in Halifax, so when he reopened his office, he had to source PPE, get Plexiglas and floor stickers installed, train staff, and put in a laundry facility to wash gowns. Dr. Sutherland is quick to acknowledge the work of his administrative staff, dental hygienists and dental assistants. He says that their roles are more demanding now than ever and they've met these new challenges with excellence.

"I think that most would agree it seems that we are all working twice as hard to maintain a basic level of income," he says.

Wearing enhanced PPE can be "annoying and hot," he says. To keep staff comfortable, he keeps the operatories quite cool. "I found it particularly hard to get comfortable with a face shield, which may interfere with my loupes or bump my headlight or give me a tension headache with the retaining rope," he says. "We are trying out new face shields that hang from our neck so maybe these will be better."

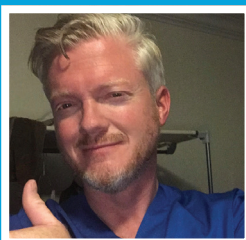
At the beginning of the shut down, Dr. Sutherland's fitness facility created virtual boot camp classes that he could attend at home. "To this day, I'm grateful for the routine they created for the stay-at-home workouts during the isolated period of the spring," he says. He now is enjoying winter sports such as downhill skiing and snowmobiling.



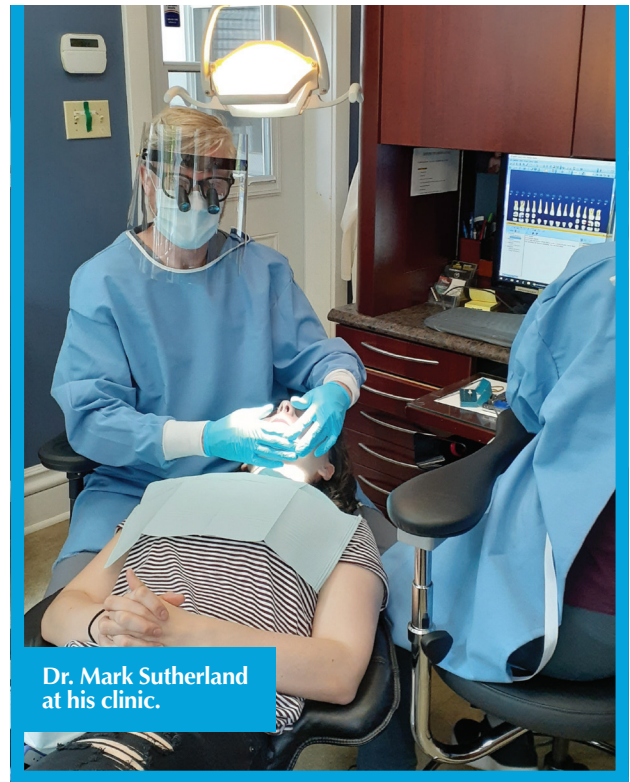
We are fortunate to have a kind and loving patient family who let us know how appreciative they are of our efforts.

Dr. Sutherland keeps in touch with family and friends. He also says that his relationships with his patients help keep him positive. "We are fortunate to have a kind and loving patient family who let us know how appreciative they are of our efforts," he says.

Support from other dentists also helped. "During the lockdown, a small group of dental colleagues would



**Dr. Mark Sutherland**  
Dentist, DMS Dentistry,  
Halifax, NS.



**Dr. Mark Sutherland**  
at his clinic.

text each other almost daily with new information," says Dr. Sutherland. For instance, he found videos of an oral surgeon in Germany who was treating COVID positive patients and shared them with the group. "These videos helped put things in perspective early on in the pandemic," he says, when other news felt very sad and dark.

Dr. Sutherland thinks of the pandemic as something that must be weathered. "We're like sailors riding out a storm," he says. "The storm will pass."

## Treating Change as an Opportunity

The first challenge that Dr. Angela Morales faced at the beginning of the pandemic was how to care for her children when school was closed. "It was very overwhelming and stressful," she says. "And, at the same time, I was waiting and sometimes not very patiently, to hear guidelines and protocols for reopening." She remembers being bombarded with marketing for expensive safety products before it was clear what the infection control and prevention rules would be for practise during a pandemic.

Once the guidelines were released, Dr. Morales renovated her office in Aurora, Ontario. "I saw it as an opportunity," she says. "Three months to renovate the office and incorporate new safety measures. I wasn't thinking revenue. I wanted to reopen in a safer place for the patients and my team."

After lockdown ended, it was important to Dr. Morales that she and her staff projected confidence with the new protocols. "If you are hesitant, then the patients are going to be doubtful. But if you're assertive, confident and calm, patients will also feel comfortable and safe," she says.

At moments, Dr. Morales felt like it was harder to communicate while wearing enhanced PPE. "We know our patients by first name. We get to know them and their





**Dr. Angela Morales**  
Dentist, St. Andrew's Dental  
Centre, Aurora, ON.

families. They know about our lives," she says. But once she was dressed in her PPE, her patients couldn't tell her apart from her team members.

To improve communications with her patients, Dr. Morales made a video that included a tour of the renovated office and changes that had been made to make appointments safe. "The video also showed that underneath all our PPE, it was still the same welcoming dental team they've grown to know," she says.



To improve communications with her patients, Dr. Morales made a video that included a tour of the renovated office and changes that had been made to make appointments safe.

When asked how she takes care of her own wellness, Dr. Morales sighs. "I don't," she says. "That's always been a struggle, regardless of COVID. I'm a dentist and I'm a mom. I don't have a whole lot of time for myself." She tries to do at least one fun activity each weekend. She enjoys skiing. "But I think of it as a season of life when the children are young, and it has its own joys."

To support her staff, she has an open-door policy. "I'm available to talk with my staff whenever they might need," she says. She aims to provide flexibility to the workday and foster a friendly and cooperative practice environment. "Just yesterday," Dr. Morales says, "we had a team conversation about guiding principles." She also has a rule against gossip and encourages conflict be handled directly. "I like to lead by example and I never come to work grumpy," she says.

Dr. Morales says her religious faith grounds her. "My personality is extroverted and optimistic," she says. "And I love dentistry genuinely. There is always more to learn so it never bores me." ♦

## Reach Out for Support

CDSPI's Members' Assistance Program (MAP) provides access to a wide variety of resources to help you deal with life's challenges—big or small. The program provides clinical counselling, professional guidance and wellness resources. It's strictly confidential and available to dentists, dental office staff, dental students, and their immediate families. MAP services and resources are offered through Shepell, Canada's largest provider of Employee and Family Assistance Programs.

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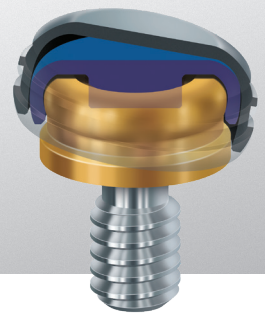
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# 10 Things You Need to Know about Estate Planning as a Canadian Dentist

MICHAEL TYLER, CFP®, FMA  
INVESTMENT PLANNING ADVISOR

Estate planning is a topic many feel uncomfortable raising – after all, death is neither a popular nor pleasant topic. As a dentist, however, getting your estate in order today can help ensure that your practice is protected, that your wishes are followed and that your loved ones can receive the proceeds of your estate as quickly and tax-efficiently as possible. Here are ten things Canadian dentists should know about estate planning.

## 1. Estate planning isn't just for the ultra-wealthy

You have worked hard your entire life to build your dental career – and whether you own a large practice with multiple locations, a modest community practice or you practice within a hospital or other clinic – the assets you have accumulated deserve to be safeguarded for both your future and the future of your loved ones.

While a common misconception is that estate planning is only for those with a certain wealth status, it's simply not true. Estate planning is something every Canadian dentist should undertake.

## 2. There's no reason to wait

Estate planning goes hand in hand with tax planning, which goes hand in hand with retirement planning, and a major part of safeguarding your wealth is minimizing the taxes you pay – both during your lifetime and after your death.

For instance, if your spouse earns a lower income than you do, setting up income splitting strategies – such as spousal RRSP contributions, pension income splitting or paying them a salary to work in your practice – can reduce the amount of tax you pay today and through your retirement. Consequently, you will retain more of your money for your estate.

And, because you have (smartly) shared with your spouse, it opens up more options for how you take care of one another and your family through two estates. An early start allows you to better coordinate your plans.

What's more, starting your estate planning early can allow you to resolve any questions or issues that may take some time – and give you the opportunity to really think about the legacy you wish to leave.

## 3. Your will is the cornerstone of your estate plan

Your Will is the most fundamental element of your estate plan and should be your starting point as you take on this task.

A Will dictates how your property will be distributed to your beneficiaries and identifies the executor who is responsible for carrying out your wishes. While many Canadians believe that their assets will transfer automatically to a surviving spouse

or children, without a Will, you don't have the opportunity to identify how your property is to be divided among them, or to have your say on who would be responsible for minor children.

What's more, dying without a Will puts more financial and emotional strain on your family, as the distribution of your assets is more complex, time-consuming and potentially subject to more tax than necessary.

As a dentist, a Will is particularly important because you have your practice and patients to consider. Whatever you wish to do with your practice, your Will should outline a protocol for dealing with it.

## 4. You can pass along certain assets tax-free

Assets flowing through your Will are generally subject to probate tax. But not all assets need to be transferred through a Will. By designating beneficiaries in your registered plans (RRSP, RRIF, TFSA) and insurance policies, for instance, the proceeds of those plans will pass outside of your estate, thereby minimizing probate taxes.

Gifting assets before your death, transitioning your assets into a trust and setting up co-ownership structures are other ways to avoid probate. All of these strategies should be evaluated with the assistance of an estate planning professional who can help you weigh the pros and cons of each, according to your situation.

## 5. A team of professionals can (and should!) help

As an expert in the field of dentistry, you know the value of professional expertise. When it comes to estate planning, it's worth working with experts to help you ensure smooth distribution of your assets and to maximize their value.

An estate planning lawyer can help you map out your estate plan, draft your Will and identify the strategies that can benefit both you and your loved ones.

A tax advisor can identify tax strategies that will minimize taxes paid by you – and by your estate after your death.

A financial advisor can look at your complete financial picture and ensure your plans reflect your goals and priorities – today and into the future.

A professional executor is worth considering, particularly if you own an incorporated dental practice. Your executor will be responsible for distributing your estate according to the terms of the Will – and if you have a corporation, they will be responsible for making the complicated decisions that are required to ensure the most tax-effective transition of your corporation's shares. It's a job best suited to a pro.

#### 6. Your practice deserves some special attention

As mentioned earlier, being a dental practice owner requires some additional planning on your part to ensure your practice is managed according to your wishes after your death. Business succession therefore ought to figure into your estate planning so that you can effectively pass the torch. Whether you want to keep the practice in the family, sell it to a partner or associate or sell it to a third party, it's worth taking the time to weigh your options and have conversations with individuals who may factor into the transition.

#### 7. A Power of Attorney is an essential component of your plan

While much of your estate plan deals with issues after your death, another critical component is planning for situations in which you become physically or mentally incapacitated. That's where a Power of Attorney (POA) comes in. A POA is a legal document in which you give another person/ people the authority to act on your behalf should you be unable to make decisions for yourself. It is recommended to have a legal advisor prepare your POA.

#### 8. Life Insurance can help you reach your financial objectives

Life insurance can play a significant role in your estate plan as the death benefit could either be passed onto your heirs or be used to cover estate taxes and other fees. Generally, the death benefit of a life insurance policy is not subject to income or probate tax, giving you the comfort that the policy's full value will be used for your intended purpose.

It's best to speak with a licensed life insurance representative to determine how your insurance policy can be best used as an element of your estate plan.

#### 9. Revisiting your plan is just as important

Life happens. And depending on when you create your estate plan, you could have children, those children could get

married, divorced and/or have children of their own. You could buy or sell property or come into an inheritance yourself. As life evolves, it's worth reviewing your estate plan – a good rule of thumb is no more than five years – and make adjustments as needed.

#### 10. Conversations may be difficult – but they're critical

Before you set out to put your estate plan in writing, it's important to discuss your wishes with family members and business partners. In doing so, you can feel confident that the people you trust and care about will be prepared for the emotional and financial outcomes of your Will, Power of Attorney and other estate components. Such conversations may also reveal positions you may not be previously aware of – i.e., your partner may not want to take on the practice, or your sister may not be comfortable acting as your Power of Attorney.

Having the detailed – and sometimes tough – conversations in advance can help establish a smooth transition of assets and can go a long way to ensuring your wishes are carried out as planned.

To learn how your insurance plans and investments can fit into your estate plan, please contact Michael Tyler, CDSPT's Investment Planning Advisor\* for the Manitoba region, at 1.800.561.9401 ext. 6847 or [mt Tyler@cdspi.com](mailto:mt Tyler@cdspi.com).

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Dr Nita Mazurat graduated from the University of Alberta and practiced in Cold Lake, Edson, and Evansburg Alberta before moving to Manitoba and then to Augusta, Georgia where her husband pursued his interest for Prosthodontics. Upon returning to Manitoba, she practiced in Gimli and Winnipeg before joining the University of Manitoba College of Dentistry as an instructor, eventually gaining her MSc from the Faculty of Medicine, University of Manitoba, while also attaining tenure and being promoted to Associate Professor. Her duties included development of the Infection Prevention and Control curriculum in her role as Director of Regulatory Compliance, a role that she embraced with passion that continues in retirement. Dr Mazurat remains very active with writing, consulting, and lecturing as well as committee work with IPAC Canada and IPAC Canada Reprocessing Interest Group (IPAC RIG), the Canadian Association of Medical Device Reprocessing (CAMDR), and Canadian Standards Association as the Canadian Dental Association representative with the Technical Committee on Medical Device Reprocessing (Z314) [Z262 TC], the Standard for all healthcare professionals for Medical Device Reprocessing in Canada.

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**CHRISTOPHER L. B. LAVELLE**  
December 28, 2020

Dr. Christopher Lawrence Bannerman Lavelle passed away peacefully at the Royal Jubilee Hospital in Victoria, British Columbia on December 28, 2020, after a long illness. He was born in Darlaston, United Kingdom in 1938. He is survived by his wife of 55 years, Eileen, his two daughters, Maria and Bridget, his brother Anthony (Tony) and their families. Dr. Lavelle was a devoted husband, father and brother who was always quick to laugh or to tell an outrageously funny story. He attended Birmingham University where he obtained a Dental degree and a PhD in oral biology. In 1975, he moved with his family to Winnipeg, Manitoba as the head of the Oral Biology Department at the University of Manitoba, Faculty of Dentistry. He remained a professor at the Faculty of Dentistry for the next 30 years. Over his tenure, he was an accomplished academic and teacher. He published numerous articles and taught hundreds of students. He retired to Victoria, BC in 2004. Chris will be deeply missed by family and friends in Canada and England.

In lieu of flowers, the family suggests donations be made to charities of your choosing.



**DR. SHELDON MORLEY CLAMAN**  
December 28, 2020

The family of Sheldon Claman is saddened to announce his passing on December 19, 2020, at home surrounded by those he loved the most, in person and in spirit. Sheldon was a greatly beloved husband, father and grandfather who will be deeply mourned and dearly missed.

Sheldon was predeceased by his parents, Benjamin and Teresa (Tess) Claman; his brother Usher Claman; and his cherished son Benny. Deeply feeling his loss are his wife of 56 years, Louise and his three children, Erin (Toronto), Sara (Mardy) and Jeffery. His grandsons, Brett and Seth Yager will miss their zeyda forever and were Sheldon's greatest gifts.

Sheldon was born in Beausejour, Manitoba in 1932. He was the older of two brothers and his father served as the local dentist. In the early 1940s, Sheldon's father, Ben enlisted in the Army and the family relocated to Winnipeg. Tess held down the fort at home on Glenwood Crescent and Sheldon attended school and did the things boys do in their youth with his many neighbourhood friends.

Sheldon graduated from St John's High School, but was able to avoid writing final exams by the onset of the flood of 1950. Sheldon and his classmates were dispensed to help pack sandbags in lieu of graduation ceremonies. Following his high school graduation, Sheldon attended the University of Manitoba; as there was no Dental School in Manitoba at the time, he attended the Faculty of Dentistry at McGill University. During the summers, Sheldon served as an Army Reservist with the Canadian Forces to fund his educational pursuits. He served in the Artillery Corps and the Dental Corps. Upon completion of his DDS, he completed postdoctoral training in Oral and Maxillofacial Surgery at the University of Iowa, in Iowa city and at the University of Oklahoma Medical Center, in Oklahoma City. Sheldon was a board member and the President of the Manitoba Dental Association and Founder/President of the Royal College of Dentists. He taught oral surgery in both the Faculty of Medicine and Dentistry, and was a member of the Alpha Omega Fraternity. He was an incredibly humble man with a strong sense of integrity which was the basis for how he cared for people throughout his life. Sheldon was a mentor to many, a leader with a strong sense of fairness and compassion which he passed on to his children and especially his grandsons.

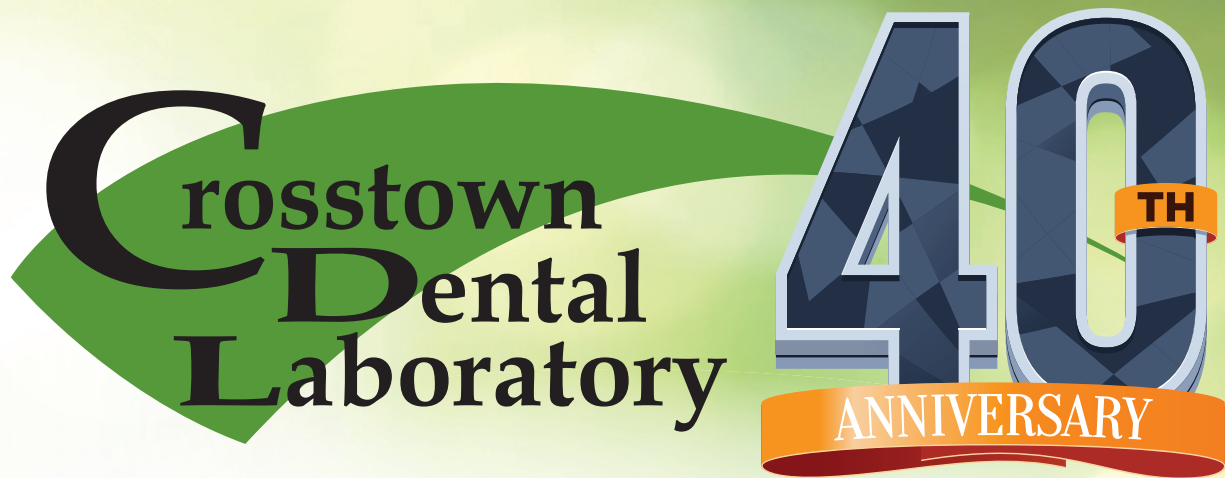
In 1963, Sheldon returned to his hometown of Winnipeg to work while he awaited the paperwork which would allow him to return to the US permanently. In May of 1964, he was set up on a blind date by a patient; he would say this meeting changed the trajectory of his life. Sheldon married the love of his life, Louise Hecht on December 22, 1964 and remained in Winnipeg for the rest of his life. Sheldon recently said, on Louise's birthday just weeks prior to his passing that "I made many mistakes in my life, but marrying you (Louise) wasn't one of them". Together, Sheldon and Louise built a life filled with happy memories and family and friends. Although there were challenges along way, Sheldon, with Louise's fortitude continued on building his professional practise, mentoring generations of dental surgeons through his teaching at the University of Manitoba, and assisting in establishing the Faculty of Dentistry, performing surgeries in the St. Boniface Hospital, Misericordia Hospital and briefly at the Victoria Hospital hospital, eventually founding his surgical center which provided a place for dental surgery to be performed outside the hospital system. Sheldon was responsible for bringing the dental implant surgery to Winnipeg, bringing progressive and cutting-edge surgical techniques to patients and professionals alike.

In 1966, Sheldon and Louise had their first child Erin, followed in 1968 by son Benny and in 1970 by Sara. The family was complete when Jeffery was born in 1971. He changing diapers side by side with Louise, and when Louise returned to work evening shifts, Sheldon took on the challenge of caring for four children after his workday was over. Things never went according to the lists laid out by Louise during her absence, but everyone got fed and was happy by the time she arrived home. Sheldon was an avid father, and although he worked extensive hours during his early years in practise, by the time the children were older, he was around home more and willing to help with their homework; until one of their teachers suggested he stop doing their homework and allow the children to do it themselves. Sheldon cared deeply for all he considered friends, and passionately for his family. Through his life he never hesitated to offer his love and support to his children when times were tough and challenges presented themselves. Although Sheldon and Louise experienced heartache, they also had joy and happiness which was celebrated with the accomplishments of their children and in turn the birth of their grandsons, Brett and Seth. Sheldon and Louise's grandsons embodied the meaning of life and love to all but particularly Sheldon who never ceased to be amazed at their antics and often took part in their mischief, laughing when they were caught "red handed". Zaida was Brett and Seth's right hand man and they knew his love and dedication to them and future they represented to him. Whether it was sitting with Brett as a toddler in a car for hours so Brett could "drive", pretending the shower was a spaceship or proof-reading university papers, Sheldon glowed in the presence of his "prince" Brett. The mere picture of his grandson, Seth could bring a smile to his face even when he was not feeling well and he always counted on Seth to update him on facts about Frank Sinatra and other "Rat Pack" members for which they shared an affinity. On many rides to dialysis, Seth provided his zaida with a playlist of favourites, bringing smiles in a difficult time.

Sheldon's family had the incredible honour of caring for him in his last days, helping Louise ensure that he had what he needed and was comfortable. His dignity and integrity were maintained to the end. He knew that he was beloved and cherished and that Louise would be well taken care of when he was no longer able to do so.

A graveside ceremony for immediate family only was held on December 21, 2020 at Shaary Zedek Cemetery, officiated by Rabbi Matthew Liebl.

In lieu of flowers, donations may be made to the Benny Claman Memorial Scholarship Fund at St. John's Ravenscourt School (204-477-2485), Jewish Child and Family Services (204-477-4750) or a charity of your choice.



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Thanks

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***Looking forward to the next 40 years with you!***

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