

MDA Bulletin

Spring 2025 Volume 45, Issue 1 ISSN 0707-1717

**Transforming
Negative Thoughts
into Positive Growth**

**A Pain in the Neck:
Musculoskeletal
Disorders
in Dentistry**

**Q&A on
Community Water
Fluoridation**

MDA Welcomes
2025 President
Dr. Jeff Hein



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President's Message

Dr. Jeff Hein
President, MDA

Writing an article a month or two before it's read by its intended audience is sometimes tricky. The landscape can change quickly, and so can the Association's priorities. Let's see how my 'crystal ball' works...

First and foremost, I want to state how much of an honour it is to serve as the Manitoba Dental Association's 101st president. The MDA is a very strong, nationally-respected organization that works for the betterment of our member dentists and dental assistants, as well as other members of our dental team and the oral health of Manitobans. I would like to start my term by taking this opportunity to thank our MDA staff—our CEO, Mr. Rafi Mohammed and his entire team—who work tirelessly on behalf of our profession. Their work is crucial to our association's success. I'd also like to thank our many devoted volunteers who take time from their families and professional lives to help better our association and our profession—your engagement with the association is both very needed and appreciated! The volunteerism in Manitoba is second to none.

My presidential predecessors, in recent years, have been forced to

devote innumerable hours to dealing with a world-wide pandemic, followed immediately by the introduction of the Canadian Dental Care Plan (CDCP). Two huge events that derailed much planned work. Despite that unprecedented workload, progress was made on the long list of executive goals set forth for the Board of Directors (BOD) to tackle each year. Now that COVID is no longer pandemic (but rather endemic), and since the expansion of the CDCP seems to be in limbo (with the

The MDA is a very strong, nationally respected organization that works for the betterment of our member dentists and dental assistants

proroguing of our federal government), It's my sincere hope to be able to return the focus of the MDA Board of Directors (BOD) to a more Manitoba-centric year in 2025. We'll see.

On a national level, there has never been better alignment amongst the provinces and territories with respect to policies that benefit the public and our wonderful profession. The provincial and territorial dental association

(PTDA) presidents meet regularly to share ideas and concerns that affect us all. There continues to be a solid sense of unity amongst the PTDA's across Canada, and I will play my part in helping foster that ongoing unity.

On the provincial front; at the top of my list for this coming year is the advancement of the work of our Truth & Reconciliation Committee. For the MDA this is long overdue, and I eagerly anticipate the outcome of this committee's considered work.

Another goal for 2025 is to engage in a thorough review of any cost-containment measures that the MDA can implement. As we all know, the cost of living has increased dramatically over the past few years—this is also true for the cost of operating a dental association. While the MDA was the only association in Canada to withhold any license fee increase over the previous 4 years, for 2025 an increase

became necessary. Several initiatives have already been undertaken to reduce operating costs—and efforts will continue to help ease the burden of rising costs, while continuing to improve services.

To help ease the manpower shortage, the MDA Board is also anticipating the launch of the Risio Institute remote training program for dental assistants in 2025. The ability to train a dental assistant in your own clinic—from beginning to end—is something new and unique. Manitoba dentists, and indeed dental associations across Canada, are eagerly awaiting the implementation of, and feedback from this innovative program.

Other goals include the registration, and eventual licensing, of dental therapists in Manitoba, negotiating a new EIA contract and hospital services agreement with the provincial government, encouraging our provincial government to allow dentists to administer necessary vaccinations (such as HPV and the flu vaccine), and

On a national level, there has never been better alignment amongst the provinces and territories with respect to policies that benefit the public and our wonderful profession.

the completion of several MDA bylaw reviews that are currently underway.

I would like to remind all readers to consider attending the upcoming MDA Annual Convention. This is a wonderful

opportunity to connect with colleagues, re-connect with friends and, above all, enhance your knowledge and skills through some excellent continuing education.

There are many other goals for 2025 and, as the year progresses, the list will surely grow. Be assured your BOD will continue working hard to complete these tasks while addressing MDA members' needs and concerns.

I would like to take this opportunity to welcome Dr. Minhal Al Quassab to the MDA BOD as our newest director representing district #3. His perspective and experience in Northern Manitoba will be invaluable to our work.

And lastly I would like to invite any members interested in volunteering to contact the MDA office. We are always appreciative of enthusiastic volunteers—an opportunity is waiting for you!

As always you can reach me at my confidential email:

president@manitobadentist.ca

Best regards,

Jeff Hein

President, MDA



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MDAA President's Report

Heather Brownlee
President, RDA MDAA

H

ard to believe another winter is almost over and we have the long hot summer days of Manitoba to look forward to.

MDAA has been busy over the winter.

On November 2, 2024, we held a joint Virtual Continuing Education Seminar with the Manitoba Dental Hygienist Association with Cindy Isaak-Ploegman presenting on updated current Infection Control Guidelines and Alex Zlatian presenting on "Empowering Your Voice: Confidence, Communication and Leadership in the Dental Office."

On November 29, 2024, Tess Peter, MDAA ED, and myself presented the MDAA Professionalism Awards to the CDI Graduating Class. Congratulations to the winners.

In my last report I indicated that we have been advocating for:

- Bridging RDAs with direct entry into the University of Manitoba School of Dental Hygiene
- Concurrent scaling module implementation upon graduation from an accredited Dental Assisting Program in Manitoba.
- Expanding Scope of Practice to

provide oral health care for vulnerable populations in Personal Care Homes.

- Collaborating with the Manitoba Dental Association to address concerns regarding online and in-office training programs.

We had written a letter to the MDA and to Professor Mary Bertone Director of the School of Hygiene.

We received replies back from the MDA and Prof. Bertone and are continuing to work and advocate on these issues. These letters and the replies will be posted on our website under the Document tab. I encourage you to refer to them when you may be having issues in your workplace around in-office training especially.

MDAA is planning a hybrid Annual General Meeting (AGM) at the upcoming MDA Convention April 10–12, 2025.

In February we celebrate our first year anniversary with our Executive Director Tess Peter. Tess has been such a positive addition to our office and we are so grateful to have her continuous support and guidance running our association. Tess and Mike have announced that

they will be welcoming a new addition to their family in June. We are so happy for them. Please watch for notification to the modifications to office hours during her leave.

MDAA would also like to congratulate Trina Bourgeois to being elected to the MDA Board of Directors. Trina will continue to advocate for all RDA's in Manitoba as passionately as her predecessors.

On March 29, 2025 MDAA will be holding a virtual Spring CE. We have two speakers Dr. Sunil Mutalik and Dr. Carlo Sgarbanti. Please watch for the registration form shortly.

In March the MDAA Board will be partaking in our first Strategic Planning Educational Workshop Presented by Volunteer Manitoba.

In conclusion the MDAA remains dedicated to advocating for RDAs and enhancing patient care. I encourage you all to continue to visiting our website, which is currently being updated, but should be live very soon. MDAA board appreciates the support of all our members and encourage you to reach out to us with any questions and concerns either by phone or email.

New Benefits for MDA members

Partnership Announcement

We are proud and excited to announce a new partnership between the MDA and the Canadian Federation of Independent Business!



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on April 11-12th, 2025 for more information



Registrar's Message

Revisiting the Significance of Titles in Dentistry and Dental Assisting

Dr. Arun Misra
Registrar, MDA

Recently, I have had inquiries from members on the use of titles related to their specific practice of dentistry and, therefore, decided to revisit this subject matter. In the realm of healthcare, particularly within the regulated fields of dentistry and dental Assisting, adherence to specific rules and guidelines regarding titles and designations is paramount. These titles signify one's qualifications and expertise and delineate the scope of their practice. It is imperative that these titles are used correctly to provide the public with transparent and accurate information about their oral healthcare providers. Beyond being a matter of professional courtesy, the proper use of titles is described in legal and ethical obligations.

The restricted uses of titles for these professions stem from provincial legislation (Dental Association Act and the Regulated Health Professions Act) and the bylaws of the Manitoba Dental Association (Bylaw for Registration and Licensure of Dentists, Bylaw of Code of Ethics and the Bylaw for the Registration and Certification of Registered Dental Assistants. Members of the public who falsely assume one of the dental titles are guilty of an offence under provincial law while registrants of the MDA would additionally also be subject to disciplinary action within our peer review system.

For dentists registered with the MDA, permissible titles include dentist, surgeon, or doctor, along with their variations or equivalents in other languages, provided they are used in conjunction with the practice of dentistry. Additionally, dentists may also use the title "Licentiate of Dental Medicine." It is important to note that the Regulated Health Professional

Act will require that any use of the title "doctor" or "surgeon" (and their variations, abbreviations, etc.) be used only in conjunction with the word "dentist" or "dental" or the words "of dentistry" or "of dental surgery."

Specialists can also use titles the titles Endodontist, Oral Radiologist/ Oral and Maxillofacial Radiologist, Oral Surgeon/Oral and Maxillofacial surgeon, Oral Pathologist, Orthodontist, Pediatric Dentist/Pedodontist, Periodontist/Periodontal Surgeon, Prosthodontist, or Public Health Dentist. Dentists who are registered in the Academic Class but who do not possess an NDEB or NDSE certificate must use the titles of "academic with an interest in general practice dentistry" or "academic with an interest in [name of specialty]."

Dentists who do not hold a specialty license may limit their practice to a branch of dentistry, but they must clearly indicate they are general practitioners. Dentists are also permitted to list the services they provide; however, caution must be exercised not to create potential confusion for members of the public. The Code of Ethics requires that all announcements of services by a general practitioner must also include a clear statement that the services are being provided by a general dentist. Particular consideration must be taken when general practitioners and specialists operate in the same office, as there is already a high risk of misunderstandings in these types of arrangements.

Misleading representations, such as describing oneself as a specialist without proper accreditation, are strictly prohibited. Terms like "cosmetic dentist," "implant specialist," or "holistic dentist" are not recognized by the Manitoba Dental

Association unless they correspond to accredited specialties and should not be used. Advertisements implying non-academic fellowships as indicators of expertise may also be deemed misleading.

Both provincial legislation and the bylaws of the Manitoba Dental Association prescribe the use of the titles "registered dental assistant," "dental assistant," or any variation, abbreviation or equivalent in another language. Only an individual registered in the Registered Dental Assistant class can use the titles Registered Dental Assistant, RDA or Dental Assistant. The use of the term Phase 2 Dental Assistant is outdated. Using titles such as Phase 1 Dental Assistant, office trained dental assistant or dental assistant in connection with individuals not registered with the MDA could be an offense under provincial law and/or subject to discipline by the MDA. Dental assistants registered on various rosters may identify that; however, they should not use terms such as Orthodontic Assistant, Phase 3 Dental Assistant, etc. Using the term specialist assistant or any words that are used to imply such would also not be proper.

In conclusion, it is important to remember that the public has a right to know who is providing their dental services and what qualifications they have. Transparency regarding qualifications and practice is fundamental to maintaining trust within the dental profession. Dentists and dental assistants must adhere to ethical and legal standards, refraining from any misleading claims or misrepresentations. By upholding these principles, they safeguard the integrity of their profession and foster a relationship of trust with patients and peers alike.



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College Corner

Dr. Anastasia Kelekis-Cholakis

**Dean, College of Dentistry, Rady Faculty of Health Sciences,
University of Manitoba**

The start of 2025 arrived with some ground shaking events in the form of building piles being driven into place. The vibrations were certainly felt throughout the college! It is with great excitement that we have all watched over the last couple of months the start of the new building take shape, and our vision starting to become a reality.

Following extensive consultations, our first phase architectural plans were approved, and we are now in the process of working to envision and finalize the detailed configuration of every space in our new clinics. This will include communication and feedback from all stakeholders that will be utilizing the facilities and spaces to ensure that all needs are taken into consideration.

In addition, a team led by Dr. T Reeve (Associate Dean Clinic), N. Boorberg (Clinical Operations Director) and Michelle Oshanyk (Managing Director) inventoried all equipment within the college and created a draft list of what may be moved to our new facilities and what is obsolete and will need to be replaced.

In tandem with the above, our fundraising efforts have continued

unabated. I have been very touched by the responses I have received from many of you, our alumni. As a community of alumni, I believe we are truly formidable with the highest engagement of any college/faculty within the University of Manitoba! Support has come from

contribution is too small. My special thanks to Aaron Kim and Pat Kmet for their assistance in our fundraising efforts.

In order to celebrate with you these community efforts, I hope you will be able to join us at our annual Pacific Dental Conference UM alumni reunion

on March 6th, 2025, from 6:00 p.m. to 8:00 p.m. at the Pan Pacific Hotel, Oceanview Suite. If you are unable to join us on the west coast, we will also be hosting an alumni reception at the Ontario Dental Association meeting on May 8th, 2025. Of course, we will also be present at the Manitoba Dental Association Annual Convention and hope you come by to visit us at our UM booth in the exhibit hall!!

In closing, please save the dates of Friday 19th

September, 2025 for our Alumni of Distinction dinner celebration and Saturday 20th September, 2025 for the Rady Dean's Homecoming breakfast bringing together alumni class reunions, free continuing professional development course and tours of our college.

I look forward seeing many of you in the upcoming months and share with you our progress and upcoming plans.



fathers and sons, husbands and wives and dental classes of UM graduates. Eighty per cent of our Main Clinic operatories have now been sponsored, as well as our dispensary and our part-time faculty office. My sincere thanks to all who have pitched in and for those of you still interested in contributing, please reach out to Brooke Karlaftis at brooke.karlaftis@umanitoba.ca. No

CONVENTION AT A GLANCE

REGISTRATION FOR THE EXHIBITORS WILL OPEN **OCTOBER 2024**
REGISTRATION FOR ATTENDANTS WILL OPEN **FEBRUARY 2025**



National Oral Health Convention 2025 in St. John's, Newfoundland & Labrador

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CDA Report

Dr. Marc Mollot
CDA Board Representative

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reetings to all of you across this great province. I hope you have all had opportunity to enjoy some winter activities or maybe enjoy a warm weather get-away!

Oral Health Month

During the month of April, CDA will seek to educate and engage Canadians on the importance of proven practices to improve oral health. This campaign leverages a PESO (Paid, Earned, Shared, and Owned) model to amplify key messages around oral health basics, avoiding fads that come and go (i.e., social media hacks), choosing trusted products, appreciating dental teams, and supporting advocacy for better oral health access.

The objectives of this campaign are to:

- increase public awareness of oral health maintenance and prevention;
- highlight the importance of looking for oral health products that carry the CDA Seal;
- underscore the important role dental teams play in overall health; and
- reinforce CDA's credibility as a trusted voice for oral health advice and being an advocate for the dental profession.

Dental Office Risk Mitigation Resource

The Canadian Dental Association (CDA) is pleased to offer a new resource to help oral health care providers prepare for and mitigate risks facing dental offices across Canada.

The Preparedness in a Dental Office—Building Resilience When Deviating from Business-as-Usual resource includes a:

- Risk Inventory listing different instances and events that could pose a risk to a provider;
- Risk Assessment framework to determine the level of preparedness required; and
- Risk Mitigation section with strategies to achieve better outcomes.

These materials are available to view and download on the CDA Oasis website in the Healthy Workplace Matters section (Multipurpose Resources). CDA shared these resources with The Manitoba Dental Association(MDA), and other national associations, including the Canadian Dental Hygienists Association (CDHA) and the Canadian Dental Assistants' Association (CDAA).

CDA appreciates the valuable insights received from representatives from CDA's Corporate Members, CDHA, CDAA, CDSPI as well as practising dental professionals from across the country. These insights have made this resource come to life.

Understanding Your Dental Benefits

The Canadian Dental Association (CDA) is pleased to announce the launch of new Dental Benefits Education materials, designed to help patients better understand dental

benefits while also supporting dentists' understanding and discussions with patients. These materials are accessible on the CDA website at *Understanding your Dental Benefits*.

The materials include:

- Two brochures: one for patients and one for dentists, addressing key dental benefits topics;
- A short educational video to highlight essential concepts outlined in the patient brochure;
- Website content;
- Member newsletter content aimed at dentists to help address incorrect use of common dental benefits terminology; and
- Social media assets for easy integration into the MDAs annual digital communications/rotation.

These resources have been developed with the input and expertise of the CDA Dental Benefits Committee, whose contributions were instrumental in shaping these tools. This committee is made up of dentists and content experts from across the country as well as CDA employees working tirelessly behind the scenes to support the committee.

The committee is also actively developing additional resources, including a guide for plan buyers titled, What to Look for When Buying a Group Dental Plan, and the

Canadian Dental Association Board

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Dr. Matthew Moore, NBDS Board Representative

resource, Models for the Payment of Dental Care by Third-Party Payers. We look forward to these materials coming to fruition and will keep you informed once these resources are ready to share.

Capital Gains

The federal government is deferring—from June 25, 2024 to January 1, 2026—the date on which the capital gains inclusion rate would increase from one-half to two-thirds on capital gains realized annually above \$250,000 by individuals and on all capital gains realized by corporations and most types of trusts.

This is a win for many, including us, as it brings more certainty for tax filing season. However, it does not go far enough and CDA will continue to advocate for a full reversal of the measure/exemption for health professionals. Further, even though there is more certainty, dentists should still consult with their tax advisors for specific advice for their specific situation.

Federal Election Toolkit for Dentists

CDA is putting together a toolkit to maximize dentists' ability to have an impact during the election. It will be available shortly and will include resources to help dentists:

- **Engage with Candidates:** Use the

key messages and sample questions to connect with candidates in your riding and ensure they understand the issues that matter to you.

- **Advocate with Confidence:** Whether through social media, letters to candidates, or attending local candidate events, the toolkit gives you the resources to effectively communicate your priorities.
- **Mobilize Your Network:** Share information with colleagues, patients, and community members to encourage broader awareness and engagement.

Selection of the CDA VP and Appointment of the CDA Officers for 2025–26

The Board selected CDA Board member, Dr. Jason Noel from Newfoundland and Labrador, as CDA Vice-President for 2025–26, subject to his election as a Director at the CDA AGM on May 2, 2025.

The Board also appointed Dr. Bruce Ward to the position of CDA President and Dr. Kirk Preston to the position of CDA President-Elect for 2025–26, subject to their election as Directors at the CDA AGM on May 2, 2025.

CDA Meetings/ Joint Conventions

Please note the dates of future CDA

joint annual conventions including:

- CDA AGM May 2 in Toronto
 - 2025 Joint Convention with the Newfoundland and Labrador Dental Association: August 27–30, 2025, in St. John's, NL (Come and join me!!)
 - 2026 Joint Convention with the Manitoba Dental Association: April 17–18, 2026, in Winnipeg, MB
 - 2027 Joint Convention with the Ontario Dental Association Annual Spring Meeting: May 10–15, 2027, in Toronto
 - 2028 Joint Convention with the Dental Association of Prince Edward Island: August 9–12, 2028, in Charlottetown, PEI
- In 2027, CDA will be celebrating its 125th anniversary in Ottawa.

Because the MDA is a corporate member of the CDA, as MDA members we all together benefit from the work of the CDA. Why an Association? In addition to the many products, services, and practise supports offered by the CDA, the simpler answer is, 'We are always better together than alone.' I have observed that in Manitoba we understand this very well.

If you have any questions related to the CDA, or just want to chat, please feel to reach out to me anytime.

Respectfully Submitted,
Marc Mollot
mmollot@cda-adc.ca

THRIVE IN 2025

Transforming Negative Thoughts into Positive Growth

By Dr. Kristin Yont
DMD



Within three months of graduating from dental school, and by the age of 24, I got married, purchased a dental practice in downtown Calgary, became a boss, secured a mortgage for a house in an upscale neighborhood, and leased a new SUV.

Luckily, the pressures of these commitments were mitigated by the psychological hardiness developed during dental school and the physical grit fostered by growing up on a farm in Saskatchewan. I had a positive mindset and was motivated to succeed.

For the next decade, I successfully

The brain has a built-in negativity bias which is ‘Velcro’ for negative experience and ‘Teflon’ for positive ones.

navigated around various obstacles that impeded my success until my thirties, when I encountered the significant personal challenge of a divorce. This was an experience unlike any other, as it brought about emotional turmoil that I could not think my way through or rationalize away—a broken heart.

I was angry, frustrated, resentful, and became cynical, anxious, judgemental and withdrew from the people around me. “Here I am a leader of a successful dental practice, and I can not even hold together a romantic relationship!” “I am such a loser.” “I am going to be in debt for the rest of my life.” “No one is ever going to love me again.”

In recent articles I have discussed how stress expresses itself in many ways: physically, emotionally, mentally, behaviorally, relationally, and spiritually. Now I am going to unpack how stress effects our thoughts and beliefs.

The brain has a built-in negativity

bias which is ‘Velcro’ for negative experience and ‘Teflon’ for positive ones. When our survival brain perceives a threat, our stress response triggers unconscious negative beliefs and emotions that influence all our thoughts. Negative automatic thinking is an innate conditioned response designed

to help us navigate life’s complexities. From a survival perspective, it is much safer to mistake a black stump in the woods for a bear cub and trigger the threat response then to mistakenly see a bear cub as a black stump which has drastic consequences. Nevertheless, persistent negative, stress distorted thought patterns can impede our ability to distinguish between rational, useful thoughts that lead to effective coping strategies. (Park E et al. 2021)

It is important to learn to distinguish between the language of “observation” and that of “evaluation” or judgment in our thoughts. Observation statements relate to facts, while evaluative statements pertain to our interpretations of these facts. Take the example of going through an airport security. The line you happen to choose suddenly becomes slower, and you start to get impatient. Because of this you might start thinking, “I always choose the wrong line!”, “Why are the agents being so slow suddenly since I got in the line?”, “The agents don’t give a damn if people miss their flights.”, “Nothing ever goes right for me.” If we examine them carefully, none of these

statements are about the facts. The are emotionally charged prejudices, assumptions, and generalizations—our reactions to what is happening which is simply this: There is a slowing down in the check-in process. That is all. (Jinpa 2015) How often do we negatively judge our own dentistry under very difficult situations that create emotional upset? Weak contacts, endo overfills, tough subgingival margins?

The good news is that there is an antidote for negative automatic thoughts and emotions—mindfulness. In past articles I have offered many approaches to reduce stress and building resilience: restorative sleep, physical exercise, healthy eating, social support, and focussing on the positive. One of the key factors to all these strategies is awareness- which is an active ingredient to developing mindfulness which is a distinguished skill.

One of the pillars of the SMART (Stress Management and Resiliency Training) Program is eliciting the body's natural Relaxation Response,

The good news is that there is an antidote for negative automatic thoughts and emotions—mindfulness.

or parasympathetic nervous system. Relaxing the body helps to quiet the mind which is necessary to build concentration by developing attentional networks in the prefrontal cortex. Practicing focused attention meditation strengthens our awareness, a relaxed, open state in which we can observe our thoughts, feelings and behaviours as they arise, without being overtaken by them. This is called meta-awareness,

a calm, grounded, open mind that has room to hold all our experiences, it gives us mental space to respond appropriately to all situations that arise, good or bad.

Now, one can become more aware of any negative, self-critical thoughts and self-talk, and see that these are just thoughts,

constructs, and interpretations that are representations and not actually facts. (Jinpa 2015) This frees up our mental bandwidth so that we can reframe dysfunctional and distorted thoughts with adaptive strategies that offer more understanding, compassion, kindness, and wisdom to ourselves and others. Change your thoughts, reduce your stress response, change your life—now that is just SMART!

Jinpa T. A Fearless Heart 2015

Park E et al. SMART Stress Management and Resiliency Training the Relaxation Response Resiliency Program (3RP) 2021

In addition to co-owning her practice in downtown Calgary, Dr. Kristin Yont, DMD, has worked with the Calgary Flames NHL team for 26 years and is currently the lead dentist within the medical team. She is also very experienced in Forensic dentistry.

Dr. Yont is one of only three practitioners in Canada who is accredited to teach the SMART Program from the Benson Henry Institute for Mind Body Medicine at Massachusetts General Hospital. The Stress Management and Resiliency Training Program is designed to help participants regain control and build resilience through a variety of mind body principles and self-care interventions, leading to reduced medical symptoms and vulnerability to disease and to enhanced wellness and quality of life.

Dr. Yont is an avid speaker and runs workshops, retreats, and programs for dental professionals. She also works with universities, healthcare associations, corporations, and business leaders to implement wellness initiatives for their organizations. She has recently completed the Compassion Cultivation Training from Stanford University and is now enrolled in an Inner MBA program that focuses on building consciousness leadership.

www.mindbodyteacher.com



Dr. Kristin Yont
D.M.D.



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KEEP CALM AND CARRY ON

By Jackie Joachim
Chief Operating Officer,
ROI Corporation



Kee calm and carry on. This well-known wartime slogan from 1939 resurfaced in 2008 during the financial crisis, a time of deep economic uncertainty. It made yet another comeback during the COVID-19 pandemic—an unprecedented global event that shut down entire industries, including dentistry. As a profession, we quickly reminded ourselves and the public of the essential role dentistry plays in healthcare. And while it was a challenging period, we came through it.

What was the key lesson? The ability to adapt. Flexibility and the willingness to pivot quickly are crucial in navigating uncertain times.

Today, we once again find ourselves facing uncertainty—this time due to escalating trade tensions between Canada and the United States. Many of us are closely following the news, wondering how this trade war will impact the dental industry. While no one can predict the full extent of the consequences, one thing remains certain: dentists have weathered tough

times before, and this is yet another challenge to face. The real question is not if we will get through it, but how we choose to manage ourselves and our practices during this period. Remember, no matter the economic climate, people still need dental care.

The Impact of Tariffs on Dentistry

The Department of Finance Canada recently announced a 25% retaliatory tariff on \$30 billion worth of U.S. imports, including two dental-related



Remember, no matter the economic climate, people still need dental care.

items: dentifrices (toothpaste) and dental yarn (floss)—effective February 4. While only two specific items are affected, broader tariffs imposed by both the U.S. and Canadian governments will inevitably have an impact on the dental industry. The exact magnitude and duration of these effects remain unknown.

So, how might this affect your dental practice?

There will be an increase in costs for some supplies, particularly those imported from the U.S. Data from our appraisals show that the average dental office spends 7–9% of gross revenue on supplies. Depending on your suppliers and the supply chain logistics, these tariffs may or may not directly affect your costs—but they are something to monitor closely.

Beyond supply costs, the broader economic consequences of tariffs could be significant. Tariffs will almost certainly slow economic

growth, potentially leading to job losses and even a recession. With reduced disposable income, some patients may delay or forego dental visits. Could this increase the number of patients covered under the Canadian Dental Care Plan (CDCP)? Possibly. If you have not yet considered participating, it may be time to reassess.

For those who have already experienced at least one recession, think back: How did you navigate it?

- Careful ordering and controlled spending became priorities.
- Providing an exceptional patient experience was essential in maintaining patient retention.
- You made sure patients felt valued, as people became more selective about where they spent their money in uncertain times.

Lessons in Adaptability

The phrase Keep Calm and Carry On was originally designed to promote resilience and composure. Interestingly, despite 2.45 million posters being printed between June and July of 1939, the design was never officially issued. By 1940, the posters were pulped and recycled due to a paper shortage—a striking example of the need to adapt and pivot as circumstances change.

As we navigate this latest economic challenge, let's remember that adaptability is key. The dental profession has proven its resilience repeatedly, and this is just another moment that calls for strategic thinking, efficiency, and a steadfast commitment to patient care.

Stay flexible. Stay proactive. Keep calm and carry on.

Jackie Joachim has 30 years of experience in the industry as a former banker and now the Chief Operating Officer of ROI Corporation. Please contact her at email: Jackie.joachim@roicorp.com or cell: 416-500-5708 or Instagram: @Jackie_joachim_

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Q&A

on Community Water Fluoridation

By Aaron Burry
Chief Operating Officer,
Canadian Dental Association



Dr. Aaron Burry, CDA's CEO, a general dentist and dental public health specialist, answered questions in October 2024 about recent developments regarding community water fluoridation.

Article content courtesy of
CDA Essentials Magazine

“The best scientific evidence currently available indicates that CWF is safe and effective.”

Q Why has community water fluoridation (CWF) been in the news?

Dr. Aaron Burry (AB): Water fluoridation has been debated for decades, but three recent events have brought this debate more strongly into the public consciousness: a U.S. legal case in September that we'll discuss in more detail, Robert F. Kennedy Jr. saying that if Donald Trump was elected U.S. president in November, Kennedy would put a stop to CWF, and finally there was an updated Cochrane review in October indicating that CWF is less beneficial to oral health than it once was.

The best scientific evidence currently available indicates that CWF is safe and effective. The increased public attention on CWF is driven by recent media coverage. Legal and political arguments have returned fluoride to the spotlight.



Q Could you tell us more about the recent legal case in the United States?

AB: In September 2024, a U.S. federal judge in California ruled that the Environmental Protection Agency (EPA) must respond to a citizens group's petition about the safety of fluoride in drinking water. A change in U.S. legislation meant that as of 2016, U.S. citizen groups could petition the EPA to take action and respond to any risk they believed might exist. The ruling in September stems from a case that began in 2017 asking the court to assess whether the citizen group provided enough evidence to warrant an EPA response to its petition. The basis of the petition are studies that have contradictory findings: one set of studies indicating a potential association between even low levels of fluoride and decreased IQ levels in children, while the greater number of other studies that found no such association.

The scientific literature indicates that fluoride levels greater than 1.5 mg/L is consistently associated with lower IQ levels in children. In many of these studies the water being consumed was several times greater than 1.5 mg/L. In addition, many of the subjects of



these studies are drinking water that would be considered unsafe, by North American standards, not only because of unacceptably high levels of fluoride but also with other contaminants associated with negative impacts on neurodevelopment. To clear up the confusion related to the current level of CWF (0.7 mg/L commonly), we need new studies designed to control for bias, that are based on reliable measures of neurological function.

What's notable is that the court did not offer an opinion on the relative merits of the scientific evidence presented, but rather reasoned that since potential exposure to fluoride in water is frequent, continuous and long-lasting, the EPA should take further action under the 2016 legislation.

The court was clear that the ruling did not mean that CWF is not safe, just that there are arguments on both sides of the debate. The court ruling does not impact CWF practises in the U.S. or Canada.

“As with all public health measures, when the risk falls, public support also declines, and individuals are more likely to focus on a potential individual risk.”

Q: Could you talk about the updated Cochrane review of water fluoridation for the prevention of dental caries that was published in October 2024?

AB: Cochrane reviews offer a gold standard of evidence-based guidance from a very reputable organization. The update to an existing Cochrane review in October reported that levels of dental disease in the U.S., Canada and other high-income countries have dropped substantially since CWF was introduced about 60 years ago, and, accordingly, suggests that the relative effectiveness of CWF is less apparent than in past.

Between the 1950s and 1970s, when CWF was first being introduced as a public health measure, a tremendous oral health benefit was evident to the public. Reports of a more than 50% decrease in childhood dental caries from

the combined effects of fluoride in water and toothpastes were widespread.

One weakness of the updated Cochrane review is that it's limited to studies of children. A finding of reduced benefit to childhood decay is not unexpected, given the growing number of children who never experience tooth decay in high-income countries. The long-term, lifelong benefit of drinking fluoridated water among adults has not been studied to the same extent. One reason for the focus on children was the belief that fluoride was incorporated into teeth during their development, which made enamel more resistant to caries. We now know that only represents a minor part of fluoride protection, and that ongoing exposure to trace levels of fluoride provide the primary anti-caries benefit in many populations.

When the average level of decay is very low, like it is now, the overall benefit of CWF is less evident. As with all public health measures, when the risk falls, public support also declines, and individuals are more likely to focus on a potential individual risk, even if it's negligible, rather than the broader benefits for others. In Canada and the U.S., there are antifluoridation groups who believe that because dental decay is low, there's no reason to have fluoridated water. This makes fertile ground for political debate, particularly when the benefits are less absolute than they once were.

Q: How has CDA responded to the recent increased coverage of fluoride in the media?

AB: CDA worked directly with our newly formed advocacy and policy committee, who review scientific information related to oral health, such as with fluoride. With a topic like this, CDA also consults with its network of external experts, particularly when the scope is outside of dentistry or dental public health. This is done on an ongoing basis. If there is any new information or evidence that necessitates a change to CDA's official positions on any scientific matter, it is revised accordingly and circulated for review. On this issue, at this time, there's no new science that would warrant an update.

It's good to remember that CWF is just one of many factors involved in the prevention of oral disease. Sugar consumption has grown at an alarming rate for the past 25 years, which has increased dental caries. Dentists are certainly seeing this clinically and there's also scientific evidence that is clear. Once sugar in the daily diet reaches a certain level, fluoride is not going to be sufficient to control caries. At CDA, we advocate for better nutrition, limits to advertising for children of unhealthy foods, and making water the drink of choice.





Q: What would you say to dentists who have patients coming to their practice with questions or concerns because of misinformation about fluoride?

AB: Canada and the dental profession have done an excellent job of managing the most common side effect of fluoride: dental fluorosis, with most cases being mild or very mild types of fluorosis.

The most crucial knowledge that a dentist should have is a better understanding of the particular

circumstances of your own community. In addition to discussing the use of toothpaste with families of young children, it is important to know if patients in your community rely on private wells and nonmonitored community water sources. If they do, you should advise patients to get their water tested. Local experts should be able to advise on frequency, but most wells will remain stable over a number of years.

There are communities in Canada where naturally occurring fluoride levels far exceed the optimal 0.7 mg/L and approach 1.5 mg /L, which should

not be consumed daily. Other naturally occurring minerals and metals in well water are associated with high fluoride and may have significant health implications, so thorough testing is a good idea.

For other communities, there is no naturally occurring fluoride and the use of oral health care products that contain fluoride becomes even more important. In most major cities in Canada, fluoride in the local water supply is controlled in a precise and systematic manner optimizing the benefit, while minimizing risk.

Related Resources: CDA Position on Water Fluoridation bit.ly/4eyCWSr Public Statement on Community Water Fluoridation bit.ly/4i6VivE Cochrane Database of Systematic Reviews Review: Water fluoridation for the prevention of dental caries bit.ly/3Obndhi Health Canada: Fluoride and Oral Health bit.ly/40PRwSa





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A Pain in the Neck:

Understanding Musculoskeletal Disorders in Dentistry



Remember as a kid when you'd run to your mom, holding your arm, and say, "It hurts when I do this"? And without missing a beat, she'd hit you with the ultimate mom wisdom: "Well, then don't do that!" If only it were that simple in dentistry.

The very nature of the profession often demands movements and postures that strain your body, making musculoskeletal pain a common challenge. But here's the good news: while avoiding those physical demands entirely isn't an option, understanding how to minimize their impact is. Your livelihood—and your patients' oral health—depends on you "doing that," but it doesn't have to come at the expense of your long-term well-being.

The Reality of Musculoskeletal Disorders (MSDs) in Dentistry

Musculoskeletal disorders (MSDs) are a significant occupational health concern in dentistry. A 2018 study among dental professionals revealed some alarming, but not unexpected statistics:

- 58.5% experienced neck pain
- 43.1% reported shoulder pain
- 41.1% suffered from upper back pain
- 56.4% dealt with lower back pain

These disorders affect various components of the musculoskeletal system, including nerves, tendons, muscles, joints, ligaments, bones, and supporting structures like intervertebral discs. For dentists, who frequently perform repetitive motions and

maintain static postures for prolonged periods of time, the risk of developing MSDs is exceptionally high.

Understanding the causes, risk factors, and prevention methods for MSDs is critical for managing symptoms but also for improving long-term health and ensuring career longevity. Dentistry is a physically and mentally demanding profession, and maintaining a healthy musculoskeletal system is essential.

Why Dentists Are at Risk

Dentists frequently perform forward and sideways movements that strain the neck and shoulders, causing muscle imbalances and reducing efficiency over time. Holding static postures and repeating motions unevenly adds stress to the joints and muscles, making

Musculoskeletal Disorders in Dentistry by the Numbers

58.5%
experienced
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43.1%
reported
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41.1%
suffered from
upper back pain



56.4%
dealt with
lower back pain

it harder for the body to adapt. For example, the neck's stabilizing deep cervical flexors can weaken, forcing larger muscles like the trapezius to take over, which may result in chronic pain and discomfort.²

Prevention and Treatment

While MSDs are a serious issue, they are not inevitable. Prevention and treatment strategies can significantly reduce the risk of injury and improve quality of life for dental professionals. Here are some recommendations:

Exercise: A study on neck pain in dentists found that an eight-week exercise program significantly reduced pain levels.³ Exercise help strengthen muscles, improve blood flow, and release pain-inhibiting hormones, all of which contribute to musculoskeletal health.

Adjusting your Posture: Regularly changing body positions, decreasing static muscle activity, and correcting posture can reduce the risk of MSDs.

muscles can prevent overcompensation by superficial muscles, reducing chronic pain.

Ergonomics: Understanding and then

The very nature of the profession often demands movements and postures that strain your body, making musculoskeletal pain a common challenge.

investing in ergonomic equipment and tools, such as adjustable chairs and loupes, can minimize strain during procedures.

Why Disability Insurance Matters

Despite best efforts to prevent MSDs, the risk of injury or disability remains. Chronic pain, surgeries, and conditions stemming from MSDs could force you to reduce hours, switch careers, or retire early. This is where disability insurance becomes essential.

Disability insurance provides

young and healthy ensures that you lock in coverage before any potential pre-existing conditions arise, providing

long-term peace of mind and avoiding future complications.

CDSPI's DisabilityGuard™ Insurance plan includes own-occupation coverage. This coverage allows you to receive disability benefits if you are unable to work in your regular occupation in dentistry, while still being able to earn income from another occupation. For example, if a dentist, due to Parkinson's disease, can no longer perform the duties of their regular profession, they may still earn income from a different occupation, such as teaching or consulting, and remain eligible for benefits under the terms of the policy.*

Additionally, the DisabilityGuard plan allows you to customize your coverage by adding options such as the Future Insurance Guarantee (FIG) option. FIG allows you to increase your coverage as your needs grow—without requiring evidence of good health. This option is especially valuable if you develop a medical condition later on, such as a back issue, that might otherwise limit your ability to obtain increased coverage in the future. With the FIG option, you can increase your coverage by 25% annually on your birthday subject to the terms and conditions of the policy.*

Musculoskeletal disorders may be an occupational hazard in dentistry, but with proactive measures their impact can be minimized. By prioritizing exercise, posture, ergonomics, and ensuring you have adequate disability insurance, you can protect your health and career longevity.



Incorporating frequent breaks between sessions also helps alleviate strain.

Targeted Muscle Strengthening: While general physical activity is beneficial, exercises that target specific muscles that you use chairside, yield the best results. Strengthening deep stabilizing

financial protection if you are unable to practice due to an injury or illness. For dentists, this coverage is particularly crucial, given the physical demands of the profession and the prevalence of musculoskeletal issues. Purchasing disability insurance while you are

1 Prevalence and occupational risk factors of musculoskeletal diseases and pain among dental professionals in Western countries: A systematic literature review and meta-analysis -PMC

2 Work-related musculoskeletal disorders in Australian dentists and orthodontists: Risk assessment and prevention -PubMed

3 Neck and Musculoskeletal Pain Among Dentists: A Review of the Literature -PMC

DisabilityGuard Insurance is underwritten by The Manufacturers Life Insurance Company (Manulife), PO Box 670, Stn Waterloo, Waterloo, ON N2J 4B8.

This information is intended for informational purposes only. For specific situations you should consult the appropriate financial, legal, accounting or tax advisor.

*A full description of coverage and eligibility, including exclusions, restrictions and limitations can be found in the DisabilityGuard™ Insurance Certificate Booklet containing the terms and conditions governing the policy.



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but actively choosing to serve with dedication and purpose. They want to know their providers are showing up on purpose, with purpose. Harnessing the individual and collective purpose of every team member is an indispensable element of achieving and maintaining top-tier success. It's what propels us beyond the competition, sharpens our vision for the future, and equips us to thrive amidst the evolving landscape of dentistry. Most importantly, it renews our passion to deliver care that is not only highly professional but deeply personal.

In this engaging and thought-provoking session, you will:

- Discover what patients truly desire and how to consistently exceed their expectations.
- Learn how to reconnect with and articulate your personal purpose in a way that resonates with patients.
- Debunk traditional beliefs about first impressions, and understand why genuine personal connection now matters more than ever.
- Challenge the status quo on patient satisfaction metrics, revealing the deeper truths behind impactful care.
- Explore the vital role of team alignment in achieving peak performance and delivering care that sets you apart.

By the end of this session, you'll be equipped with the tools and insights to elevate both your team and your patient care—ensuring that every interaction is driven by purpose and excellence.

“There are few people in the world that truly live and breathe authenticity fully. Todd Williams puts love up front in all aspects of life. At the same time he is supremely gifted in being able to see through the complexities of the human experience and meet people where they are at that moment. My life, and the lives of my team, are exponentially better having experienced Todd's work.”

- **Royce Brown,**
CEO, AdventHealth
Lake Wales



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