

# MDA Bulletin



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# President's Message

DR. MIKE SULLIVAN, D.M.D.  
PRESIDENT, MDA

As summer is coming to a close, I trust everyone has had some time to relax and visit with family and friends. With the days getting shorter and occasionally a bite in the air, fall appears to be arriving. The colours and fragrances in the forests make this my favourite time of the year.

The Manitoba Dental Association is transitioning as well. We would like to welcome Ms. Tammy Hildebrand as she assumes the position of Director, Member and Public Relations. She takes over this position from Ms. Linda Berg who moves to the position of Director of Facility Assessments. In meeting with Tammy I know she will bring the same smile and enthusiasm to this position as Linda has over the past number of years.


Regulation of dentistry is changing. With the new Regulated Health Professions Act, governments are changing their expectations of self-regulated professions. This has required redrafting of bylaws and registration, licensing requirements. Currently, there is a federal/provincial/territorial working group that is looking at prescribing practices. It is associated with Federal Minister Ambrose's efforts to improve safety for prescription drugs prone to abuse. The MDA is currently reviewing the M3P pad approval process to see if there is further need for a policy change. I would like to thank all members for your continued support as your MDA evolves.

There were two student events held during the summer. The first event was the Graduation Breakfast held on June 5. It was great to see all the parents, friends, faculty and of course students of the School of Dental Hygiene and the College of Dentistry. This is always a highlight on the calendar as we witness the students fulfilling their dreams. The next event was the Welcome to the Profession Dinner held August 14 at the Hotel Fort Garry. This event brought together all first year students and first year internationally trained dental students with their mentors. This is the annual kickoff of the mentorship program and would not be possible without the kind sponsorship of Scotia Bank and CDSPI. A good deal of work on behalf of both the College and the MDA made that evening another highlight on the calendar.

We recently had discussions with Employment and Income Services. Topics ranged from ways of increasing dental manpower in the north, dental coverage for refugees, efficiencies in dental adjudication processes to care for seniors especially in Long Term Health Care Facilities. Although these are preliminary discussions the government is engaged and takes these issues seriously.

The care for seniors in Long Term Health Care Facilities has become a priority for not only the CDA but the MDA as well. MDA's Long Term Health Care Committee has been working to create awareness and action plans to increase the standard of oral health care to this vulnerable population. Our intention is to have governments pass some type of regulation/policy to ensure residents get timely and basic dental care.

As you make your plans for winter and spring of 2015, I would like to draw your attention to two events. The first is the Western Canadian Dental Society's 47th annual seminar and curling bonspiel being held here in Winnipeg, March 19-21 2015. This event provides not only great camaraderie but also raises much needed funds for scholarships for colleges and faculties in Western Canada. The second event is our annual MDA Convention being held in Brandon April 17-18 2015. Planning is well underway for this "Spring Fever" event. Please note the change in timing of our convention. We will assess in the future the membership's thoughts on holding the convention at this time of year or during our traditional January timeframe.

If you have any questions or comments please feel free to contact me at any time. 

Have a great day,

Dr. Mike Sullivan  
President  
Manitoba Dental Association

# MDA BOARD MEETING SYNOPSIS:

## JANUARY 22, 2014

**MDA Member Elections:** The following individuals were elected in District #1 for two-year terms: Dr. Nancy Auyeung and Dr. Cory Sul. The auditing firm of Magnus & Buffie oversaw the counting of the ballots and provided the MDA Board with a report.

**MDA Bylaws:** The following MDA Bylaws that were ratified by licensed dentists in December 2013: Continuing Education, General, Dental Incorporations and Registration and Licensing. The Pharmacological Behavior Management and Botulinum Toxin Bylaws both required ratification at the annual business meeting. Ten or more members wrote in asking that these bylaws be ratified at a general meeting of the licensed members.

**Office Assessments:** The online resources developed for members will be made available to members only for the next 9 months after which time it will be available on the MDA website for public viewing.

**Continuing Competency:** The Continuing Competency Committee is reviewing the other continuing competency for dentistry models across Canada. Current framework in Manitoba will be reviewed in the context of other models.

**National Dental Examining Board of Canada:** Highlights of the NDEB Annual Meeting 2013: 1) NDEB equivalency process continues to see large numbers of individuals register annually; 2) NDEB Examination Committee looking at developing an integrated exam to replace the written and OSCE exam; 3) 129 out of 1187 individuals completed the NDEB Equivalency process in 2013; 4) 90% of dental students from accredited dental programs passed the NDEB written and OSCE exams.

**Regulated Health Professions Act:** The Regulated Health Professions Act came into force on January 1, 2014 and the Practice of Audiology and Speech Language Pathology were the first to have their regulations passed. In terms of dentistry, we are still 3 to 5 years away from being regulated under the Regulated Health Professions Act.

**Non-Insured Health Benefits:** The following update was provided to the MDA Board on the Non-Insured Health Benefits Program: 1) Program serves First Nation/Inuit population of 900,000 people which is increasing at a rate of 6% per year; 2) Population increase has had a huge burden on early childhood caries, long term care and pharmaceuticals; 3) NIHB current budget of \$1.1 billion represents a 4.3% increase from previous years. The budget breakdown is as follows – 20% dental, 30% transportation, 50% pharmacy. For Manitoba, \$30 million is spent on dental care; 4) MB has the second largest First Nations population in Canada; 5) Utilization rate of program is 31% in MB compared to the national average of 37%. \$547.00 spent per patient in Manitoba compared to the national average of \$641.00; 6) In MB 76 dentists bill NIHB over \$100,000 per year; 7) Administration burden continues to be a major hurdle for dentists in providing care. Centralization of the pre-determination process has caused huge delays in treatment; 8) Patient consent on NIHB audits still being worked on. CDA has requested changes in current language; 9) CDA has been able to negotiate a 5% increase in the NIHB program annually.

**CDSPI:** The CDSPI delegation reported on its current state of affairs: 1) Expansion of Wellness Program to support dentists and dental staff facing life challenges including substance abuse and addiction; 2) Student programs are continually being refined to better address their needs. Participation of students in CDSPI programs and services continue to grow. University of Manitoba dental students have a 76% overall participation rate; 3) New Dentists Forum held in Toronto to assist dentists in their transition to private practice; 4) Malpractice Task Force established to examine the issues regarding eligibility in the context of voluntary membership; 5) Wealth Management Programs under Cumberland has proven to be very successful. Over \$600,000 million has been invested by dentist; 6) Retiree Benefits Program launched January 1, 2014. This program provides extended health care benefits base plans offered by Manulife.

**Canadian Dental Association:** CDA President, Dr. Peter Doig addressed the MDA Board on the current state of affairs of the CDA. Firstly, he thanked the MDA Board for their support of him during his year as President of the CDA: 1) Environmental scan identifies major trends that dentistry needs to respond to; 2) National Oral Health Action Plan a major priority. It is a collaborative effort to address challenges in oral health policies and delivery of oral health care in Canada; 3) Focusing on increasing opportunities for dialogue with all oral health care sectors, insurance industry, non-dental health community and other stakeholders; 4) CDA priority projects include Trust and Value Program, Advocacy on Access to Care, JCDA Oasis, NIHB program and e-Referral system; 5) Other initiatives and projects include the Canadian Dental Student Federation, Code of Ethics for Dentists, issue of professionalism, dialogue with ODQ and assimilation of graduates of the NDEB equivalency process into the dental profession.

**Fluoride Strategy Working Group:** The Fluoride Strategy Working Group continues to meet regularly. The Working Group is presently developing a powerpoint presentation that can be used to influence elected councilors, health agencies and other key organizations on the importance of fluoridated drinking water. Working Group was able to recently influence the City of Winkler to retain fluoride in their drinking water.

**Manitoba Dental Foundation:** The mission statement of the Foundation has been approved along with a logo. The main purposes of the Foundation are education, research and access to care.

**Dean's Report:** The Faculty of Dentistry provided the following update to the MDA Board: 1) Pending retirement of an oral pathologist may cause some changes at the Facility. The Oral Pathology service at the faculty may not be possible in the future; 2) Faculty of Health Sciences should be fully operational at the end of the year. This new faculty will incorporate the renamed faculties under Colleges. They are the College of Medicine, College of Dentistry, College of Pharmacy and College of Nurses; 3) Oral Health Day scheduled for February 7, 2015; 4) Budget cuts from University of Manitoba – 5% in each of the years 2014 and 2015 and; 5) An overview of curriculum modules in oral systemic health for non-dental healthcare providers.



**Communications Committee:** The MDA Communications Committee is working on the following initiatives/programs: 1) Rebranding of Free First Visit Program to encourage parents to bring their child to see a dentist by the age of one or upon eruption of their first tooth; 2) Focus group study results on Free First Visit Program by Dr. Robert Schroth show the positive impact of the program in the minds of the parents; 3) Winnipeg Free Press is printing articles about dental topics written by MB dentists; 4) Tooth Fairy Saturday at the International Children's Festival is once again being sponsored by the MDA ; and 5) Communications Committee have hired Eric Pele Research to do focus groups (public & dentists) on the effectiveness of MDA Communications Program. Focus groups analysis to be completed by June 30, 2015.

**Board Appointments:** The following Board Appointments were made: 1) Dr. Alexander Mutchmor – Canadian Dental Association Board of Directors; 2) Dr. Amarjit Rihal – National Dental Examining Board and Canadian Dental Regulatory Federation of Authorities Board; 3) Dr. Jean Bodnar – Peer Review Chair; 4) Rafi Mohammed – Secretary Treasurer; 5) Dr. Marcel Van Woensel - Registrar; 6) Dr. Michael Sullivan - Economics Committee Chair; 6) CDSPI Representative – Dr. Michael Sullivan and; 7) Internet Technology Committee Chair – Dr. Amarjit Rihal

**Board Elections:** The following were elected by the MDA Board: 1) President – Dr. Michael Sullivan; and 2) Vice-President – Dr. Nancy Auyeung;

**Date of Next Meeting:** June 5, 2015



MDA Welcomes New Director of Member and Public Relations The Manitoba Dental Association would like to introduce Ms. Tammy Hildebrand as the new Director of Member and Public Relations.

Ms. Hildebrand takes over this position previously held by Ms. Linda Berg. Ms. Berg has moved to the position of Director of Facility Assessments.

Ms. Hildebrand, graduate of Red River College –Tourism/ Business Certificate, took over this position on August 11, 2014. She brings to the MDA a wealth of experience working with charitable and non-profit associations in Manitoba. These would include: Variety Club of Manitoba, Society for Manitobans with Disabilities, and the Manitoba Lung Association.

In her role as Director of Member and Public Relations, Ms. Hildebrand, will be responsible for managing the programs in the areas of marketing and communications, student relations, member programs/services and specials events. Some of the committees she will working with are Mentorship Program, Economics, Annual Meeting and Convention, Fluoride Strategy Working Group and the Communications Committee.

Ms. Hildebrand can be reached at 204-988-5300 ext 3 or [thildebrand@manitobadentist.ca](mailto:thildebrand@manitobadentist.ca)

Please join me in welcoming Tammy to the dental profession team in Manitoba.

Rafi Mohammed, CAE  
Executive Director



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# MDA COMMUNICATIONS COMMITTEE

## OVERVIEW OF ADVERTISING / MARKETING INITIATIVES

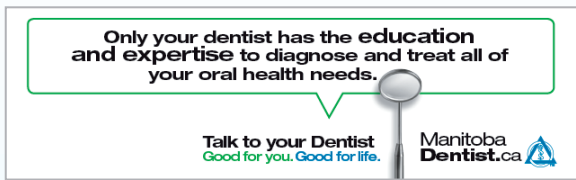


The three primary goals of the Communications program continue to be: 1) Positive positioning of dentistry in the public consciousness and promotion of the primacy of the dentist; 2) Increasing dental office busyness; and 3) Taking proactive steps to reduce the number of communication based complaints by patients. Here are the highlights of some of our on-going advertising and marketing activities from the past few years.

### EXTERNAL CONSUMER ADVERTISING



**Television Awareness Advertising:** Typically, 18 weeks of :30 sec television commercials flighted spring and fall on CTV, Global, Citytv and CBC. We have a series of 10 spots covering specific topics: 1) Medications 2) Medical History 3) It's Time 4) Consumer Products 5) Insurance 6) Trust 7) Checkups 8) Dentures 9) Baby's First Visit 10) Dental Implants. All these commercials underscore the primacy of the dentist - "Only your dentist has the education and expertise to diagnose and treat all of your oral health care needs" with the tagline: "Talk to your Dentist. Good for you. Good for life." while directing consumers to our website. In addition, we have our award-winning "We Be Brushin" Public Service Announcement; the full music video on You Tube with over 23,000 views, and the animated "Mona Lisa" spot.

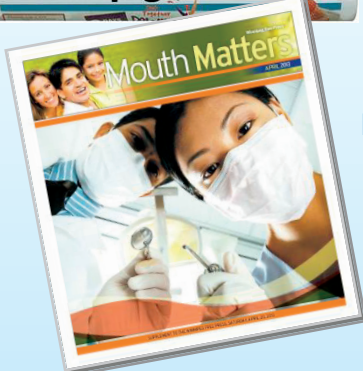


**Outdoor Media:** Three 6-week flights of transit advertising in Winnipeg and Brandon, communicate consistent messages about maintaining good oral health.

**On-line/Internet Advertising:** We advertise on many popular websites including CTV, Winnipeg Free Press, Shaw TV, CBC, The Weather Network & Facebook.



**Radio Advertising:** Twenty-four weeks of flighted Traffic and Weather Updates on CJOB. The 10 different messages relate to our television advertising campaign. For example: "This weather/traffic update brought to you by your Manitoba Dentist. Even if you don't have dental insurance, your dentist can help you get the dental care you need. Talk to your Dentist. Good for you. Good for life."



**Newspaper Advertising:** We have run banner ads in the Winnipeg Sun on Jets game days, and with the Winnipeg Free Press, created 2 annual 12-page special feature supplements in April and September.



### INTERNAL COMMUNICATIONS/SPECIAL PROJECTS

**Annual Business Meeting:** The Annual General Meeting & Convention is a strategic component of the Marketing Plan that keeps the membership informed of the activities of the Communications Committee.

**Oral Health Month:** During national OHM in April, we take advantage of free publicity to create positive awareness about dentistry in general, the importance of good oral health



through regular visits, and to communicate new and interesting educational information, such as techniques, procedures and/or advances in dentistry. Using truly newsworthy information, we can leverage the various media to provide free publicity and awareness to the public through a number of opportunities.

**MDA Website:** The MDA launched its website in 2005. Last year it was totally revamped. Our website provides a wealth of information about the MDA for consumers and members. From January to September 2013, ManitobaDentist.ca recorded 50,481 visits, 68% of which were unique visitors.

**MDA Bulletin/Magazine:** Published 4 times a year the newly re-designed *Bulletin* provides valuable information to the MDA member dentists.

**Rural Initiative - MJHL Hockey Sponsorship:** As a major partner, the MDA receives in-arena signage in Dauphin, Neepawa, The Pas, Portage la Prairie, Selkirk, Steinbach, Swan Valley, Virden, Waywayseecappo, Winkler and Winnipeg; 341 games and playoff PA announcements with oral health messages; our logo on 25,000 schedules; ads in teams programs; website logo/links; banner ads. During the 2013 season overall arena traffic in 11 communities was over 2.4 million.



**KidsFest – Tooth Fairy Saturday:** Held annually in early June, Tooth Fairy Saturday provides an opportunity for the MDA to provide a valuable service to the public through over 300 oral screenings, while maintaining a positive community profile and encouraging camaraderie and volunteer spirit among the membership. An estimated 15,000 people attend the 4-day event that includes well-known international entertainers, music, attractions, activities, puppet shows, and a variety of displays targeted to children and young families. Our sponsorship provides us with exposure in over 50,000 printed programs, on posters and onsite.

**Oral Cancer Screening:** In conjunction with the Never Alone Foundation of CancerCare Manitoba, we participate in a public screening program to be held annually at Polo Park Shopping Centre.

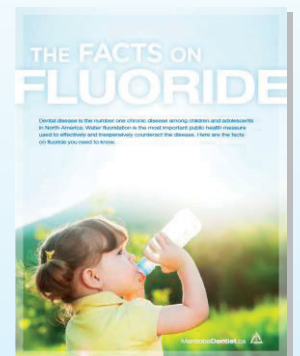
**Tobacco Cessation Campaign:** Annually, we support and partner with MANTRA. The Manitoba Tobacco Reduction Alliance is a growing, incorporated organization with a commitment to promote tobacco reduction.



**Free First Visit Program:** Manitoba Dentists have offered a child's first dental visit (prior to the age of three) at no charge through a program introduced in the early nineties and renewed three years ago. The program has shown it to be highly successful. Most Manitoba dentists offer the Free First Visit and as a result, the program will continue. In response to the research there will be emphasis on the recommendation that the first visit take place prior to the child's first birthday, even though it will be available for free until their third birthday.

**Fluoride Awareness Campaign:** In 2012, the anti-fluoride movement was gaining momentum. We created a brochure for dentists – "Speaking Notes for Dental Practitioners", a Fluoride Fact Sheet "Water Fluoridation Prevents Cavities" for dental offices and the website; and a full-colour consumer brochure that was distributed to all dental offices in the province, plus a series of newspaper ads.

**Consumer Focus Groups/Research:** About every three years, we talk to consumers to monitor and verify that our activities are informing and educating the public.



**Oral Health Education Program "Happy Healthy Teeth":** In April of 2012, in co-operation with the Province of Manitoba Department of Education, we developed and produced 1000 copies of various program Power Point materials on a CD-Rom which were distributed to all Manitoba Elementary Schools for grades K-6 as part of the pilot program.

**"Open Wide" – Day of Free Dentistry:** About every three years, we organize and host this day of free Dentistry in conjunction with the Faculty of Dentistry.





# Canadian Dental Association's Message

DR. A. MUTCHMOR, D.M.D.  
CDA BOARD REPRESENTATIVE

In this article, I will report on the June CDA Board of Directors annual strategic planning session and regular Board meeting, held with CDA staff in Port Rexton, Newfoundland. First of all, there was a review of the CDA Mission and Vision Statements. In order to emphasize the importance of oral health, the Board of Directors re-ordered the key elements of the mission and vision statements without changing their wording. They now read:

## CDA MISSION

*The Canadian Dental Association is the national voice for dentistry dedicated to the promotion of optimal oral health, an essential component of general health, and to the advancement and leadership of a unified profession.*

## CDA VISION


*A Healthy Public  
A Strong Profession  
A United community*

The Board also decided that, in addition to its priorities of "Knowledge" and "Advocacy", it would recognize a third area of priority, "Practice Support". Although the Corporate Members, with their direct link to dentists, assume the lead role in dealing with practice management issues, some issues are national in scope and by agreement, CDA will take the lead role in dealing with such issues. In addition, there are issues that affect all dentists but which have provincial nuances. In these situations, the Corporate Member may call upon CDA to play a facilitation role. Two of the CDA's five Priority One Programs fall under the scope of this priority.

First of all, there is our *Suite of Electronic Services*. This includes the new native CDA App being developed, the digital certificates used to identify dentists, the eReferral program, CDAnet/iTrans,

the national list of dentists, and a proposed new drug database. Secondly, there is the *Management of Dental Benefit issues*. This includes the Uniform System of Coding and List of Services (USC&LS), liaison with Health Industry Electronic Commerce Association (HIEC) and Canadian Life and Health Insurance Association Inc. (CLHIA), providing advice to carriers introducing new programs, advocating on behalf of the Provincial Dental Associations on national issues, development of the new Standard Dental Claim Form, and liaison with software vendors.

The other three Priority One Programs are: *Access to Oral Health Care* (Advocacy), *CDA Oasis/Essentials* (Knowledge), and the *Trust and Value Initiative* (Advocacy).

Lastly, the Board of Directors finalized the annual CDA Environmental Scanning Report. Every year, the CDA puts together this report that identifies real or potential trends and issues that may have an impact on dentistry. A megatrend results from the convergence of several issues identified in the environmental scan and has the potential to lead to major changes in the dental profession. The 2014 CDA environmental scanning report attempts to rank the importance of the ten identified megatrends based on their potential impact on dentistry as well as the timeframe in which the megatrend is expected to have an effect. This Environmental Scanning Report is then circulated to the Provincial Dental Associations to help develop any necessary strategies or plan of action. 

If you have any questions, please let me know.

Dr. A. Mutchmor, D.M.D.  
CDA Board Representative



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# THE FACTS ON FLUORIDE

Dental disease is the number one chronic disease among children and adolescents in North America. Water fluoridation is the most important public health measure used to effectively and inexpensively counteract the disease. Here are the facts on fluoride you need to know.







# WHAT ARE THE BENEFITS OF FLUORIDE?

Fluoride can greatly help dental health by strengthening the tooth enamel, making it more resistant to tooth decay. It also reduces the amount of acid that the bacteria on your teeth produce.

## What is drinking water fluoridation?

Fluoridation is the process of adding an inorganic fluoride compound to municipal water supplies to adjust the level of fluoride to its optimal level for dental benefits. The fluoridation of drinking water supplies is a well-accepted measure to protect public health and is strongly supported by scientific evidence. Fluoride has been added to public drinking water supplies around the world for more than half a century, as a public health/dental health measure.

## Why do we add fluoride in our drinking water (since we have fluoridated toothpaste and fluoride in other consumer products etc)?

Adding fluoride to water is the best way to provide fluoride protection to a large number of people at a low cost. The big advantage of water fluoridation is that it benefits all residents in a community, regardless of age, socio-economic status, education, employment or dental insurance status. It promotes equality amongst all segments of the population, particularly the underprivileged and the hardest to reach, for whom other preventive measures may be inaccessible.

Another benefit of water fluoridation is the reduction of dental care expenditures. It is estimated that the cost of dental care in Canada reached 11.4 billion in 2007, making it the second largest item in the privately funded health care budget, after drugs.

## Does Health Canada support drinking water fluoridation?

Health Canada endorses water fluoridation as a public health measure to prevent dental decay. Dental disease is the number one chronic disease among children and adolescents in North America; fluoridation is therefore an important public health measure. The use of fluoride in the prevention of dental cavities continues to be endorsed by

over 90 national and international professional health organizations including Health Canada, the Canadian Dental Association, the American Dental Association, the Canadian Public Health Association, the Canadian Paediatric Society, the Canadian Association of Public Health Dentistry, the American Public Health Association, the American Centers for Disease Control and Prevention (CDC), the Australian National Health and Medical Research Council, the World Health Organization and the World Dental Federation, which represents one million dentists worldwide.



## Why doesn't the federal government regulate fluoridation and leave it up to municipalities to decide if they wish to fluoridate or not?

In Canada, the provinces and territories have primary responsibility regarding the provision of drinking water. Health Canada's role is mostly in the area of scientific leadership and coordination.

Health Canada endorses the fluoridation of drinking water to prevent tooth decay, but does not participate in the decision to fluoridate a water supply. Provincial and territorial governments, in collaboration with their municipalities, decide whether or not to fluoridate and the amount of fluoride to be added.

## How can I be sure that fluoridation additives are safe?

Health Canada strongly recommends that all products added to drinking water during its treatment and distribution, including additives for fluoridation, be certified as meeting the appropriate National Sanitation Foundation standard(s). This ensures that any impurity in the additive is below levels that could pose a risk to human health. Water properly treated with certified additives would present no health risk to the consumer from either the fluoride or any impurity.







# FLUORIDE FOR CHILDREN

## Are children the only age group benefitting from water fluoridation?

Health Canada's website states that "the big advantage of water fluoridation is that it benefits all residents in a community regardless of age, socio-economic status, education or employment". The population that MOST benefits are children, seniors, and the hardest to reach — the poor, for whom other preventative measures may not be accessible.

## Are young children more at risk of dental fluorosis?

Young children (aged 22–26 months) are most affected by exposure to fluoride, which is why the drinking water guideline is established to be protective of them, and consequently of all Canadians. Water that is optimally fluoridated does not pose a fluorosis problem for any age group. An increased risk of dental fluorosis (white spots on teeth) would be associated with multiple years of exposure to excessive amounts of fluoride. However, other sources of exposure such as the use of fluoride supplements or the ingestion of fluoridated toothpaste could increase risk of fluorosis. Parents are encouraged to teach their children to brush their teeth regularly, but to not swallow the toothpaste.

## How can fluoride be safe if fluoridation is banned by many countries?

Although some countries do not fluoridate their drinking water supplies, they may use other mechanisms to reduce tooth decay, including the fluoridation of salt. Nearly 200 million people worldwide (in Europe, Central and South America and the Caribbean) consume fluoridated salt.

## What are the acceptable levels of fluoride in drinking water supplies?

The guideline for fluoride is a maximum acceptable concentration (MAC) of 1.5 parts per million (ppm).

Exposure to fluoride at or below this MAC will not cause any adverse health effects, taking into account all other sources of exposure to fluoride. The optimal level at which the protective effect of fluoride occurs is called the optimal concentration, and is well below the MAC. For communities that choose to fluoridate their drinking water, the level of fluoride that is optimal in preventing tooth decay is 0.7 ppm.

## Should I be worried about fluoride in my drinking water?

No, provided the levels in your drinking water are at or below the maximum acceptable concentration. Fluoride is a beneficial mineral nutrient that occurs naturally in most sources of drinking water. At low levels in drinking water, fluoride prevents the formation of dental cavities and improves dental health. Some municipalities adjust the level of fluoride in their drinking water to provide maximum dental benefits. The maximum acceptable concentration of 1.5 ppm is established at a level at which there are no adverse health effects from fluoride.



### Are there any adverse effects associated with too much fluoride?

Like many natural substances, fluoride can be harmful in excessive amounts. The difference between benefit and toxicity is dosage. Over the years, numerous organizations have studied the effects of fluoride on human health. More recently, Health Canada convened a panel of experts in January 2007 to discuss this topic and to provide recommendations to ensure that exposure to fluoride remains below levels that could cause adverse effects while achieving the public health benefit of preventing dental caries.

One of the most noticeable side effects of an overexposure to fluoride is dental fluorosis. Dental fluorosis is a condition characterized by white spots or mottling on dental enamel caused by ingestion of too much fluoride in childhood. Most dental fluorosis is mild, barely visible, not a threat to health, and is mainly a cosmetic condition.



### Can exposure to fluoride in drinking water cause other health effects?

Health Canada continually reviews new scientific reports and articles which explore possible links between fluoride and various health effects to ensure our advice remains protective of public health. Currently available published credible scientific literature continues to indicate there are no adverse health effects from exposure to fluoride in drinking water at the MAC (1.5 ppm). Scientific reviews

conducted by a number of international agencies and by Health Canada are in agreement that the weight of evidence from all currently available studies does not support a link between exposure to fluoride in drinking water and adverse health effects such as cancer or lower IQ in children.

### How can I treat my water for fluoride if it exceeds the Maximum Acceptable Concentration level in my water supply?

Generally, it is not recommended that drinking water treatment devices be used to provide additional treatment to municipally treated drinking water. In cases where an individual household obtains its drinking water from a private well, a private residential drinking water treatment device may be an option for reducing naturally occurring fluoride concentrations in drinking water. Reverse osmosis systems can reduce the amount of fluoride present in a water supply to the Maximum Acceptable Concentration of 1.5 ppm. Systems should be certified by a certification body accredited by the Standards Council of Canada (see [www.scc.ca](http://www.scc.ca) for a listing of accredited certification bodies).

### Is drinking water fluoridation considered to be a major source of inorganic fluorides released into the environment?

Fluoridation of drinking water is not a major source of inorganic fluorides in the environment. Inorganic fluorides found in the Canadian environment come from both anthropogenic (caused by humans) and natural sources. The main anthropogenic sources in Canada include phosphate fertilizer production, aluminum smelting, and chemical production.

### Is there any impact to aquatic life from water fluoridation?

Although fluoridated drinking water is eventually released into surface waters, treatment processes and/or dilution of the effluent reduces the concentrations of fluorides to less than the freshwater aquatic life guideline of 0.12 mg/L. It is therefore unlikely that there would be any impact on aquatic organisms due to fluoridation practices.



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**DR. ANTHONY IACOPINO**  
DEAN OF DENTISTRY  
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# Faculty Corner

## New Strategies for a New Age

College realigns measures, practices to ensure, maintain exceptional professional standards and training

'What worked yesterday is the gilded cage of tomorrow.'  
Peter Block, business philosopher and consultant.

Way back when, around the time I first arrived here at the University of Manitoba, I shared the opinion that ours would be the most exciting time to be entering into the dental profession. I believed – and still do believe – that this is a time where we were on the cusp of more changes, more knowledge, and more new technologies than in the entire history of the profession.

You have only to take a quick look around the college to see how this vision is now coming to pass. As of today, the College of Dentistry at the University of Manitoba has better tools and technology than at any time in its history. A quick look at the list bears this out: digital radiography, dental operating microscopes, CAD CAM dentistry, and digital dental systems. These are only a few of the innovations that have arrived here during my tenure. All of which represent vast improvements on how our profession is practiced and taught.

So while it seems undeniably true that new technology has arrived with considerable impact, it is hardly the only aspect of change we have witnessed at this institution. A new dynamic has come to the fore that we have witnessed over the past few years; one that outstrips even the vast advances that our high tech environments have wrought. And that is the new reality of the student cohort.

I don't think I have to tell you that the new professional practitioner is indeed a new breed. This is a group – a generation, really – that is vastly different from years past. Our colleagues in the social sciences have branded them as Millennials, Generation Y, or Generation WE. And they sometimes present as different from our generation as we seemed to be from that of our parents and their generation.

It is a group that has its own unique dynamic, its own predispositions, and its own expectations. Often, we find that many of these values and outlooks seem in stark contrast to our own. In some cases, these value systems have been placed in a negative light: a sense of entitlement and narcissism. Others point to more positive traits – technologically savvy, confident, upbeat and receptive to new ideas and ways.

From our point of view, whatever side of the discussion you favour is not the point. The fact is that this is the nature of the student body today. And this is what we are locking on focus here at the college.

Over the past number of months, there has been considerable discussion on matters of professionalism and integrity. These are core values of our institution, values we take extremely seriously. And, as is the case with all institutes of higher learning, it is incumbent on us not only to adapt but where possible to anticipate change and proactively address it in the most effective manner possible.

This is precisely what is taking place here at the college and it has been underway for some time.



For well over a year now, Dr. Douglas Brothwell, our Associate Dean (Academic) has worked diligently to review, revamp, improve and implement wholesale upgrades to our academic protocols, with the specific intent of effectively addressing, properly channeling and thoroughly training the dental student of the new millennium.


It begins with professionalism and accountability. These are universal traits, standards if you will, that must always be adhered to, regardless of circumstance. To that end, the college instituted amendments to our academic policies and procedures that underscore the importance of these two core values.

Over the past number of months, we have focused on integrating these two imperatives into all courses within the institution, clinical courses in particular. It runs the gamut – from patient communication to clinical preparation, from academic attendance to respect and responsibility. Virtually all aspects of the student's educational experience now have an additional accent on these imperatives backed by escalating academic consequences should shortfalls become apparent.

And, just for the record, these measures are not universally applicable to students only. It applies to our course coordinators and instructors who are also expected to comply with this code of conduct. Course outlines now include learning objectives, grading scales and milestones that must be observed and, when necessary, enforced.

This is only the start. Our space here limits the degree of detail I would like to share with you on this matter. In the winter edition of our Alumni – Faculty Bulletin due out later this year, we will explore this issue more fully and elaborate further on what's being done here to maintain the high standards of practice excellence that has been the hallmark of this institution since Day One. In the meantime, suffice to say that professionalism and integrity cannot be taught as an independent course, nor should they be. It is more a philosophy, a belief, an overarching principle that is the foundation to a student's professional future if not the future of our entire profession.

New challenges require new approaches. As the business philosopher Peter Block notes above, what worked yesterday seems unlikely to work tomorrow. Just as the old military-style rule of our institution's formative years was the order of the time, that day soon passed. While effective at the time, these old principles no longer apply. Today, we are finding a new way, a better way, a more effective way to reach out and truly tap the seemingly enormous potential of this new and most unique generation.

I would be remiss not to acknowledge the guidance and feedback from our practicing community for assisting us in resolving a situation in which we have a mutual and sizeable stake. As mentors, colleagues, leaders and role models, you play a huge part in what we do and who we are. I look forward to hearing from you. 

Grazie.

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PRESENTS

THE NEW  
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**YOUNG  
FRANKENSTEIN**

This coming spring the fabulous and talented Winnipeg Dentists will perform the monster hit – Mel Brooks Musical, *YOUNG FRANKENSTEIN* from April 9-12, 2015 at the Shaw Performing Arts Centre at The Forks (home of Manitoba Theatre for Young People). Proceeds from this project go to support children and inner-city children's dentistry. On the tails of its recent theatrical successes of *Little Shop of Horrors* and *Guys and Dolls* this contemporary musical is sure to be a monster hit!

The hilarious story of Dr. Frankenstein's grandson, Frederick, who after years of living down the family reputation, inherits granddad's castle and is drawn into repeating the experiments of old. This new musical, based on Mel Brooks' comedy masterpiece, takes the old legend to a new, wicked level!

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We hope you and your company will consider advertising in our program for this year's exciting All-Dentist Musical. Your contribution will go towards the Variety Dental Outreach Program which provides dental services to inner city children who cannot afford treatment. The Winnipeg Studio Theatre Emerging Artist Scholarship Fund will also receive partial funding.

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# What is the impact of a fractured instrument/file on the outcome of the endodontic treatment?

Rodrigo Sanches Cunha DDS MSc PhD FRCD(C)  
Assistant Professor and Division Head, Endodontology  
Program Director, Fellowship in Endodontics  
Department Head, Restorative Dentistry  
College of Dentistry, Faculty of Health Sciences  
University of Manitoba

Despite the advantages of using nickel-titanium rotary instruments, instrument separation is the most frequent procedural accident observed during their clinical use. Even with the recent improvements in the design and mechanical properties of endodontic instruments added to the usage of an electric motor with torque control in rotational and/or reciprocating motion the separation incidence of these instruments is still a constant concern. This phenomenon can occur at any time without any visible signs of file deformation. File fractures are more prone to occur in the apical third of the canal (Wu *et al.* 2011). This is most likely due to the high anatomic complexity in this portion of the root canal system.

Using the instruments multiple times has been shown to significantly increase the file separation potential, (Yared, 2004) due to a reduction in cyclic flexural fatigue resistance. In addition, it is also important to mention that as files are reused, they undergo increased wear and develop surface defect that can promote fracture propagation (Svec and Powers). There is still no consensus regarding a recommended number of uses of rotary instruments, although several studies advocated their single use (Pruett *et al.* 1997, Arens *et al.* 2003).

Recently, several studies (Knowles *et al.* 2006, Enhardt *et al.* 2012) have evaluated the fracture incidence of rotary NiTi files and found that it is considerably low.

Recently Cunha *et al.* (2014) performed a prospective clinical study to assess the fracture incidence of the reciprocating WaveOne (Tulsa/Dentsply) when used to prepare root canals of posterior teeth. From a total of 2,215 canals (711 teeth) treated, three instruments (two 21.06 and one 25.08) separated during cleaning and shaping and were deemed to be irretrievable. The overall instrument separation incidence in relation to the number of canals shaped was found to be 0.13% (0.42% teeth).

In a systematic review, Panitvisai *et al.* 2010 assessed the prognosis of teeth in which instrument separation occurred during endodontic therapy. No significant decline in the healing rate was observed in teeth with an irretrievable file when compared with teeth in which file separation did not occur or in teeth in which the file was successfully removed. The authors also conclude that the prognosis is lower if periapical pathology is present at the time of treatment, but only to the extent that effective canal disinfection is compromised. According to this study we can look at the impact of a fractured instrument creating four different scenarios rendering to the pulp and perirradicular diagnosis:

1-Vital / Inflamed Pulp – In cases where the pulp is vital or irreversibly inflamed the contamination is restricted to the root canal. Usually the periodontium is intact. Therefore if an

instrument fractures inside the canal the following protocol should be followed:

- a)Irrigate and, using magnification associated with illumination try to visualize the instrument;
- b)Bypassing the instrument is the first goal as it will allow the clinician to carry on the cleaning and shaping phase of the endodontic treatment;
- c)At this point removing the instrument is something that should be aimed for but it is not paramount as the canal has been cleaned and the physical presence of the instrument will not put in jeopardy the outcome of the root canal treatment.
- d)When visible, ultrasonic tips and magnification are the proper tools to remove the fractured instrument.
- e)If the clinician is not able to bypass or remove the fractured instrument the patient should be informed and advised to attend regular follow-up sessions to ensure that the perirradicular tissues will remain healthy.

## 2-Necrotic Pulp with no perirradicular lesion

- a)Irrigate and, using magnification associated with illumination try to visualize the instrument;
- b)Bypassing the instrument is the first goal as it will allow the clinician to carry on the cleaning and shaping phase of the endodontic treatment;
- f)At this point removing the instrument is something that should be aimed for but it is not paramount as the canal has been cleaned and the physical presence of the instrument will not put in jeopardy the outcome of the root canal treatment.
- c)When visible, ultrasonic tips and magnification are the proper tools to remove the fractured instrument.
- d)If the clinician is not able to bypass or remove the fractured instrument the patient should be informed and advised to attend regular follow-up sessions to ensure that the perirradicular tissues will remain healthy. A perirradicular surgery might be necessary in the future.

## 3-Necrotic pulp with a perirradicular lesion.

- a)Irrigate and, using magnification associated with illumination try to visualize the instrument;
- b)Bypassing the instrument is paramount in this case, as it will allow the clinician to carry on the cleaning and shaping phase of the endodontic treatment;
- g)At this point removing the instrument is something that should be aimed for but it is not paramount as the canal has been cleaned and the physical presence of the instrument will not put in jeopardy the outcome of the root canal treatment.
- c)When visible, ultrasonic tips and magnification are the proper tools to remove the fractured instrument.
- d)If the clinician is not able to bypass or remove the fractured instrument the patient should be informed and advised to attend regular follow-up sessions to ensure that the perirradicular tissues will remain healthy. Endodontic surgery should be



considered in this case, as the source of the periradicular inflammation has not been removed.


Incorporating the technological advancements such as the dental operating microscope (DOM) and ultrasonic tips enables increased visualization of the operative field and facilitates the manipulation of the root canal, respectively. These technologies have made it possible for the clinician to obtain access to fractured instruments and can secure high success rates in the removal of instrument fragments.

Nevares *et al.* (2012) assessed the success rates of standardized techniques for removing or bypassing fractured instruments from root canals and determine whether visualization of the fractured instrument with the aid of a Dental Operating Microscope (DOM) had any impact on the success rates. The results of this study showed that overall success rate for bypassing and/or removal was 70.5%. When the fragment was visible, the success rate was 85.3%, and in the nonvisible fragment group it was 47.7%. Success rates were significantly higher when the fragment was visible.

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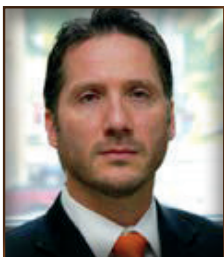
# UNIVERSITY OF MANITOBA CONTINUING PROFESSIONAL DEVELOPMENT FALL 2014 SCHEDULE



## ENDODONTICS FOR GENERAL PRACTITIONERS: INCORPORATING TECHNOLOGIES TO ENHANCE YOUR SUCCESS SATURDAY, OCTOBER 4, 2014

Alpha Omega Room, Dentistry Building - Winnipeg, Manitoba

### INSTRUCTORS



**Rodrigo Sanches Cunha**  
DDS, MSc, PhD FRCD (C)  
College of Dentistry  
Faculty of Health Sciences  
University of Manitoba

### OVERVIEW

This one-day course includes lectures and a hands-on component to educate and train general dentists in how to achieve greater success in endodontics with the use of state-of-the-art technologies. The morning session includes lectures that will explore access opening and cleaning and shaping concepts including glide path management. The workshop in the afternoon will be lead by specialists in endodontics that will teach safe, efficient and predictably successful endodontic techniques that may be immediately implemented into practice.

*Attendance at the hands-on session is limited to 20 participants.*

**THIS PROGRAM WILL BE OF INTEREST TO:** Dentists (general practitioners)

**FEES:** Lectures only: \$200; Lectures & Hands-On Workshop: \$450

**REGISTRATION:** <https://events.cpdumanitoba.ca/startup/signin>

**STUDY CREDITS:** This course is designated for 6 hours of Continuing Dental Education Credits

## LOCAL ANESTHESIA TECHNIQUE FOR DENTAL HYGIENISTS: FRIDAY, SATURDAY, SUNDAY, NOVEMBER 7, 8, 9, 2014

D404 Dentistry Building - Winnipeg, Manitoba

### INSTRUCTORS



**Diane Girardin, R.D.H.**  
College of Dentistry  
Faculty of Health Sciences  
University of Manitoba

### OVERVIEW

This course will prepare dental hygienists to become competent in the administration of both block and infiltration local anesthesia. Emphasis is placed on the mechanisms of pain and a thorough understanding of the pharmacology of drugs used in dentistry and their interactions with the patient/client's current medical conditions and medications. The course consists of a minimum of 6 weeks of self-study prior to the 3-day workshop. Following a review of information included in the self-study materials, participants will complete a pre-clinical examination which has a passing grade of 70%. During days 2 and 3; participants will be receive over-the-shoulder coaching in administering local anaesthesia on each other. This course is recognized by the following licensing authorities: BC, AB, SK, MB, NS, NB. *Course is limited to 24 participants. The University of Manitoba reserves the right to cancel the course with less than 10 registrants.*

**THIS PROGRAM WILL BE OF INTEREST TO:** Dental Hygienists

**FEES:** Lectures & Hands-On Workshop: \$985

**REGISTRATION:** <https://events.cpdumanitoba.ca/startup/signin>

**STUDY CREDITS:** This course is designated for 45 hours of Continuing Dental Education Credits



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Division of Continuing Professional Development



# UNIVERSITY OF MANITOBA CONTINUING PROFESSIONAL DEVELOPMENT FALL 2014 SCHEDULE

## DEVELOPING AN INFECTION PREVENTION AND CONTROL MANUAL TAILORED FOR YOUR OFFICE

SATURDAY, NOVEMBER 22, 2014

Frederic Gaspard Theatre, BMS Building - Winnipeg, Manitoba

### INSTRUCTOR



**Nita Mazurat DDS, MSc**  
College of Dentistry  
Faculty of Health Sciences  
University of Manitoba

### OVERVIEW

This course has been designed to assist specialty and general practice dental offices with the development of their office Infection Prevention and Control Manuals. The most recent Center for Disease Control (CDC) guidelines for infection control in the dental office were published in 2003 and the committee that is revising the guidelines does not expect significant changes for the next version. Although these guidelines form the basis for expectations and performance of infection control procedures, the interpretation and application of guidelines are different in each office and it is these differences that need to be documented.

**THIS PROGRAM WILL BE OF INTEREST TO:** Dentists, Dental Hygienists, Dental Assistants, Business Staff. Participants are highly encouraged to attend as an office team.

**FEES:** Dentist \$100; Dental Hygienist \$75; Dental Assistant/Business Staff \$50

**REGISTRATION:** <https://events.cpdumanitoba.ca/startup/signin>

**STUDY CREDITS:** This course is designated for 6.5 hours of Continuing Dental Education Credits

### STUDY CREDITS

These courses are designated for Continuing Dental Education Credits.



These activities have been planned and implemented in accordance with the standards of the Academy of General Dentistry Program Approval for Continuing Education (PACE) through the joint program provider approval of Casey Hein & Associates and the Faculty of Dentistry, University of Manitoba. Casey Hein & Associates is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by the AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from December 1, 2011 to November 30, 2015. Provider ID# 337890

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### CONTACT INFORMATION:

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