MDA Bulletin

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Your Manitoba Dentist

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Registrar's Message

DR. MARCEL VAN WOENSEL
REGISTRAR, MDA

"If it looks like a duck, and quacks like a duck, we have at least to consider the possibility that we have a small aquatic bird of the family Anatidae on our hands." -Douglas Adams

In dentistry, there is often little discussion or thought about our scope of practice - the set of activities, processes and responsibilities allowed to members of a profession. It is sometimes assumed that the ability to perform certain services is an inherent historical right of dentists or based simply on completing training in an activity. Some even believe that the scope of practice is determined by an outside local, national or international member advocacy organization.

The ability to practice as a profession is a privilege not a right granted - in its sole discretion - by the provincial government through legislation. Along with defining the scope, enabling statutes will delegate responsibility for ensuring members of the profession operate within that scope for the public interest. In Manitoba, the MDA is the authorized regulatory authority.

With a few exceptions, the overlapping knowledge requirements and continually evolving nature of dental practice precludes a prescriptive approach to regulating practice scope. Instead, certain overarching principles are applied to define the appropriateness of a member's activity within the legislated scope of practice. The key principles being:
1. within the legislated scope of practice, a member must restrict his or her practice to their knowledge, skill and judgement; and

2. there must be a benefit to the individual patient and the overall public interest in a member providing a service.

Currently, most reviews of scope of practice are performed retrospectively through the peer review process. Beyond not meeting the standards of practice, a member may face regulatory sanction for failing to obtain the necessary level of training to be competent in a procedure.

Another legislated responsibility for the MDA is the identification of specialty areas of dental practice and the determination of the necessary training levels to be recognized as a dental specialist in a particular area. The statutory authority for decisions on specialty recognition rests with the MDA. Recognition is based on a demonstrable benefit to the public that outweighs the associated costs to society related to that recognition.

The scope of dental specialists is limited to the scope of their specialty in Manitoba. That said, there is no regulatory document that prescribes the specific services of each specialty. As with the profession in general, it is understood from a regulatory perspective that scope will evolve over time. Specific issues of a dental specialty scope of practice will be determined as the issue arises based on current knowledge.

The opportunity for endodontists to place direct final restorations or cores was raised this year. The request was based on concerns about developing evidence on coronal leakage and endodontic success. In reviewing the matter, the MDA executive balanced these concerns with the potential problems for patients. In accepting the placement of direct restorations and cores are within the scope of practice for endodontists, the MDA executive also outlined specific standards of practice to ensure the interests of patients and the public are protected.

An endodontist may place a direct restoration or core under the following conditions:
1. prior to providing this service, the endodontist has acquired and maintains the necessary training for competency in the preparation of the tooth and placement of the materials to the same standards of the reasonable and prudent dentist;

2. if a patient is referred from a dentist, the endodontist will perform the restorative procedure after consultation and agreement about the preparation design, materials and any anticipated future restoration;

3. if a patient is referred from a dentist, both the endodontist and the general dentist are responsible for ensuring the patient receives full informed consent regarding the procedure and any anticipated future restoration;

4. it is expected the patient will not incur additional fees for the restoration above what the referring dentist would bill without clear informed consent of the patient.

The best interests of patients and the public is paramount. The intent of these practice standards is to avoid miscommunication, treatment delays, and unnecessary costs that may adversely affect the patient. It is expected members will be reasonable and prudent in their decisions.

I wish you all the best of the Holiday Season,

Marcel Van Woensel
Registrar, Manitoba Dental Association

President's Message

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

Winter is upon us and the Jets are winning. I have dusted off my skis and snowshoes and I am ready to embrace a whole new season of activities.

Your Manitoba Dental Association has been very busy the past few months. I would like to first of all thank Ms. Londa Hiebert for her service as she leaves the MDA Board having represented the Manitoba Dental Assistants Association. I found Londa to be very engaging as she thoughtfully brought forward the concerns of the MDAA.

The Canadian Dental Regulatory Association Federation held it's Board Meeting on October 17. This organization was created 10 years ago for provincial regulators to meet and discuss common evolving regulatory issues. It was also formed to help create a national voice in speaking with governments on a collective front. Although regulation of dentistry is under provincial jurisdiction, there is great deal of commonality across Canada and therefore a need for regulators to have the ability to share information. At this meeting the CDRAF has agreed to move forward under the presidency of Dr. Brian Rinehart from New Brunswick with a more simplistic and cost effective governance model. The CDRAF Executive Committee is comprised of Dr. Brian Rinehart, Dr. Frank Hohn from Saskatchewan and Dr. Bob Coles from British Columbia. Mr. Irwin Fefergrad of the Royal College of Dental Surgeons of Ontario has agreed to stay on as Executive Director during this transition. Going forward with the CDRAF's role of protecting the public, one of CDRAF's main focuses will be monitoring the proposed European Union Free Trade Agreement and it's ramifications on labour mobility.

The Canadian Dental Association's Presidents and CEO meeting was held October 3rd, 2014. Dr. Paul Allison, Dean Faculty of Dentistry - McGill University, presented the Canadian Academy of Health Sciences Access to Care Report that he co-authored. The intent of his presentation was to have an informational discussion on the causes and possible solutions to an ongoing issue for the adequate delivery of dental services for all populations in Canada. It is hoped that this is a beginning step on a path to find long-term meaningful results.

The CDA's Advocacy Committee met with Federal Health Minister, Rona Ambrose, during their annual "Days on the Hill" event in Ottawa. It was announced, at this time, that the Federal Government at the request of the Assembly of First Nations (AFN) will conduct a full review of the NIHB program. CDA has been asked for it's input. This has resulted in the creation of a national task force to provide relevant information for AFN's discussions with the Federal Government. Over the past several years there has been a good deal of positive progress with this program. Irregardless, organized dentistry should definitely assist AFN's efforts in enhancing the administration and delivery of this program to help improve the well being and oral health of our First Nations population in Canada.

The Practice Ownership and Patient Care Discussion Group released it's report on corporatization. It is interesting to note that a key finding in the report stated that any time in the past that external financing was involved in the delivery of health care; the protection of the patient's interest was not placed first. Patient centered – care was at risk. This group has been asked by the CDA to continue it's work in helping to educate dentists in Canada on the potential implications of selling a practice to an outside corporate entity or becoming an associate with these entities. This is about protecting the public; other jurisdictions that have failed to react have had disastrous consequences…..stay tuned.

Your Economics Committee has recommended a Fee Guide increase this year of 2.9%. This was based on a general inflationary increase of 2.4% and a 0.5% increase in staff wage and supplies. This increase will apply to all Northern, Specialist and General Fee Guides. For your reference the Consumer Price Index for Manitoba is projected to increase 2.2% with the average wage and salaries to increase 2.3%. Additionally with the Household Disposable Income set to rise 4.3%, the Committee was comfortable bringing forth this recommendation. Please review the updated preamble to your guide and remember that this is merely a guide. No dentist receiving this schedule of services and fees is under any obligation to accept the fees itemized.

We recently met for the first time with dental consultants representing various insurance companies and government agencies in Manitoba. Overwhelmingly the message to our membership would be to provide complete, legible and accurate information. Far too often not enough information is provided when sending for preauthorization or it is in an illegible format. Appropriate radiographs should be sent that are also legible. A good rule of thumb would be to supply more information than less. With todays technology remember a picture is worth a thousand words. Please assist your dental consultants, they want to approve your submissions.

On October 23rd, 2014 the MDA hosted it's biannual All Committee Chairs Event. This year's event was held at La Grotta in Winnipeg with Ms. Tammy Hildebrand doing a fabulous job of organizing. The purpose for this event was to provide background information on the activities of various committees and for committee chairs to become familiar with one another for ease of alignment of their activities. Another event that Tammy organized was our Volunteer Appreciation Event. This time the event was held at the MDA offices. An exquisite evening was enjoyed by all. With 1

in 6 dentists in Manitoba volunteering for the MDA, it is no wonder we can provide so many varied services. This created an opportunity for some collegial engagement and was simply a way of expressing our gratitude to our members for giving of their precious time and knowledge. Thank you.

I would be remiss if I were not to mention the MDA's 131st Annual Meeting and Convention to be held April 17-18, 2015 at the Keystone Centre in Brandon, Manitoba. The organizing committee has been working hard to make this the best convention ever. So please come and enjoy some of Western Manitoba's fabulous hospitality at the MDA's "Spring Fever" Convention.

Please note that our Annual General Meeting will be held at the Winnipeg Convention Centre on the evening of January 22, 2015.

Finally with my tenure as President of the Manitoba Dental Association coming to a close I would like to thank the membership for providing me with the opportunity to serve you our members.

I would like to also thank the ladies of the MDA; Diane, April, Donamae, Linda and Tammy for providing such wonderful support and a great collection of smiles. In addition, I must thank the executive made up of Rafi, Marcel, Ammy and Nancy as this has been a very busy year. I feel fortunate to have had the opportunity to work with all of you. Thank you to the Board for their support this past year and I feel comforted knowing that the leadership of the MDA will be passed to the very capable abilities of Dr. Nancy Auyeung.

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

Happy Holidays,

Dr. Mike Sullivan
President, Manitoba Dental Association

MDA BOARD MEETING SYNOPSIS:
JUNE, 2014

Manitoba Dental Association

Employment and Income Assistance: The MDA Board Approved the Employment and Income Letter of Understanding for 2014-2016. Highlights of the agreement include: increase in the yearly maximum to $600.00; approval of 2 units of scaling; and coverage for sealants on molars.

Canadian Dental Regulatory Authorities Federation(CDRAF): The redrafted Memorandum of Understanding seemed fair and reasonable; the Dental Specialty Core Knowledge Exam (DSCKE) will be developed by the National Dental Examining Board (NDEB) for use by the Faculties of Dentistry to help screen international candidates; CDRAF bylaws still not yet finalized but positive progress is being made.

Office of Fairness Commissioner of Manitoba (OFCM): OFCM just completed data collection reports from all regulators; reviewed the Human Rights Tribunal of Alberta on the registration requirements of the Association of Professional Engineers, Geologists and Geo-physicists of Alberta; and the Canadian Information Centre for International Credentials (CICIC) presentation to help promote and build capacity for valid and reliable international credential assessments. Dr. Joel Antel, Chair MDA General Practice Study Club, presented at a meeting of the OFMC on the value of the study club for new practitioners.

Regulated Health Professions Act (RHP): Dr. Marcel Van Woensel indicated that the timeline for the MDA to come under the RHP is still 3-5 years. MDA member has agreed to review the restricted activities of dentistry and other oral health regulated professions for the MDA. This review is essential as it will provide government with objective information for determining reserved and restricted acts. The government has indicated that the College of Physicians and Surgeons will come under the Act sometime in 2015.

Non-Insured Health Benefits (NIHB): The Federal government has agreed to a formal review of the NIHB program. A CDA NIHB review Task Force has been created to establish a formal consultation process for dentistry. Dr. Michael Sullivan has been named as the MDA representative on the Task Force.

Dental Care For Residents in LTC: The committee is working on the implementation of its strategic plan. At the last meeting the Committee had two presentations: 1) The Faculty of Dentistry on the curriculum and clinical experience for dental students and; 2) Community Centre for Oral Health on the training resources it uses for health care aid workers in long-term care institutions.

Office Assessment: The MDA IT Committee is working on automating aspects of the Office Assessment Audit. Automation of the audit process will assist in the generation of a draft report. Online resources are being updated to include CDC video on infection control. Ms Kari Kauenhofen has resigned her position as Director of Facility Assessment. Ms Linda Berg will be taking over this position effective August 1, 2014.

Manitoba Dental Foundation: Foundation Bylaws are completed and need the acceptance from the following bodies: MDA, Winnipeg Dental Society, Western Manitoba Dental Society and the University of Manitoba Dental Alumni Association. The MDA Board accepted as information the Manitoba Dental Foundation Bylaws.

Direct Pay: Delegation Joel Bisson – President & CEO - CSI
Joel Bisson's presentation to the MDA Board focused on the Direct Pay. Direct Pay is a single payment system which eliminates the need to deal with carriers. The system has an explanation of benefits program which syncs automatically with the dentist's practice software program. Software vendors who will support the Direct Pay concept are Patterson Dental, Dentrix, Tracker, Abeldent, LiveDom and Maxident.
The program has the endorsement of Nova Scotia Dental Association, British Columbia Dental Association, New Brunswick Dental Society and the College of Dental Surgeons of Saskatchewan.
Negotiations ongoing with Great West Life and Blue Cross about moving all their claims through Direct Pay.
The MDA Board agreed to provide information about the program directly to MDA Members.

Dean's Update: Dr. Anthony Iacopino updated the MDA Board on the activities at the Faculty of Dentistry. He highlighted the following: amalgamation of Faculties at Health Sciences Centre well underway; and administrative structures will be in place by Fall of 2014; oral pathology service transferred to Diagnostic Services of Manitoba effective April 1, 2014; University of Manitoba has reduced Faculty's budget by 5% and the Faculty is being challenged to meet these cuts without impacting the education of students.

Communications Committee: Three focus groups held by Communications Committee; 1) public; 2) dentists involved in organized dentistry; 3) dentists not involved in organized dentistry. The Committee will be rebranding Free First Visit Program emphasizing the need for kids to see a dentist by age of one. Another initiative will be using social media to complement the existing communication program. The Oral Cancer Screening Day held in conjunction with the Never Alone Foundation on April 26th was a huge success. Plans are to work with the Never Alone Foundation to continue this program annually.

Radiation and Protection Service (RPS): RPS representatives provided an overview of the following to the MDA Executive Committee: radiation protection clothing required for dental radiographic exposures; registration process for radiographic equipment (old and new); disposal of radiographic equipment; and concerns on the lack of training requirements for new radiographic equipment (CBIT). Representatives of RPS have agreed to provide an article on the use of radiographic clothing and registration process of radiographic equipment which can be printed in the MDA Bulletin.

Canadian Dental Association Report (CDA): The Dental Leaders Forum attended by the MDA Executive in April touched upon the following topics: Corporatization – a working group has been struck by the CDA to look at the issue of Dental Corporations purchasing dental practices in Canada; Anti-Spam Legislation; Federal Minister of Health initiatives to review prescribing practice by healthcare professions in Canada; Third party insurance issues relating to administration fees charged back to dentists for sending paper cheques; CDA Seal of Recognition Program being rebranded; and Non-Insured Health Benefits Program review called for by Federal Minister of Health.

National Oral Health Action Plan Forum was held in February, 2014. Many different stakeholders outside of dentistry were in attendance (Nursing, Physicians, Social Workers, First Nations, Dental Assistants, Dental Hygiene, etc.). Three areas of collaboration identified; Fluoridation, access to care for children and oral health care for residents in long-term care facilities. CDA Fee rate for 2015 will be Tier 1 – $530.00, Tier 2 - $432.50, Tier 3 $335.02 plus tax; CDA has four priority one projects (National Oral Health Action Plan, Trust & Value Program, Advocacy & Access to Care for Children & Seniors, and electronic platform for the JCDA/OASIS); review of all its position statements; and a review of its 2013 financial statements saw the CDA realize a small surplus of $96,975.00.

CDSPI: The following highlights of the CDSPI Annual General Meeting in May, 2014: reviewing member assistance program to ensure it is meeting the needs of dentists; refining approach to engage students in each of their specific year in dentistry; new dentist's forum presentation established to provide insight for new dentists to assist them on their transition to practice; wealth management program administered by Cumberland proving to be very successful; retired dentist's extended health care program rates are significantly below market; finances of CDSPI very strong; and Dr. Jim Bonar elected to CDSPI Board.
Annual Meeting & Convention: Summary of the CDA/MDA Convention in January, 2014. Highlights included: new registration on-site system worked well; exhibitor program was filled to capacity; overall attendance down from 2013 and 2012 (drop in registration from dental assistants and dental hygienists); loss of $13,522.00 realized; attendance at the Friday Social and President's Gala were high; and convention app was very well received by attendees.

The 2015 MDA Convention to be held April 17 – 18, 2015 in Brandon, Manitoba. Host Committee is being chaired by Dr. Todd Kruk. Speakers for 2015 event are being finalized. Host hotels will be the Canad Inns, Royal Oak Inn and the Victoria Inn.

Mentorship Program: The Mentorship Program continues to evolve. Plans for 2015 include a Senior Dentistry Dinner for graduating students and their mentors. Issue continues concerning attendance by both mentors and students. Creating increased communication system to help address this issue. New terms of reference developed in order to expand committee structure and create better synergy between mentors, students and Faculty.

National Dental Examining Board (NDEB): NDEB 2014 Annual Meeting highlights: 1277 participants took part in the Assessment of Fundamental Knowledge Exam; training workshops held through the 1st quarter of 2014 for NDEB Examiners; Human Rights Tribunal of Ontario case is in process and decision will be forthcoming; and NDEB looking at new office location.

Date of next MDA Board Meeting: November 1, 2014.

Canadian Dental Association's Message

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

Hello again everyone! As I write this installment of my CDA Reports, winter has definitely begun to close its icy grasp on us for another year. I thought that in this edition, I would talk about the CDA family of products that is CDA Essentials/Oasis.

CDA Essentials was successfully launched in April 2014 and by now you should have received your copy of the sixth edition. It is the official print publication of CDA, providing dialogue between CDA and the national dental community and is dedicated to keeping dentists informed about news, issues and clinically relevant information. CDA Essentials is a magazine-style publication featuring articles on the latest developments in Canadian and global dentistry along with summaries of clinical and scholarly material from CDA's knowledge products—Oasis Discussions, Oasis Help and jcda.ca. The 4 sections of the magazine are 'CDA at Work', 'News & Events', 'Issues & People' and 'Supporting Your Practice.' It is to be published 8 times per year as both a full English and full French edition.

Oasis Discussions (OD) is at the heart of the Oasis Project. Within the past 4 months, OD experienced close to 50,000 visitors. Clinical cases continue to be the major attraction, with daily emails from dentists either interacting with OD content or asking clinical questions. Those emails receive rapid responses, making OD a valuable touch point for those who seek clinical advice. The OD website was restructured to match the CDA Essentials magazine's 4 main sections, and is updated at least once a day. "News Bites" has been introduced as a regular feature and some initial market research has been done with dentists on the feasibility of introducing the concept of an "Oasis Moment" into their workflow. An "Oasis Moment" occurs when a member of the dental team notices interesting content on OD and brings it to the attention of other team members during morning huddles or team meetings. Phase 1 of the Oasis Help project has been completed, and work continues on finalizing the content related to Medical Emergencies and Clinical FAQs. The plan is still to design, develop, and implement tools for oral pathology and oral radiology differential diagnoses. Hopefully, Oasis Help can be integrated into practice management software where these tools will be a tremendous added value to the dental office workflow.

Jcda.ca (www.jcda.ca) remains Canada's only peer-reviewed dental journal. It is an online-only, open access publication that publishes original research articles indexed in Medline, Journal Citation Reports and Science Citation Index. It is recognized as an important and credible dentistry journal whose research articles are a great value to the profession. Over the last one year period, jcda.ca page views exceeded 1 million for the first time — 1,001,933. The site gets ~47,000 unique visitors and ~85,000 page views monthly. This shows that the content that is available on the jcda.ca site is of great value to academics and clinicians.

The JCDA Oasis bulletin is quickly becoming an "Oasis Signature" communication tool. Every Tuesday (the regular day for the email dissemination of the Bulletin), it is viewed by approximately 5,000 dentists who are becoming more confident in posting comments and knowing that their feedback will be taken into consideration.

Soon, CDA will be releasing the new "Oasis Discussions App" that will put all of these products even more conveniently at your fingertips. Development has reached the beta trial stage with work continuing on adding key features and functions such as a search capability and App settings.

These are just a few more of the things that the CDA is doing for you and Dentistry in Canada.

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

why good **patient** communication is important

If you include your patients as fully informed partners in their care, they'll return the gesture by being loyal and continuing care with you. As an added bonus, you'll discover more satisfaction in your work, renewed motivation and increased productivity.

Considering patients will judge you by the way you interact with them, it is vital that you understand your own communication style and adjust to meet the needs of various patients. When patients have a positive experience in your practice, not only will they be more inclined to accept recommended treatment and return for ongoing care, they will also refer friends and family. This will help build your reputation and practice in the community as well as enhance the image of our profession overall.

Increased patient satisfaction

Medical evidence has demonstrated a positive association between a patient's satisfaction with the care they receive and their provider's ability and willingness to communicate and empathize with them.

Reduced complaints

Open dialogue with patients results in better patient retention and a reduction in complaints. It is estimated that 70% of the complaints received by the Manitoba Dental Association could have been resolved through better communication between dentist and patient and never evolved into written complaints.

Improved efficiency

Improved communication with your patients will make your practice more efficient. For example, giving patients time to express their concerns doesn't take any longer but can significantly reduce the likelihood of late-arising concerns or missed opportunities to gather important data.

communication skills checklist

Today's patients expect to play an active role in their oral health care treatment. How can you help encourage their participation and improve your patient relations? The answer is simple: Learn to be an effective communicator even if you are busy, you simply need to communicate 'smarter' to make better use of the time you have.

Communication with your patient is an art. The best communicators have an open mind, a receptive ear and an empathetic heart. Their skills are perfected through practice, experience and feedback from patients, staff and colleagues.

You can work on improving your interpersonal skills by following these tips:

☐ **Listen:** The first and foremost component of providing excellent patient care is to listen — Let patients talk so you can adequately take in and understand what they are saying. While your tendency may be to ask your patients a lot of questions upfront, you'll get more information and save time in the long run by actively listening to your patient without interrupting.

☐ **Ask only relevant questions:** Get to the underlying issue so you can quickly get to a resolution, or at a minimum a plan of action to get to a resolution.

☐ **Be polite:** Kindness and politeness are like sugar, sweetening even the worst situations. When a patient is anxious, angry or concerned they are looking to you to help them. Responding negatively, harshly or without concern will only worsen the situation and very likely cost you a patient.

☐ **Remember your manners:** Patients are more likely to follow your advice if they have a good relationship with you. How you conduct yourself is very important. Walk in with a smile, shake the patient's hand, call the patient by name and sit down. You can also help to put your patient at ease by starting off with a simple 'How can I help you".

☐ **Don't appear rushed, even if you are:** Patients get irritated when their dentist appears hurried. Make each patient feel that they are the sole focus of your attention. Sitting down and talking is far more effective than talking while standing up.

touchpoints of patient communication

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

1

The initial contact

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

Get the patient encounter off to a good start.

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

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

The dental examination

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

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

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

Discussing treatment options

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

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

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

INFORMED CONSENT

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

Discussing fees and dental plans

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

Dispelling misconceptions

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

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

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

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

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

Concluding the visit

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

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

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

measure patient satisfaction

Satisfied patients become loyal patients and are more likely to refer friends and family. Patient satisfaction surveys are an easy tool you can use to answer this question and they can help you identify ways of improving your practice — which translates into better care, happy patients and happier staff.

It's important to move beyond 'gut feel' and systematically measure and monitor how your patients feel about their experiences so that you and your team receive honest feedback. This information can help boost morale as well as engage the team on areas for continuous improvement. Monitoring patient satisfaction over time will enable your practice to celebrate improvements and nip unwanted trends in the bud.

It's easy to carry out patient satisfaction surveys — it can be as simple as asking your patients to fill out a form. Most patients are happy to provide feedback — after all, their input allows you to improve the service you offer them.

Survey tools: You don't need to go to an outside consultant to create and conduct a survey in your office. You can conduct an informal verbal survey by asking each patient about their experience at the conclusion of their visit — take a second to ask and take a minute to listen. Keep track of the issues and encourage your staff to do the same.

Another technique involves the use of a simple form. Carefully craft five or six multiple choice questions, provide a consistent 1 to 5 rating scale (from poor to excellent) pre-printed on a single piece of paper. Include at least one open-ended question with space for written comments. Patients can complete the form at the conclusion of their visit. You can also consider using an online survey tool.

Keeping score: With the paper survey, the online survey, and even the informal verbal survey, tabulate the quantifiable scores and review what you find with your staff at least monthly. Take pride in areas of strength and work on raising the score over the following month. The measures of your efforts will include increased patient satisfaction, stronger patient retention and more patient referrals.

Faculty Corner

DR. ANTHONY IACOPINO
DEAN OF DENTISTRY
UNIVERSITY OF MANITOBA

Easing the Passage. Dental school experience often fraught with difficulties for students

A couple of days ago, I had the unenviable fortune of having to patronize the emergency room at the Health Sciences Centre, which as many of you may know, resides only a short distance from the College.

Initially, my concern was that of appendicitis: sharp, stabbing pains in my lower abdomen area, enough to almost knock me off my feet several times over the course of the day. Finally, I realized that this wasn't going away anytime soon and that I'd better get some help. So, I made my way to the ER where I was warmly and quickly received by attending staff in this always very busy area.

Long story short, turns out it wasn't appendicitis. It was a kidney stone; a small one, but a kidney stone just the same. For those of you who may have had the misfortune of suffering through this malady, you are well aware that this particular medical journey comes complete with no shortage of bumps and grinds along the way before the experience is 'passed' and we resume our normal lives. I have now embarked upon this journey. And while it is at times very difficult, I know that with the help of my caregivers, a successful outcome awaits.

In some ways, it reminded me of the journey through dental school. I thought back to my own class and my own voyage and subsequent faculty and student experiences that I have witnessed through the years in my capacity as instructor and administrator.

It struck me that for a large percentage of our students, the journey is for the most part a pleasant one. For some, for any of number of reasons or manner of circumstances that befall, the journey can be like passing a stone.

One of the things that struck me as I was being treated by the attentive and efficient staff at the HSC emergency room with the administration of various protocols and medications to manage the pain and help smooth the journey, is that, increasingly, over the years, we've been providing more and more supports to students who encounter difficulties in academic or clinical areas as well as other areas that impact upon their performance.

And I must say that, upon reflection, there is tremendous amount of extra effort and learning on behalf of administration and faculty to properly diagnose issues, counsel students and to administer the appropriate remedies whether it is remediation or other types of guidance to help facilitate their successful journey.

The number of those interventions has been steadily increased over time. And I am proud to say that over the course of my eight-year tenure at this College that we are no different than many if not most dental schools across North America and beyond. And I dare say that we seem to be doing more.

Over the past number of months, we have paid particular attention to a number of areas that some students have encountered difficultly with in recent years. These have been largely confined to ensuring the students are performing at an acceptable level academically and that their performance in all clinical matters is competent, at the very least.

We have, for example, recently instituted an academic standing system for every course in the program. To briefly recap: every student starts in good academic standing. Should any student's grade point average or clinical performance begin to fall below a certain level, they will be identified as 'at risk.'

Once that happens, a series of steps are taken by our academic staff to identify and assess the issues that are apparent and subsequently, take appropriate action to get the student back on their way. We have also developed and deployed other measures, some of which I would suggest are quite novel in their approach. Not the least of which has been our newly launched peer-tutor program. For those of you unfamiliar with this initiative, let me explain how it works.

The college has identified and recruited a number of students to serve as tutors to peers in need of assistance. Should a student encounter difficultly with a particular subject area, they will be offered the service of a peer tutor.

For those struggling in clinical matters, a number of specialists from the practicing community have graciously come forward and agreed to serve as mentors.

In our most recent edition of our own publication, the Alumni – Faculty Bulletin, we discuss at length some of the other initiatives and actions underway towards promoting student success. One item in particular details the efforts underway towards promoting professionalism amongst our entire student cohort. This was a particularly challenging area since, as most of you know, professionalism is not really something that can be taught as a course in and of itself.

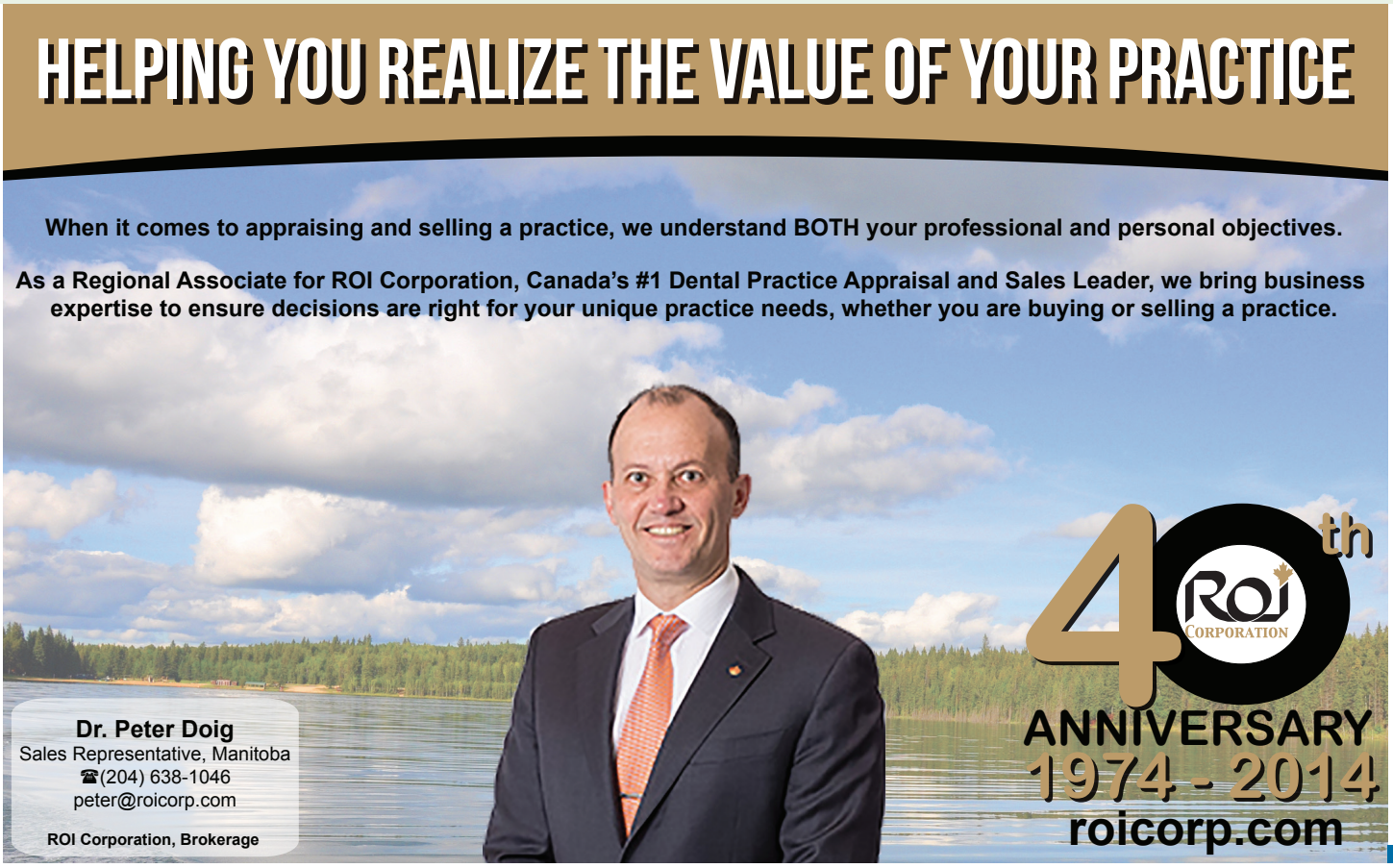
What we have done, however, is to take tangible steps towards ensuring this particular message gets through. Starting this academic year, we have incorporated a professional standards component in every single clinical experience at the college. I would encourage you to review a copy of our latest edition to see some of the unique ideas now in effect in this area.

This is only a short recounting of some of things we are doing here at the college to help our students pass with the least amount of pain and discomfort possible.

Many of these ideas have been aided greatly through the ongoing input of our primary stakeholders: our practicing community, the Manitoba Dental Association, our Dean's Community Council, external stakeholders, and interacting with alumni through the Dean's Office Visit Series and at various meetings, seminars and professional functions. All of this contributes to our cauldron of consideration towards concocting various cures.

We are equally optimistic and confident that each of these will have a positive impact and help us realize our ultimate goal: to deliver a state of the art education, and provide the proper supports for our students to ensure all are successful.

Grazie.



THE NEW MEL BROOKS MUSICAL YOUNG FRANKENSTEIN

The Manitoba Dental Association proudly welcomes 18 talented cast members of YOUNG FRANKENSTEIN, the All-Dentist Musical: Jerry Abells, Becky Antel, Cheryl Bacala, Chris Cottick, Kristin Cuthbert, Katie Davidson, Tom Dobbs, Frank Hechter, Sarah Keating, Billy Kettner, Patrick Mao, Tricia Magsino Barnabe, Michael Porco, Kiranpal Sroay, George Stolarskyj, Robin Szmadyla, Randy Warkentin, and Chris Yue.

Though tired from a long day at their prospective clinics, these keen dentists met with great anticipation at their first vocal rehearsal on November 24th, 2014. It felt like a reunion to those who had taken part in the all-dentist musicals Guys and Dolls (2013) and Little Shop of Horrors (2011), but for some, it was a first encounter in the world of musical theatre.

Following introductions led by Musical Director Paul DeGurse, the cast sang through a series of vocal warm-ups as Assistant Musical Director, Phil Corrin, separated the voices into basses, tenors, altos and sopranos. Then excitement filled the air as the cast enthusiastically learned songs in four-part harmony. Until late hours of the evening, the room was filled with the catchy and hilarious music of Young Frankenstein, the All-Dentist Musical. By the end of the rehearsal, the cast was exhausted but filled with a great sense of accomplishment. This will undoubtedly be a great show!

YOUNG FRANKENSTEIN, the All-Dentist Musical, will be presented at the Canwest Performing Arts Centre at The Forks (home of Manitoba Theatre for Young People) from April 9-12, 2015. Proceeds from this musical will go to VARIETY CHILDREN'S DENTAL OUTREACH PROGRAM (free transportation and free dental services for inner-city children who otherwise cannot afford much-needed dental treatment) and WINNIPEG STUDIO THEATRE, EMERGING ARTIST'S SCHOLARSHIP FUND.

Stay tuned for the next issue of the MDA Bulletin for information on tickets sales…

variety the children's charity

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Is so grateful for the generous support we receive from our Members that take the time out of their busy schedules to volunteer with our association.

"We make a living by what we get,
but we make a life by what we give."
-Winston Churchill

Thank you for giving the gift of time...

MANITOBA HAS AN APOLOGY ACT – LEARN MORE ABOUT IT!

THE IMPORTANCE AND IMPACT OF AN APOLOGY

An Information Sheet from the Manitoba Institute for Patient Safety and the Manitoba Alliance of Health Regulatory Colleges

Patients[a] and their families expect to be told when something has happened that has harmed them or had the potential to harm them. Patients have a right to know this information. Informing them honestly and fully is the right thing to do.

Disclosing and apologizing go hand in hand.

After advising a patient of a harmful event, including a critical incident[b], it is natural to follow with a sincere and honest expression of regret (an apology).

Why patients need to hear an apology.

An apology, given sincerely, can help lessen the emotional impact of the harm, be therapeutic for the patient and health professional as well as lead to healing, regaining trust, and a greater possibility of reconciliation[2,3]. Apologizing – demonstrating our humanity and the concern we feel makes it possible for the patient and family to forgive.

By apologizing am I admitting liability?

No. An apology can't be admitted as evidence of fault or legal liability. The majority of Canadian Provinces and Territories, including Manitoba[4], have enacted apology legislation which prohibits apologies from being used in court.

Why do we have Apology Legislation?

A significant number of patients want a sincere apology for what has happened to them. Health professionals may be afraid that apologizing to a patient will create legal liability, or will negatively affect their malpractice insurance coverage. This is not the case in Manitoba. The Apology Act allays these fears and concerns. Allowing health professionals to apologize freely, without creating liability, provides an opportunity to begin making amends.

Why apologizing can also heal the practitioners involved.

After a patient is harmed, health professionals often feel fear, remorse, guilt, shame, self-anger and depression for what has happened. They "are the second victims, devastated by having been the unwitting instrument that seriously harmed another"[5]. Apologizing, expressing remorse, and a desire to make amends, can lead to forgiveness and healing for health professionals as well.

How to apologize / What you can do.

Talk with your team about who will apologize and how the apology should occur. The words "I'm sorry" should be part of any apology[2]. Apologize as soon as possible. Be compassionate, honest and sincere in your apology. An apology will not be as easy to accept if the patient feels you are forced to apologize or are not genuine in your apology[2,3,6]. The following may take place over several meetings. These are guidelines. Check your organizational policies for further information.

- Acknowledge that something (e.g. a critical incident) has happened.
- Explain the facts of what has happened without accepting or assigning blame.
- Explain how the incident will affect the health of the patient.
- Make a genuine apology for the incident that shows remorse, humility and compassion. Consider using words like "I feel badly for what happened." "We are sorry." "We know that what happened has caused you unnecessary pain/anguish/health complications…."
- Explain what can happen to help remedy the situation.
- Document the conversation with the patient and family.
- If possible, explain what will change so this same situation is less likely to happen to other patients in the future. People usually want to know that some good may come about as a result of the situation that has caused them emotional or physical pain.
- Once the event has been reviewed, follow-up with the patient to see how they are doing and advise them on what progress has taken place to reduce the likelihood that it does not happen again to others.

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[a] The term "patient" includes any recipient of care by a health professional in any setting

[b] A critical incident[1] is an unintended event that occurs when health services are provided to an individual that result in serious and undesired effects such as death, disability, injury, harm, an unplanned admission to hospital, or an extension of care in hospital. The unintended event is not as a result of the patient's illness or the risk in treating the illness, but from the healthcare provided.

Under Manitoba's Apology Legislation[4]...

- apologizing does not create legal liability
- an apology does not void, impair or affect your malpractice or liability insurance coverage
- an apology is not admissible in court, including "a tribunal, an arbitrator and any other person who is acting in a judicial or quasi-judicial capacity"[4] such as disciplinary and grievance hearings, and civil litigation
- it does not apply to criminal offences, such as sexual or physical assault, which fall under federal jurisdiction

Where can I get reliable, confidential advice about apologizing?

Review your regional health authority or health facility policies and procedures or consult the regulatory body governing your profession. You may also consult your professional insurer or protective association.

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Download MIPS' resource *"The Facts about Critical Incidents and their Disclosure: Frequently Asked Questions for Healthcare Providers"* at www.mips.ca

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MANITOBA INSTITUTE FOR PATIENT SAFETY

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The Manitoba Institute for Patient Safety promotes, coordinates and facilitates activities that have a positive impact on patient safety throughout Manitoba.

MAHRC
MANITOBA ALLIANCE OF HEALTH REGULATORY COLLEGES

Protecting your right to safe and ethical care.

BY DALE WILLERTON and JEFF GRANDFIELD
THE LEASE COACH

Parking Pitfalls for Dental Tenants

Do you have enough parking spaces for your patients, you and your staff? It's a common problem The Lease Coach sees with both new and established dental practices. We've discussed the problems with parking in our new book Negotiating Commercial Leases & Renewals For Dummies in greater detail but here are a number of factors to consider.

First and foremost, what is the availability of parking spaces for your patients? Does it appear that there are there enough stalls for all to use? Where are these parking spaces – in front of, behind or at the side of the building? Are the spaces "rush parking" (first-come, first-served) or assigned specifically for your practice's use? These "signage-designated" parking spots are desirable and discourage others from taking your space(s). If your practice is located near a major grocery store, consider that the best available parking spots may be taken by food shoppers. Parking spaces located close to your practice door will be advantageous for elderly patients who do not like to or cannot walk too far.

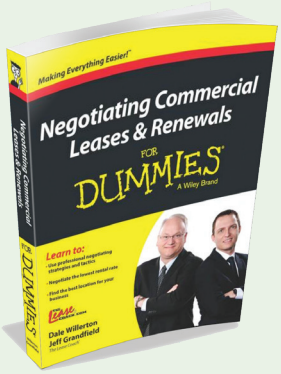
For many dental tenants, parking is free. But for some, monthly parking charges for vehicles can range from $85/month to several hundreds of dollars per month. Even if you are prepared to pay for parking, don't assume it will be available. Consider the cost of parking for your patients as well. With lengthy appointments, this cost can increase dramatically and your patients may not be able to simply run outside and put more money in a parking meter. As an option, your patients may greatly prefer "pay on the way out" parking as the lesser of two evils. This can allow your patients to bring their parking ticket into your office for validation and reimbursement.

In our experience of working for dental tenants, here are a number of real-life horror stories for you to remember. We recall visiting a couple of dentists who had hired us to do a new lease in a property they had found and liked. When we arrived at the property, it was around 10:00 a.m. and the parking lot was already packed with other cars. We pointed this out and questioned just how busy would this same lot be after the vacant units were occupied with more tenants. With hearing this advice, these two dentists wisely decided it would not be in their best interests to pursue this leasing opportunity. We also well remember a couple of doctors who had been practicing for almost 18 years in the same property and hired us to negotiate their lease renewal. These two doctors were very frustrated that their landlord had converted the property's free parkade into paid only parking – this, of course, would greater inconvenience these doctors' visiting patients. Our message here is to never assume that your parking situation will always remain the same.

As some final couple words of advice, always assume that the only parking rights you will have are the rights you get in writing in your lease agreement. Also, remember that it's best if the patients of the dental tenants can park in the best stalls while doctors and their staff can park elsewhere. Determine whether the landlord has a designated area for staff to park and whether there's a parking policy that the property manager polices or regulates. Smart landlords require both tenants and staff to provide their vehicle license plate numbers to the property manager for this very purpose. If the landlord or real estate agent tells you that all parking is first come, first serve, you may want to include a clause in the lease agreement stating that if (in the future) the landlord gives special parking rights or privileges to other tenants that they will have to give those same privileges to you. Parking is often used as an incentive by a landlord trying to attract new tenants, and landlords have been known to unfairly divvy up the parking to suit themselves or to attract other tenants.

For a complimentary copy of our CD, *Leasing Do's & Don'ts for Dental Tenants*, please e-mail DaleWillerton@TheLeaseCoach.com.

Dale Willerton and Jeff Grandfield - The Lease Coach are Commercial Lease Consultants who work exclusively for tenants. Dale and Jeff are professional speakers and co-authors of Negotiating Commercial Leases & Renewals For Dummies (Wiley, 2013). Got a leasing question? Need help with your new lease or renewal? Call 1-800-738-9202, e-mail DaleWillerton@TheLeaseCoach.com or visit www.TheLeaseCoach.com.



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BY RENATA WHITEMAN

Associating? How Important is Your Peace of Mind?

What would you do if your instruments were stolen? Or you became disabled and were unable to work? Or the office in which you practice had to close due to a fire or flood?

As an associate, you may not have to worry about such things as leases, purchase of equipment, staffing, accounting, and all of the other challenges of running a full-fledged business, but there are still many matters you need to bear in mind as you build your practice. One of the most important of these is insurance.

Of course, you know that you need malpractice insurance and you can educate yourself about what is available in your province. The purpose of this article is to discuss some of the potential threats that may arise, and how you can protect yourself with the right kinds of coverage.

Let's start with the office, or offices, where you treat patients. Here are some things you should probably consider:

CONTENTS

You may not own your office or the equipment in it, but your dental hand instruments are your own and they would be expensive to replace if stolen or destroyed due to office damage.

PRACTICE INTERRUPTION

If your office is closed down for reasons such as a flood or vandalism, so are you. Your principal dentist's insurance only covers her percentage of income loss, so if you aren't insured your income stream stops. Some associates assume that they can temporarily transfer patients to another office where they are working, but contractual agreements usually restrict patient movement.

TripleGuard™ Insurance from CDSPI is a three-in-one solution that covers all of these perils with a single, convenient, cost-effective package.

COMMERCIAL GENERAL LIABILITY

When a lawsuit is launched, attorneys will usually name every possible person associated with the defendant's business. So if a patient is injured, or a fire causes damage to a neighbouring office, you can be named in the suit even if you are entirely blameless.

Those are a few of the things that you should consider to protect yourself in the office. You should also think about some of the risks that could impact your ability to earn a living due to illness or injury.

LONG TERM DISABILITY (LTD)

What will you do if you sustain an injury or illness that prevents you from earning a living for an extended period of time? The rent is still due, as are loan repayments, and the ongoing costs of living your life. LTD insurance provides affordable security with monthly benefits to help you cope until you can get back to work.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

In addition to a death benefit, AD&D provides compensation to cover an injury that results in permanent and total "loss of use", such as the loss of an appendage like an index finger or thumb that would preclude you from practicing dentistry.

LIFE INSURANCE

If you're young, and have no dependents, you may see little need for life insurance now. But do you have a student loan that your parents co-signed? Your insurance could protect them from a sizeable liability. Also, by obtaining life insurance when you are young and healthy, you have insurance in place should you contract an illness or condition that would render you uninsurable at a later date. When you can't be insured, it limits your ability to get a mortgage or other significant loan. So a life policy doesn't just benefit your survivors, it can benefit you as well.

GETTING A HEAD START

If you're enrolled in one of Canada's accredited dental schools, you can apply for CDSPI's no-cost coverage for Life ($100,000), AD&D ($100,000), LTD ($1,000/month), and the *TripleGuard*™ Undergraduate Package that covers dental hand instruments for up to $15,000.

When you graduate, you can receive double the Life, AD&D and LTD coverages for half the regular premium for three calendar years, provided you apply before your date of graduation. (Even higher limits are available subject to medical underwriting.)

AFFORDABLE SECURITY

As your associate career progresses, these coverages will continue to provide valuable protection at rates that are as attractive as any in the industry, and you can make arrangements to pay them monthly. The peace of mind they provide allows you to concentrate on what you do best… care for your patients.

CDSPI provides a number of insurance solutions from the Canadian Dentists' Insurance Program that are tailored specifically for associates. We are a not-for-profit organization comprising certified specialists who can provide no-cost, no-obligation advice at whatever point you may be in your practice. With the buying power that comes from serving thousands of Canadian dentists, we can offer these coverages at preferred rates from two of the country's most respected underwriters, Manulife Financial and Aviva Insurance Company of Canada.

The Canadian Dentists' Insurance Program's life, accident and disability insurance plans are underwritten by The Manufacturers Life Insurance Company (Manulife Financial). TripleGuard™ Insurance is underwritten by Aviva Insurance Company of Canada.

Renata Whiteman
Professional Insurance Advisor
1-800-561-9401 ext. 6806
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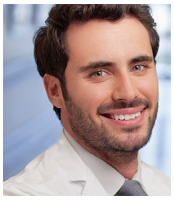

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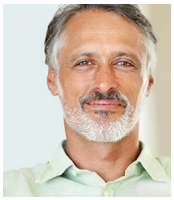

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14-457 11/14

Most Manitoba Dentists offer a child's first dental visit prior to the age of three at no charge through the Free First Visit program. Research has shown it to be highly successful and the profession is held in high regard by grateful parents.

Public acceptance that **a child's first dental visit should take place prior to their first birthday** is growing as parents are becoming aware of the benefits of establishing an early start to their child's professional dental care.

BABY'S FIRST CHECKUP SHOULD BE DONE BY AGE ONE

or within 6 months of the eruption of the first tooth.

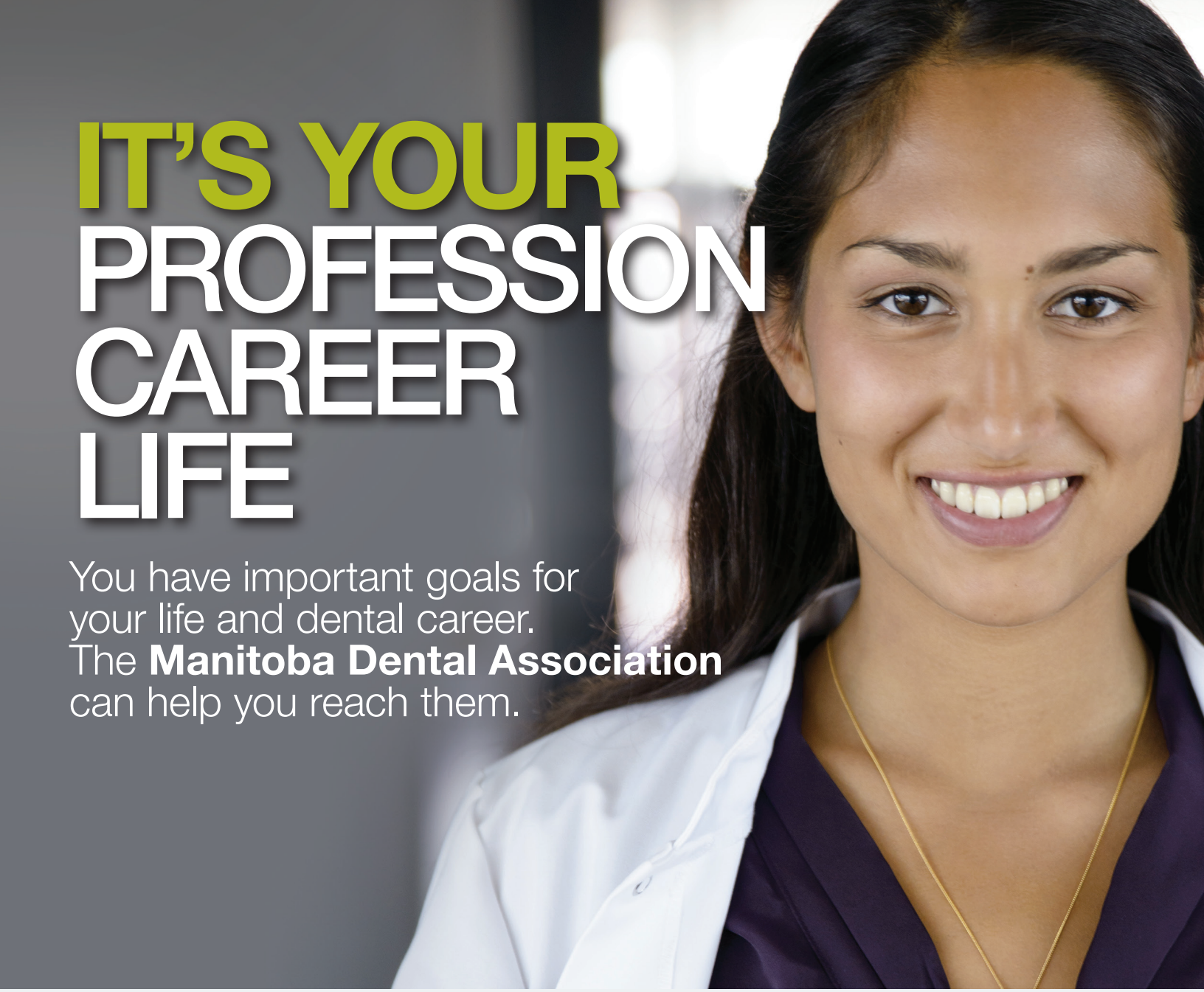
Based on the benefits to the public and the profession, the program is continuing with a re-branding that the first visit take place prior to the child's first birthday, even though **it will be available for free until their third birthday.**

Watch for an in-office and multi media campaign next spring.

All dentists are encouraged to participate in this worthwhile program.

FREE FIRST VISIT

Manitoba Dentist.ca



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