MDA Bulletin

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Your Manitoba Dentist™

President's Message

DR. NANCY AUYEUNG, D.M.D.
PRESIDENT, MDA

This is my third in a series of President's Messages to contribute to the MDA Bulletin. And I have to be honest that I don't particularly enjoy writing articles…it's just never been one of my strengths. However, having said that, I am very happy to write this one because it touches upon a topic that I feel strongly about……the amazing power of thoughtful and mindful giving and generosity!! To me, this is the definition of philanthropy.

I have seen the inequities of society from an early age. Born in Hong Kong, I saw the poor and homeless sitting on the sidewalk to and from my daily travels to school. My grandmother often brought me to school and on many occasions, she would stop to put some change in the little can placed before them. I asked her one day why she did that. She said, "As little as anyone may have, to give to those who truly need helps to remind us of how much we are blessed." My grandmother was a remarkable woman. Her words have stayed with me to this day. I have tried to inspire that same spirit of giving in my family. We have supported and volunteered at Winnipeg Harvest, done community service at local churches and schools, one son has gone to Peru on a mission endeavour to build a daycare and residence for young children.

Philanthropy is about more than giving money - it is about pursuing goals of great personal importance: whether you wish to establish or continue your tradition of giving, unite your family around a common purpose or contribute your own experience in new ways, philanthropy can provide a unique opportunity to enrich your life. Dr. Judith Rodin, in her article, "The Transformative Power of Philanthropy", says "strategic philanthropy can transform by serving as the risk capital that oils the wheels of progress….listening and valuing the input and ideas of our grantees and those populations we serve, and by striving to build their individual capacity to create their own transformation." Melinda Gates has stated, "Every human life is just as important as every other. All people, no matter where they live or what family they were born into, deserve a chance to live a healthy, productive life." But how do you translate that principle into a reality to those who are suffering or struggle? I believe our dental profession already does that……. but we can do more. How many of you volunteer your dental services to Siloam Mission or Mount Carmel? Have you been part of a dental mission initiative? You've probably lost count how many free dental services you've provided for patients who needed the treatment and just couldn't afford it.

There are an overabundance of charities, fundraising events and special initiatives right in our very own city that encourage you to give of your donation dollar. And I'm sure that many of you already regularly contribute to several of them. But consider the potential influence of Manitoba dentists as a group to address the dental issues and needs of our communities? For this reason, I introduce to you, The Manitoba Dental Foundation. MDF serves as the unified centre of professional philanthropy for the dentists of Manitoba. Its mission statement: Working together to support educational, service and research initiatives that will advance and sustain oral health care for disadvantaged children, youth, adults and seniors in local, regional and international communities. The MDF Board of Directors is comprised of representatives from the Manitoba Dental Association, The Winnipeg Dental Society, Western Manitoba Dental Society, and University of Manitoba Dental Alumni Association, with Dr. Joel Antel as current President. You, as a Manitoba dentist, can direct your philanthropic endeavours through MDF to those special charitable organizations. In doing so, we can come together as one voice to say Manitoba dentists care about the dental issues and needs of our communities. It presents a great opportunity to reflect not only on what the Foundation funds but how it funds. It could help an organization become a stronger more dynamic part of the community. This is an exciting time for the philanthropic and non-profit communities. Together, we have an opportunity to make changes that can bring real outcomes and impact communities for years to come. Sharing the experience of giving back with others who have a common desire allows us to take a step back from everyday life and realize that together we can make an impact in ways that may not be realized. Access to oral health care for many communities has been an issue for years. I won't be the last President to see where this has impacted so many people in so many areas of Manitoba and beyond. A strategic approach to giving recognizes that the inequities in the world and our own city and province far outstrip the resources we have to deal with them. Therefore, the ambition we all share to reduce the inequity and improve lives leads to the inevitable question: If we cannot solve these needs alone, how can we leverage the resources that we have to still make a difference? That is where the Manitoba Dental Foundation can add tremendous value. By pairing donors' strategic interests with knowledge of the community's needs, we can work together to combine the investments of many to make an impact far beyond what one donor could do alone. The act of changing a community is really the act of changing one life at a time and doing that over and over again. Philanthropy's ability to invest in the power of human kindness and ingenuity can bring about amazing things when you bet on people.

Now you have that opportunity to come together with other stakeholders in the dental profession to make a difference. The Manitoba Dental Foundation will be holding its inaugural gala on November 14, 2015 at the Canadian Museum for Human Rights. Our keynote speaker is John Prendergast, a human rights activist and best-selling author who has worked for peace in Africa for thirty years. His work to to better humanity and promote peace has spanned the globe. Come join us in making a collective effort to give and support the desire in addressing the dental needs in Manitoba and beyond.

To purchase tickets or a corporate table for the Gala, make a donation or for more information, please access the Manitoba Dental Foundation website at www.daretosmilegala.ca or contact Mr. Rafi Mohammed, Executive Director of the Manitoba Dental Association.

Together, we can make a difference!

Best regards,
Dr. Nancy Auyeung
President, Manitoba Dental Association

Registrar's Message

DR. MARCEL VAN WOENSEL
REGISTRAR, MDA

It is hard to trust honesty of inconsistent persons.
Toba Beta

The Peer Review Committee as part of almost every investigation review patient records. The Committee has identified record keeping as a common issue.

In order to assist members in understanding current expectations, I am providing the following Critical Thinking Documents (CTD) for members. It includes references to other sources on record keeping for your interest. I encourage all members to review their current patient record keeping protocols. The intent is to give members knowledge for making decisions appropriate to their practice situation

ISSUE:
What is required for accurate and complete dental records?

APPLICABLE RULES:
The Personal Health Information Act:

1(1) In this Act,
"personal health information" means recorded information about an identifiable individual that relates to
(a) the individual's health, or health care history, including genetic information about the individual,
(b) the provision of health care to the individual, or
(c) payment for health care provided to the individual, and includes
(e) any identifying information about the individual that is collected in the course of, and is incidental to, the provision of health care or payment for health care;
"record" or **"recorded information"** means a record of information in any form, and includes information that is written, photographed, recorded or stored in any manner, on any storage medium or by any means, including by graphic, electronic or mechanical means, but does not include electronic software or any mechanism that produces records;
19.1(7) An individual may give consent subject to conditions. But a condition that has the effect of restricting or prohibiting a trustee from recording personal health information is not effective if the recording is required by law or by established standards of professional or institutional practice.

Personal Information Protection and Electronic Documents Act

4.3.2 Principle 3 - Consent - Reasonable Efforts
4.3.6 Principle 3 - Consent - Options
4.4.2 Principle 4 - Limiting Collection

MDA Code of Ethics: Part A, Article 2 - Competency
MDA Guideline for Office Assessment:

1. Facilities, protocols and conduct:
- promote trust and confidence of patients and public in the profession.
- comply with MDA bylaws, Code and current standards of practice for the profession.
2. Records are
- truthful and appropriately labeled and dated.
- contemporaneous, legible and sufficient to protect patient health and safety.

MDA Pharmacological Behaviour Management Bylaw: Subsection I(2) and subsections II-VI(3).

ANALYSIS:
Accurate and complete patient dental records are an essential to comply with a dentist's ethical, contractual and legal obligations for:

1. consistent safe clinical care, monitoring of oral health and appropriate follow up;
2. audit review of services and payment claims submitted to third party payers;
3. compliance with legislation on the use of narcotics and controlled drugs;
4. forensic identification; and
5. evidence for regulatory or legal procedures.

Patient dental records covers a broad class of documents – patient identification, recorded histories, tests, notes, comments, billing information, radiographs, photographs, models, etc. - obtained during the course of the dentist-patient relationship. A dentist should assume any information collected by him/her or other dental office personnel is part of the patient's record even if the comments recorded were not intended to be disclosed to the patient.

While there are minimum expectations for the form[1] and detail[2] of the records, the extent of documentation will vary based on specific patient circumstances; complexity of their treatment needs; the information they provide and their consent to tests and records. It is important to note a patient may decline a test or record (i.e. radiograph), but cannot prohibit a recording of tests or records performed in their chart.

The benefit of obtaining and retaining this information should be intuitive. Beyond the minimum, a dentist must consider five factors in determining the actual extent of the documentation necessary – **patient competency, diagnostic certainty, treatment complexity, outcome predictability and necessity.**

[1] See APPENDIX ONE - for the commonly expected requirements in most North American jurisdictions.

[2] See APPENDIX TWO - for the commonly expected information in most North American jurisdictions.

PATIENT COMPETENCY
Patient autonomy and their legal right of choice are a fundamental principle of dental treatment planning and informed consent. For most patients, the ability for the individual to make decisions on their care is without issue. The primary responsibility for this group is to ensure they are adequately informed of their diagnosis, prognosis, treatment options and the risks and benefits of those options. The extent of the documentation on informed consent in the records will be based on diagnostic certainty, treatment complexity and necessity.

There are situations where age or cognitive ability may limit a patient's understanding to such a degree; they may not be competent to make the decisions on their care. If a third party (parent, guardian) is involved in health care decision making for a patient, a dentist should retain in their records confirmation of the legal authority of a third party to make decisions; copies of written information provided to the third party; details on responsibility for payment for services any post operative instructions. A dentist should also document in detail communications with the patient and third party to ensure consent is clearly provided.

DIAGNOSTIC CERTAINTY
The routine and predictable nature of diagnosing many dental conditions may lead to complacency in the documenting of tests and diagnostic decision-making and consequent treatment. Overtime, this complacency can extend to documenting situations with vague symptoms and unclear diagnosis.

Fundamentally the less the diagnostic certainty, the more tests and documentation need to be performed. This would include documenting the differential diagnoses, impact of the tests and the information provided to the patient prior to proceeding with treatment. If there are potentially serious consequences to delay in identifying a diagnosis, documenting recommendations for referral and follow up are important. Referral letters should describe the signs, symptoms, tests and concerns to the expert or specialist to expedite their assessment and improve patient care.

TREATMENT COMPLEXITY
The amount and nature of the documentation needs to be consistent with the complexity of the patient's needs and treatment plan. Charting, tests, and records must be sufficient to identify potential risk factors that could impact on the planned treatment.

Treatment plans for comprehensive or complex dental needs should be recorded to clarify and stage the patient care. A written record allows for appropriate follow up and scheduling.

Documenting communications on informed consent - describing the treatment options and concomitant risks and benefits – becomes increasingly important with complex treatment both to ensure the patient understands the treatment and act as evidence of that understanding. Standardized written procedure information is helpful in communicating with patients, but is not irrefutable proof of informed consent. Standardized procedure information documents should be used in conjunction with direct discussions specific to a particular patient.

It is critical to remember a dentist cannot recommend or perform substandard treatment – even at patient request. If a reasonable and prudent dentist would determine a procedure inappropriate in the specific circumstances of a patient, it should not be recommended or performed. A dentist must respect the patient's choice from among the acceptable options.

OUTCOME PREDICTABILITY
Interrelated with diagnostic certainty and treatment complexity, the predictability of the final result in a specific situation will impact on the type and detail of the information recorded in the patient's chart. The greater the unpredictability of results from a treatment, the more carefully the decision making process and communications with the patient of that unpredictability should be documented.

NECESSITY
Treatment decisions to manage emergency situations tend to be provided broader latitude - recognizing the pressures connected with performing necessary emergency care in a timely manner. Procedures (including research) with limited therapeutic value for the patient or discretionary aesthetic treatment require increased require thorough documentation of the decision making process and of the patient's informed consent.

Finally, it is necessary for your documentation to support completion of the procedures performed and billed. Procedures are defined to establish minimum requirements and differentiate between procedures. These include tests and time frames. Inconsistencies between records, treatment and billings should not occur. A failure of your records to justify the procedures billed would raise serious concerns about the appropriateness of billing practices.

Members should always remember records are for their benefit as well as their patients. They confirm the safety and quality of your practices while shielding you from unsubstantiated allegations. They instill confidence in your patients and the public. The changing nature of society expects professionals not only to say they are protecting their patient's but to demonstrate it.

Yours sincerely,

Marcel Van Woensel
Registrar, Manitoba Dental Association

APPENDIX ONE – FORM

In determining if your current patient dental records method is adequate, they must comply with a basic minimal standard which consists of:

- if written, must be legible and accurate;
- record concisely, chronologically, and contemporaneously;
- record permanently - if written, in ink with one pen; if electronic, must not be able to alter;
- record should be signed by person who performed the procedure;
- use uniform terminology and abbreviations;
- correct errors with a single strikeout, openly and honestly;
- retain a copy of all referral letters sent and received;
- collect and store patient information in a single folder in a consistent manner and secure location.

APPENDIX TWO - DETAILS

At a minimum, adequate patient records contain the following information:

- patient name, address, date of birth, name of any legal guardian and contact information;

- appropriate medical history that is regularly updated;
- a record of identified signs, symptoms, charting, tests, radiographs, referral letters and responses collected in the course of patient care recorded chronologically;
- radiographs and recordings of any other diagnostic aid used;
- in circumstances not clear from records, a written diagnosis necessitating treatment performed;
- appropriately documented and updated treatment plan determined established with patient informed consent;
- record must include treatment performed, materials and drugs (including type and amount of local anaesthetic agent) used, and information provided. Record all medications or prescriptions provided; and
- ensure documentation is consistent with the definitions of the billed procedures (type of examination, extent of impaction).

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1.4 Make and keep accurate and complete patient records, including a medical history, at the time you treat them. Make sure that patients have easy access to their records.

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Healthy Smile Happy Child

has developed a new resource to help immigrant and refugee families with caring for their children's teeth.

If you would like to have free copies, please contact Healthy Smile Happy Child at:

Email: hshcinfo@chrim.ca or ddemare@chrim.ca

http://www.wrha.mb.ca/healthinfo/preventill/files/ECTD_CaringChildrensTeeth.PDF

Canadian Dental Association's Message

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

Hello everyone! I hope you all took time to enjoy our summer. It seems like just yesterday that I was getting ready to go to our early summer Board of Directors meeting and Planning Session in Fernie, B.C. Now, as I write this report, I am preparing to leave for Saint John's, Newfoundland for the joint NLDA and CDA Convention at the end of August. I look forward to seeing a lot of you there, as it sounds as though there will be quite a Manitoba contingent heading that way.

At our meetings in Fernie, one of the areas of discussion for the Board was around the CDA Suite of Electronic Services. After the problems encountered with ITRANS last fall, we are now assured that a new ITRANS operating system is in place and that the ITRANS service is functioning efficiently. It was also reported that two additional servers have been ordered to ensure safety, security and increased capacity on a go-forward basis. It was noted that the national rollout of CDA Digital IDs has been successfully completed. Once ITRANS certificates expire, CDA Digital IDs will serve to authenticate dentists using CDA electronic services (including ITRANS) and will be the only credential recognized by claims processors.

The Board also discussed and approved the development of a new secure document delivery service attached to the ITRANS infrastructure and using the CDAnet attachment feature. This system will be simple and easy-to-use and have the security to comply with privacy legislation when communicating with a variety of stakeholder groups including dentists, associations, dental laboratories and software vendors.

Interest in the new CDA OASIS App continues to grow for quick and easy mobile access to CDA Knowledge Networks products such as OASIS Discussions, CDA Essentials, JCDA.ca and OASIS Help and work continues on developing relevant content of interest to all constituent groups and on the creation of a customized drug database for dentistry. If you haven't already done so, you should download the App now and try it out.

A discussion group on Practice Ownership And Patient Care has been developed. The Discussion Group is gathering data to learn about the growing practice model referred to as "corporatization". Group members have each been asked to interview individuals involved in corporate business models based on a standard list of questions. Feedback will be reviewed when the Discussion Group meets in August 2015 during the CDA/NLDA convention in St. John's. The aim of the Discussion Group is to communicate information out to the profession in a cohesive manner to assist member dentists in making good business decisions in the best interests of their patients and their practice.

In 2010 a new corporate membership model came into effect for the CDA. Under this new model, the CDA would have the ten provincial dental associations as its members. In the terms of the ten year Memorandum of Understanding (MOU) Between CDA and the Corporate Members, it was agreed that after five years there would be a systematic review of the terms of the membership model upon which the MOU is based to evaluate whether the intent of the agreement has been achieved. In Phase One of the review process, CDA has conducted a survey of the Corporate Members to assess CDA's various programs in terms of value and quality. This is a similar exercise to the CDA roles and responsibilities survey conducted in 2008 prior to the MOU. These survey results have been circulated to the Corporate Members and will form the basis of a more fulsome discussion at the August 2015 Presidents and CEOs meeting in St. John's. Phase Two will involve assessing the satisfaction level of the Corporate Members with those elements of the MOU dealing with (a) sharing programs, products and services (b) communications (c) co-branding, and (d) issues management.

So far, there seems to be a general satisfaction with the MOU and hopefully the review will be a positive one. I'll let you know how it's going next time.

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

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

YOU ARE INVITED TO A GALA EVENING DEVOTED TO BRINGING SMILES TO THOSE IN NEED

DARE TO SMILE GALA

WITH GUEST SPEAKER

John Prendergast

HUMAN RIGHTS ACTIVIST AND BEST-SELLING AUTHOR

CANADIAN MUSEUM FOR HUMAN RIGHTS

Saturday, November 14, 2015

4:30pm CMHR Exhibit Tour | 5:30pm Cocktail Reception | 6:30pm Dinner with Evening Program to follow

CORPORATE TABLE $3000 | VIP PATRON TICKET $400 | INDIVIDUAL TICKET $300

Dress Code: Black Tie

TO RESERVE A TICKET OR CORPORATE TABLE PLEASE VISIT:
www.daretosmilegala.ca

For more information about the gala, or on sponsorship opportunities
please email: smilegala@manitobadentist.ca

John Prendergast is a human rights activist and best-selling author who has worked for peace in Africa for thirty years. He is the Founding Director of the Enough Project, an initiative to end genocide and crimes against humanity. He is also the Co-Founder of The Sentry, a new investigative initiative focused on dismantling the networks financing conflict and atrocities. John has worked for the Clinton White House, the State Department, two members of Congress, the National Intelligence Council, UNICEF, Human Rights Watch, the International Crisis Group, and the U.S. Institute of Peace.

OUR MISSION STATEMENT: Working together to support educational, service and research initiatives that will advance and sustain oral health care for disadvantaged children, youth, adults and seniors in local, regional, and international communities.

MANITOBA
DENTAL FOUNDATION

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HENRY SCHEIN

We all smile in the same language

Who We Are

The **Manitoba Dental Foundation** has been established to serve as the unified centre of professional philanthropy for the dentists of Manitoba. The existence of social inequalities in; health, housing, nutrition, education, etc. is well known to members of the dental community and the establishment of the Foundation will assist in dealing with such inequalities.

The Manitoba Dental Foundation Board of Directors is comprised of representatives from the Manitoba Dental Association, The Winnipeg Dental Society, the University of Manitoba Dental Alumni Association, and the Western Manitoba Dental Society. Dr. Joel Antel has been elected as the Foundation's first President.

Through joint collaborative efforts with the Manitoba Dental Foundation and from our members, we can come together as the collective voice of Manitoba dentists demonstrating we care about the oral health issues and unmet needs within our communities.

Our ***mission*** statement is simple and direct: ***Working together to support educational, service and research initiatives that will advance and sustain oral health care for disadvantaged children, youth, adults and seniors in local, regional and international communities.***

Leveraging our resources through the Manitoba Dental Foundation will improve and enhance Oral Health through services provided by other organizations that work within our mandate which include, but are not limited to:

- About Face
- Siloam Mission
- Mount Carmel Clinics
- Doctors Without Borders
- Variety the Children's Charity of Manitoba
- Never Alone Foundation
- Cancer Care Manitoba (Head and Neck Division)
- Kindess in Action
- As well, fund special projects for educational and research opportunities and financial support for students in the ; College of Dentistry, School of Dental Hygiene and Red River College Dental Assisting programs.

MANITOBA
DENTAL FOUNDATION

You can start making a difference now!

We are very excited to introduce to you the Manitoba Dental Foundation and are sending out this special invitation for you to become a cherished guest at our inaugural 'Dare to Smile' gala event that is taking place on Saturday, November 14th, 2015 at the Canadian Museum for Human Rights.

'Dare to Smile' Gala

The 'Dare to Smile' gala event represents our organization's greatest ideal, helping those in need by restoring smiles. Oral health is an important part of overall health, which contributes positively to ones physical, mental and social well-being and to the enjoyment of life's possibilities.

Our 'Dare to Smile' gala fundraising goal is to raise $150,000.00. The proceeds raised from this amazing event will go to support educational, service and research initiatives that will advance and sustain oral health care for disadvantaged children, youth, adults and seniors in local, regional, and international communities.

The 'Dare to Smile' gala event offers our guests a glamorous evening which features a: CMHR Exhibit Tour (Exhibits 1 to 4), gourmet hors d'oeuvres and cocktails, five course meal, fine wines, as well, an inspirational message from our headline speaker, John Prendergast who will shed a new light on the meaning of 'philanthropy'. For more information on the humanitarian work John Prendergast does, please visit: http://www.enoughproject.org/staff/john-prendergast

To purchase tickets or a corporate table for the Gala, make a donation or for more information, please access the Manitoba Dental Foundation gala event website at: www.daretosmilegala.ca, or contact Mr. Rafi Mohammed, Executive Director of the Manitoba Dental Association at (204) 988-5300 ext. 4.

Together, we will make a difference!

Best regards,

Nancy Auyeung, President
Manitoba Dental Association

Joel Antel, President
Manitoba Dental Foundation

Frank Hechter, Chairperson
Gala Celebration Committee

The annual Welcome to the Profession Dinner took place on Thursday, August 13th, 2015 at the Fort Garry Hotel. The night was hosted by the MDA Mentorship Program Committee and held in celebration for the 1st year dental students and the 1st year IDDP students (3rd year dental students). Welcoming them into the dental profession included guests from MDA delegates, members and mentors.

1st Year Dental Students:

Adamson, Sarah
Brar, Navnee
Chen, Phoebe
Cheung, Huei
Cook, Kaitlyn (Katie)
Elgazzar, Israa
Gander, Sarah
Head, Greg
Huang, Alice
Korowski, Stella
Lavoie, Alex
Mabon, David
MacLeod, Alexander
McCombe, Lauren
Mikhlin, Dmitry
Mohammad, Usman
Murray, Morgan
Mutchmor, Bradley
Nykoluk, Mikaela
Pribytkova, Tatiana
Quintana, José
Richard, Paul
Rieger, Kolby
Rosenthal, Natalie
Shaker, Nader
Sokal, Stephanie
Stocki, Edward
Torbiak, Allison
Tran, Michael

1st Year Student MENTORS:

Carroll, Catherine
Cottick, Chris
Coulter, Kristopher
Dalgliesh, Blair
Eng, Eileen
Gauthier, Kyle
Head, Ryan
Kanchikere, Sanjeev Reddy
Krawat, Tony
Nider, Walter
Pruthi, Atul
Salama, Hala
Santos, Don
Scherle, Kurt
Stein, Zachary
Thomas, Angela

3rd Year IDDP Students:

Al Agbar, Dana
Bouwer, Jonathan
Ghodousi, Amirali
Jarvis, Julia
Patel, Urvi
Tomio, Rafael

3rd Year IDDP Student MENTORS:

Cooke, Bill
Jacob, Lanny
Rykiss, Jared
Tsang, Susan
Dhillion, Rose
Mather, Scott

Faculty Corner

DR. ANTHONY IACOPINO
DEAN OF DENTISTRY
UNIVERSITY OF MANITOBA

The Science of Leadership Concept of Collaboration reappears as the way of the future

As healthcare professionals, it is incumbent on us to ensure we stay abreast of emerging trends and technology in our field. It is important to our patients and our practice, and of course to ourselves, that we remain on the cutting edge of any and all new developments and advancements that would be of benefit to those we serve.

I hasten to add that our due diligence must extend beyond the borders of healthcare education, knowledge and practice, but must also extend into other realms, practice management in particular. As we all know, there is a bit more to running a practice – or a dental school for that matter – than meets the eye. The myriad obligations and responsibilities often seem endless and certainly go well beyond the realm of clinical training and science.

At times, it can try one's patience. After all, we are in the business of providing healthcare; of developing capable and competent colleagues who will continue to advance and develop the profession for the benefit of the common good.

Yet very often, we find ourselves mired in pursuits and matters that divert our attention away from our core mission. Here at the College for example, we are presently dealing with the realities of budget shortfalls and funding cuts that appear to be in our future for at least another 2-3 years.

More often than not, these other issues interfere with our ongoing impetrative of constantly improving our educational approaches and modernizing technology. We are told to do more with less and yet are almost constantly reminded of the financial demands that are inextricably linked to progress. It can sometimes be a daunting task – to balance these external matters while meeting the objectives of our core mission.

And yet, our mission remains: in matters of science and clinical care, we must always be on the lookout for new ideas and approaches that will move our profession forward. However, the fact of the matter is that this is a rule that can apply in matters of administration as well. In business – as in science and practice – we are obligated to review and examine new concepts and approaches that could help us better manage our operations for the benefit of our clients and stakeholders.

It is with this in mind that I share with you a novel approach to leadership which is starting to gain traction in business circles, known as collaborative leadership. The concept is much as it sounds: it advances the idea that the leader of today is a collective, networked, virtual force empowered by those who surround. Leadership – the theory's proponents contend – is brewing throughout many organizations, often coming from a multiplicity of sources that should be be drawn upon when discovered.

The idea is said to be the antithesis of the old style, top–down approach where one person makes all the decisions all the time. Although the concept of collaboration for the common good is nothing new, to be certain, as it pertains to organizational leadership, this is a most unique idea. And, like all new theories, it must be tested to see if the results are applicable to the case at hand.

Well, as it turns out for the last few years now, we here at the College of Dentistry seem to have been undergoing exactly that kind of empirical research – thanks to our colleagues and friends at our allied organizations here in the province.

Over the past number of years, we have seen the steadily increasing growth and participation of the University of Manitoba

Dental Alumni Association in College affairs. The impact of the UMDAA has been nothing short of enormous: beginning with their sponsorship of the Alumni of Distinction Awards Dinner and the Dr. John Grahame Scholarship, the UMDAA has become a loyal and steadfast supporter of the College. Like a family member, the UMDAA is always there to answer the call, to offer a helping hand, to step up when the need arises.

And, I am delighted to share with you the latest example of the noble and generous spirit personified by this group. As of September 1 of this year, the UMDAA launched the Alumni Emergency Oral Healthcare Trust Fund to cover emergency patient care at our clinics. It is difficult if not impossible to overemphasize the importance of this initiative as we seek to provide community access to services, comprehensive training for our students in emergent care, and address ever-increasing budgetary pressures. It is yet another example of an almost intuitive nature of the UMDAA when it comes to rallying around the College's needs.

All of this comes against the backdrop of the College's consistently excellent working relationship with the Manitoba Dental Association. As I recounted at our convocation celebrations last spring, this model of collaboration, especially with regards to joint initiatives such as the Mentorship Program, is one for all other dental associations and dental schools to aspire to.

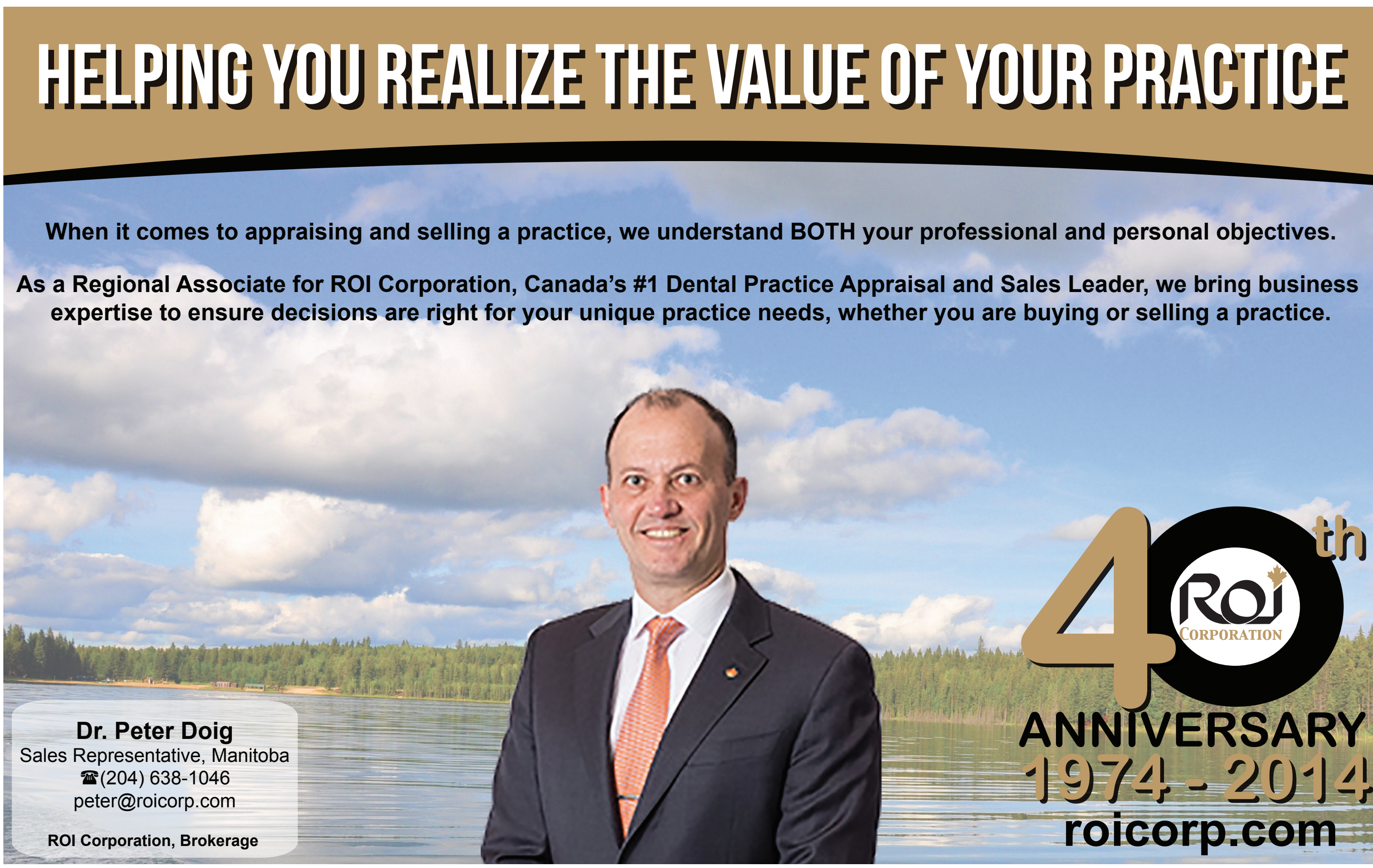
The association has historically been a strong supporter of the community service programs of the College and has played an increasingly larger role in providing a bridge for our students into the profession. There is no better demonstration of instilling professionalism, ethics, and community responsibility than what occurs through a well-organized series of events and interactions beginning with a "Welcome to the Profession Dinner" through four years of the Mentorship Program and culminating with a "Graduation Breakfast". Over the next year, the College will continue to address budget pressures and will be working with the MDA through special taskforces to ensure that our clinic business models are sound and that we maintain adequate clinic patient availability for our students. The next groundbreaking achievement of the MDA will be the November 14 gala event at the Museum of Human Rights in support of the Manitoba Dental Foundation, a foundation that will undoubtedly transform the landscape for all aspects of our profession.

We know all new theories and ideas borne through novel approaches require additional study to ensure or at very least measure the validity of the early results. However, if the early results from the collective Manitoba experiment are any indication, we could be witness to the next great discovery of our time.

It truly is our collective good fortune to enjoy collaborative leadership from within our stakeholder groups that recognize the importance of partnerships to the benefit of the College and the profession.

I look forward to hearing from you and I look forward to seeing you all at the Alumni of Distinction Dinner and Manitoba Dental Foundation Gala!

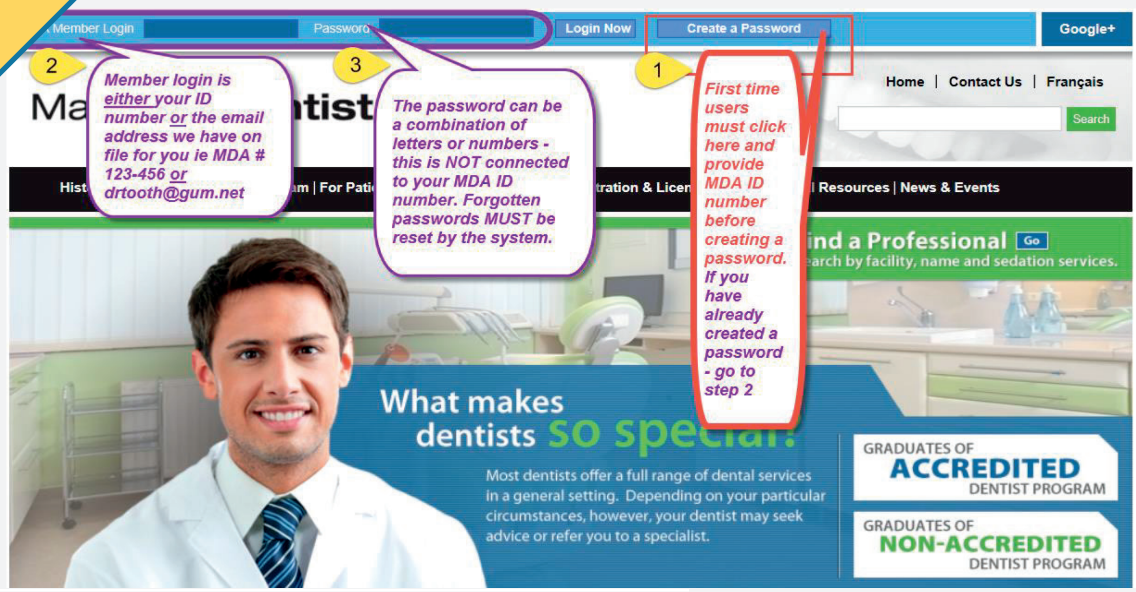
Grazie.

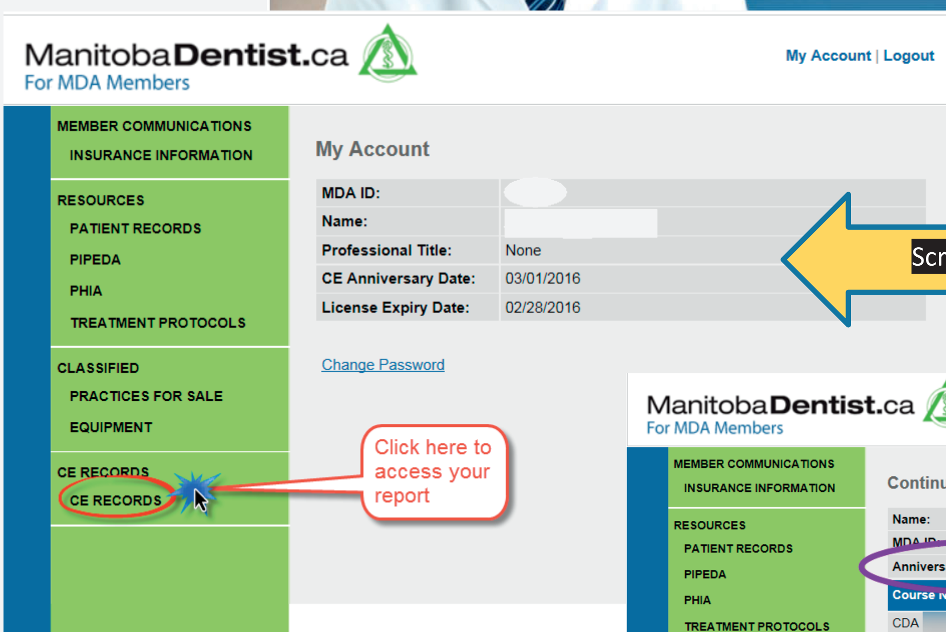


STEPS TO CHECKING YOUR CONTINUING EDUCATION RECORD ONLINE

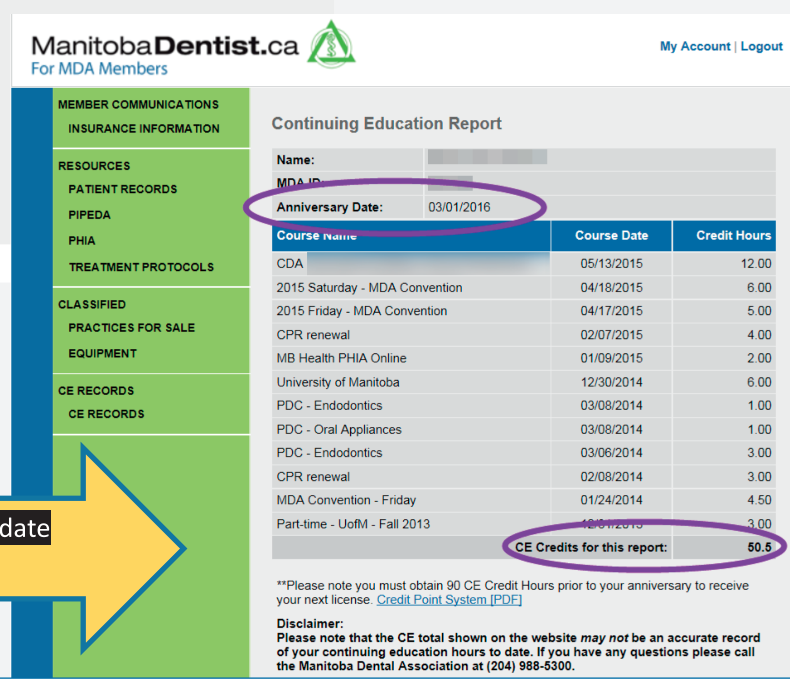
BEGIN BY GOING TO www.ManitobaDentist.ca

1st screen you will see -follow #'s 1 to 3





Screen #2- click as shown



Screen # 3 shows current CE report, anniversary date and total number of hours

<u>Frequently Asked Questions about Continuing Education [CE]</u>

In order to provide the best patient care, dental health professionals invest in educational opportunities that give them current clinical knowledge and skills; however, there are times that members submit documents from these educational courses that unfortunately do not comply with the *Bylaw for Continuing Education of Dentists* {found on the *Manitoba Dental Association* website – see link below}

https://www.manitobadentist.ca/PDF/feb2014/Bylaw%20for%20Continuing%20Education%20of%20Dentists.pdf

The purpose of this article is to provide an overview of the most common oversights made by members when submitting CE documents.

1. DO YOU KNOW WHO YOUR APPROVED SPONSORS ARE?

   The MDA now has over 2100 members [Dentist and RDA's] and the numbers are growing….which means that the CE submissions received on a daily basis are growing in number as well. The most common reason a CE submission is declined is that the course provider is <u>NOT an approved sponsor</u>. The list of approved sponsors can be found on page 10 of the bylaw, Schedule B, but is included here for convenience:

   - A faculty or school of dentistry or medicine (i.e. Universities with a Faculty of Dentistry
   - An organization that has been approved by the Academy of General Dentistry (AGD)
   - An organization that has been approved by the American Dental Association Continuing Education Recognition Program (CERP)
   - A national or international dental association (i.e. CDA, ADA, FDI, etc.)
   - A provincial dental association
   - Local, provincial, state, national or international dental specialty associations (i.e. CAO, AAE, WDS)
   - Canadian dental regulatory authorities
   - Study clubs approved by the Continuing Competency Committee
   - Qualified providers of emergency management programmes (CPR, ACLS & First Aid)
   - Canadian Forces Dental Services

2. SUBMITTING YOUR DOCUMENTS – WHAT DO I SEND IN?

   The document should include the following:

   - Name of course provider (i.e. WDS, University of Manitoba, CAO, ODA)
   - Name of the participant
   - Date of CE session
   - Title of CE session (to help identify what category it would be coded in your CE report)
   - Mode of delivery (lecture, webinar, online course)
   - Number of hours

3. LIMITATIONS AND CREDIT HOURS – DO THEY APPLY TO ME?

There are two other areas that are commonly misunderstood – they are the "credit hour categories" (section X, pages 6 & 7 of the bylaw) and the "minimum and maximum limitations for General Dentists and Specialists"-

*"General Dentists: a **MAXIMUM** limit of 54 credit hours shall be recognized in any one subject area"*

*"Specialists: a **MINIMUM** of 63 credit hours must be obtained from activities and programmes obtained in their licensed dental specialty"*

This is an area that members are encouraged to take note of throughout their 3 year cycle, as there have been times where members fall short of the required 90 hours due to the maximum limit being applied. Conversely, members who did not meet the 63 hour minimum at the 3 year CE anniversary date were obligated to obtain the balance of hours prior to having their license renewed.

4. ARE YOU LISTED ON A SEDATION ROSTER – WHAT DOES THIS MEAN FOR CE?

Members who have been approved to provide sedation services are now listed on the MDA's website under "Registries and Rosters". If you provide sedation services other than single agent anxiolytics – you are encouraged to review the Pharmacological Behaviour Management Bylaw for the particular modality for which you are approved, to ensure you are meeting the continuing competency requirement. The link is provided below or you can find all the bylaws on the MDA website under "Professional Resources/Legislation"

https://www.manitobadentist.ca/PDF/feb2014/Bylaw%20for%20Pharmacological%20Behaviour%20Management.pdf

5. WHERE DO I SEND MY DOCUMENTS?

Members can fax their CE documents to the MDA office at (204) 988-5310 or, to submit by email, send to **lberg@ManitobaDentist.ca** . Email is preferred as it is more environmentally friendly, and a quick reply can be sent to the member to confirm the submission was received. For CE related questions, please call Linda Berg at (204) 988-5300 ext. 7.

6. CHECKING YOUR CE REPORT

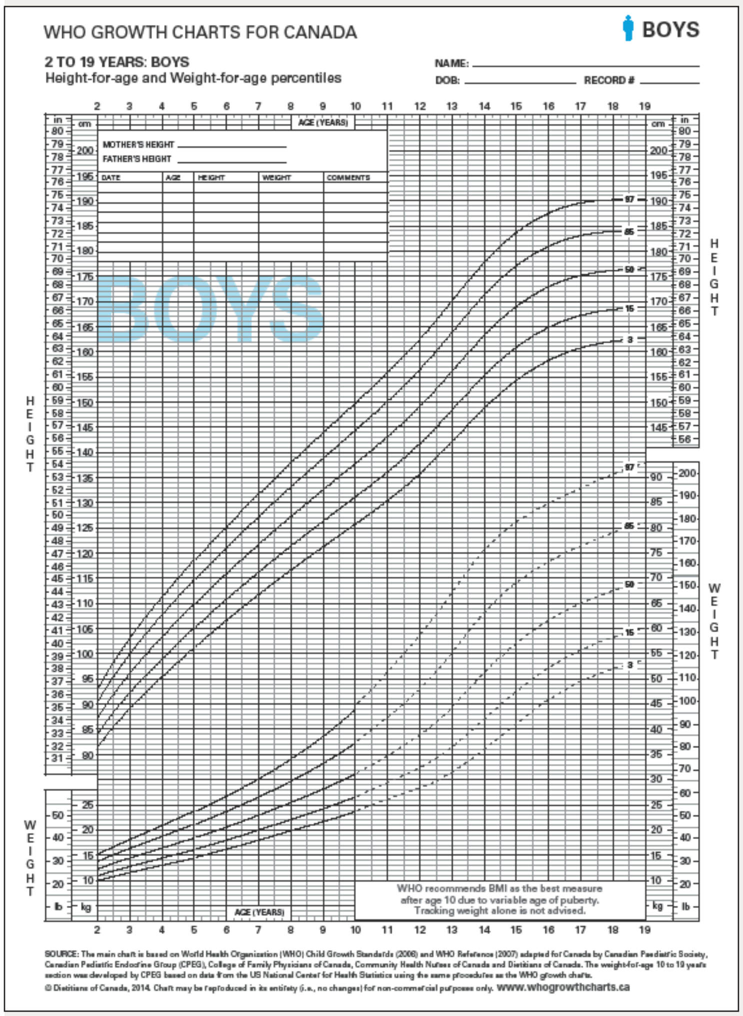
CE submissions are normally entered within a 30 day period – there are times however when the staff must focus on entering the submissions for Dentists at their licensing time [from December to February] and then vice versa during RDA licensing time [from mid-February until early May]. Please be reminded that members must submit their CE documents within 90 days of the activity – this enables us to do the data entry on a timely basis and avoids a backlog at licensing renewal. We appreciate your patience as we work through the volume of submissions every year near the anniversary deadlines.

Other than this peak period, CE is entered fairly quickly and, once entered, is immediately viewable online by members. If you have not yet created a password since the MDA website was changed in January of 2014 – please see the following page for instructions.

When Is The Best Time To Start A Child's Orthodontic Treatment?

There seems to be a fair bit of confusion about when the best time to start a child's orthodontic treatment. The present trend seems to be to start children with orthodontic treatment significantly younger "to take advantage of the child's growth." For many orthodontic problems being able to take advantage of a child's growth can enable corrections which are not possible after a patient has finished growing.

Pediatricians and family physicians know the importance of monitoring a child's growth; they routinely record and plot a child's growth on a chart similar to the one below.

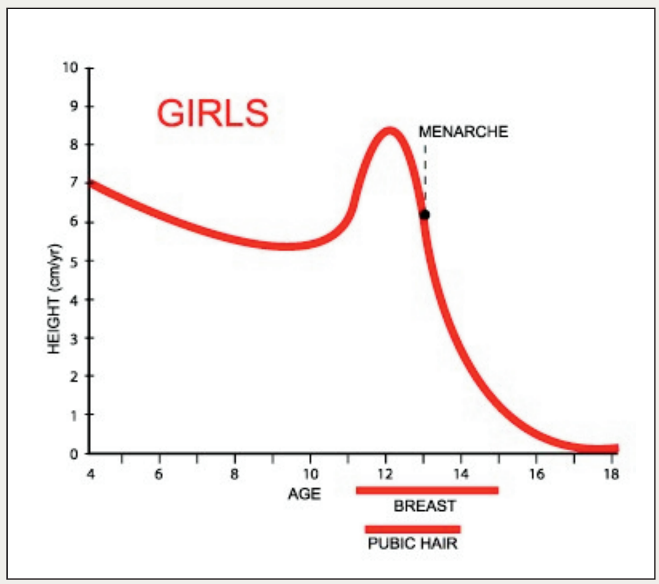


This is the type of growth chart most people are familiar with. The curves on the chart represent percentiles and for each measurement there are guides as to what is considered outside of normal variation. Proper interpretation can give insight into existing and potential health problems.

When one looks at the above chart it gives the impression that growth is fairly constant until the last couple years when growth clearly tapers off. This appearance, however, is deceiving. There is huge diversity in the rate of development amongst children. The data in the above chart is normalized to age.

The data when presented this way makes it difficult, if not impossible, to determine when would be the optimal time to start any single child's orthodontic treatment to get the maximum benefit from growth.

The chart below, using the same data, gives a much different and more useful presentation for making decisions about growth for an individual child.



Here the data has been mathematically interpreted to reveal the rate of growth and the data has been normalized to peak velocity. Looking at these charts it becomes clear starting orthodontic treatment at ages 7, 8, or 9 is actually starting treatment when growth is declining and is, in fact, at the lowest rate in a child's development before growth rapidly falls off as the child finishes growth.

If one is objective, it is clear the optimal age to start a child's treatment to maximize the benefits of growth is usually between 11 and 13. For an individual child, the decision can be further refined by noting the appearance of secondary sex characteristics. Not only is the data clear but it agrees with our everyday observation of the way children grow. Too often we don't trust our common sense.

The optimal age to take advantage of the benefits of growth (11 to 13) also serendipitously correlates with the final eruption of the permanent dentition.
Starting treatment at 8 or 9 can turn a treatment which should only take 1.5 to 2 years into a treatment that takes four to five years as it is difficult to finish treatment before the 12 year molars have erupted. Also, many treatments started at an early age often evolve into 2 phase treatment; putting braces on twice is always more expensive than putting them on once.

Crooked incisors can be straightened at age 8, but they can also be straightened at age 12 and the patient won't have to wear retainers during that time. A patient's palate can be expanded at age 8 but the evidence is overwhelming that it can be expanded up to age 16 or 17. Expanded palates statistically are very difficult to retain and have a high incidence of relapse. Expanding palates a long time before the mid palatal suture ossifies exasperates this problem.

The AAO and the CAO both recommend a child should see an orthodontist at around age 7. This does not mean, however, a child should start appliance treatment at age 7 or 8.

I hope this adequately explains timing of orthodontic treatment and my recommendations. Please realize nothing here is my opinion, it is what the evidence shows; it is evidenced based best practice.

Submitted by: Dr. Jay Winburn

BY RENATA WHITEMAN

Looking at the Big Picture for Disability Coverage

It may be unpleasant to think about the consequences of a long term injury or illness—it's even less pleasant to think about the consequences of not being prepared for one.

If you were going on a wilderness trek you would certainly make sure you had everything you needed for a safe adventure. Beyond packing the basics you would take a wide range of items to ensure you could subsist should something go wrong—even terribly wrong. A dental practice may not be as perilous as the wilderness, but it's still important to be fully prepared for an injury or illness that could keep you from treating patients for an extended period of time, especially if you own a practice. That preparation starts with Long Term Disability (LTD) and Office Overhead Expense (OOE) Insurance.

WHAT'S RIGHT FOR YOU?

A good LTD plan will have the flexibility to offer a variety of coverage levels and options, and a provision for pro-rated benefits should a partial disability limit your ability to work full-time. For basic coverage, the first thing to consider is your level of monthly benefits, typically your maximum allowable coverage. This level can be increased while saving on premiums in other ways, such as a longer waiting time before benefits begin (usually from 30 to 120 days) which will lower your cost. However, you also need to consider whether you can afford to wait additional days before starting to receive a disability benefit. As you age you may develop medical conditions that can affect your ability to qualify for disability insurance, so it's a good idea to purchase as much coverage as your income will allow while you're young and healthy.

In addition to basic coverage, other options that an advisor can help you evaluate include:

Future Insurance Guarantee (FIG)[1] – This is an important option for those who may be concerned about future health problems. It lets you increase your coverage by 25%, without evidence of good health, at specific points in your life, such as an age milestone, marriage, or arrival of a child.

Cost of Living Adjustment (COLA) – You never know how long a disability might last. This option increases your LTD benefit each year after you have been disabled for 12 months by the increase in the Consumer Price Index, up to 8% annually (compounding).

Retirement Protection Option – With this option the insurer will establish a trust account and make a monthly contribution for your retirement savings if you are totally disabled and receiving LTD benefits.

PROTECTING YOUR PRACTICE WITH OFFICE OVERHEAD EXPENSE (OOE) INSURANCE

Ownership has its privileges ... and its responsibilities. What if you had an injury that kept you from practising for several months? Your LTD insurance would help cover your personal expenses but what about your business overhead (including the salaries of staff who are depending on you)? As the accompanying table shows, the expenses, even for a modest practice, are considerable.

Office Overhead Expense Insurance offers many options to customize coverage to your specific needs. For example, you choose the monthly benefit you require based on your on-going eligible expenses, the waiting time before benefits begin, and a fixed or reducing schedule of payments. You can rely on an insurance professional from CDSPI Advisory Services Inc.[2] to provide the advice you need to determine what's right for you.

Typical Expenses For A Small Dental Practice

Type of Expense	Monthly Costs ($)
Rent	1,650
Equipment Lease	800
Loan Interest	115
Depreciation of Office Equipment	393
Utilities	145
Accounting	172
Membership Dues	120
Bank Charges	494
Telephone and Internet	306
Business Taxes	350
Insurance	180
Repairs and Maintenance	765
Staff Salaries and Benefits	10,280
Total	15,770

Source: Manulife, 2013

The HealthEdge Advantage

If you're in good health—and live a healthy lifestyle—you can take advantage of CDSPI's HealthEdge premium discount when you apply for LTD or OOE coverage. The discount is available to those who don't smoke, use illicit drugs, drink immoderately, or have not been treated for a major disease such as cancer, coronary artery disease, stroke, or diabetes.
(Other conditions apply.)

DON'T GET IT AND FORGET IT

Even if you've made the right decision about protecting yourself, there are bound to be changes that impact your coverage requirements. As your practice matures you may be living in a bigger house or driving a better car, your family will be getting older, and you'll be ramping up your retirement investments. Similarly, if you own a practice, your overhead will almost certainly increase as your business grows, so your coverage needs to keep pace with those changes. Having insurance in place to protect your family and your practice is important—having the right amount of insurance is equally important.

To learn more about these plans, please visit the Insurance section at www.cdspi.com.

Renata Whiteman
Professional Insurance Advisor
CDSPI Advisory Services Inc.

As a licensed insurance advisor at CDSPI Advisory Services Inc., I offer a combination of expertise and personal knowledge of clients' needs, with an exclusive focus on dental professionals. For a no-cost, no-obligation review of your insurance portfolio, please contact me at 1-800-561-9401 ext. 6806, or send an email to rwhiteman@cdspi.com

1. You need to be actively at work, and not on claim or satisfying an elimination period, in order to exercise this option.
2. Restrictions may apply to advisory services in certain jurisdictions. Financial Planning Advice and Advisory Services are provided by licensed advisors at CDSPI Advisory Services Inc.

The Canadian Dentists' Insurance Program's Long Term Disability and Office Overhead Expense Plans are underwritten by The Manufacturers Life Insurance Company (Manulife).

MDA's 2016 Annual Convention

January 28th - 30th, 2016

DELEGATE REGISTRATION IS NOW OPEN

The Manitoba Dental Association invites you to join us for our 132nd Annual Meeting & Convention. This year's event is taking place at the RBC Convention Centre in Winnipeg, Manitoba.

To **REGISTER** please visit the MDA Annual Convention website: https://www.manitobadentist.ca/registrations/index.cfm

Deadline to register online for the MDA Annual Convention is:
January 24th, 2016.

After January 24th, 2016, registration for the convention will be onsite on January 29th and January 30th, 2016 in which a $25.00 late fee will be applied.

Manitoba Dental Association