MDA Bulletin

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Your Manitoba Dentist

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Registrar's Message

DR. MARCEL VAN WOENSEL
REGISTRAR, MDA

Life's most persistent and urgent question is, 'What are you doing for others?
–Martin Luther King Jr.

New people stand out in a small village. I remember the boat people that stayed in my community in 1980. They were young and overwhelmed, but working hard to adapt. The image of their amused and slightly perplexed expression as they distributed candy on Halloween night remains in my memory.

I was too young to understand the task that people and communities across Canada had undertaken in providing refuge for over fifty thousand people in an eighteen month period. The initiative was not driven by government but by the generosity and concern of individuals and local organizations.

The efforts of our profession for the athletes of Pan-American games in 1999 were in a similar vein. Volunteers with the support of the dental supply industry put together a world class response to go beyond the emergency dental needs of the Games participants. Many athletes received care without cost that would otherwise have been inaccessible to them. Moreover, no one involved reminisces about the burden on their free time that volunteering at the Games - they talk about the appreciation of the athletes and the camaraderie of the experience.

A few weeks ago, hundreds of members of our profession, the dental supply industry and members of the community at large attended the inauguration of the Manitoba Dental Foundation. The generosity of all those involved established a strong base for the Foundation to begin its charitable activities.

As Canadians - and as dentists - we are blessed with the stability and security our country and profession have provided us. Few in this world are as privileged. There is always an ongoing need for our members to give their time and skills. Canada will be taking on an increasing role in providing sanctuary for refugees from wars in the Middle East. Many of these individuals will have lost everything and have significant need for dental care. Financial support for oral health care from government and private sponsors will be limited. Language barriers may create communication challenges.

As most of our members, I believe that there is more to being a professional than complying with legislation. Whether in your individual practice or with an organized group, I encourage members to demonstrate generosity and kindness in their welcome. It is difficult to imagine being forced to flee everything you know and begin life again. We can do little about the events creating this situation, but we can make the new beginning as positive as possible.

On a related note, I would like to congratulate Dr. Amarjit Rihal on his election as President of the Commission on Dental Accreditation of Canada (CDAC). His skills as a communicator, leader and innovator are recognized by everyone who knows him. They will be significant assets for CDAC. Few give more to this profession than Ammy. I can think of no one more capable to fill the shoes of his predecessor and my friend, Dr. Claude Lamarche.

Best Wishes for the Holiday Season,
Marcel Van Woensel
Registrar, Manitoba Dental Association

President's Message

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

Finally…….my last bulletin write-up!! I have to admit that in my role as President, I have found this task one of the most challenging. If you have read my last 3 messages, you will have quickly discovered that they do not follow the style or structure of reporting on the current state of dental business as past presidents have done. I believe that will be better communicated in the Annual Report which you will receive shortly, along with updates of the work of MDA Committees from their respective Chairs.

As my term as MDA President comes close to an end, the questions most often asked of me are, "What did you find most interesting?", "What was the most challenging?", and "What did you enjoy the most?". Oddly enough, my one response will answer all three of these questions……..the people.

At first glance, most people perceive the profession of dentistry as a clinical occupation….a dentist who manages and provides treatment for all the woes of the oral cavity. In fact, the technical part of dentistry, for the most part, can be taught and learned as demonstrated at our College of Dentistry where we graduate the future generations of dentists. And one could assume that the better clinical dentist would be more successful in practice life. Though demonstration of clinical competence is a must, this is not always the case. Think of the last time you completed an ugly looking restoration, with decent margins that somewhat conform to occlusion, that you swear you will replace in the next year but never really do. If you were really honest, you may even tell the patient it's not the best looking restoration and would be willing to redo it. Or that restoration you just did…..keeps giving the patient pain and ultimately turns into endodontic treatment with a crown. Think of all the frustrating scenarios when you swear you're going to lose this patient but no…… why do they really keep coming back?? We all strive to be good clinicians, some of us are better than others. And yet, we are all successful in our own right. So if you didn't get all 4's in dental school, why are there patients sitting in your dental chairs?? It's because of YOU!!! The treatment you provide certainly is important. But if you ask a patient about their dentist, they may say that you are gentle and you give great needles but the truth is….. they like you and they trust and respect you. They may like the way you take the time to talk and explain things to them or perhaps even just to get to know them on a more personal level. Perhaps they find your calming nature soothing and helpful to manage their dental anxieties. Whatever the reasons are, you have built a patient clientele based on your abilities to establish good communication that results in trust and respect. So could you call that building a successful working relationship? It is no different working in organized dentistry.

My last couple of years, and particularly this past year, have been a learning experience in building relationships with other dental organizations. As a practicing dentist for the last 23 years, this experience has enabled me to forge a skill set to use in dealing with people of all sorts in organized dentistry. From the moment of the first greeting and handshake to sitting at a meeting or teleconference and hashing out details of an issue with the same people, it has been a journey of learning social niceties, knowing how and what makes them comfortable to speak openly, asking the right questions in a way that brings out the answers, knowing when not to say anything, and having the courage to disagree when you may be the only one in dissent…..all the while, trying not to sound or look foolish and earn their respect along the way.

The Manitoba Dental Association is the licensing authority empowered by the Dental Association Act of Manitoba. The Act reserves both the title and function of dentists and dental assistants for those who are licensed as dentists and certified as dental assistants. The policy-making body of the MDA is the Board of Directors. The MDA is unique in that we are an organization with a small membership but we conduct and negotiate dental business and administer programs like any other large province. For that, we can thank a dedicated staff, a strong volunteer membership, and generous external businesses and organizations who have supported MDA in its endeavours. However, our success as a provincial organization requires collaboration with many others. If you have not had the pleasure of being a MDA Board member or served on a MDA Committee, some of these organizations may not be familiar to you but they can play a vital role in your dental practice life. For this reason, you should know something about them.

The Canadian Dental Association: is the national organization comprised of membership from nine Canadian provincial dental associations and the Yukon/Northwest Territories as Corporate Members. The membership model is guided by a Memorandum of Understanding document. The governance model consists of a Board of Directors comprised of one representative from Corporate Members and an Executive of three elected Officers. The CDA provides a forum to share issues of common interest amongst Corporate Members and represents the dental profession on a national and international level.

The National Dental Examining Board: was established by an Act of Parliament in 1952. The Act makes the NDEB responsible for the establishment of qualifying conditions for a national standard of competence for general practitioners, for establishing and maintaining an examination facility to test for this national standard of dental competence and for issuing certificates to dentists who successfully meet this national standard.

The Royal College of Dentists of Canada: was established by an Act of The Federal Government of Canada in 1965. Its mission is to maintain the high standards of practice of the recognized dental specialties by examining qualified candidates for admission to Fellowship, and by working with stakeholders to establish standards for dental specialty education, practice and certification. The RCDC administers the National Dental Specialty Examination in each of the nine recognized dental specialties and in both official languages. The Examination is recognized by all the provincial Dental Regulatory Authorities and is one of the requirements for licensure as a dental specialist in Canada.

The Royal Canadian Dental Corps: is recognized as a premier military dental service capable of providing both full spectrum dental care that will directly contribute to the Canadian Armed Forces (CAF) operational readiness and quality of life, and other professional capabilities that will further Canada's national interests. To enable the CAF to fulfill its operational role, the RCDC will provide high quality, operationally focused dental care, at home and abroad, which establishes and sustains a high state of readiness and is both consistent with the scope of dentistry available to the Canadian population and appropriate to the needs of the member.

The Canadian Dental Regulatory Authorities Federation: is the national forum and collective voice of provincial and territorial dental regulatory authorities on regulatory matters. The founding purpose of the CDRAF is to provide leadership and a responsive infrastructure and forum where dental regulatory authorities in Canada can anticipate and respond, in effective and efficient ways, to current regulatory challenges on interprovincial and territorial and national and global levels.

These are only but a few external organizations with which the MDA collaborates.

It has been a pleasure and an honour to meet and work with representatives from each of these distinguished organizations. But you can imagine the varying personalities, demeanors and temperaments when participating in discussions and negotiations that require the collaboration and cooperation of those involved. As you can perhaps deduce, working with these very different organizations require a skill set that demands a variety of attributes. There have been many people who have been a great influence and support for me during my term. I am so grateful to have you as colleagues and many I can call friends. But there are a few with whom I have worked closely... ..in fact, meet on a weekly basis and have been like family to me. So allow me to describe the skills that I have learned and acquired through some of the friends and colleagues who possess these special attributes and with whom I've had the privilege to work:

Joel - passionate about dentistry, bold in expression, bluntly honest, thinks outside the box,

Ammy - believes in and upholds doing what's right, knows everybody and everybody knows him, has the energy of 10 people, always willing to lend a hand

Mike - positive thinker, calm and patient, the mediator, voice of reason

Carla - master of the event organizers, knows what is appropriate for the occasion, style with poise and grace

Marcel - everything must be in order, follow proper protocol and process, have it in writing

Rafi - believes there is good in everybody, visionary, so persuasive that you can't say no to him

Frank - passionate in helping others, always shows and expresses gratitude, goes the extra mile to make a difference

To work with all the organizations described above and many more requires a combination of attributes of these fantastic people in varying degrees depending on the organization one is dealing with…..no different than how you approach each and every patient on a daily basis. And in doing so with patience and mutual understanding, you have established a means to work together to further a better dental profession for the future.

So I encourage any one of you to push the limits of your comfort zone and get involved in organized dentistry and serve your profession. When you walk into that room filled with strange faces for the first time, strut in like Carla…make friends like Ammy…. approach your discussions with a cautious Joel but when things get heated,….exercise some Mike. When there is disagreement, show some Rafi. By the end of the meeting, ensure that Marcel has been taken care of and always be Frank.

It has been my honour and privilege to represent the Manitoba Dental Association on your behalf. Thank you for your confidence and support.

My best to you all,

Nancy Auyeung

Board of Directors

Back Row (l to r) Dr. David Goerz, Dr. Michael Cuthbert, Dr. Michael Sullivan, Dr. Sandy Mutchmor, Dr. Anthony Iacopino

Front Row (l to r) Rafi Mohammed, Dr. Carla Cohn, Dr. Nancy Auyeung, Sina Allegro-Sacco, Dr. Cory Sul, Dr. Amjit Rihal, Dr. Marcel Van Woensel

Staffing Announcements

Ms. Pamela McFarlane, current Director of Member and Public Relations joined the team at MDA in late September 2015. She was the Administrator of the University Women's Club of Winnipeg and manager of Ralph Connor House, a historic property at 54 West Gate.

Having had a long career in portrait photography, Pam is enjoying her second career in working with members in non-profit associations. She has worked with Safeway Canada, IT and marketing businesses and now the Manitoba Dental Association.

She still enjoys volunteering with many community-based groups as well as teaching scuba diving.

Pam can be reached at pmcfarlane@manitobadentist.ca or (204) 958-5300 ext. 3

Ms. Cheryl Duffy started at the Manitoba Dental Association in April 2015 and is the Administrator of Registrations, Licensing and Dental Incorporations. She takes over the position previously held by April Delaney who married and moved to Kenora.

She has spent many years as an Office Manager working with non-profit organizations in Manitoba.

In her role as Administrator – Registrations, Licensing and Dental Incorporations, Ms. Duffy will be working hand in hand with the Executive Director and Registrar for registering, licensing, and renewals on all applications for Dentists and Dental Assistants, as well as processing registration documents and annual renewals for Dental Corporations.

Ms. Duffy can be reached at cduffy@manitobadentist.ca or 204-988-5300 x 2.

Manitoba Dental Association
(l to r) Diane McDonald, Linda Berg, Pamela McFarlane, Cheryl Duffy, Donamae Hilton

Seasons Greetings and all our best wishes for a Happy New Year from the Manitoba Dental Association.

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10/15

Faculty Corner

DR. ANTHONY IACOPINO
DEAN OF DENTISTRY
UNIVERSITY OF MANITOBA

Storm Clouds Gather Again
Latest round in budget battle may be most daunting

It was the best of times; it was the worst of times; it was the spring of hope, it was the winter of despair.

By now, readers of this space, and its counterpart in our university publication, may be accustomed to these periodic updates from the College as a sort of window into our world; a glimpse over the fence to the other side, to share in our experience and perspective.

And, those who reviewed the last Alumni – Faculty Bulletin would recall how we related that the start of our academic year was an exceptionally busy one. A succession of events: Sports Day, Awards Night, Opening Assembly, a series of Continuing Professional Development sessions; all culminating in Alumni of Distinction Weekend and everything taking place in the space of less than three months. It was similar to a whirlwind or a hurricane if you will, in terms of the speed of events and how quickly all things came and went.

And, by and large, all the happenings were very positive with big crowds, activities aplenty and warm camaraderie all seemingly underlined by a genuine resurgence of interest in the College from our alumni and stakeholders. Indeed, it would seem the best of times.

These halcyon days, however, have come and gone, usurped by a darker turn of events. For the past several weeks now, we here at the College of Dentistry have seen storm clouds gathering on the horizon, these in the form of another round of budget reductions imposed by the institution upon all its member units.

As many of you may recall, this is not unfamiliar territory. We have faced this dilemma before; repeatedly in fact, over the past number of years. The effect of shrinking budgets has continued to negatively impact the College of Dentistry. Similar scenarios have played themselves out all across the country, in some cases triggering difficult decisions and making major headlines in the process. And while we remain confident in our ability to absorb the effects these types of exercises invariably produce, we remain concerned as this latest round of reductions represents our biggest challenge to date. We continue to explore various approaches to mitigate potential damage.

As we all know too well, running a dental practice can be – and most often is – an expensive proposition. This model is exacerbated when applied to an academic institution. Here, we have larger facilities and the need for significantly more equipment/materials and personnel. Our fee schedule and overall operator productivity are decidedly different as well.

In response, we have attempted to optimize our operations and to ensure we are running as efficiently as possible while still maintaining our imperatives of high-quality training and patient care. It often becomes a most delicate balancing act with precious little margin for error. And yet, once again, we are faced with additional reductions and expectations that we will find a way to implement them. Meeting the targets imposed has certainly taxed the resourcefulness and creativity of our administrative team, instructors and support staff. There is no doubt that our overall operations have been impacted. However, we have been able to avoid serious negative consequences up to this point. And, on that note, I must offer my sincere appreciation to all my colleagues in this regard – our associate deans, department heads, clinical operations team, academics and assistants of all stripes – for their outstanding participation and contributions toward making this happen. Most admirably, our students have displayed outstanding patience and professionalism in response to the many additional stressors produced by changes in our clinical operations.

So too must I offer my most sincere thanks to the many members of our part–time teaching contingent who have so graciously and generously given of their time in support of our educational mission. Simply put, we couldn't do it without you. Our alumni and dental associations have been equally supportive. On many different occasions, the University of Manitoba Dental Alumni Association and Manitoba Dental Association have articulated their desire to be active participants in College operations and affairs. And they have walked the walk. The UMDAA and MDA are keenly aware of our reality and we are thankful for their attention and concern. The latest addition to the Provincial landscape, the Manitoba Dental Foundation, also offers hope for the future of the College as an integral part of the profession in Manitoba.

What lies ahead is a crossroads of sorts, one direction toward vitality and the other unimaginable. As so many of our academics have observed – and so many practitioners know – you can only cut so much. Maintaining effective day–to–day operations comes with a price. This cannot be ignored. Nor can the quality of our education and training be sacrificed or otherwise compromised. For all of us at the College, this is our biggest challenge and collective responsibility. Over weeks and months ahead, we will begin to learn more about just how the future may unfold. In the meantime, please know and understand that every available effort will be made to ensure the priorities of our stakeholders will be front and centre in the mind's eye of the College administration.

As always, I welcome and appreciate your involvement and input.

Grazie.

Western Canada Dental Society

48th Annual Seminar & Curling Bonspiel

March 9 - 12, 2016

Saskatoon, SK

Save The Date!

For **HOTEL & REGISTRATION** details as well as information on all curling events please visit: www.wcdentalsociety.ca

Western Canada Dental Society

Hosted By:

The College of Dental Surgeons of Saskatchewan

201 -1st Avenue South

1202 The Tower at Midtown

Saskatoon, SK,

Registration website: **www.wcdentalsociety.ca**

MANITOBA
DENTAL FOUNDATION

Dare To Smile Gala
Manitoba Dental Foundation
Gala launch and Dinner

Close to 400 distinguished guests and dentists gathered at the Canadian Museum for Human Rights on Saturday, November 14th, 2015 to launch the Manitoba Dental Foundation (MDF). The MDF is a charitable foundation that serves as the unified centre of professional philanthropy for the dentists of Manitoba.

The dinner was opened with the entrance of the Lieutenant Governor, the Honourable Janice Filmon and the Honourable Gary Filmon. With the lively commentary of the Master of Ceremonies, Joe Aiello, guests donated over $103,000.00 that evening which included a generous donation from the Bank of Nova Scotia. The pre-dinner receptions sponsored by Sinclair Dental and Banville and Jones in the main floor foyer and the Garden of Contemplation led the guests into dinner and an engaging keynote address by human rights activist and bestselling author, John Prendergast. Décor by Events by Emma set the scene for John Prendergast to speak on his career work on humanitarian efforts and peace for over 30 years in Africa.

Many thanks to the following sponsors who supported our inaugural event;
Inspire Sponsor – Scotiabank
Media Sponsor – Winnipeg Free Press
Martini reception Sponsor – Sinclair Dental
Décor Sponsor – Events by Emma
Print Sponsor – Contemporary Printing
Photography Sponsor – Booke and Partners
Bronze Sponsors – CDSPI, Great West Life, & Henry Schein
Other Sponsors: Morden's, Academy Florist, Elite Lighting, Dream Day Decor, B Chair-ish, & Contempra Signs.

The Foundation's mission is to provide funding for dental services to the underserved, poor, or populations and communities with limited access to dental care. The Foundation will also provide financial support for dental outreach education programs, dental education institutions in research, education of dental students and will promote volunteerism in all areas of dentistry.

Manitoba Dental Foundation Inaugural Gala Organizing Committee:

Chair: Dr. Frank Hechter
Members: Dr. Tim Dumore
Dr. Jerry Baluta
Dr. Carla Cohn
Dr. Scott Leckie
Ms. Laura McArthur
Mr. Gerry Hagglund
Mr. Wayne Rogers
Ms. Tammy Hildebrand
Ms. Pamela McFarlane
Mr. Rafi Mohammed
Mr. Jim Kurz
Dr. Nancy Auyeung

All donations and inquiries to the MDF c/o the MDA Member and Public Relations Director, Pamela McFarlane.
Contact at (204) 988-5300 ext. 3
or email pmcfarlane@manitobadentist.ca












Canadian Dental Association's Message

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

The CDA Board of Directors held its fall meeting on October 23 and 24 at the Fairmont Chateau Laurier in Ottawa. The following are the highlights from that meeting.

CDA Strategic Priorities and Activities
The Board reviewed the strategic priorities identified at the CDA Board Planning Session in July 2015 related to partnerships (working with the Corporate Members), relevance (working for the profession), access (working for the vulnerable) and scope (working for society), and approved the following five (5) Priority Projects for the Association.

Provide a user-friendly, electronic, secure document-sending system tentatively called "CDA Secure Send". This service would allow the sharing of patient information for purposes such as referral, in a format that is in accordance with current privacy legislation.

Maintain CDA's position in the electronic claims market. The Board recognizes that there are competitive threats from alternative suppliers which may displace CDA from its traditional role in the transmission of electronic dental benefit claims through CDAnet and ITRANS. The Board stressed the importance of CDA maintaining its prominent position in the electronic claims market.

Collaboratively develop a universal audit process with the carriers. I have been appointed as the Chair of the Dental Benefits Working Group, and we have been tasked with the development of a universal audit process with the carriers. The idea of this process would be to limit the burden and disruption to the dental office in the case of an audit.

Collaboratively develop a public education campaign on sugar reduction. The Board discussed the deleterious health effects of excess sugar consumption on one's oral health and overall health. It was noted that many Corporate Members are already actively engaged on this issue and the Board has asked that the CDA staff explore next steps in terms of health promotion and advocacy and report back to the Board in February.

Collaboratively implement a Canadian version of the " Smiles for Life" program. Following the 2015 Canadian Oral Health Roundtable (COHR) symposium, the 29 attending organizations identified a dental education program called "Smiles for Life: A National Oral Health Curriculum. 3rd Edition" as having potential in Canada. The 'Smiles for Life" program is a national oral health curriculum for non-dental professionals in the United States that aims to improve the oral health of children, adults and seniors. It is foundation- funded and is the most comprehensive and widely used oral health curriculum for primary care clinicians in the US. The third COHR symposium is scheduled for April 13, 2016. It will be dedicated to children's oral health and will focus on seeking consensus on how to implement a Canadian version of the "Smiles for Life" program.

International Relations
The Board received a report on CDA's attendance and involvement at the 2015 FDI World Dental Congress in Bangkok, Thailand.
The FDI meetings provide CDA with a window on the status of dentistry in the world and insight on the possible impact of global developments on the profession in Canada. It also provides an international forum for member countries to discuss issues of common interest and to agree on position statements that can be used for advocacy purposes. CDA's input to FDI's 2015 draft position statements was favourably received. CDA circulates these draft statements to its Board Members, Corporate Members and other key stakeholders as appropriate for comment. CDA is under no obligation to adopt these position statements as its own.

The Board congratulated Dr. Jack Cottrell of Port Perry, Ontario and a CDA Past-President, on his election to the position of FDI Treasurer, for a three year term.

The 2016 FDI World Dental Congress will be held in Poznan, Poland.

Conventions
CDA appreciates the opportunity to work with the Corporate Members on co-branded conventions.

The Board noted the successful 2015 CDA/NLDA Convention held in St. John's in August 2015 and extended its sincere appreciation to the Newfoundland and Labrador Dental Association for organizing such a successful event.

The 2016 CDA Convention will be held in Vancouver in conjunction with the Pacific Dental Conference from March 17–19, 2016. The convention website is active at www.pdconf.com/cms2016. In addition, information on the 2016 Convention can be found in CDA Essentials, on the CDA website and through Oasis Bulletins.

Review of the Memorandum of Understanding (MOU) between the CDA and the Corporate Members.

As I mentioned in my last article, in the terms of the ten year 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. Phase 1 of the review has been completed with a survey of the Corporate Members to assess the value and priority of CDA's programs, products and services.

Phase 2 involves consultation sessions with the Corporate Members to determine whether they are satisfied with the implementation of Sections 5-8 of the MOU agreement, namely the sharing of programs, products and services, communications and co-branding, joint initiatives and issues management. In addition, the consultation session will include discussions on the process of introducing fee rate recommendations and on the process of introducing new CDA programs, products and services.

The results of both consultations will be collated into a summary report for presentation at a Presidents and CEOs meeting scheduled for March 2016. The targeted completion date for the entire formal review is April 2016.

As you can see, the CDA continues to work hard for you.

That's all for this time.

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

Announcement – Commission on Dental Accreditation of Canada

The Commission on Dental Accreditation of Canada has announced that Dr. Amarjit Rihal, 1995 Graduate University of Manitoba – Faculty of Dentistry, has been elected as its new Chair. Dr. Rihal succeeds outgoing Chair, Dr. Claude Lamarche.

Dental Assistants Week
on *Saturday March 19th at the Caboto Center from 9:00-12*. There will be two lectures being presented, Dr. Blair Dalgleish will be presenting on implant placement and the Dental Assistants role during implant surgery and then Dr. Mike Barczak will be doing the restorative module on implants. *stay tuned.....and registration opens following the MDAA AGM on January 28, 7 pm at the RBC Convention Centre.*

The MDAA has a new incoming president, Janet Neduzak, after January 28, 2016. You can contact her at; Janet Lee Neduzak (jneduzak@RRC.CA)

INFECTION CONTROL
In Practice

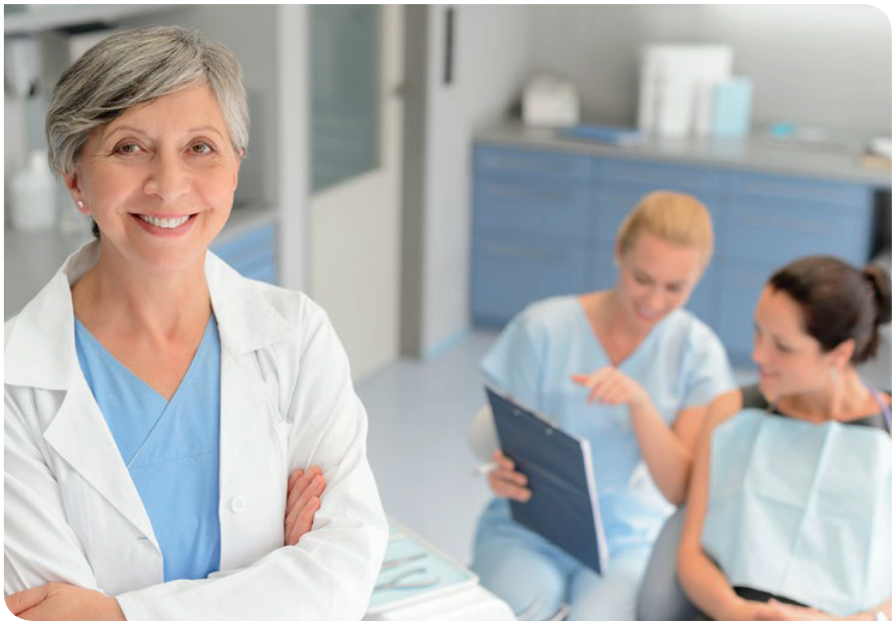
OSAP.org Because Safety Matters

Vol. 14, No. 1 February 2015

The Safety Coordinator's Role in Maintaining the safestdentalvisit™

OSAP continues to support The Safest Dental Visit™, an educational program based on authoritative best practices and supported by behavioral change tools including *Infection Control in Practice*. This year *Infection Control in Practice* will provide education and tools to help the practice's Safety Coordinator successfully maintain the Safest Dental Visit™. This guide can be used as a tool to spark discussion during a morning team huddle, at a staff meeting or within an educational presentation.

IN THIS ISSUE



TEAM HUDDLE: Set The Stage For Maintaining The Safest Dental Visit™

The Case for Designating a *Dental Safety Coordinator*

One of the most important ways to provide the Safest Dental Visit™ is to rely on the facility's dental safety coordinator to manage patient and provider safety. This encompasses management of infection control and hazardous materials. Successfully coordinating the compliance and cost considerations of governmental safety regulations and recommendations requires dedicating personnel to the management of infection control and hazardous materials.[1] In emphasizing the importance of such safety programs the Centers for Disease Control and Prevention (CDC) stated: "An infection-control coordinator (e.g., dentist or other dental health care personnel) knowledgeable or willing to be trained should be assigned responsibility for coordinating the program".[2]

LEARNING OBJECTIVES

After reading this publication, the reader should be able to:

- give examples of systems that support the facility's safety program and that set the stage for The Safest Dental Visit™;
- describe what governmental agencies support the designation of a dental safety coordinator;
- describe the basic abilities important for a dental safety coordinator.

Infection Control In Practice Team Huddle™ is a resource prepared for clinicians by the Organization for Safety, Asepsis and Prevention (OSAP) with the assistance and expertise of its members. OSAP is a nonprofit, independent organization providing information and education on infection control and prevention and patient and provider safety to dental care settings worldwide. ICIP Team Huddle™ is published six times per year and is a trademark belonging to OSAP. OSAP assumes no liability for actions taken based on information herein.

The Incident

Dr. Belque's hygienist needed time off to care for her mother recovering from hip surgery. A temporary worker (Rose) was hired and when she arrived on her first day she was immediately put to work with a patient. She asked the dental assistant (Sally) for a copy of the office's exposure control plan (ECP) so she could familiarize herself with office procedures. She reviewed the ECP then told Sally that she needed extra small exam gloves and a pair of protective glasses because in her excitement to come to work, she forgot hers at home. Sally told her they didn't have any safety glasses and she gave her a box of size small gloves but said the extra smalls wouldn't be in until next week. Rose said: "OK I'll make these work and I'll have to just wear my own eyeglasses."

After her first patient Rose checked the ECP for the disinfecting procedures used and then asked Sally where the disinfectant wipes were. Sally handed her a spray bottle and paper towels and said they had changed to this new disinfectant. As Rose sprayed the bracket table the fan on the countertop blew the spray back in her face. Even though she was wearing her prescription glasses she thought some of the spray may have contacted her eyes. She searched for an eyewash station and found one in the sterilizing room, but it didn't work. So she splashed her face and batted her eyes in water cupped in her hand. Although she had no face pain and her eyes felt normal, she still asked Sally for the disinfectant's safety data sheet (SDS). Sally went to the store room and started leafing through the stack of SDSs, but couldn't find one for the new disinfectant.

Since there weren't many hygiene patients scheduled that day, Sally asked Rose if she would mind helping out in the sterilizing room over the lunch hour. Rose obliged, and began wrapping previously cleaned instrument cassettes for processing in the office's new dry heat sterilizer. While Sally was loading the steam sterilizer, she handed Rose a *Geobacillus stearothermophilus* spore strip to tape to the outside of one of the cassettes. This confused Rose so she again checked the ECP, and that's exactly what was indicated for the office sterilizer. Rose then asked Sally about use of chemical indicators, and Sally said: "Dr. B said we don't need to use those because I always check the gauges of the sterilizers".

At the end of the day Rose told Dr. B that he would have to get another temporary dental hygienist because there was no culture of safety in his office and she didn't want to continue the risk of injuring herself or patients.

Potential Consequences

Without a properly trained safety coordinator that has been given sufficient time to manage office safety, many problems can occur. Wearing exam gloves that are too large make it more difficult to control the movements of hand instruments. This can

SAFETY TIP

What can go wrong will go wrong (so Murphy's Law says). Dental practices should operate preventively to address situations that can interfere with the daily workflow. One suggestion would be to confirm contact information for the relevant manufacturers, distributors, sales representatives, and repair services. Call them to help resolve future unexpected "snags" such as running out of a glove size, breaking the spray nozzle on the disinfectant bottle, sterilizer failure and so on.

enhance the risk of injury to the provider and the patient. Rose attempted to understand Dr. B's office procedures by reviewing the ECP. Unfortunately the ECP did not reflect the current surface asepsis procedures.* Fans in the clinical area (and sterilizing room) are not recommended because they merely circulate more airborne microbes over the patient (or instruments).

Having a hazardous chemical sprayed at one's face without wearing proper protective equipment could be damaging to the eyes and mucous membranes of the nose and mouth. To make it worse, after the exposure, Rose had to search for an eyewash station, and when she found one, it didn't work! Fortunately Rose must have blinked quickly enough to avoid getting the disinfectant in her eyes. Not having a SDS for the disinfectant means that specific post-exposure first-aid information as well as other details about the chemical is not readily available.

Sally was not aware that the spores in biological indicators (BI) for a steam sterilizer are different than those for a dry heat sterilizer. Instruments should not be released unless it is known that the sterilizer is working correctly. Also, BIs should be used as directed by the manufacturer – usually placed inside a test pack. Taping the BIs to the outside of packages does not monitor the conditions inside the packages where the instruments are located. In addition, a control BI was not used. So even if the correct BI had been used (as was the case with the steam sterilizer) the tests would not have yielded valid results because of the improper location of the BIs and the absence of control BIs.

Rose tried to find the correct procedure for sterilization monitoring by searching the ECP, but again the plan had not been updated with correct dry heat sterilization monitoring. To top it all off, there was no indication that the use of chemical indicators was even considered. Therefore, none of the instruments in this practice could ever be considered as safe for use on patients.

** An Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens compliance inspector would base the review of an office on what was stated in the ECP.*

Prevention, Recommendations, and Regulations

Dr. B should designate Sally as the safety coordinator for the office and ensure she is properly trained and given sufficient time to perform the responsibilities. Sally should have taken the time to inform Rose of office procedures before she began seeing patients. This would have included showing the location of the eyewash station, SDSs, and supplies as well as describing the pre-op procedures, post-exposure protocols and other important procedures.

Running out of essential supplies such as gloves and safety eyewear is unacceptable. OSHA indicates that the employer must ensure that appropriate personal protective equipment (PPE) in the proper sizes is readily accessible at the worksite.[3] The problem of not being able to readily supply Rose with the appropriate PPE could have been previously solved, if Sally had set the stage for The Safest Dental Visit™ (see **Success Strategies for the Dental Safety Coordinator** on page 4) and previously organized an emergency supplies delivery system with a distributor. The set of SDSs in the facility must be kept up to date to reflect what chemicals are actually being used.[4] The eyewash stations[5] and SDSs need to be readily available where hazardous chemicals are used, because frequently time is of the essence when treating a chemical exposure.

If Sally had set the stage for The Safest Dental Visit™ (see page 4), she would have properly updated the ECP (as annually required by OSHA's Bloodborne Pathogens Standard[3]). She would have checked the eyewash station and functioning of other major equipment. When new equipment is purchased it's important to receive training on proper use and to carefully review the manufacturer's operating and maintenance instructions. (In Canada, this is called installation qualification [IQ], operational qualification [OQ], and performance qualification [PQ].)

BIs containing *Geobacillus stearothermophilus* spores are used to monitor steam sterilization, and those containing *Bacillus atrophaeus* spores are used to monitor dry heat sterilization.[6]

G. stearothermophilus is more resistant to moist heat than is *B. atrophaeus*, and *B. atrophaeus* is more resistant to dry heat than is *G. stearothermophilus*. A matching control BI (one that is not processed through the sterilizer) from the same lot number as the test BI is to be used with each biological monitoring test.[7] Chemical indicators are to be placed inside each package, and if it cannot be seen from the outside, an exterior chemical indicator is also placed on the outside of the package.[7]

The Case for Designating a *Dental Safety Coordinator* *Continued from page 1*

OSHA's Hazard Communication Guidelines for Compliance states: "In order to have a successful program, you must assign responsibility for both the initial and ongoing activities that have to be undertaken to comply with the rule. Early identification of responsible employees and their involvement in developing your action plan will result in a more effective program design".[8] OSHA's written models for the Bloodborne Pathogen's Exposure Control Plan and the Hazard Communication program indicate that the name of the person responsible for each of the major parts of the standards is required.[9] This could be the employing dentist or a safety coordinator.

In 2012 epidemiologists at the CDC reported the results of a survey of U.S. dentists about their implementation of four new CDC infection control recommendations, one of which was designating an infection control coordinator to monitor all infection control activities.[10] Almost 80% of the 3,042 respondents reported having a designated infection control coordinator. The responding dentist was listed as the coordinator in 44.3 % of the offices. A chairside assistant was the coordinator in 35.8 %, and a dental hygienist was the coordinator in 10.2 %.

Basic Abilities of a Dental Safety Coordinator[11]

Every dental facility needs a dental safety coordinator. At a minimum this person should have a basic understanding of: microbiology; modes of cross-contamination in dentistry; infection prevention and general safety procedures; related governmental regulations and recommendations; and products and equipment available to maintain patient and provider safety.

In addition, the coordinator must be able to champion a "culture of safety" for the facility, and have organizational abilities as well as good written and verbal communication skills which will facilitate execution of the job responsibilities. Additional training at the time of initial appointment to this role may be needed, and continuing education (including being an active member of OSAP) is especially important to remain current about regulations, emerging diseases, vaccines available, and new safety devices and other products.

SUCCESS STRATEGIES FOR THE DENTAL SAFETY COORDINATOR

Setting the stage for **the safestdentalvisit™**

While the more complete duties of a dental safety coordinator will be discussed in the next two issues of *Infection Control In Practice*, a coordinator is especially helpful in making sure the stage is set for maintaining The Safest Dental Visit™. Early in the New Year is a good time to review and update the systems that support the facility's safety program. This includes:

- ❑ updating written safety policies and procedures and other documents (e.g., exposure control plan[3]; hazard communication program[4]; safety data sheets[4]; list of hazardous chemicals[4]; work restriction information[7]);
- ❑ making available to all employees the above policy and procedural documents and governmental regulations and recommendations (e.g., OSHA's Bloodborne Pathogens Standard [BPS][3] and Hazard Communication Standard[4], and the CDC's Guidelines for Infection Control in Dental Health-Care Settings – 2003[7]);
- ❑ confirming that the OSHA-required post-exposure medical evaluation and follow-up system is in place (e.g., address, phone number, travel directions for, and the availability of the evaluating healthcare professional; information packet for the evaluating professional that contains a copy of the BPS, forms to describe the exposed employees' duties as related to the exposure incident, documentation of the routes of exposure and circumstances surrounding the incident, results of the source individual's blood testing if available, and all medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain)[3];
- ❑ making sure the safety-related training programs received by employees are appropriate;
- ❑ checking the functioning, maintenance schedules or certification of equipment (e.g., sterilizers, eyewash stations, instrument cleaners/washers, x-ray units);
- ❑ determining correct performance of safety procedures by the employees;
- ❑ confirming the mechanisms of informing employees of and performing appropriate training on chemicals, procedures, products, and equipment that are new to the facility;
- ❑ making sure employee immunizations are current;
- ❑ making sure training, medical, and sterilization monitoring records are current;
- ❑ reviewing the facility's "culture of safety" to assure it is being maintained; and
- ❑ confirming the supplies/equipment ordering systems are in place; (e.g., routine and emergency deliveries or "as needed" availability).

What's Wrong With This Picture?

Can you identify the breach(s) in infection prevention and safety procedures in this photo? Check your answer below.

ANSWER: If this image depicts action before patient treatment, the clinician's exam gloves have become contaminated by handling the patient chart. Protective eyewear and facemask should be put on properly before donning gloves. Sleeves of underlying work clothes are exposed.

If this image depicts action after patient treatment, the used facemask pulled under the chin exposes the operator's skin to microbes on the contaminated mask. The patient's chart is being contaminated with soiled gloves. The contaminated gloves and facemask should be removed, and hands washed, before handling the patient chart. Sleeves of underlying work clothes are exposed.

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Dentists' Perspectives on the Manitoba Dental Association's Free First Visit Program

Robert J. Schroth, DMD, MSc, PhD; Katelyn Guenther, BA, BN; Stephanie Ndayisenga, BN; Gail Marchessault, PhD; Sarah Prowse, BAKin; Khalida Hai-Santiago, DMD; Jeanette M. Edwards, BOT, MHA; Michael E.K. Moffatt, MD, MSc, FRCPC ; Manitoba Dental Association

Background: In 2010, the Manitoba Dental Association implemented the Free First Visit (FFV) program to provide access to dental screenings for children under three years of age and promote the concept of the age 1 dental visit. In this article, we report on dentists' views of the program.

Methods: This qualitative study included three focus groups held in Winnipeg, Canada. An interview guide was developed to structure discussions.

Results: Thirty dentists participated. They were extremely supportive of the FFV program and its continuation. Promoting early visits and providing parents with anticipatory guidance were some reasons dentists participated. The most common reason for not participating was that dentists were already providing free dental care for children. Dentists viewed the goals of the program as increasing public awareness of the importance of early dental visits, establishing dental homes, educating parents, identifying early signs of caries and increasing children's level of comfort in the dental clinic. They indicated that the FFV program prompted some parents to take their children earlier than they might have otherwise. They said that most FFVs were provided to families who were already part of their practice. According to participating dentists, most parents were unaware of the FFV program and did not know about the age one visit recommendation. Dentists recommended that the FFV program concentrate on promoting the first visit by age one message with the free component as a secondary message. Participants recommended increasing general dentists' involvement in the program as most FFVs are currently provided by pediatric dentists.

Conclusions: Most dentists participating in this study were supportive of the FFV program and advocated its continuation in Manitoba.

The American Academy of Pediatric Dentistry first introduced the concept of the "dental home" for children in 1986; it currently recommends a first dental visit by 12 months of age. Today, several professional organizations, including the Canadian Dental Association, recommend an early dental visit within six months of first tooth eruption or by 12 months of age. This recommendation helps to introduce the concept of a dental home for children and provides opportunities to prevent early childhood caries through risk assessment and caregiver education.

The establishment of a dental home in infancy is important to set the foundation for good oral health during childhood. Early assessment, preventive care and anticipatory guidance can protect primary teeth by decreasing exposure to cariogenic factors and instill good oral health habits. Furthermore, children whose first dental visit occurs by the recommended one year of age have lower rates of restorative and emergency treatment over childhood compared with children who do not visit a dentist until 2–3 years of age. Evidence suggests that early preventive dental visits can reduce the need for restorative and emergency care, therefore reducing dental-related costs among high-risk children. Unfortunately, many Manitoba children develop caries, and a considerable proportion develop severe early caries that requires treatment under general anesthesia. The average rate of dental surgery to treat severe early childhood caries in the province is 30 per 1000 preschool children, but it exceeds 100 per 1000 preschool children in northern regions of the province.

Unfortunately, early dental visits are still uncommon for children in Canada. A past survey of Manitoba dentists showed that only 58% were aware of the first visit by age one recommendation. In addition, fewer than half of respondents saw children younger than 12 months. These responses suggest that many practitioners in Manitoba may not see children in their offices by the recommended age.

In April 2010, the Manitoba Dental Association (MDA) implemented the Free First Visit (FFV) program as a 3-year pilot project. This program provides access to free dental screening for children under 3 years of age to prevent decay in children's primary teeth, raise awareness of the first visit by age one concept and establish dental homes. During an FFV, children are given the opportunity to become comfortable with the dentist and have their teeth checked. Parents may receive information on caring for their children's teeth and discuss future dental treatments if needed. The FFV initiative was promoted through radio and television messages, bus ads and posters in dental offices. In preparation for the first visits, dentists were given educational materials on infant examinations and anticipatory guidance for caregivers. Approximately 235 general and pediatric dentists reported that they participated in the program.

The purpose of this study was to determine dentists' views of the FFV program.

For the entire research article, please visit:
http://www.jcda.ca/article/f21

Manitoba Dentist.ca

Balancing Risk and Reward According to Your Financial Plan

Evan Parubets, CFP®, CIM, FCSI, FMA, CSWP™
Investment Planning Advisor
CDSPI Advisory Services Inc.

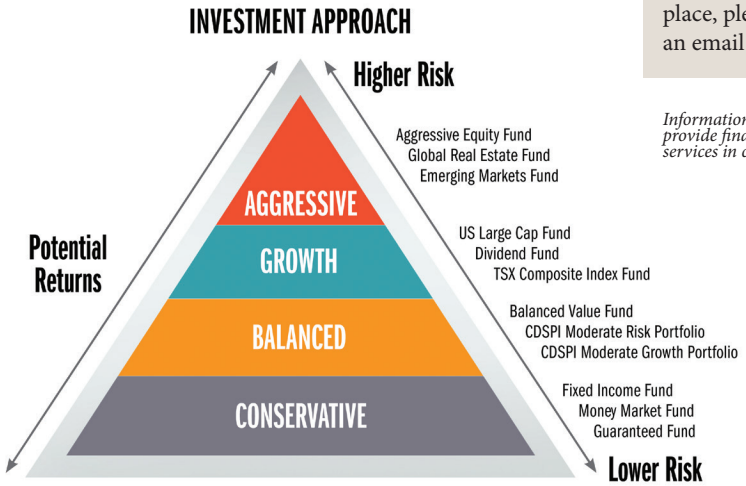
One of the most important variables contributing to a personal financial plan is your risk profile—essentially, the level of uncertainty you are willing to tolerate with your investments. It's dependent on a number of factors including your current net worth, your time horizon (when you will need access to funds), sources of income (now and in the future), and how knowledgeable you are about investing.

But the most important of these variables is your personal comfort with accepting risk. This may depend on your age, life experience, and the basic level of confidence or apprehension that is inherent in your personality. After all, the best plan for you is the one that allows you to sleep well at night.

To help determine your risk profile, advisors typically begin with a series of questions such as:

What is the maximum one-year drop in portfolio value that you would be comfortable with? A decline of 5% or less, 5 – 15%, and so forth.
How long would you be willing to wait for your investments to regain any lost value?
Which of the following hypothetical portfolios (showing various degrees of volatility over a 5-year period) would you feel most comfortable with?

Responses to these and a wide range of other questions will help determine your risk profile. This will range from Conservative (where the primary objective is preservation of capital with little tolerance for fluctuating returns), to Balanced (with some tolerance for fluctuation), to Growth (where you are willing to allow time for recovery from downturns), to Aggressive (where you are willing to accept short-term declines to realize the potential for greater capital growth).



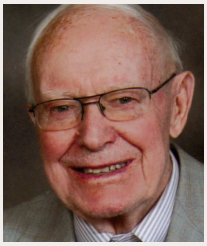
Your profile is used to help determine your investment approach. As most investors know, risk and reward go hand in hand—the more you have of one, the more you may have of the other, and vice-versa. This chart shows that relationship and some examples of fund investments that may be used to help meet your goals. Stemming from your risk profile and investment objectives is your asset allocation model—the ratio of equities, bonds and cash that will constitute your portfolio. Although there is a certain methodology to this, it's also based on a much more comprehensive conversation with your advisor. Investors don't fit into specific boxes—every circumstance is unique and every solution is different. You may be a younger dentist with a low tolerance for risk and short term investment objectives, or conversely, a dentist approaching retirement who is comfortable with maintaining a more aggressive approach. Your family situation, practice maturity, vision for retirement and a host of other circumstances will be a part of this conversation and subsequent asset mix.

It's also important to revisit your plan regularly to see whether your objectives or financial situation have changed, and to rebalance your asset allocation if necessary. Generally speaking, as you get older your tolerance for risk—and, in fact, your need to take much risk—will evolve. This is the time to shift the emphasis from growing your money to protecting it. So there will likely be a gradual move from equity to bond funds, and even cash for emergencies or to take advantage of investment opportunities that may emerge. Even after retirement it's not a bad idea to have some exposure to the stock market. With many people now living beyond 90, it's wise to keep at least a small part of your investments growing.

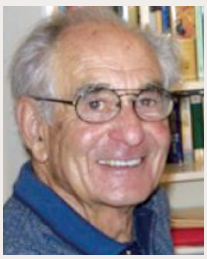
As a CERTIFIED FINANCIAL PLANNER® professional from CDSPI Advisory Services Inc., I can offer a combination of expertise and personal knowledge of clients' needs, with an exclusive focus on dental professionals. If you feel it is a good time to develop a financial plan, or revisit one that is already in place, please contact me in at 1-800-561-9401, ext. 6852, or send an email to eparubets@cdspi.com

MEMORIALS

DR. WILLIAM FREDERICK CAMPBELL It is with sorrow that we announce the peaceful passing of our father, William (Bill) Frederick Campbell on November 22, 2015, at Deer Lodge Centre in Winnipeg, Manitoba, at the age of 95 years. Bill is no longer with us but the joy of his life and memories remain. Bill was predeceased by his father Frederick John Campbell, mother Anna Gertrude Campbell, sister Anna Margaret Campbell, and his beloved granddaughter, Madeleine Mulcahey. Bill is survived by the love of his life and his wife of 62 years, Isabelle Campbell (nee McKinnon). He will be lovingly remembered by his five children: John (Nancy), Jane (Hugh, Church Enstone, UK), Paul (Catherine, Toronto, ON), David, and Mark, as well as five grandchildren: Alexandra, Allison, Reid, Lauren and Freddie. Bill is also survived by his dear brother Dennis and his wife Betty, of Brooklyn, New York. Bill was born on January 30, 1920 in Winnipeg to Fred and Gertrude Campbell. His early years were spent very happily in the Wolseley area of Winnipeg where the river and its environs offered lots of opportunity for adventure. Bill's father owned a dental laboratory where he worked and developed an interest in dentistry. Bill attended the University of Manitoba in Winnipeg, earning his Bachelor of Arts degree. Upon graduation in 1942, with the Second World War underway, he enlisted in the army and was commissioned in the Royal Canadian Army Services Corps. Bill spent four years in the Canadian Army rising to the rank of Captain with most of it spent overseas in the United Kingdom. Bill returned to Canada after the war and resumed his studies at the Faculty of Dentistry at the University of Toronto. He graduated in 1950 with a D.D.S. degree and returned to practice in Winnipeg and Souris, Manitoba. In 1953 Bill married Isabelle MacKinnon. They moved to Montreal shortly thereafter where Bill studied Orthodontics at the University of Montreal. It is a testament to his ability with languages that he was able to pursue his graduate studies in French. After receiving his Certificate of Orthodontics, Bill joined Dr. Jack Abra in Winnipeg, where they built a successful orthodontic practice. In the midst of a busy professional life, he and Isabelle had five children in the span of eight years. Bill treasured his five children and home life. There were great conversations, movie nights and always a variety of tricks and jokes he enjoyed sharing with his children. Bill was very involved in a variety of professional dental associations and organizations serving as President of the Canadian Association of Orthodontists, 1969-1970 and President of the Midwestern Society of Orthodontists, 1974-1975. In the 1960s Bill and Isabelle developed an interest in and began to collect contemporary art. Much of it was acquired on trips they enjoyed to Toronto and New York. Art became a shared passion and joy and allowed them to establish many friendships. Bill served on the Board of Directors of the Winnipeg Art Gallery of which he was both a long-standing member and supporter. In addition to art, Bill loved words, poetry and languages. Puns were a particular joy. He had endless curiosity and surrounded himself with newspapers, magazines and books. He was also an enthusiastic cook and gardener. The status of the tomato crop was always topical. Music was also a lifelong interest. Many years were spent singing in the choir of the First Presbyterian Church. Performing in Gilbert and Sullivan musicals was the highlight of his undergraduate years at the University of Manitoba. In his retirement he enjoyed travelling and visiting with family. Bill was very proud of his children and grandchildren and loved spending time with them. The family wishes to sincerely thank the staff of Deer Lodge Centre, Tower 4, for their compassionate treatment and kind support. A memorial service has been held at First Presbyterian Church with interment at Elmwood Cemetery. Donations may be made in Bill's memory to the Winnipeg Art Gallery or a charity of one's choice. Bardal Funeral Home 204-774-7474 Condolences: www.bardal.ca

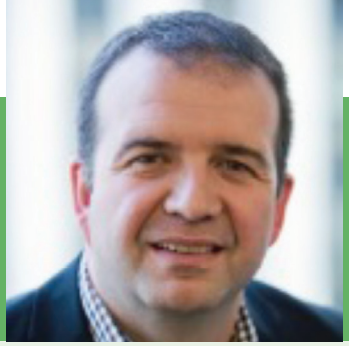


DR. WILLIAM HARWOOD William (Bill) Harwood passed away quietly after a brief illness at the Assiniboine Centre, Brandon, Manitoba on Sunday, October 18, 2015 at the age of 94. A celebration of Bill's life will take place on Monday, October 26, 2015 at 1:30 p.m. at Central United Church (corner of 8th Street and Lorne Avenue), Brandon, Manitoba. A reception will follow at the Church with interment to take place at the Brandon Cemetery. In lieu of flowers and for those who wish, donations in Bill's memory may be made to the Brandon Regional Health Centre Foundation "Identified Needs Fund", 150 McTavish Avenue East, Brandon, Manitoba, R7A 2B3 or to Ducks Unlimited Canada, P.O. Box 1160, Stonewall, MB, R0C 2Z0. Messages of condolence may be placed at www.brockiedonovan.com. Arrangements are in care of Brockie Donovan Funeral & Cremation Services Brandon, MB (204) 727-0694



DR. LAWRENCE SOLOWAY Born May 22, 1922, died peacefully at 92 years old in St. Mary's Hospital in Sechelt, B.C., where he had lived comfortably with his loving wife Marge who has survived him. Raised in the north end of Winnipeg, he is predeceased by his parents and four brothers - Sam, Maurice, Charles and Oscar. He is also survived by his two sons Michael (Rivka) of New Jersey and James (Deborah) of Burnaby, B.C. After two years at the University of Manitoba, he enlisted in the Canadian Army where he served in the Dental Corps for 4 and one-half years until the end of the Second World War. Discharged with the rank of Sargeant, he entered the University of Alberta Faculty of Dentistry. He won many honours there, including the Alpha Omega Gold Medal for highest standing for all four years. After his first year, he married Margaret Tannenbaum, his wife now for more than 67 years. In 1949, after graduation, he and Marge moved back to Winnipeg and he practiced dentistry there for over 35 years. Lawrie was an active member of the Winnipeg Community serving as President of the Maple Leaf Curling Club, and as a Board member of the YMHA and the Glendale Country Club. His greatest pride was to be a founding member of the Manitoba Opera Association becoming one of its first Presidents. He derived great pleasure out of getting into costume and participating on the stage in 6 major productions. Lawrie had thought that he was retiring in 1994 when he and Marge moved out to Sechelt B.C., an oceanfront community that he was to come to love dearly. There he continued to practice dentistry on a part time basis for another ten years with Drs. Dan Kingsbury and Lorne Berman. He loved his new community and especially the The Sunshine Coast Golf Club where he developed and enjoyed many friendships. Golf was a lifelong passion for Lawrie, and he continued to play right into his 90's, and reigned as the elder statesman of the club. His last rites were ultimately carried out by his loving family in keeping with his wishes and his Jewish Heritage. "Good night, sweet Prince.."

DR. LARRY ZOERB: It is with broken hearts the family of Larry Zoerb announce his passing on Thursday, June 18, 2015 at the Assiniboine Centre in Brandon. Left to mourn his passing are his loving family: wife Val, daughter Charla Donald, son-in-law Cory and grandson Jordan; brothers Dale (Maureen) of Saskatoon, SK, Mel (Helen) of Newcastle, Washington, as well as nieces, nephews, aunts, uncles and many cousins. Larry was born in Tisdale, Saskatchewan on January 6, 1946. He moved to Winnipeg to attend the University of Manitoba where he obtained his Doctor of Dental Medicine (DMD) in 1969. Following graduation he moved to Brandon where he set up his solo practice of general dentistry. In 2012, Larry moved his practice into the Town Centre Dental Group. He was passionate about his chosen profession continuing to care for his patients until his current illness prevented him from working on March 12, 2015. He was a strong and honest man committed to his values, friends and foremost to his family. Larry's kindness, generosity, selflessness and sense of humour will be lovingly remembered and sorely missed. We will treasure our memories forever. We were fortunate to have had such a powerful example of a truly honourable man in our lives. A Celebration of Larry's Life will take place at Central United Church, 327 8th Street, on Monday, June 22, 2015 at 7:00 p.m.. Joe Ball, Hospital Chaplain will officiate. For those who wish, please support a local charity in memory of Larry. Expressions of sympathy may be made at www.memorieschapel.com.



Todd Nadeau
Practice Leader – HR@YourService

Stop Pulling Your Teeth Out Over Staff Concerns

Let's face it – you went into dentistry for the medical science component, not because you desired to be a manager of staff or because you are focused on addressing attendance, performance or behavioural concerns. Most dental offices will hire an Office Manager with an expectation, or hope, that they'll 'take care of all things' that are related to running the business…hoping that this includes the employees.

Still you sometimes find yourself in situations where you realize that managing people is not shaping up the way that you envisioned and there is no amount of flossing that you can do to make it better. It is not because your Office Manager is not effective in their role but Human Resources (HR) is a specialized field and needs the professionals. There is no amount of fluoride rinse you can splash in a situation to 'clean it up'.

How are you managing performance, and hiring the right type of employees for your business – ones that not only bring in the technical certifications but also those who can work well with the patients who walk in the door and their co-workers who are working alongside them? Would you expect your Office Manager to know what is required of them from an HR perspective and have all the necessary tools for putting in processes and policies to address performance and behaviour concerns?

Here is how HR @ Your Service can support Dental offices and why HR is a "Must Have"!

HR practices are necessary and in many cases they are also legislatively required. Human Resources (HR) and people management is arguably one of the most important job functions of every Owner, Leader, or Manager and it happens every day.

The question of when you need to bring on HR can be more critical than the 'why' and is one of the most difficult questions that all offices face; especially during times of business start-up, growth periods and even if you experience a stall. The size of your workforce isn't the only issue to think about. Ask yourself these questions:

- Do I know what is required of me legislatively to hire and manage staff?
- Does the same legislation apply to me that applies to larger offices and companies?
- Do I have the skills, ability and TIME to put into managing staff?
- What do I want my work environment to be and how do I want employees to act when they come to work?
- Does my Office Manager have the training and time to take on HR functions along with managing the office supplies, customers, patients, suppliers, tracking of patient care, follow ups, financial record keeping, etc?

If you are not sure how to answer these questions, let us help you - There is absolutely no doubt!

Many organizations find that it's more convenient, and more cost effective, to outsource transactional services such as payroll, tax, and benefits administration, while partnering with a strategic HR partner to deliver high value consultation.

If you are a relatively-new, rapidly-growing, or offering professional products and services you need to create foundational HR practices, policies, standards, and disciplines that quickly establish yourself as professional, credible, and attractive to potential employees and clients.

What does HR look like for a typical office? The following transactional and strategic services are required:

- Policy and procedure development
- Performance management
- Documents and form completion
- Employee file maintenance
- Employee communication
- Legal compliance
- Benefits negotiation
- Benefits administration
- Talent acquisition
- New hire onboarding
- Leadership training
- Employee development
- Time and attendance monitoring
- Termination review and guidance

If you are a small to mid-sized office with between 3 - 30 employees, you will require some level of these HR services as you grow. An outsourced service provider, like HR @ Your Service can offer a comprehensive menu of HR services, including the ability to help you attract, retain and motivate top talent.

Don't overlook the value of today's HR…

Whichever HR structure your company has in place or is considering to bring in, it is important to conduct ongoing assessments in order to ensure that your employees, and you, are receiving the optimum services possible. A part of that investigation is to realize how much HR has evolved. Beyond employee benefits, ask yourself if your company needs a more comprehensive range of transactional and strategic HR services. Today, many leading-edge entrepreneurs realize that peak-performing, strategically focused HR support can generate both savings and profits for the businesses they serve.

The question of why a human resources support is important does not have an easy answer. However, understanding the benefits of strategic HR will help guide you in determining whether in-house HR, outsourced HR, or a combination of the two best suits your business' human resources needs.

HR @ Your Service offers a free HR Assessment service. Give us a call to discuss what you'd expect from HR and to see if, and what type of HR support is best for your firm.

Why does the Canadian Dental Community have over $500,000,000* invested in CDSPI Funds?

88%

Percentage of CDSPI funds in the top 2 quartiles for 10-year performance[1]

1.08%

Difference between the average CDSPI equity fund MER (1.34%) and the industry average (2.42%[2])

27

Number of CDSPI funds with 4 or 5 star ratings from Morningstar[1]

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1-800-561-9401

** As of June, 2015 1. For the period ending June 30, 2015. Based on analysis by Morningstar, Inc. Past performance is not necessarily indicative of future results. For more details on the calculation of Morningstar quartile rankings and star ratings, please see www.morningstar.ca. 2. Source: Morningstar, May, 2013. Management fees are subject to applicable taxes. CDSPI provides the Canadian Dentists' Investment Program and the Canadian Dentists' Insurance Program as member benefits of the CDA and participating provincial and territorial dental associations. Advisory services are provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply to advisory services in certain jurisdictions.*

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Manitoba Dental Association

132ND MEETING & CONFERENCE

RBC CONVENTION CENTRE • JANUARY 29 & 30, 2016

STARRING: THE MADOW BROTHERS, DR. ANN SPOLARICH, DR. MILAN MADHAVJI
FRIDAY NIGHT SOCIAL: CASINO ROYALE
PRESIDENT'S GALA: DIAMONDS ARE FOREVER • MUSIC BY THE DANNY KRAMER EVENT BAND

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