202 – 1735 Corydon Avenue, Winnipeg, Manitoba R3N 0K4
Phone: (204) 988-5300 Fax: (204) 988-5310 www.ManitobaDentist.ca

MDA Bulletin

Volume 35, Issue 1,
SPRING 2016
ISSN 070-1717

IN THIS ISSUE:

Lyle Bauer
Photo by: Nancy Arnold
www.kiexfotodesign.com

Your Manitoba Dentist

Make Your Move

Build Your Investments with CDSPI Funds

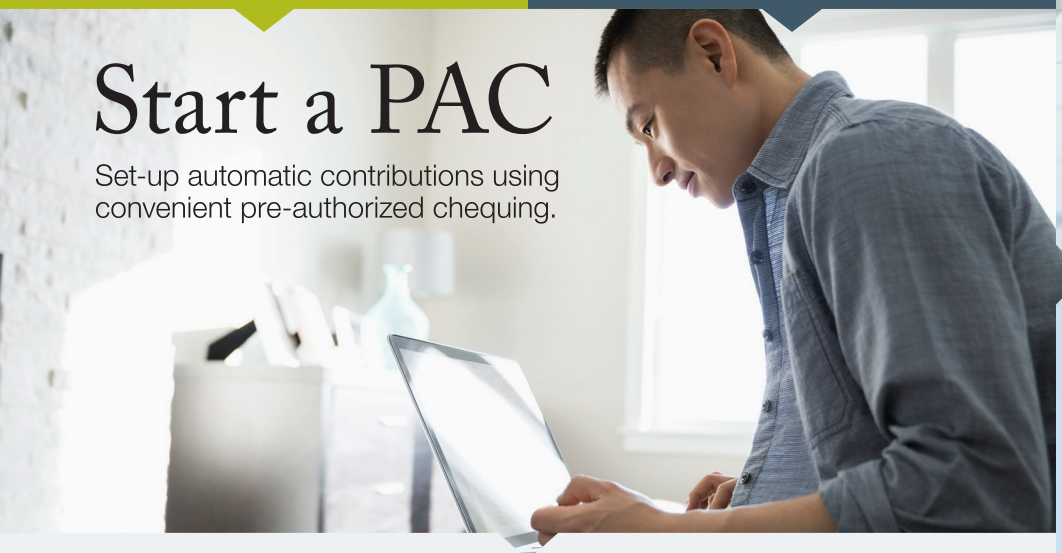
OPEN AN ACCOUNT

Make a deposit

You can contribute by telephone, fax or mail.

Start a PAC

Set-up automatic contributions using convenient pre-authorized chequing.



Visit www.cdspi.com/invest

or call 1-800-561-9401

CDSPI

CDSPInow company/CDSPI @CDSPI

CDSPI is a not for profit organization whose members are the CDA and participating provincial and territorial dental associations. We provide insurance, investment and financial planning solutions to help dentists succeed at every stage.

CDSPI FUNDS

Low MERs[1]

No-cost, non-commissioned financial planning advice[2]

26 of 36 funds have a Morningstar rating of 4 or 5 stars[3]

1 Management fees are subject to applicable taxes.

2 Advisory services are provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply to advisory services in certain jurisdictions.

3 As of December 15, 2015. Morningstar ratings are based on analysis by Morningstar, Inc. of CDSPI funds with performance records of one year or more. For more details on the calculation of Morningstar ratings, please see www.morningstar.ca.

Registrar's Message

DR. MARCEL VAN WOENSEL
REGISTRAR, MDA

Your patient is not a tray –Helen Little

A couple of issues from the regulatory perspective…

PROFESSIONAL BOUNDARIES

In the patient care setting, a dentist in the Province is expected to limit physical contact with patients to accepted social conventions, those necessary for the patient's oral health care and the management of medical emergencies. It is advised to confirm consent for physical contact prior to initiating care and in circumstances where a patient may not expect certain contact (soft tissue examination of the neck) to explain the nature and reason for that contact.

The placement or retrieval of instruments on the upper body of a patient is considered unnecessary in today's practice settings.

The treatment of a person as an object to store instruments for convenient access is inconsistent with the respect expected for a patient. A reasonable person may find the action harmful or offensive. As professionals, you have limited knowledge of your patients' personal experiences or the effect of those experiences on perceptions. Careless contact can re-victimize individuals that have had previous traumas.

There is increasing awareness in the public and media about inappropriate contact and assaults by professionals. A member would be subject to regulatory sanction if evidence from an investigation supports the act occurred.

CHOICE OF PROVIDER

It was not so long ago, the primary business model for dental practice in Manitoba was the lone dentist. Now, multi-dentist and multi-owner practices are increasingly common. They allow the dentist a more efficient use of capital infrastructure; more flexibility in hours and a synergy of skills – often allowing for individual dentists to focus on an area of interest or skill. For patients extended hours and increased availability of a variety of services at one location are potential benefits.

The multi - dentist model can create some administrative issues related to a patient's freedom to choose their dentist. The Code of Ethics - Part B - Article 3 states:

> ***Choice of Dentists***
> *Dentists shall at all times respect and support the public's right to a free choice of dentist. Dentists shall not participate in any plan, scheme or arrangement which would limit or interfere with any person's freedom or ability to choose a dentist.*

The ability for a patient to choose their dentist is not only a legal requirement but also a practical issue. Establishing a comfortable and trusting relationship; long term planning; knowledge of patient issues and concerns; consistency and continuity of care almost all by necessity require a single care provider to oversee patient treatment at the least. The MDA regularly receives calls from the public expressing confusion or irritation about not being able to make an appointment with the same dentist every time; conflicts between the recommendations of the examining and treating dentists; etc.

It is important your booking procedures allow patients the option to choose who will be performing care. Some patients may not be concerned, but for those who do, they must be given the opportunity to make the choice. Moreover, it does not have to be a complicated process. Ideally, the examining dentist should speak with the patient about the treatment and any specific priorities or care where timeliness is important. If there is treatment – like extractions – which is usually referred to one person in the practice, it should be explained to the patient by the examining dentist. Once the patient has been informed of the options, your front desk staff can simply ask if the patient wants the next available appointment or wishes to see a specific dentist. The patient can then balance the value of treatment by a specific dentist with the convenience or flexibility in scheduling the appointment.

Finally, well documented treatment planning; written communication and careful recordkeeping are critical for the successful management of a patient's care when there is more than one dentist involved.

PATIENT ACCESS TO RECORDS

It seems not a month goes by that I have to contact one or two dental practices about this issue. While under Canadian law, you own the records produced for a patient's file, The Personal Health Information Act (PHIA) entitles a patient access to all those records – including radiographs, daily treatment records, commentaries on the patient's treatment, etc. Moreover, the patient is entitled to a copy of those documents. You may charge a reasonable fee for copying the records, but for it to be reasonable it must be related to the actual cost of reproduction.

Front desk personnel sometimes are unaware of this requirement and summarily deny a patient access or a copy. This increases patient irritation and suspicion which may lead to a formal complaint. Please take the time to inform your staff about the requirements of the PHIA.

THANK YOU

I would like to take this opportunity to thank the membership for their efforts and diligence in working with the MDA to improve and update our regulatory processes. The changes have been significant over the last few years, but at every point member cooperation has made the regulation of our professions manageable. Our ability to meet best practices in registration, licensing, continuing competency and professional incorporation has been possible because of your efforts. The number of outliers decreases every year. Your efforts to address patient concerns directly have reduced the number of regulatory complaint investigations dramatically. Again, thank you.

Hoping for an early spring,

Marcel Van Woensel
Registrar, Manitoba Dental Association

President's Message

DR. CARLA COHN, D.M.D.
PRESIDENT, MDA

It is with pleasure that I write to you with news from the executive offices at the Manitoba Dental Association.
I am honoured to have been installed as President of the Manitoba Dental Association at the 132nd annual meeting held January 28 – 30, 2016 at the RBC Winnipeg Convention Centre. I have enormous (actually quite tiny and fashionable) shoes to fill as Dr. Nancy Auyeung passes the torch and becomes past president. Nancy has had a truly fabulous term as president of the MDA and I know that she has enjoyed every minute, thrived on the excitement of the position and put her whole heart and soul into every decision, dilemma, or deliberation that came her way. Nancy will now begin her new role as past president for 2016. She has been recently elected as treasurer of CDRAF, Canadian Dental Regulatory Authorities Federation. This is a significant and important commitment that will take her forward in her trajectory on a national level. Nancy, I salute your success in this past year and wish you only the very best in what I know will be continued success in your presence and dedication to organized dentistry. We bid farewell from the MDA boardroom to Dr. Michael Sullivan as he completes his term as past president. I have no doubt that Mike will continue offering his time and expertise on many levels, not least of which is the economics committee.

Updates from the Board of Directors of the MDA also include, Dr. Marc Mollot being welcomed to the ranks. Marc comes to us with many fresh ideas to make the Manitoba Dental Association a better organization for the public and our members. Continuing on the board our elected dentist members: Dr. Catherine Dale who has taken the position of vice president, Dr. Michael Cuthbert, Dr. David Goerz, Dr. Cory Sul, Dr. Nancy Auyeung as past president, and myself.

On the home front, we have all enjoyed another successful convention with an abundant attendance of greater than 2000 people. It takes a great number of many talented volunteers to run such an event and I commend you all on a job well done. Our continuing education component was vast and varied and certainly offered something for everyone. It featured our talented local dentists as educators, as well as many from across North America. Our exhibit hall was once again sold out and attracted much traffic to the manufacturers. Social functions offered casual and formal events, again appealing to the many different personalities that make up our membership. Pam McFarlane, our new director of public relations did a stellar job after taking on this position only a matter of months ago. All of the staff at the MDA offices work many long hours to bring our convention to fruition. Thank you to Donamae Hilton, Cheryl Duffy and Diane McDonald. Of course, our very own super Rafi Mohammed is such a tremendous executive officer, overseeing all aspects of the Association. My personal congratulations to Dr. Pat Kmet, convention chair, who once again orchestrated a marvelous event culminating in a spectacular Gala on Saturday evening, which she elegantly and eloquently emceed. We all look forward to 2017 when the RBC Convention Centre will be newly expanded and will be able to host an even greater and grander event.

The launch of our very own "Be Proud Be Mouthy" commercials took place at our annual convention to a room packed with 1200 dental professionals. 'The "Be Mouthy" campaign displays bold imagery and emotional dialogue that pays homage to the mouth and its importance to our lives, while reminding everyone that dentists are caring people, specifically trained to help improve your life.' It is a phenomenal creation that I encourage you to view and share with friends, family, and colleagues. It can be viewed on the MDA home page at www.ManitobaDentist.ca.

The next few months will be busy ones as we gear up to represent Manitoba on the national scene at the Canadian Dental Association Presidents meeting that will be held in conjunction with Pacific Dental Conference in Vancouver. The University of Manitoba Dental College hosts an annual Alumni Reception at PDC. Manitoba graduates are always well represented at there. I would encourage you all to plan to drop by for a little, or long, visit if you will be attending PDC. The event attracts our friends from across the country and you are likely to have a chance to see at least one long lost classmate. It certainly is an excellent opportunity to catch up with those who we don't see often enough and to support our College of Dentistry.

Oral Health Month in April is intended to have the public's interest and attention focused on their oral health. One of the events for Oral Health Month is our Oral Cancer Screening Day. Oral Cancer Screening Day will see us partnering with the Never Alone Foundation and football legend, Lyle Bauer who acts as spokesperson for the Foundation. The event is to be held at Polo Park Shopping Centre on April 23, 2016. Information on how you can become involved will be forthcoming.

On June 11, 2016 we will hold our annual Tooth Fairy Saturday at Kids Fest to be held at the Forks. Our tent is equipped with dental chairs for the kids attending to try out and have a complimentary dental screening. We offer an introduction to the dental office to many children that day. The interest from kids, and their parents, is always stellar. It allows us the opportunity to provide a great dental experience in a fun environment. The event is always enjoyable, rain or shine! Come out and volunteer for a shift in the tent, no prior fairy experience required.

We look forward to the upcoming graduation of our current fourth year dental students. I wish you early congratulations on this momentous day in your lives. The next months will undoubtedly be busy ones for our students, with many examinations and requirements to be fulfilled. This will all culminate very soon with receptions and celebrations that you all will enjoy. Convocation and Graduation Breakfast will be

held on June 2, 2016 to honour our graduating class. It is an opportunity for the Manitoba Dental Association to welcome you into the profession as practicing Dentists.

As I am certain you are aware the federal government has committed to bringing 25,000 refugees into Canada by March 2016. Each individual, upon arrival, will receive documentation regarding status in the Interim Federal Health Programme (IFHP). The federal government is funding emergency dental care for refugees for a period of one year under IFHP. Dentists must register with the plan administrator, Medavie Blue Cross (Medavie), in order to make claim submissions to the IFHP when providing care and treatment for refugees. Sample Registration forms for the IFHP including the terms and conditions are on the MDA website when the information becomes available. The MDA advises all members to read the terms and conditions to understand their contractual obligations as a Medavie dental provider. Available on the MDA website under professional resources - forms.

I encourage all members to register with Medavie. Additionally, on the horizon plans are in place to hold an open wide clinic, focusing on refugees, at the College of Dentistry. This event is tentatively planned for autumn of this year. We will need as many volunteers as possible to make this event a success. I know that the goodwill of our dental community will come shining through, as always.

It is my goal this year to connect with as many of our membership as possible. I truly do want to hear your opinions, concerns, and comments. It is my ambition to bring you all a little closer to our association and our association a little closer to you. I encourage you to contact me at any time.

Best wishes and hopes for an early spring.

Carla

MDAA President's Message

JANET NEDUZAK
PRESIDENT, MDAA

It is an honour and a privilege to begin my term as President of the Manitoba Dental Assistants Association (MDAA). I am grateful to our outgoing President, Sina Allegro-Sacco who has been an outstanding leader and colleague within the MDAA. As I assume this role, I look forward to working together with our Board of Directors, our Executive Director and our membership as we strive to accomplish our goals and contribute to the mission of the MDAA:

"To advance the careers of dental assistants in Manitoba and to promote the dental assisting profession in matters of education and professional activities which enhance the delivery of quality dental health care to the public."

Dental Assistants Recognition Week, scheduled for March 6-12, 2016 is a weeklong tribute to the commitment and dedication that Registered Dental Assistants (RDA's) exhibit all year long! It is a time to recognize the RDA's unique and diverse contributions to the dental profession and the oral health care of the public.

The MDAA has proudly been recognized as the voice of Manitoba Dental Assistants for over 50 years. Our membership remains committed to promoting dental health care to the public and recognition for our profession.

Janet Neduzak,
President, Manitoba Dental Assistants Association

Beautiful Smiles Aren't Just for Patients...

Whenever a patient seeks out the help of a dental office team, their goal is achieve excellent oral health, and walk away proudly displaying a wonderful smile that is reflective of the care and attention they have received.

Just like their patients, each and every member of the dental team also wants to walk away from the office every day with the same wonderful smile.

Delivering the best possible care is only achieved by having an oral team who are completely happy at work and have the ability to be totally patient focused. Strong business leaders who focus on total client satisfaction are wise enough to know that they cannot achieve this through their own efforts. No matter how much some leaders think they hold all the cards, the complete oral care team together is what makes the experience good or bad…or anything in between. While it is everyone's expectation to have a healthy and productive work environment, it's the owners and managers responsibility to ensure this outcome is realized. One can generally assume that no one comes to work on their first day with a long term goal to be the office's worst employee…but too often this becomes an unwelcomed reality. With both the leader and the employee wanting a happy, healthy, and productive work environment, how can we ever end up experiencing anything but?

The following are some key characteristics of leaders who create healthy and productive workplaces. Review each and where applicable, consider whether your commitment to these is as second nature as brushing and flossing.

TRUST YOUR PEOPLE:

Trust is the foundation to all work relationships. An employer / employee relationship will never exist without trust. Ultimately employees will always act based on how they are treated. Letting them know you trust them simply allows them to live up to that trust.

LISTEN WITH CARE:

Listening to employees and having a work environment where everyone is encouraged to offer meaningful input, creates the opportunity to discover ideas and growth over and above the limitations of our own thoughts and ideas. Sometimes even sharing ideas with your team allows them an opportunity to challenge. Healthy challenges at the employee level often allow us to discover possible down sides and errors before we roll out to patients or colleagues. It also gives you the opportunity to embrace suggestions and improve the idea. At the end of the day it is the leader's role to make the final decision. But having the full input and support of their employee group provides them with much more confidence in delivering a better product.

ALWAYS SHOW RESPECT:

Being respectful is the core to every conversation you have with your team. No matter the circumstance, being respectful will help you gain trust and will foster your future "approachability" with staff.

ALWAYS BE ENCOURAGING:

When we encourage people we are telling them we want to see them to try something new, to grow and to succeed. People respond well to encouragement. People often take action based on the encouragement of others. We can all remember a time when someone wanted us to try something we would never have done on our own. Never underestimate what people will do for you and your business if they know you care and "have their backs".

EMBRACE MISTAKES:

Making mistakes means we've tried. Never stop your people from trying. While mistakes can never be an acceptable norm, when addressed correctly, mistakes allow us an opportunity to build trust and promote growth with employees. When addressed correctly, mistakes are a great learning opportunity for both employee and employer. Reacting negatively and publicly to mistakes indirectly creates a blame based culture in any office. While people react positively to good correction and confirmed confidence, they will totally shut down when their mistakes are only identified as such.

ATTITUDE IS EVERYTHING:

Always be positive – even when managers have to have difficult conversations, remaining positive is the difference between moving forward and shutting someone down. How you say it is often more important than what you say. People always remember tone…they seldom remember the words.

SET EXPECTATIONS:

Setting expectations is fundamental in defining your employee and business standards. All employees want to know what's expected of them. Knowing what their performance is being measured against allows them the opportunity to continually do better. The risk leaders take in not setting clear expectations is in losing management control by leaving employees to find their own way.

BE THERE:

Great leaders share one quality. They are always there for their people. Always make a point of "being there"…even when they don't expect you to be. Care goes further than anything else you can do for your staff.

A commitment to the management practices above will go a long way in showing all your patients what real smiles look like…every time they walk in the door.

Todd Nadeau
Practice Leader
HR @ Your Service
tnadeau@peoplefirsthr.com
204 612 9072

Human Resource Solutions for SMALL, MEDIUM and GROWING business






All businesses need help with:

- Ensuring HR legal compliance
- Establishing industry best practice on people management
- The freedom to focus on the success and growth of their business

That's where we come in with flexibility and a complete range of HR services.

On Call

On Call Plus

On Project

On Site

HR @ Your Service

CONTACT US:

hratyourservice@peoplefirsthr.com

Phone: 204.940.3991






College Corner

DR. ANTHONY IACOPINO
DEAN, COLLEGE OF DENTISTRY,
FACULTY OF HEALTH SCIENCES,
UNIVERSITY OF MANITOBA

The core of every dental school is its clinical education and training programs. This has continued to be the major focus of the University of Manitoba College of Dentistry during a period of transformation over the last several years as we established the Faculty of Health Sciences and implemented major changes to our structures, staffing, budgeting and overall operations.

During this time, we also faced a shortage of general dentists and specialists interested in full-time academic careers and a decline in the supply of clinic patients.

Over the past several months, we have been concentrating our efforts on these critical issues implementing some immediate action and longer-term approaches to increase the College of Dentistry's supply of clinical patients and instructors.

To that end, we plan to continue to advertise broadly to attract more patients, offer additional screening days and increase our capacity for screening patients each day. We want to ensure the appropriate distribution of patient cases to our senior students that will allow them to become competent dentists. The comprehensive care group managers are playing an important role by closely monitoring their students' progress and patient pools redistributing procedures when necessary.

Operationally, we will continue to improve communications between clinic managers, support staff and students and optimize our patient management system such that it can provide real-time information on patients, scheduling and student assessment. Clinic fees have become an impediment for some patients to continue to come to our dental clinic where they must attend more frequent appointments, and wait for students' clinical treatments to be checked by an instructor.

We are taking the bold step, for the first time, of freezing the fees for clinic patients this year. Our plan is to gradually decrease fees so that the incentive to become a College of Dentistry patient remains relevant to the general population. We will be accessing the Proctor Fund which will cover patient's fees in part or full on a case by case basis and other discretionary funds to ensure our students are exposed to the range of procedures and competencies required to graduate. We hope to partner with external stakeholders -the University of Manitoba Dental Alumni Association, Manitoba Dental Association and Manitoba Dental Foundation- to ensure funds aimed at subsidizing patient care are robust and sustainable.

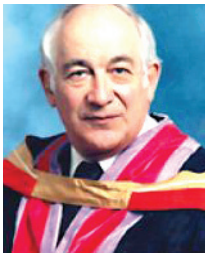
On the clinical operations front, we have instituted an innovative group manager system where designated instructors are charged with leading and mentoring small groups of students to ensure they are meeting the prescribed competencies and accomplishing the desired amounts of clinical procedures. We will be hiring additional group managers who are interested in an academic appointment that will require a commitment of up to three days per week. We are looking at ways to increase the remuneration to those who accept these more demanding clinical instructor positions.

Academic appointments offer many opportunities to community dentists: to reconnect with their alma mater; meet new graduates and discover potential synergies/personality matches; work with the most advanced collection of dental imaging technology in Manitoba; and use state-of-the-art computer assisted technology and 3-D printers for making impressions and milling crowns/bridges. Lastly, we are instituting additional operational efficiencies by changing the clinic support system including targeted "procedure-only" referral appointments, increased length of clinic sessions, numbers of dental assistants and how they operate, and number of patients students see in a clinical session to make better use of students' time.

On a personal note, I have had more time available this year to visit our clinics each morning and afternoon for extended periods to observe and discuss operations, procedures and treatments (with instructors, staff, students and patients.) As well, I have been able to attend more group manager meetings and clinical advisory council meetings to hear first-hand about the day-to-day clinical operations issues.

I am confident that working with our current academics, new instructors we can attract, and external stakeholders that we will continue to make significant progress on our strategic priorities and continue to provide superior dental clinical education and training at the University of Manitoba for the next generation of dentists.

MEMORIAL



ARTHUR SCHWARTZ

DR. ARTHUR SCHWARTZ, D.D.S., F.I.C.D., F.A.C.D., F.R.C.D. June 22, 1923 - January 20, 2016 After a long and accomplished life, filled with family, adventure, friendships and service to the community, we announce the passing of our father, grandfather, great-grandfather, uncle and friend, Arthur Schwartz, at the age of 92. Remaining to cherish his memory are his children, Bart (Linda), Ainsley (Dan), Brent (Kathy), Alyson (Allan), Blair (Tannis); grandchildren, Andrea (Shane), Bradley, Matt, Amanda and Jake; great-grandchildren, Kennedy, Luke and Addison; sister-in-law Phyllis and numerous nieces and nephews. Predeceased by his wife Daphne, of 53 years; parents, Harry and Clara; brothers, Morris, Saul, Ben, Joe; and sister Sarah. Dad was born and raised in Ashern, Manitoba. At 16, he moved to Winnipeg for pre-dental studies at United College and the University of Manitoba. After two years, he went to the University of Toronto where he received his Doctor of Dental Surgery degree in 1945. He was also with the Royal Canadian Army Dental Corps from 1944 to 1947, stationed in the North Atlantic and England commissioned with the rank of Captain, then the Militia 1948 to 1957 with the rank of Major. His love of hockey and The Kenora Thistles drew him to Kenora to open his first practice in 1947. This is where he would meet and marry our mom, Daphne Wolfe. In 1955, he left private practice to become Director, Dental Services, Department of Health, Province of Manitoba. He returned to private practice in both Kenora and Winnipeg from 1958 to 1971, when he accepted the position of Regional Dental Officer, Manitoba Health and Welfare Medical Services Branch becoming the Regional Director in 1973. In 1977, they moved to Ottawa where he became Regional Director of Ontario Region, Health and Welfare Canada Medical Services Branch. Mom and Dad returned to Winnipeg in 1978, as he became Dean of Dentistry at the University of Manitoba until 1989. From 1989 to 1991, he served as Director, Community Dentistry Programs, U. of M. and 1991 to 1993, he served as the Associate Director, Professional Service, CDA in Ottawa. During his career, he received the Doctor and Mrs. Ralph Campbell Outreach Award - U. of M., was elected a Fellow in both the American College of Dentists and the International College of Dentists, Fellow Royal College of Dentists (Honourary), as well as Honourary Memberships from MDA and the CDA, and the Distinguished Service award from the CDA and was a Life Member of the Manitoba Dental Association and the Winnipeg Dental Society. After retirement, Dad was conferred the great honour of Dean Emeritus for distinguished service and also had the honour of having a lecture theatre named after him at the College of Dentistry. Dad strongly believed in giving back to the community. Through his involvement with the Kinsmen Club, he served as District Governor then National President at the same time serving as Secretary, World Council of Service Clubs. He served as the Executive Director of the Conservative Party of Manitoba, a Board or Executive Board member of Easter Seals Canada, St. Boniface Hospital Research Foundation, Manitoba Hospice, the Kenora Thistles and President of the Association of Canadian Faculties of Dentistry. As well, Dad sat on the School Board in Kenora and was an Alderman on the Keewatin Town Council. He was inducted into the North West Ontario Sports Hall of Fame in 1985 for the 1952 to 1953 Kenora Thistles Hockey Team. At home, it was a hectic household as there were five children with our variety of activities, always dogs and other pets, and many horses including his Arabian stallion Bufhada, who lived to the ripe old age of 29. Dad had a love of many sports. He played hockey and baseball, and curled most of his life. We were encouraged to participate in sports and/or the arts, to find and pursue our passion. He was very supportive and proud of all of us, no matter how crazy the adventure seemed. Dad and Mom shared the joy of travel to many exciting countries. They enjoyed the Lake via home or cottage on it and for a few years by houseboat which they truly loved. There were many stories of his early days on Lake of the Woods spending weekends prospecting for gold. Dad was an excellent gardener and enjoyed the quiet time spent with his roses, tulips and vegetables. After being widowed, Dad developed a close relationship with Shirley Colquhoun and they soon lived year round at Lake Metigoshe. He truly cherished their time there and the many friendships he made in the area. Requiring a little more personal help in the past year and a half, he moved back to Winnipeg. We would like to sincerely thank all the staff at Riverwood Square and particularly Harmony Court - Handel House for their help, support and kindness. A gathering to celebrate Dad's life will take place at 1:00 p.m. on Saturday, January 30, 2016 at Neil Bardal Funeral Centre, 3030 Notre Dame Ave. (across from Brookside Cemetery). In lieu of flowers, donations may be made to the Arthur and Daphne Schwartz Endowment Fund, University of Manitoba Donor Relations, 200-137 Innovation Dr., Winnipeg, MB R3T 6B6 or a charity of your choice.

You came, you bonded and as a result this years "Come Bond With Us" 132 nd Annual Convention was a resounding success.

The MDA proudly brought together volunteers, exhibitors, clinicians, researchers and dental teams to collaborate, learn and excel.

A wide variety of continuing education courses taught by industry experts allowed for endless opportunities for every member of the dental team. Our exhibit hall featured companies offering products, equipment, instruments and cutting edge technology.

Friday evenings Casino Royale gave everyone a chance to try their hand at lady luck, while at the President's Gala thirsts were quenched with martinis, shaken not stirred. Everyone enjoyed a magical evening of sparkling entertainment.

A big thank you goes out to the MDA staff and all the volunteers

We look forward to seeing you Jan 26-28, 2017!

University of Manitoba

Faculty of Health Sciences

Research Day cultivates the curious into the scientists of tomorrow
For many senior dental students, Research Day can mark the beginning of what may ultimately become a successful career in academia and scientific research.

Over the years, this ideal has become the driving force behind Research Day, the annual celebration of research at the College of Dentistry and School of Dental Hygiene in the University of Manitoba's Faculty of Health Sciences.

For many presenters this year, the event also marked the first time they stood before an audience to share the results of their work. Such was the case for Richa Sharma, a fourth–year DMD student in the College of Dentistry.
"This was my first oral presentation and it was a great experience to gauge how well my project was understood and received by others," Sharma said. "Answering questions was the most enjoyable part because it allowed me to elaborate and explain certain concepts. The questions asked also gave me an idea of where I could improve my presentation in order to make things more clear. I am thankful for my supervisors, Dr. William Wiltshire and Dr. Mathew Kotyk, for all of their guidance and support."

Although it was her first effort, Sharma's presentation – an investigation into Bispehnol-A (BPA) leaching from materials used intraorally – was considered strong enough to earn a share of top honours at the event. Co–winner of the oral presentation competition was Anjali Bhagirath Y for the presentation: Structural analysis of the hybrid sensor kinase PA1611 involved in lifestyle selection in Pseudomonas Aeruginosa.

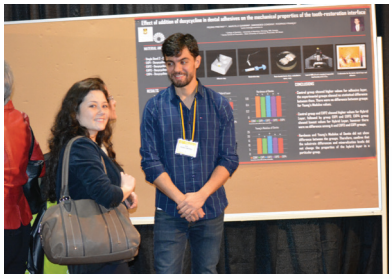
As always, the subject matter ranged from technical to topical with a good portion of the presentations focused on oral health.
Many of this year's presenters were from research teams that included college academics who served as mentors as well as co–investigators and advisors. Dr. Prashen Chelikani, whose lab has been spearheading ground–breaking work on bitter taste receptors at the college, served as advisor on two presentations.

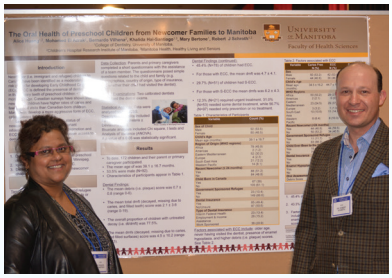
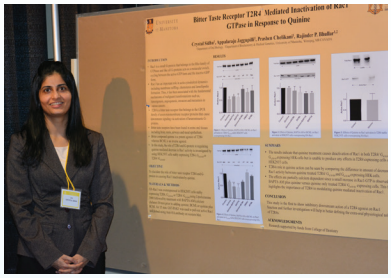
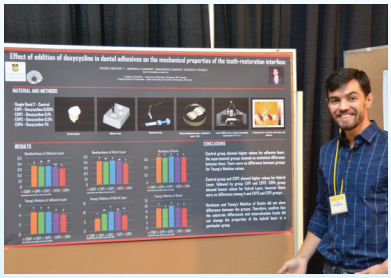
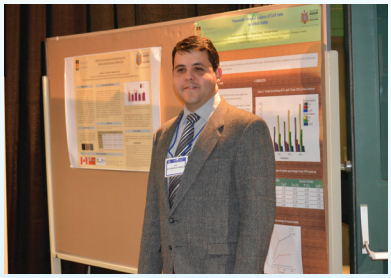
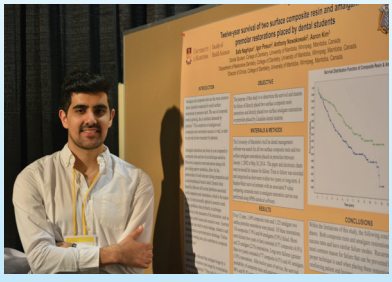
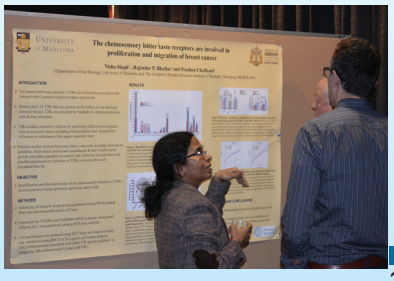
Dr. Nisha Singh, a research associate in the Department of Oral Biology, presented a well-received presentation on bitter taste receptors expressed in breast cancer and the chemosensory role they play in the proliferation and migration of breast cancer, pursued in the labs of Chelikani and Dr. Raj Bhullar, Associate Dean (Research), College of Dentistry.
Chelikani echoed the importance of Research Day as a valuable stepping-stone for budding dental clinician-scientists.
"The oral and poster presentations at Research Day highlighted the diverse aspects of basic and clinical research being pursued in the College of Dentistry," said Chelikani, associate professor and graduate chair, Departments of Oral Biology, Pharmacology and Therapeutics and Director, Manitoba Chemosensory Biology (MCSB) research group. "The presentations were excellent and gathered significant interest at the annual Manitoba Dental Association convention."

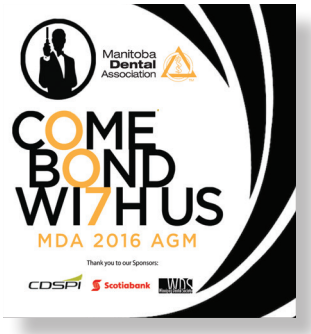
The morning oral presentations were followed by the poster competition in the afternoon where Crystal Sidhu placed first. Her poster was entitled Bitter taste receptor T2R4 mediated inactivation of Rac1 GTPase in response to quinine.

The event, held in conjunction with the Manitoba Dental Association annual convention in late January, was beneficial to all participants, primarily its student presenters. Not only did they have a valuable opportunity to further their academic aspirations and hone their presentation skills, they also benefitted from the guidance and tutelage of experienced researchers and clinicians. Likewise, the Research Day showcased to Manitoba's dental community the high quality and broad range of research being undertaken by University of Manitoba dental students.

"Research Day was an exciting event that was a great platform to not only share my research, but also learn about other topics," Sharma noted. "Overall, Research Day was an informative and interesting experience that helped build my confidence for public speaking, sharing my project, and has definitely prepared me for future events."





Over 2000 dentists, dental assistants, hygienists, staff and guests accepted our mission invitation to 'Come Bond with Us' on January 29 and 30th at the RBC Convention Centre in Winnipeg. From the opening board dinner to the closing of the Presidents' Gala, we were entertained by;

- All Stars Brass Band
- Events by Emma décor
- Cherry Tree Productions and Casino Fantasy for our Friday Night Social
- Danny Kramer
- RBC Convention centre Catering and Hospitality

Our Annual convention committee put together an impressive Speaker line-up of;

- Dr. John Comisi –The Balanced Oral Environment
- Ms. Karen Comisi –The Dynamic Dental Office
- Dr.s David and Richard Madow –How to Love Dentistry
- Dr. Anna Spolarich –Prescribed Medications
- Dr. Steven Gulowaty –Risk of Developing Musculoskeletal Disorders
- Ms. Renata Whiteman & Mr. Evan Parabets –Death, Taxes and Other Disasters
- Dr. Milan Madjavji –Cone Beam CT Scans
- Ms. Liz Pearson –Eating for Optimal Health
- Dr. Simona Pesun –Management of Traumatic Dental Injuries
- Dr. Marcel Van Woensel & Ms. Linda Berg–Office Assessments, Infection Control and the Role of the Dental Assistant
- Dr. Gary Finkleman and Dr. Milan Madhavji–Live Implant Surgery
- Dr. Bruce McFarlane–Accelerated Orthodontics
- Dr. Teresa Pun –What do you do with a patient with a Drug Allergy?

The 2016 annual meeting committee headed by Dr. Pat Kmet,

Dr. Don Dziewit	Ms. Larissa Bubnowicz
Mr. Rafi Mohammed	Dr. Pat Kmet
Dr. Bill Cooke	Dr. Sandy Mutchmor
Ms. Pamela McFarlane	Dr. Michael Barczak
Dr. Gary Finkleman	Dr. Danielle Jobb
Dr. Carla Cohn	Dr. Nancy Auyeung
Dr. Raj Bhullar	Ms. Mary Bertone
Dr. Tony Krawat	

New additions to our convention included the VIP hospitality room open for speakers, speaker liaisons for both days of the convention and coordinated by Nancy Mutchmor. Speaker liaisons for each speaker for introductions, trouble shooting and offering general hospitality to our guests.

Thanks to all 85 exhibitors in our trade display area. Without you and your great additions to our trade show draws, our attendees would not have your professional product lines and information. We really appreciate you coming back to our annual convention.



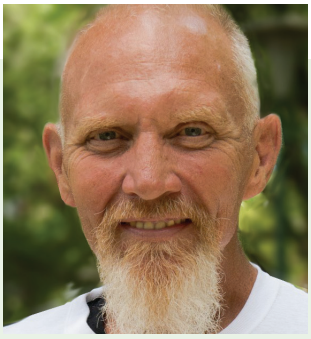












By Shamona Harnett

In his decade as a Winnipeg Blue Bombers offensive lineman, Lyle Bauer was a powerhouse on the field who led his team to three Grey Cup championships.

Later, as a president and CEO of the Bombers, Bauer's innovative strategies off the field lifted the team $5-million out of debt and into fiscal success.

Bauer was used to winning. And he was used to being the tough guy.

So in 2004, when the 6-foot-4 ex Canadian Football League player had a severe sore throat that lingered, he wanted to ignore it.

"I was never one to go to the doctor. I hated going to the doctor. And as a former professional athlete you never wanted to show weakness or anything along those lines," says Bauer, who finally ended up seeing his former team physician who referred him to an ear nose and throat specialist.

After weeks of investigations, he got his diagnosis: Stage four throat cancer in the form of a six-centimeter tumor on the base of his tongue.

He wasn't a typical candidate for oral cancer: He never smoked, chewed tobacco and was a physically fit.

Bauer, age 46 at the time, was shocked.

"But once it happens, it puts you in a whole other mindset.

"And really what you have to do is draw upon your past life experiences and really prepare for the battle of your life."

Faced with his own mortality, winning or losing was no longer a game. It was a matter of living or dying. His first concern: How would his wife and kids handle seeing him in pain?

"I don't think my kids ever saw their father sort of that vulnerable. I mean I've always tried to be there strength-wise," says Bauer, who has three grown children.

He's been married to his wife, Heidi, for 37 years.

His fight with cancer wasn't easy. But throughout it all he never asked questions about why he got the disease. He never researched his odds for survival.

"At that time, my thought was what difference does that make when I need to focus on is what's going to happen now," says Bauer.

After 28 grueling radiation treatments as well as chemotherapy, Bauer is now cancer free.

"It's absolutely unbelievable being told that you're in remission, but cancer is something that is all around us and you never know when something might happen," he says, noting that he enjoys his life but is always aware that others are dealing with cancer daily.

According to the Canadian Cancer Society, 4,400 Canadians will be diagnosed with oral cavity cancer and 1,200 Canadians will die from it.

Bauer is grateful that he is healthy. His radiation treatments left him with some damage to his tongue, throat and voice box, which in turn, affects his speech. But "it's a small price to pay," says Bauer, who now dedicates his life to cancer awareness.

In 2006, shortly after he finished his cancer treatments, Bauer created the Never Alone Foundation.

To date, the organization has raised more than $1-million for various cancer programs. The foundation's aim? To make sure that cancer patients know they have support. He's quick to point out that even though he started the foundation, it's not his. It belongs to "the cancer patients, supporters and volunteers."

Bauer and the Never Alone Foundation have teamed up with the Manitoba Dental Association for oral cancer screening. The public event is happening on April 23 at Polo Park. There, several Manitoba dentists will screen the public for oral cancer. An oral surgeon will also be on hand in case patients need a more in-depth consultation.

"A lot of times their dentist is the first line of defense for any type of diagnosis," says Bauer.

He says 100 to 120 people have been screened each year over the past couple of years at the annual MDA/Never Alone event. About 10 people every year are referred to a specialist and two or three of them might end up with a cancer diagnosis, he says.

"So it really can save their life," says Bauer.

These days, the Saskatchewan-born hall of famer spends part of the year at Lake of the Woods and the other part in Utah, where his wife is originally from. He says he has a special appreciation for the small things in life, including the beauty of nature and his family.

But he is particularly inspired by the people he meets through his work.

"The volunteers, the families, the patients, they're the most amazing people in the world," says Bauer, noting that one doesn't have to be a towering professional athlete to take on cancer. "The courage they show in the face of such adversity is very humbling."

To honour them, the Never Alone Foundation has raised funds for organizations including CancerCare Manitoba, Canadian Cancer Society, Health Sciences Foundation, Riverview Health Centre Foundation and Camp Quality.

The foundation also helps fund restorative dental work for cancer patients.

"I enjoy every day. I'm thankful, every day I have the chance to help people. It's really gratifying," says Bauer, who is more concerned with what he will leave on this earth than what he can take from it.

"You can't take anything with you. That's proven. But what you can do is make sure you did something. That's what people are remembered for."

Shamona Harnett is a Winnipeg-based journalist. You can email her at: shamonawfp@yahoo.com

Never Alone Foundation Oral Cancer Screening Program

WHAT:
The Never Alone Foundation Oral Cancer Screening Program was developed to assist in addressing the dramatic increase in oral cancer incidences.

WHY:
Head & Neck cancers are increasing at an alarming rate, due in part to the Human Papilloma Virus. Unfortunately, awareness has not increased. Early detection & treatment is crucial for a positive outcome. A public screening program will raise awareness of Head & Neck / Oral Cancer, while encouraging the general public to engage their Oral Health Professional.

HOW:
The Never Alone Foundation will hold a public screening program with the assistance of Oral Health Professionals. To ensure privacy & confidentiality, individual screenings will take place in a curtained area of Polo Park Mall. Individuals will be 'triaged' by volunteers and required to sign a release. Exams are expected to take approximately five (5) minutes per individual. Literature regarding H&N / Oral Cancer will be made available.

WHEN:
Saturday, April 23rd, 2016 at Polo Park Mall - Community Events kiosk (north end of the mall by The Bay). Screening will take place in a private area under the escalators adjacent to the Community Events kiosk. **April is Oral Cancer Awareness Month.**
10:00 am – 4:00 p.m.

Resources Required:
Oral Health Professionals to perform the exams; equipment for screening including: chairs, lighting, oral exam utensils, privacy screens.

For further information:

Pamela McFarlane | Director of Member and Public Relations
pmcfarlane@manitobadentist.ca
202-1735 Corydon Avenue, Winnipeg MB R3N 0K4
204-988-5300 Ext. 3

Together we can do so much

Canadian Dental Association's Message

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

The CDA Board of Directors held its winter meeting on February 4-6, 2016 at the Fairmont Chateau Laurier in Ottawa. The following are the highlights from that meeting:

ELECTIONS

The elections were held for the position of Vice President of the CDA and I am happy to announce that Dr. Mitch Taillon from Assiniboia, Saskatchewan, was acclaimed CDA Vice-President for 2016-17.

CDA PRIORITY PROJECTS

1. Maintain CDA's position in the electronic claims market
Having identified competitive threats from alternate suppliers affecting CDA's traditional role in the transmission of electronic dental benefit claims through CDAnet and ITRANS, the CDA Board established CDA's role in the future of dental claims in Canada as a priority issue. To better understand the current environment, CDA asked the Continovation Services Inc. (CSI) Board and the instream Board to attend the CDA Board meeting and present their positions on this issue. Following their presentations, and a thorough discussion, the CDA Board concluded that CDA will immediately examine all options to ensure the profession's position in the claims marketplace is maintained as a "member benefit", and has established a Working Group for this purpose.

2. Provide a user-friendly, electronic, secure document sending system tentatively called "CDA Secure Send"
Work towards the development "CDA Secure Send" is progressing. An early prototype, provided by CSI on January 29, was presented to the Board. Board members provided feedback on the prototype, which will be modified before it is made available to them for further testing. Once the service is at a suitable stage of development, it will be offered to CDA's Corporate Members for their review and feedback.

3. Collaboratively develop a universal audit process with the carriers
The Board reviewed a draft letter to the Canadian Life and Health Insurance Association (CLHIA) that was circulated on January 22 to the Corporate Members for comments. It extended an invitation to CLHIA to initiate discussions to bring a common understanding and some standardization to the claims review/audit processes of the dental benefits plan administrators. It commented on the scope of audits and reviewed the many opportunities for standardization in the dental benefit claims review process.

4. Collaboratively develop a public education campaign on sugar reduction
The Board approved a public affairs strategy outline on a collaborative sugar reduction campaign. The campaign outline focused on dentistry providing visible leadership in this emerging public issue, and included foundational research undertaken to guide the development of this strategy. The strategy will include collaboration with like-minded organizations and will concentrate on public policy changes and the development of public education materials and media relations tools. CDA will consult with the Corporate Members to determine what tools currently exist on sugar consumption across the country, and what tools are needed going forward.

5. Collaboratively implement a Canadian version of the "Smiles for Life" program
The Board discussed the development of a Canadian version of two existing modules (modules 2&6) of the Smiles for Life Curriculum for non-dental primary health care providers. This 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. Comments had been received from two Corporate Members outlining concerns on the application of fluoride varnishes being delivered in some primary medical care settings. The Board noted that this program has been widely accepted in the United States and by the American Dental Association and has been recommended for adoption in Canada by the participants of the Canadian Oral Health Roundtable (COHR). The development of a Canadian version of modules 2&6 will be discussed at the next COHR Symposium on April 14, 2016.

DENTAL BENEFIT ISSUES

Relationship with the Insurance Companies
The Board reviewed multiple issues facing CDA in relation to dental benefits and identified the priorities for the Association as:
1. The development and signing of the new CDAnet contract,
2. The development of a universal audit process and,
3. The resolution of issues related to informed consent as it relates to the standard dental claim form.

CDA's Involvement in the Selection of Future Dental Students
The Board discussed CDA's involvement in the selection of future dental students and in the administration of the Dental Aptitude Test (DAT). It was noted that a joint CDA/ACFD Working Group has encouraged CDA to conduct research related to dental admission requirements and the DAT. CDA submitted a proposal to the ACFD outlining the parameters around CDA investing in a research initiative and is awaiting a reply from the ACFD.

USC&LS
The Board reviewed a white paper on the role of the USC&LS. The purpose of the paper was to assist the CDA Board in determining how the USC&LS can evolve to maximize its value in fulfilling the future terminology needs of Canadian dentistry. The paper was produced in response to questions raised on the fitness of the USC&LS as a billing tool, the excessive number of codes, unclear code descriptors, and the ability to accommodate local needs in a timely fashion and the usability of the USC&LS for the Electronic Health Record. The paper will be presented to the March Presidents and CEOs meeting in preparation for its discussion at the April Presidents and CEOs meeting.

The Board reaffirmed CDA's commitment to its current role in the provision of the USC&LS to Corporate Members, claims processors and software vendors. At the same time, the Board recognized a separate need to position dentistry to allow it to benefit from the broadening availability of the Electronic Health Record (EHR) and asked that this topic be discussed at the June planning session.

ACCESS TO ORAL HEALTH CARE AND ADVOCACY

Canadian Oral Health Roundtable (COHR)
The Board approved the draft agenda for the 3rd COHR Symposium scheduled for April 14, 2016. The meeting will focus on seeking consensus on how to implement a Canadian version of the Smiles for Life program, and specifically first drafts of a Canadian version of modules 2&6 of the program.

Also included on the agenda will be an update on the work that has taken place since the 2015 symposium. It was noted that the consensus statement on Oral Health Care Standards in Long-Term Care Facilities has been supported by a number of COHR member organizations. This statement will now be published by the CDA and will be accompanied by the names of the COHR member organizations who have agreed to include their name on this statement.

Seniors
A tool kit for provincial and federal champions advocating for oral health care standards in long-term care facilities has been completed and shared with the Corporate Members. CDA remains willing to work with the Corporate Members on their advocacy activities in this area. CDA has included discussions on seniors' oral health at its annual Days on the Hill event and with the Department of Veterans Affairs on this topic.

Children
A First Visit/First Tooth continuing education (CE) kit was launched in December 2015 and provides the elements needed for a hands-on CE session for the entire dental office.

The First Visit/First Tooth public website (http://www.firstvisitfirsttooth.ca/) was also launched in December 2015 and reinforces key messages to three audiences – parents, dentists and other health care professionals.

It was noted that the First Visit/ First Tooth Strategic Plan focusses on three levels of activity: i) educating dentists on this issue ii) contacting other health care professionals, and iii) reaching out to the public.

ADVOCACY

Advocacy Committee Activity Plan
The Board approved the activity plan for the Advocacy Committee. Included in the plan are Days on the Hill activities, advocacy on the Non-Insured Health Benefits (NIHB) program, a collaborative public education campaign on Sugar Reduction, and the production and distribution of a NIHB Dental Office Provider Guide aimed at helping frontline office staff with the basics of NIHB claims submission and pre- determination. The timeline for production of the provider guide is November 2016.

Small Business Tax Rate
The Board received an update on the development of possible changes to the small business tax rate. The issue of the use of this tax to reduce personal income tax for high earners was raised during the recent Federal election and was mentioned in the mandate letters to the Minister of Finance and the Minister of Small Business and Tourism. CDA is monitoring this issue to understand the timeframe within which the government might proceed with this change and to ensure that it is not included in any Federal Budget until there is an appropriate consultation with stakeholders. CDA has also consulted with the Canadian Federation of Independent Business and the Canadian Medical Association on this issue.

National Dental Examining Board of Canada (NDEB)
The Board discussed the increasingly important role of the NDEB in determining who is allowed to practice dentistry in Canada given its role in establishing qualifying conditions for a national standard of dental competence for general practitioners, testing for dental competencies and issuing certificates to dentists who meet this national standard. The Board supported the need for more direct communications between CDA and the NDEB.

Following informal discussions with the NDEB on this matter, the Board agreed to the formation of a CDA/NDEB Interface Committee and approved its terms of reference, thus ensuring regular contact with the elected leadership of the NDEB to share information and discuss emerging issues.

GOVERNANCE

Review of the Memorandum of Understanding (MOU) between the CDA and the Corporate Members
Work proceeds on the review of the Memorandum of Understanding (MOU) between CDA and its Corporate Members. The goal is 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 reassess CDA's roles and responsibilities and to determine the level of priority and value they place on each CDA program or service. The results of this review were presented at the August 2015 meeting of the Corporate Member Presidents and CEOs.

Phase 2 involved consultation sessions with the Corporate Members on certain operational aspects of the MOU, namely the sharing of programs, products and services, communications and co-branding, joint initiatives and issues management as well as the process of introducing fee rate recommendations and the process of introducing new CDA programs, products and services.

Based on the findings from Phase 2, it was concluded that the MOU is working well and is an improvement from what existed before. Certain areas have been identified for further discussion in order to clarify positions, reach consensus and ensure a better understanding of the terms of the MOU. These areas will form the agenda of the March 2016 meeting of the Corporate Member Presidents and CEOs.

As always, lots going on to keep us busy working for you!

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

We See the Person Behind the Profession

SARA HYSLOP
SMALL BUSINESS ADVISOR
KATHY HOLOD
SMALL BUSINESS ADVISOR

Are you just finishing dental school, or newly into the workforce? Are you scared and confused about the amount of debt that you have accumulated and how you are going to pay it off while somehow starting a savings plan? Working with a professional Financial Advisor will take the guesswork out of your financial plan and help you to determine the next steps that you should take to become financially successful.

It is common knowledge that in order to acquire a degree in dentistry, there are substantial financial commitments and a prospective dentist can accumulate a significant amount of debt while in school. Most financial institutions are prepared to assist with this financial burden on Dentistry students and, there is an option to pay only the interest due each month. While the option of making interest only payments is an attractive option during their time in school, given the student often does not have an income, one must be cautious about continuing with this option once they have an income stream.

With interest rates at an all time low, some Financial Advisors may advise that carrying a large debt load is not an area of concern or worse, simply not address it. We disagree. The government has kept rates low in order to encourage spending. During these times, it can be easy to lose sight of long term goals and give in to the desires of purchasing, thereby incurring more debt. Carrying a large debt load indefinitely can have severe long term consequences on multiple levels.

One of the most disconcerting areas of concern is the risk of interest rate fluctuations. For example, on a standard student line of credit with a balance owing of $250,000, the monthly payment at an interest rate of 2.70% (Current Prime Rate) is $573.00. Should Prime increase by only 1%, then new monthly payment would now be $785.00. Keep in mind, this is only the interest. The dentist would not be making any headway in reducing the principal debt.

Another area of concern is the impact that access to available revolving credit may have on qualifying for future credit products. The greater the debt level, the greater the exposure to increasing interest rates ultimately affecting your debt servicing capability.

Depending upon the Financial Institution's qualifying criteria, high debt levels (used or available) could impact long term dreams and goals of such things as buying a dental practice, purchasing a home and ultimately affecting the ability to retire when desired.

So, what is the solution? Every situation and person is different. Thus, there is no set answer to this question. In order to fit a solution with each person, the best plan is to have a plan, one specific to the person in question. Having a complete financial plan put into place and revisiting on a regular basis is the ticket to financial success.

You work hard for your money; ensure that your money is working hard for you.

By working with a Financial Advisor to uncover your short and long term goals, you will put a plan in place to meet them. This plan will provide you with the roadmap to decide how to best pay down debt and save at the same time. Looking at both sides of the balance sheet with knowledge of what to do, will ease stress and provide peace of mind in knowing how to meet your obligations and goals.

Having revolving credit simply available for those "in case" situations can affect your ability to attain credit when you really need it. If your Financial Advisor is truly working with you they should be cautioning you on this tactic and will be able to work with you on meeting your financial desires every step of the way no matter what form they take.

Congratulations on being successful in your career. Take the next steps and meet with a Financial Advisor to continue with your personal success and ensure peace of mind.

Sarah Hyslop
Small Business Advisor
204-934-2689
sarah.hyslop@scotiabank.com

Kathy Holod
Financial Advisor
204-934-2603
Katherine.holod@scotiabank.com

Staff Notes – retirement

Donamae Hilton has always been known to put a smile on our faces with her 'smile of the day' but her work with Peer Review, Dr. Marcel Van Woensel and the committee of Dr. Jean Bodnar and Dr. Lori Stephen-James will be a benchmark for us all at the MDA.
She LOOVVES the Jets! She also loves dogs, animals in general and cooking but does not love wearing shoes. She is a long time St. Norbert Market vendor selling . . .Dog cookies, Dog Sweaters, Dog treats, dog anything! Her favorite past times are drinking really good tequila and watching the Jets.
If you pull up beside her in a car, she may be knitting-don't worry; she could probably knit, drive, adjust the radio and take care of a sick dog all at the same time. She is a warm and wonderful personality and we all miss her very much. From her faithful dog pal, Norman and ourselves, we love you, Donamae.

Correction:

The cover image of MDA Winter 2015 Bulletin and Foundation Gala images were taken by Anthony Fernando.

FOR SALE:
IMTEC MDI (Mini Dental Implant) complete deluxe kit (never used) including NSK motor and handpiece (cost $5713.75).

Practitioner retired and new owner not doing implants. Offers - proceeds to Manitoba Dental Foundation.

contact: andymaxwell7@gmail.com
or tel. 204 734 4417

Making the Case for Rural and Remote Dental Practices in Canada

Jeff Williams, *BSc, DDS, MBA*

Contact Author

Dr. Williams
Email: *jeff@roicorp.com*

For citation purposes, the electronic version is the definitive version of this article: www.cda-adc.ca/jcda/vol-74/issue-6/515.html

As a dental practice appraiser and broker, my goal has always been to do the best I can for the vendor dentist whose practice I represent. Doing one's best usually means undertaking measures to get an offer to purchase that includes the best price for the practice with the fewest conditions and that closes within a time frame that suits the owner. In locations where there is high demand and often an insufficient supply, selling practices is not without challenges. Both vendors and buyers may have high expectations and transactions may move quickly with multiple players involved as several prospective buyers compete for a practice.

However, representing dental practices in rural and remote Canada (and I am not sure where these boundaries start and stop) presents a different challenge. In these "geographically challenged" situations, simply getting the vendor (usually a retiring dentist) *any* offer, for *any* price and with *any* conditions that the buyer wishes to impose is sometimes as good as it gets. The economic drivers supply and demand are certainly at work here — and, if I might suggest, are to blame for this.

Although many successful dentists and dental practices — successful according to whatever measuring stick one wishes to use — exist in non-urban settings across Canada, there are, unfortunately, not as many practitioners prepared to move into these communities and take over and operate these practices.

Why is this? It could be because of some ill-informed negative stereotype of small town life (i.e., fewer cultural and entertainment opportunities, decreased ability to practise one's faith, smaller schools). There may also be a perception that financial success is not possible (due to less disposable income for health care in general or no demand for comprehensive care). In my company's experience, it seems that the desire of a high percentage of today's young practitioners to live in an urban setting is so strong that it virtually excludes any other possibility.

Reasons for Buying a Remote Practice

I posit that there are ample reasons to buy a rural or remote practice!

- The low demand for these practices has made them very affordable (versus their urban counterparts) all things being equal.
- The (usually) plentiful patient numbers ensure that the chance of business success is very high. These practices will be busy — usually from day one.
- The prevalence of dental insurance benefits should not be a source for practice comparison, as small town residents generally have high coverage rates too, making

decisions to undertake recommended treatment easier from a financial perspective.

- The demand for comprehensive care by a knowledgeable populace — which is often deemed lower in non-urban settings — is also not a valid argument against owning a rural practice. In my role as an appraiser and observer of hundreds of dental practices, I see as much molar endodontics, Tucker gold inlays, CAD-CAM restorations and cosmetic dentistry being done in rural as in city practices, which indicates to me that there is little difference between locations when it comes to the provision of high-end and challenging services.
- The (perception of a) lower-stress lifestyle associated with rural and remote areas of Canada *should*, in and of itself, be enough to make them desirable opportunities. I have met dozens of practitioners who have made the move to a smaller community — at mid-career or at retirement — and are pleasantly amazed at the relaxed pace of life and the associated benefits in terms of their general state of well-being. Certainly not having to compete aggressively for patients at the same level as some city practices would manifest in a low-stress environment.
- The ease of travel these days demonstrates that you can have your sports and ballet too — regardless of where you practise and reside.

A Population at Risk

Although I have been agonizing over the difficulty of selling practices for rural and remote practice owners and extolling the virtues of small town life for the practitioner who chooses it, there is a bigger threat looming. At issue primarily is going to be the availability of oral health care in some of these communities (i.e., the lack of it). As retiring dentists are forced to simply shut their doors and walk away — because no one can be found to take over (let alone buy) the practice — patients are going to have to travel farther and farther to have their dental needs met. Others have already written on this subject, so I will not expand beyond this statement.

Possible Solutions

What can be done? I humbly suggest the following.

- A thorough examination of the current Canadian dental school demographic (and the admission criteria for those yet to apply) needs to be undertaken, with a view to determining whether we can predict where today's graduates might want to settle into practice. Without being prejudicial in any way, schools are going to have to find a way to select students based on the demographic they, as future dentists, are ultimately going to serve.
- Military-like tradeoffs — possibly with reduced tuition — should be considered. For example, require equal time for equal time, where a graduate is expected to work in a certain area for the same amount of time he or she was subsidized while a student. Perhaps more favourable admission criteria (although not from an academic standpoint) for those who commit to practise in specific locations after graduation would be a possible solution.
- Remote-learning opportunities can be created, such as a "residency program" in a private dental office, a local hospital or community clinic. (This is not to be equated with community clinics in underserviced areas of inner cities.) This could expose all dental students — in the senior year or after graduation — to at least some aspect of rural community life.
- Provincial dental associations need to be involved to create links between their members who own practices and brokers with a view to increasing the likelihood of succession in geographically challenged practices. Word of mouth and networking might help dispel misconceptions of small towns and practices.

Brokers and others who appraise practices have to take into account that some practices are just not as valuable as others. As with the 3-bedroom bungalow that is worth $1.2 million in Vancouver and only $120,000 in Tatamagouche, Nova Scotia, it's all about location, location, location. I would say to the buyers of dental practices in 2008 and beyond, why pay 5 to 10 times the cost of purchasing a practice anywhere *other than* a rural part of the country? Of course lifestyle decisions are important, but from a strictly business approach, I maintain that both the short- and long-term returns on investment in a rural practice are better (or at least equal) to those in a city practice. Paying more for a practice does not necessarily mean more success.

I hope these observations, which were penned with the knowledge that the pending shortage of dentists in rural and remote Canada was a topic of discussion at the Canadian Dental Regulatory Authorities Federation meeting in St. John's, Newfoundland, in October 2007, might serve simply as a starting point for further debate and dialogue. This can only be for the good of the rural and remote Canadian dental patient, and of course the dentist owner.

THE AUTHOR

Dr. Williams *is the associate for Atlantic Canada, ROI Corporation.*

Correspondence to: *Dr. Jeff Williams, P.O. Box 237, 116 Appalosa Trail, Tatamagouche, NS B0K 1V0.*

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

This article has been peer reviewed.

What is the True Value of Your Dental Practice?

One of the truisms of life is that it has a beginning and an end. The same concept applies to the ownership of a dental practice. At some point in their professional lives most dentists will make the decision to transition out of practice ownership and prepare for a happy retirement.

Transitioning out of, or into, practice requires careful planning. A dentist may bring an associate into the practice and sell their practice to the associate, may sell out to an existing partner, sell privately or may choose to sell their practice on the open market. In any of these scenarios a necessary piece of knowledge is the value of a dental practice.

A common question asked by dentists is "What is the true value of my dental practice"? While this is a simple question the answer is not always that simple.

There are a number of different methods for determining the value of a dental practice. While many of these are seen as credible, they vary significantly in their approach. Appraisers commonly will use more than one method of determining value for validation and to achieve a final valuation. I will review a few of the more common approaches in determining the value of a dental practice.

The Direct Market Comparison Approach or Comparative Market Analysis (CMA) compares a practice to other similar practices that have sold in the same geographic region. It is based on current factual information and takes into account supply and demand. This is the approach commonly used by real estate agents to value residential properties for sale. Real estate agents have access to a large amount of comparative data through the Multiple Listing Service (MLS) and provincial Land Titles records in their area as a tool for a CMA. In dentistry there is no MLS service or record of dental office transitions and accurate information on the sale price of dental practices is often difficult to obtain. Most brokers of dental practices rely on their own data and experience in the marketplace for a CMA.

The Rule of Thumb method: A rule of thumb is a principle that while having broad application is not considered strictly accurate or reliable. It is based on market data that describes a certain trend. Obviously, the amount and accuracy of the data available will affect the validity of the rule of thumb. This method is often used by dentists in casual conversation, as it is a simple evaluation that describes value as merely a function of gross revenue (X month's gross) or net income (? X 12 month's net). It does not take into account any of the specific elements of a dental practice.

Capitalization rate (income approach) is a method of determining present value based on cash flow or net income. It is a complex calculation but is accepted as a reliable, objective approach. The determination of value using capitalization rates can be expressed as:

Current Value = Net Operating Income / Capitalization Rate

The capitalization rate varies within an industry based on market forces. This is a common method used by third party investors in determining the value of a practice.

The last and most common approach used to value dental practices is the Formula approach. In this approach a determination is made of the current value of the tangible assets of a practice, equipment and leaseholds, and a formula to value the intangible or goodwill of a practice. The formula used in the valuation of goodwill can be an objective calculation similar to the income approach or be modified to reflect the subjective factors that may affect the value of a dental practice. The current "value in use" of equipment which is the current value as part of a profitable business enterprise, varies between practices. Equipment in practices with similar financials may well have significant differences in value based on the amount, quality, condition and specialization of the equipment. Leaseholds, modification to the rental space, may well be extensive and are valued based on the legal right of use. The calculation of intangible value or goodwill is achieved by applying multiples to the gross or net revenue of a practice with or without modification based on subjectives. These multiples are usually based on an evaluation of historical data and current market conditions.

Many of the approaches described here are primarily objective in nature. They use specific objective information to calculate value but for the most part do not take into account the subjective nature of dental practices. In dentistry we know that not all practices that gross and net the same amounts and have the same number of operatories are equally desirable. Experience demonstrates that determining value using only methods such as capitalization rates, multiples of earnings, discounted cash flow replacement costs and rule of thumb are not as reliable for a personal service professional practice. A comprehensive proper valuation should take into account the subjective factors that will affect the intangible value of a practice such as:

The attractiveness of the practice

- Patient profile
- Business systems including recall
- Potential severance liability
- Lease
- Hours of work
- Community demographics and economic stability
- Payment policy and accounts receivable
- Parking

Often the subjective components of a practice can have a large either positive or negative influence on the value of a practice. They also often indicate areas that can be addressed to increase the value of a practice.

When I have the privilege to assess the value of a dentist's practice, I believe it is important to personally visit the practice to reveal the subjective factors of each unique practice that may modify its value. The value of the assets and leaseholds is appraised and the value of goodwill determined by application of a formula to earnings. This is always supported by the direct sales comparison approach and other methods of valuation.

As can be seen, the valuation of a dental practice is more complex that might be expected. It is important to work with an individual or group that has experience, market resources and high level of knowledge of the dental industry to provide a defensible valuation.

Dr. Peter Doig

Dr. Doig is a licenced dentist and is Past President of the Canadian Dental Association and the Manitoba Dental Association. He currently provides appraisals, sales and marketing, transition planning and practice management support to dentists in Manitoba and Saskatchewan. He is a Sales Representative with ROI Corporation holds a REALTOR designation through the Manitoba Real Estate Association.

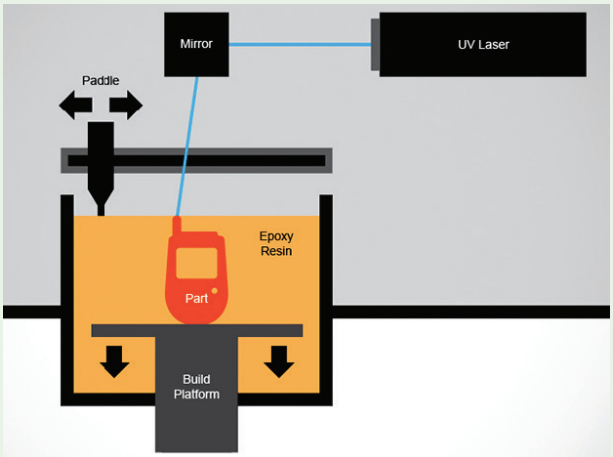
ROI CORPORATION
BROKERAGE

The Role of Digital Printing in Chairside CAD/CAM Dentistry

With the increasing popularity of digital impression systems in the dental market today there is an ever increasing demand for the production of digital models. Practitioners have increased the number of digital impressions that they are taking and the dental labs have adapted their workflow digitally to accommodate this growing technology. Conventionally, most dental offices have a wet lab where a dentist can 'pour up' an impression to help fabricate simple appliances or study models. But what if these impressions were taken digitally? Are there in office solutions to print these impressions that are cost effective for the average dentist? With the growing popularity in 3D printing the answer is yes. There are inexpensive chair side printing solutions that can add to digital workflow while still maintaining the physical modelling aspect in clinical dentistry. The question then becomes, how do you go from a digital optical impression to a physical model that you can hold in your hand? What materials and processes give the best accuracy and durability in your model? What type of printing processes exist in the industry today and which are the best for dentistry?

The advent of digital modelling originated from a process called Stereo lithography (SLA) and was a form of additive manufacturing technology used for creating models in the 1970's. The principle behind the technique is using a photo polymerizing resin that is cured with a UV laser light beam focused onto the surface of a vat containing the resin. The light is focused on the resin at an intensity and duration that will cause the resin to cure or harden, forming a single incremental layer. Another layer of resin is deposited over the last cured layer with a paddle or blade and the process is repeated fusing the incremental layers together. The height of the layers are typically specified in the modelling software and is set by the user. Using this technique models are built bottom up. The greater the number of layers, the smoother the surface of the model and the greater the accuracy of the printed object. Figure 1 shows the general concept behind a SLA printer.

Figure 1



There is an ever increasing number of commercially available SLA printers on the market. Formlabs produced a video that describes the SLA process. To view the video enter the following link into your browser: https://youtu.be/yW4EbCWaJHE

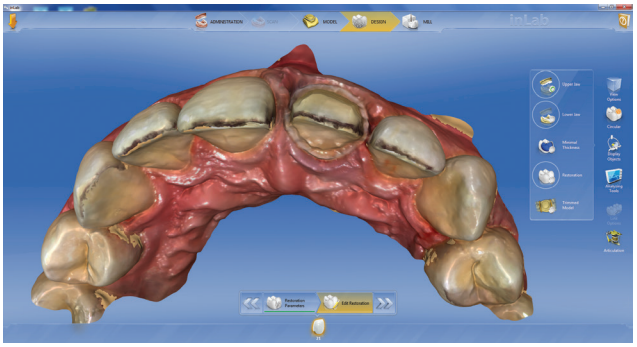
The main advantage of SLA processes for dental models is the degree of accuracy that can be achieved from the printing process right on your desktop. You can expect a layer resolution of 0.002"-0.004" and minimal feature size of 0.010". This is comparable to any dental crown and bridge stone, without the powder and liquid expansion sensitivity. In addition, multiple models can be printed from the same file with the same degree of accuracy unlike pouring multiple stone models from the same impression.

After the incremental layering of the resin object the model will be adhered to a built platform to be removed and cleaned in a bath of isopropyl alcohol as shown in Figure 2.

Figure 2

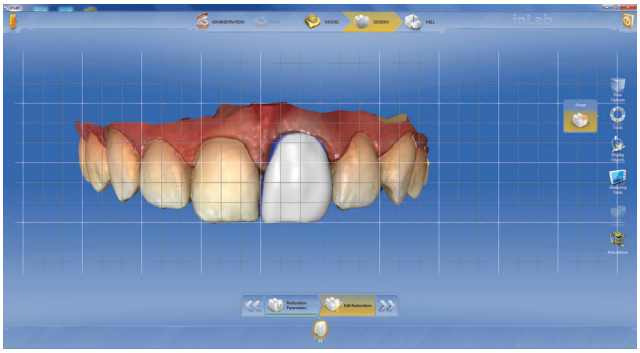
Let's look at the digital work flow for producing a single crown on tooth #21

Step 1

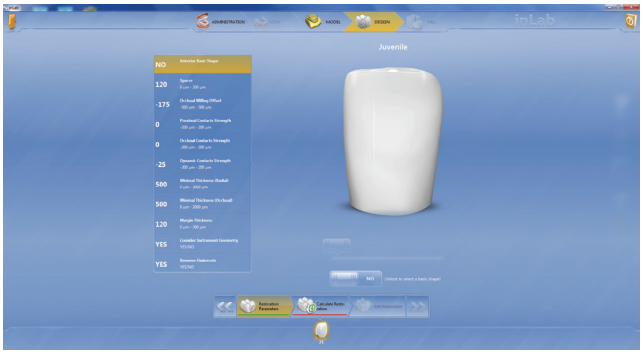


Tooth 21 was prepared for an all ceramic crown and a digital impression was captured using CEREC's OmniCam. Notice the high definition coloured impression making it easy to define the margins of the preparation.

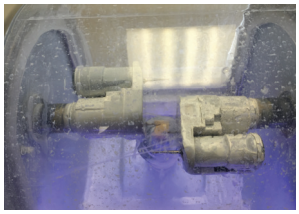
Step 2.



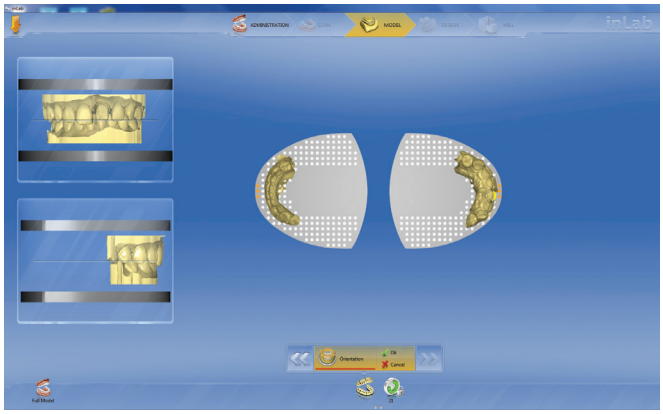
Using the CAD/CAM tools in Sirona's inLab software a crown for tooth 21 was designed and prepared to mill. All parameters of the crown like virtual die spacer are specified in the CAD/CAM software and are independent of the model fabrication process. Here we have specified a virtual die spacer of 120 microns and a minimal thickness of 500 microns or 0.50" as shown below.



Step 3.
We chose to use Vita's Trilux Forte CAD/CAM block and our design was sent to the mill to be fabricated.

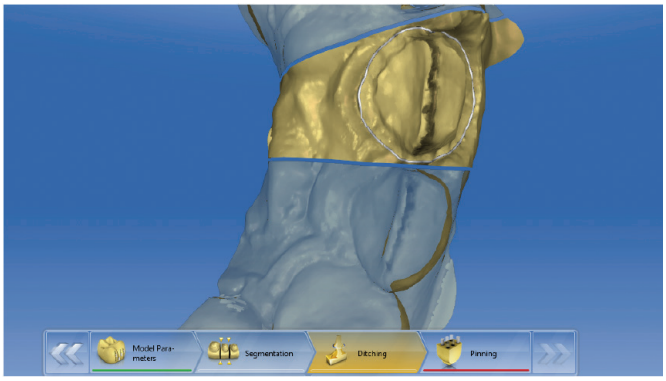


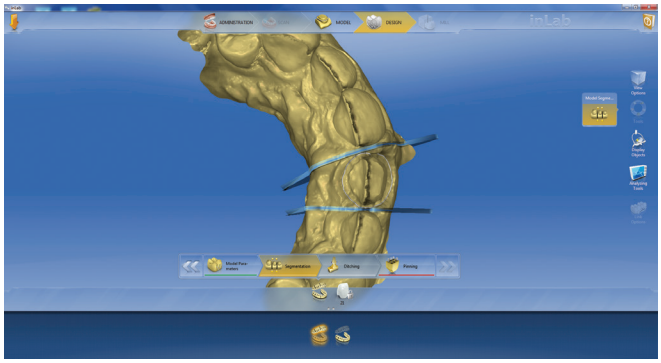
Step 4.
Once the mill starts we are ready to start our model design and fabrication. This begins by orientating our model axis.

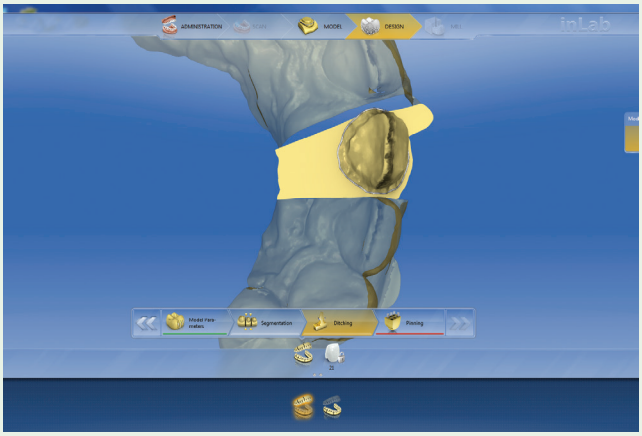


The modelling software allows us to drag and move the model components so that they are oriented on the articulating plates the way we want. The conventional process would be to mount your final models on an articulator using plaster. Conversely, the software will automatically print the bottom of the model to fit the articulator of your choice at the exact position you specify.

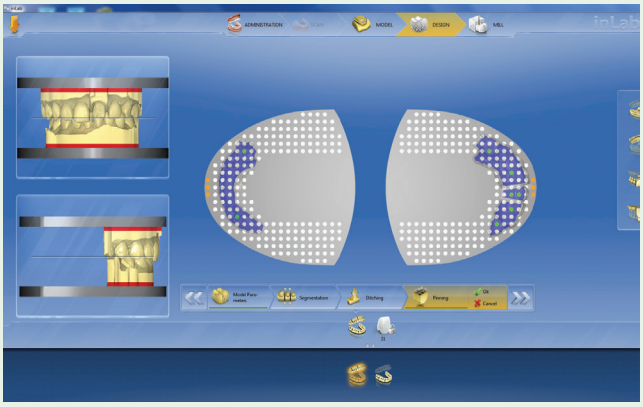
Step 5
The next step in the digital process is to segment the model. This is completed by clicking the mouse and directing a straight line similar to a saw blade cutting a stone model. The thickness of this cut is stated in the parameters of the software and will be exact for every model that is fabricated. For this model we specified a thickness of 0.20 mm.



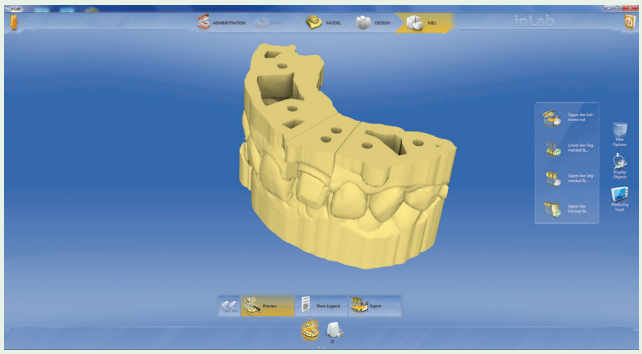




Once the virtual die cuts are made, ditching the model was completed by clicking on the area that was segmented in the previous step. The ditching angle was set at 30 degrees and the margin outline was carried over from when the crown was designed. In conventional lab processes this is the most crucial and time consuming step. If done incorrectly the restoration is a failure and if the stone die is damaged the entire process has to be done over again.

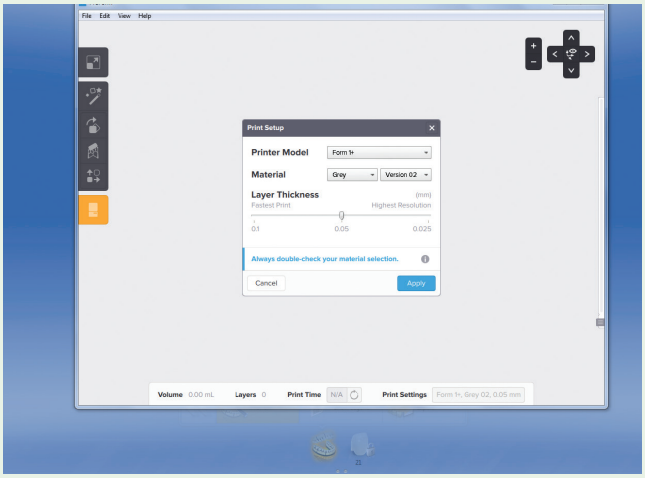


The last step is to specify where you would like to place the pins for the articulator. The green dots signify the pin holes. By clicking the forward button the computer renders the digital model.

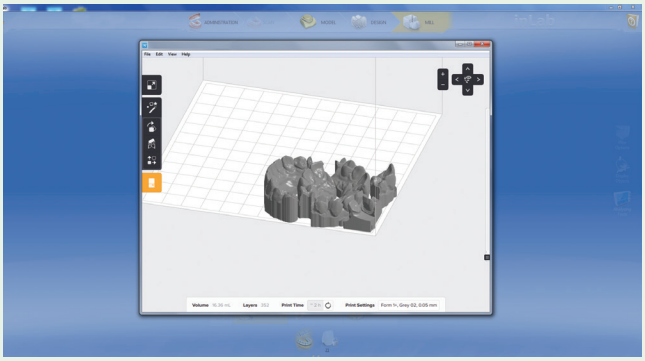


Here the model has been fabricated and as you can see, it has been die cut, ditched, pindexed and hollowed out to save on printing resin. We are now ready to print the model in our 3D printer. This file is now exported as a STL file, an open source file convention that makes this design compatible with most any printer that is commercially available.

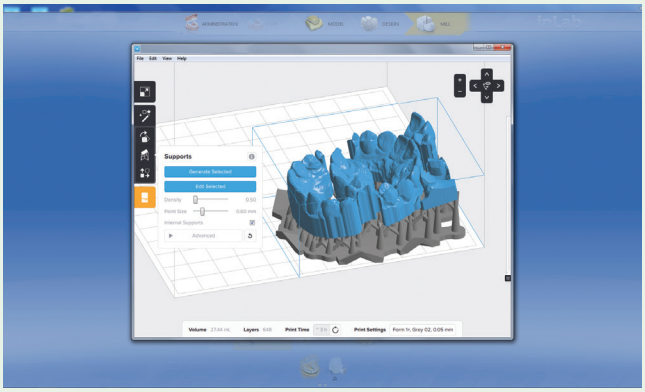
Step 6.
We now load the STL file into our printer software. In this example I am using my FormLabs printer where I am setting a layer resolution of 0.05 mm.



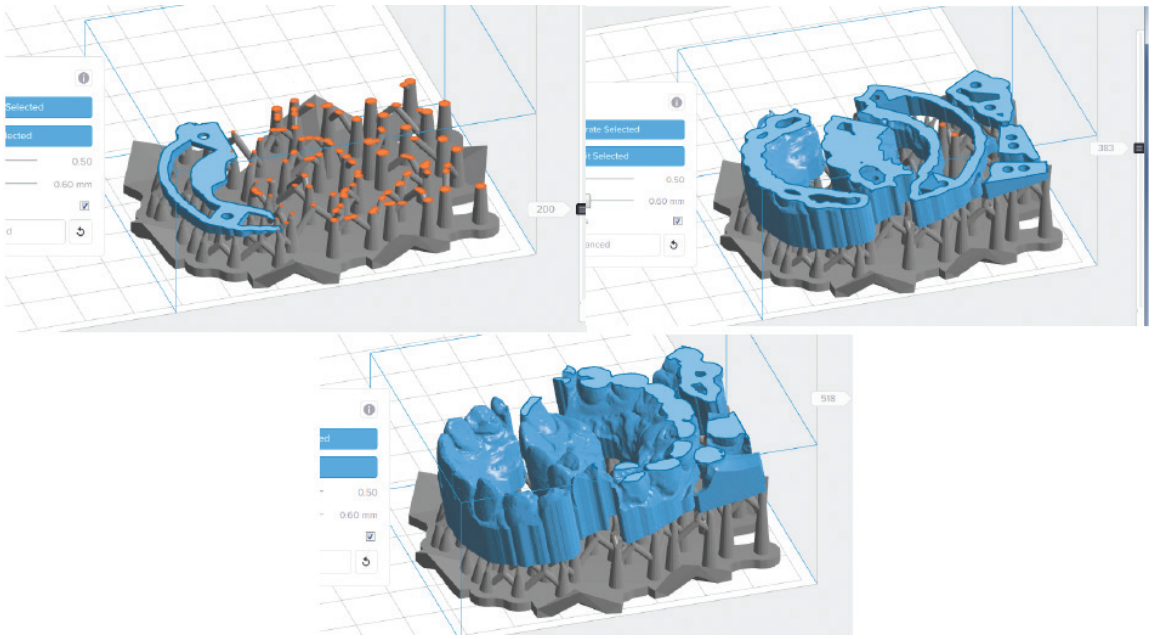
The software graphical show the imported model on the printing bed but before we print the model we need to orientate the model so that it is not flat but with a 10 degree incline and we add support branches to facilitate the printing process. This all happens with two clicks of the mouse.



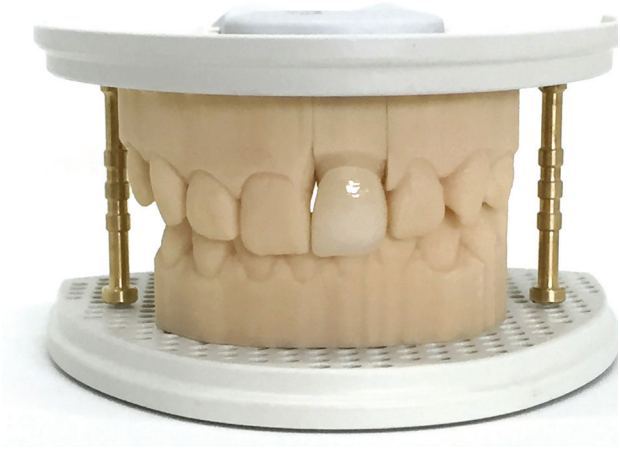
Here is the model ready to print, we have a total of 648 layers and will use 27.44 ml of resin and take a total of 3 hours to print.

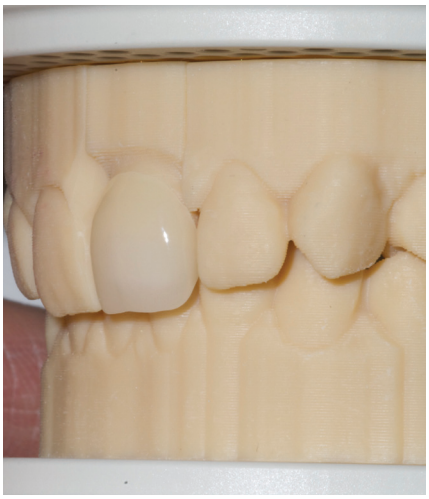


Using the slider on the right you can view each layer build in the SLA process as shown below.



Step 7





The model was printed, cleaned and placed into the stock articulator of my choice. As you can see the restoration was milled independently of the model fabrication and shows excellent marginal integrity when the two are brought together. The restoration was finished prior to the model fabrication. The quality of the die and the accuracy of the articulation truly does reflect the digital impression that we started with. The final polishing and articulation of the restoration was completed on the model and is now ready to be cemented.

In conclusion, there are many reasons and advantages to owning your own digital printer. Due to the popularity in model fabrication, 3D printers are showing up on the market and even a desk top version can rival many larger commercial models. There is an inherent efficiency and reliable accuracy free from any human error in a digital work flow that makes digital restoration and model fabrication efficient and rewarding. The following flow chart summarizes work flow and the time involved in fabrication.

Optical Impression 3 min	CAD/CAM Crown Design 5 Min	Milling of Crown 15 Min	Finishing of Crown 15 Min
Digital Model Design 5 Min	Printing of Model 3 Hours	Cleaning of Model 20 Min	Assembly and Final Finishing 20 Min

If you have any questions or comments please feel free to contact me at arihal1@shaw.ca

Rihal Digital Designs

University of Manitoba | Faculty of Health Sciences

PROFESSIONAL DEVELOPMENT SERIES

Developing an Infection Prevention and Control Manual Tailored for the Dental Office

Saturday, April 16, 2016 | Registration 8:30 am | Lecture 9:00am – 3:30pm

071 Apotex Centre | Pharmacy Building | 750 McDermot Avenue | University of Manitoba | Winnipeg, MB

6 HOURS OF CDE CREDIT

OVERVIEW

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

The content for this course will guide attendees through each step in the chain of asepsis to identify the CDC guidelines, provide rationale to promote thoughtful interpretation of the guidelines, and point out the areas where office-developed policy will assist with standardization of office procedures.

A tailored office Infection Prevention and Control Manual is a useful tool for initiating and sustaining staff discussions in the private practice dental setting for standardizing and updating safety procedures, including prevention of the transmission of infectious diseases. A well-written and up-to-date manual is an excellent training tool for new employees. Additionally, these manuals serve as a marketing tool for retaining existing patients and attracting new patients. The Manitoba Dental Association has initiated dental office audits. Displaying a thoughtfully-developed infection control manual provides clear guidance on staff and patient safety in the office.

THIS PROGRAM WILL BE OF INTEREST TO

Dentists, Dental Hygienists, Dental Assistants and Business Staff. Participants are highly encouraged to attend as an office team.

FEES

Morning Coffee & Lunch Provided

Dentist: $100
Dental Hygienist: $85
Dental Assistant/Other: $50

Attendance Limited to 100

CONTACT

Laura Friesen
Program Coordinator, Division of Continuing Professional Development
College of Dentistry | Faculty of Health Sciences | University of Manitoba
Phone: 204-789-3562 | Fax: 204-272-1326
Laura.Friesen@umanitoba.ca

College of Dentistry
CONTINUING PROFESSIONAL DEVELOPMENT

Do you find complete lower dentures predictable and rewarding? For many of us the answer is 'NO!'

What are the advantages of sending denture patients to me?
Your patients will be professionally cared for. They will return to your office satisfied. Their families will be happy with you. They will save money. Dentures are unproductive for many practitioners. I know that denture patients can be difficult in many ways. That's why I'm here.
You will not have the headache of full lowers. Partials will not be made on a compromised dentition. Appropriate rest seats will be prepared.

What exactly do I do?
I make dentures. I will, if you wish, extract teeth for immediates. I will prepare rest seats. I will make dentures either before or after implant placement. I will focus on natural aesthetics. I never want to hear "Nice dentures". I want to hear "Nice teeth".

What don't I do?
I don't do any radiographs, perio or restorative. In short: Exclusively Dentures.
My fees are lower because the denturists' fee guide is significantly higher than the MDA GP fee guide.

What do I need from you when you refer a patient to me?
Most referrals are by email. There is a contact area on my web site. I need the patient's contact information, copies of relevant x-rays, and a brief description of what you want me to do. All the restorative and perio should be complete. I will keep you informed of progress and completion.

Exclusively
DENTURES

Dr. George Cadigan
exclusivelydentures.ca
exclusivelydentures@gmail.com
204-999-8000 or 204-800-8734

Colony Square - 235-500 Portage Ave.

BY DALE WILLERTON and JEFF GRANDFIELD
THE LEASE COACH

Is Bigger Really Better? Leasing the Right Size and Shape of Practice Space

So often, tenants come to The Lease Coach stating that they are not making any money because their rent is too high. Sometimes, this is a true statement but, more often than not, the tenant has simply leased too many square feet.

We remember consulting to a client leasing 5,000 square feet of space who couldn't afford to pay the rent. When we checked with neighbouring tenants it turned out our client was actually paying less per square foot than anyone else. It wasn't the rent per square foot that was killing his business but the amount of area he had been talked into leasing by the landlord's leasing representative. We regularly see this scenario … leasing representatives and real estate agents, typically, receive a commission from the landlord for signed lease deals (the incentive increases with a tenant signing for a longer term, agreeing to pay a higher rent or leasing more space); however, the unknowing tenant often signs the lease agreement and becomes legally bound to the terms. Additionally, in most cases, you will also be paying operating costs or CAM (common area maintenance) fees based on a square footage basis.

Occasionally, we deal with the reverse of this scenario. A tenant told us his space was too small. If we could expand the business he could generate more revenue. We negotiated for this tenant to lease the adjacent space (which meant relocating the neighbouring tenant) and he achieved his goal. Landlords, generally, prefer to work with a tenant who wants to expand versus one who needs to downsize.

It has been our experience that the main reason dental tenants end up leasing the wrong amount of square footage is due to availability … or lack thereof. If you need about 1,800 square feet for your practice but the only two spaces remaining available for lease are smaller and larger you will have a dilemma. A smaller space often has less frontage as well. More frontage gives you more storefront exposure and makes your practice more conspicuous to passers-by.

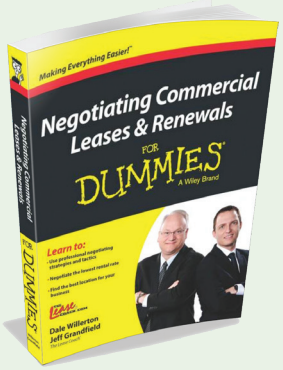
When choosing between locations that are modestly too big or too small, dental tenants should almost always decide which space is better located. With adjacent and very comparable units, we would normally advise the tenant to be more conservative and lease the smaller location. Tenants who tell us their location is too small are usually profiting but want to expand to increase their sales. Whereas tenants who tell us their location is too big often want to downsize to reduce rent payments as a means of improving their bottom line.

Consider also the functional shape of the premises for your business. In one situation, the landlord was expanding his strip mall claiming that only one CRU (commercial retail unit) was left. Unfortunately, this unit housed a large utility room in the back – making that area unusable for almost any tenant. Since the expansion portion of the project was only in the construction phase, we suspected the landlord still had time to move other newly-interested tenants around and suggested to the tenant we walk away from the deal as a negotiating strategy. As expected, within a few days the landlord reconsidered his position and predictably came up with a much better location for the tenant.

When it comes to leasing commercial space, choose wisely. If you have too large of a space, you may not only be paying too much rent, you may have empty commercial space (which is less enticing to visiting patients). If you have too small of a space, you may be squeezed in and maneuvering around may become difficult.

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

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



Have Things Changed?

Protect your success

If you've recently added or upgraded equipment or furnishings in your practice — or renovated your office — your insurance might not have kept up. With adequate insurance, you can save many thousands of dollars out of your own pocket if disaster strikes at your dental office.

TripleGuard™ Insurance is Canada's specialized dental office coverage. You can have three types of office coverage in one economical package:

- **Office Contents**
- **Practice Interruption**
- **Commercial General Liability**

You can also choose additional options — such as coverage if you own your office building or for equipment breakdown.

A licensed insurance advisor at CDSPI Advisory Services Inc. can help you get a handle on your office protection needs. Call today and take advantage of our 50 years of working with the dental community.

To apply for TripleGuard™ Insurance, visit
www.cdspi.com/tripleguard-insurance

or call us at
1-800-561-9401

TripleGuard™ Insurance is underwritten by Aviva Insurance Company of Canada. The plan is a part of the Canadian Dentists' Insurance Program — which is a member benefit of the CDA and participating provincial and territorial dental associations. Insurance planning advice is provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply to advisory services in certain jurisdictions.

CDSPI

CDSPInow company/CDSPI @CDSPI


Dental Assistants Recognition Week
March 6 – 12, 2016
Dental Assisting:
Our mission is to serve,
our passion is to care
CANADIAN DENTAL ASSISTANTS ASSOCIATION
ASSOCIATION CANADIENNE DES ASSISTANT.E.S DENTAIRES
MDAA
Manitoba Dental Assistants Association


Take the Bridge to Better Dentistry
CDA Convention hosted by
Dental Association of PEI
August 22–25, 2018
LOBSTER AND LEARNING
Come play on our Island!
DENTAL ASSOCIATION of PRINCE EDWARD ISLAND
www.dapei.ca
CANADIAN DENTAL ASSOCIATION
PEI Convention Center Charlottetown