

MDA Bulletin



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MDA Bulletin



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Manitoba
Dental
Association



President's Message

DR. CATHERINE M. DALE, D.M.D.
PRESIDENT, MDA

Greetings, Colleagues! Spring showers have transitioned to May flowers, along with a general greening-up of the province. And with the arrival of spring, it's that time again to recognize our newly-graduated dentists, dental hygienists, and dental specialists from a variety of programs at the University of Manitoba's College of Dentistry. What an exciting time of the year! June 8 sees the Manitoba Dental Association hosting the graduating Dental and Dental Hygiene classes of 2017 at a celebratory breakfast at the RBC Convention Center. This is our annual opportunity to officially welcome these new grads to the profession. This, too, is a time of transition, from the secure walls of the University's clinics and classrooms to the "real world". As the host for this event, I am looking forward to celebrating these newly-minted professionals alongside their families and friends. As our new colleagues proceed to their respective convocation ceremonies later that afternoon, your MDA board will be convening for the annual Spring board meeting. I would like to take a moment to recognize this group of individuals who take time out of their busy schedules to prepare for and attend this meeting, in order to address ongoing issues of relevance to our membership. Might I also take a moment to encourage any and all

of you (yes, new graduates, you too!) to contact Rafi at the MDA office if you feel you may have some time and energy to volunteer to serve on a committee or project. The only requisite skill is the desire to serve your organization!

Speaking of volunteering, the MDA's annual Tooth Fairy Saturday will be held on June 10, in conjunction with the Winnipeg International Children's Festival, at The Forks. It's never too late to volunteer for an hour or two (or more!) to help spread the message of the benefits of good oral health. More information can be found at www.kidsfest.ca; please contact Pam McFarlane at the MDA office if you can help out.

No matter where your summer plans take you, I would like to wish each of you all the best that a Winnipeg Summer has to offer. Be it a road trip to the cottage, a day at the beach, or an afternoon in your backyard, I hope you find some time to enjoy the Prairie sunshine! ☀

Cheers,
Catherine



MDAA President's Message

JANET NEDUZAK
PRESIDENT, MDAA

On behalf of our Executive Director and the MDAA Board of Directors I hope our membership is able to be out enjoying time with family and friends now that we are experiencing some warmer weather! Since our last submission, the MDAA held a board meeting in which they were pleased to have MDA Executive Director Rafi Mohammed and Dr. Marcel Van Woensel in attendance. Newly elected board members appreciated the opportunity to hear how the MDAA and MDA work collaboratively on behalf of their membership. The MDAA also hosted another successful CE session in which guest speaker, Dr. Lekic provided an informative session to those members in attendance. Included in the CE session, and well received from members, was a presentation that educated members in the area of physiotherapy and yoga. The CDAA recently held its annual AGM and awards dinner in Ottawa, Ontario and the MDAA was presented with the prestigious "Excellence Award." As the current serving MDAA President, I accepted this award which recognizes the exemplary efforts displayed in highlighting the profession of dental assisting during Dental Assisting Recognition Week. The MDAA would like to acknowledge our MDA representative, Sina Allegro-Sacco who will

be serving as CDAA Vice-President for the upcoming year. Sina will be the first MDAA representative to assume the role of President within the CDAA for the 2018-19 year. Congratulations Sina!

The MDAA board would like to thank those members which have dedicated time to volunteer at various MDA sponsored events such as the recently held Oral Cancer Screening session. The MDAA appreciates the opportunity to work with the MDA to provide education to the public regarding oral health issues relevant to all Manitobans.

The MDAA will be taking some time away from the board table after its June meeting. We will return in September to plan for upcoming CE sessions as well as planning for the annual AGM to be held in January.

Thank you to our MDAA membership for the privilege to continue to serve as your president as we continue to promote the profession of dental assisting in Manitoba.

Sincerely,
Janet Neduzak
MDAA President

Alumni of Distinction 2017 Recipient

Dr. Jean Bodnar



1. What does the award represent for me?

It represents recognition of my sincere commitment to our profession by other alumni who share my passion to strive for continual improvements in knowledge, skills and delivery of care for the benefit of both dentists and the public we serve. I am both humbled and flattered to receive

this award, selected by fellow alumni who deem my contributions worthy to stand alongside esteemed prior recipients.

2. As an alumnus, what were the biggest lessons learned after graduating from the university?

First...despite the comprehensive and solid education I received at the Dental Faculty here at U of M, I still had much to learn. The magnitude of the responsibility to be both independently accountable for treatment I delivered to my patients while simultaneously continuing to learn of changing paradigms, new techniques and materials was at times rather daunting. Second, that dentists are not naturally inclined to also be strong business managers. I was fortunate to associate with an ethical individual who taught me a great deal about the importance of managing both patients and our team members with fairness and respect.

3. Should there be a more significant link between your chosen faculty, the U of M and your profession? What would that look like for you?

The relationship between the College and our profession is inextricable....It provides our associates, future practice owners, people who help elevate our level of service to the public, and generates new specialists and academics. College outreach programs deliver necessary care to populations of the province not otherwise serviced by the majority of practitioners. It

represents current concepts and new initiatives in both dentistry and dental hygiene. As such, it is a positive aspect of the future of the profession in Manitoba.

The students in the College are supported in many ways. Just a few examples are awards and scholarships funded by Alumni, new dentist programs and mentorship supported by MDA members, as well as private practitioners sharing their knowledge and expertise as part-time instructors.

It is a collaborative effort between the College and the profession that I hope will expand and strengthen as time goes on to ensure the continuation of a healthy academic program that garners respect across Canada.

4. As an active alumnus, what or whom has kept you in touch with the Faculty/school?

Relationships are the foundation of many successful initiatives and my work over the years has taken me into many diverse areas of the profession as a result of connections with colleagues. Friendships with those I respect and admire have kept me in touch with the College over the years as many have returned there to teach. Requests between us for advice, support, volunteerism and service have been a 2 way street and I am very grateful to have had opportunities to enjoy the myriad of different positions I have held over my 30 years in dentistry thus far. I hope it continues!

5. What are some of your future hopes and aspirations for graduates? And for the U of M?

I hope that graduates enjoy the vast opportunities available to them once they receive their dental degree and remain faithful to the professional, scientific and clinical ideals they have been taught during their educational program at U of M. Although they enter practice as individuals, I trust that they understand they are also part of a larger group collectively that enjoys high public regard for honesty and ethical standards. May they earn their place in our profession through hard work and strive to enhance the prestige and reputation of our College and ultimately, the profession.



NOTICE OF SURRENDER OF LICENCE

The Manitoba Dental Association is the statutory authorized regulatory body for dentists and dental assistants in the Province of Manitoba. On 25 March 2017, Dr. Ronald Walter Peterson voluntarily surrendered his licence to practice dentistry to the Complaints Committee of the Manitoba Dental Association.

The Committee accepted the voluntary surrender in accordance with subsection 25(1) of The Dental Association Act.

A voluntary surrender of licence is not a disciplinary action by the Committee within the terms of The Dental Association Act.



NOTICE OF SUSPENSION

TAKE NOTICE that by the direction of the Board of Directors of the Manitoba Dental Association effective 2nd day of June, 2017, **DR. BAHMAN TAZANGI EDALATI** was suspended from practising dentistry pursuant to Section 25.5(1) of *The Dental Association Act* pending the outcome of proceedings under that Act.

Dr. Edalati has been practising dentistry from Unit 10-A at 475-9th Street in the City of Brandon, Manitoba.

The Manitoba Dental Association is the statutory authorized regulatory body for dentists and dental assistants in the Province of Manitoba.

DATED AT THE City of Winnipeg, in the Province of Manitoba, this 2nd day of June, 2017.

MARCEL VAN WOENSEL
Registrar, Manitoba Dental Association



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

College Corner

10 Years in Review: Changes, Improvements and Innovations at the College of Dentistry

It's hard to believe that I will begin my 11th and final year as Dean of the College of Dentistry on July 1 of this year. The time has passed quickly and it's easy to forget just how many things have transpired over the last decade. Certainly the various changes, improvements and innovations at the College of Dentistry are too numerous to mention and each one of us as individuals may remember only those items that we have been most passionate about or that have affected or impacted us most closely. Upon my arrival in 2007, the College embarked upon our "Drive for Top Five" strategic plan with an ambitious goal of becoming recognized as one of the top five dental schools in North America. Many would argue that we have successfully achieved that status. At worst, we successfully accomplished each of the items within that plan that were designed to take the school to an elite level (the "Nine Pillars of Innovation" representing expansion of existing areas of strength or first-of-their-kind programs/initiatives that do not exist in any other dental school). I would like to take this opportunity to review what I believe to be the most significant items in the evolution of the College over the last 10 years:

1) Facilities

There have literally been dozens of major renovations and upgrades of spaces, equipment and technologies in all parts of the College.

- Comprehensive renovations on the lower level and third floor have significantly upgraded the Oral Biology laboratories/overall research capabilities and graduate student work/study areas.
- The entire fourth floor was converted from an old animal facility to modern classrooms and offices for graduate residents.
- Comprehensive renovations on the second floor have produced a true home for the School of Dental Hygiene complete with an administrative suite, offices and a conference room.
- The Ross McIntyre Digital Imaging Facility has transformed our clinic into a state-of-the-art imaging centre with a full range of digital and cone beam CT capabilities. Within this facility, the College employs the only Oral-Maxillofacial Radiologist in Manitoba and provides imaging and interpretation services to the practicing community. This facility has enabled us to more fully incorporate complete electronic health records.
- The Taras Snihurowycz Digital Dentistry/Simulation Facility provides a unique teaching environment and comprehensive digital/CAD-CAM technologies for our clinics.
- Major alterations of our clinic reception areas, Support Staff Lounge, Student Lounge, Student Computer Lab, departmental offices and classrooms have created patient/student/staff friendly, welcoming, efficient, effective and ergonomically sound work and learning environments.
- Structural changes within our internal dental lab have optimized technician expertise and time available for teaching/student interaction.

- Closure of the Oral Pathology Service and Intramural Faculty Practice have enabled new agreements/partnerships with the WRHA, HSC and Cancer Care Manitoba that reduce costs, enhance patient services and increase the interaction of College clinicians with the external community. The old spaces have been reassigned to accommodate important College needs and new programs.

2) Curriculum/Programs

The time and energy expended by virtually all academics and support staff toward curriculum innovation and renewal has been truly remarkable.

- The College has added several new programs to its portfolio that enhance our reputation, expertise and opportunities for students/foreign-trained academics. These include two new hygiene program options (direct entry and degree-completion), two new clinical graduate programs (Pediatric Dentistry and Prosthodontics) and three new DSATP programs (Orthodontics, Pediatric Dentistry and Periodontics). We have also added one-year GP fellowship, Endodontic fellowship and Implant fellowship programs.
- We have converted to a competency-based general practice model for the training of dental students that utilizes "group managers" who supervise and mentor assigned groups of students and who are responsible for making sure they get the training experiences they need and are meeting the competency standards for clinical practice. Clinics have also been restructured to a "comprehensive patient care" approach reflecting community practice standards and a set of standard operating procedures defining preferred instructional approach for dental treatments. These form the basis for detailed marking rubrics to improve consistency and objectivity of clinical student evaluation and are also used for improved calibration of full and part-time clinical instructors. These changes have resulted in improved student satisfaction through fewer changes in patient treatment plans and more effective teaching/assessment.
- The College now maintains one of the most comprehensive programs in Dental Practice Management in North America. This comprehensive four-year program utilizes the expertise of the MDA, Alumni Association and industry partners to cover the landscape of best practices in personal finance, insurance, business/business planning, employment, leadership, patient/staff relationships, ethics/professionalism, branding/marketing, practice valuation, and associateship/partnership.
- The MDA/College mentorship program has been expanded to what is now considered the envy of North America with continuous contact from others seeking to duplicate it. Students are paired with their mentors for the entire four years at the College. They attend various events, visit mentor offices and become familiar with the entire dental community in Manitoba. Outstanding formal recognition forums are provided at the beginning and end of the program (welcome to the profession dinner and graduation dinner/

breakfast). This represents the most outstanding collaboration/partnership between the College and MDA.

- Clinic operations have been restructured to facilitate student progress through clinical training including more efficient time management and use of part-time instructors; multiple clinical procedures completed during patient appointments; mitigation of a decreased patient pool through subsidized patient fees; and increased staff support from the internal dental laboratory.
- The College has passed through two highly successful accreditation site visits for all of its programs and our dental and clinical graduate students have continued to pass the NDEB and RCDC exams at a very high rate.
- Continuing Professional Development has steadily increased the scope, amount and quality of programming and CE programming in Dentistry is now at its highest historical level (College CE programs have earned two prestigious international awards/recognitions).
- Interprofessional Education approaches for co-management of patients among all health professionals have been developed and implemented providing an excellent opportunity for creativity, exciting student experiences and new areas of scholarship that are highly valued by the external healthcare community and government.
- We have expanded the of student laptop program that provides electronic textbooks/resources and are now emphasizing online learning environments, increased use of technology in teaching and flipped classrooms to replace traditional lectures with more applied materials and patient-based exercises.
- There has been a restructuring of the WRHA oral health program and HSC dental services to improve quality of care and accessibility/accountability including a new governance system, appointments committee, revision of WRHA Oral Health Director duties/responsibilities, and a more direct relationship with the College. This has facilitated transfer of Cancer Care Manitoba patient services and lab support into the graduate prosthodontics program.

3) Human Resources

Creating and nurturing a respectful work/learning environment, an outstanding workplace and a welcoming/inclusive dental community have been major priorities of the College Strategic Plan. Physical facilities and human resources can't be separated, both need to be carefully cultivated and maintained to achieve the best outcome. Recruitment and retention of superior academics, support staff and students involves image/reputation, modern curricula/facilities, opportunities for professional growth/advancement, and a welcoming and collegial community. Small class sizes and individualized attention have allowed the College to create a personal community that is diverse and supportive.

- Budget constraints have required us to redefine/restructure many support staff/administrative positions and implement a more centralized core support staff structure for all departments and clinics. We have optimized inventory/ordering protocols for clinical supplies and converted from a "student-owned" instrument kit to a hybrid lease/fee model that enables students to keep only the most useful items while not being repeatedly charged for items like burs and plastic teeth). We also implemented the first tuition increase in the recent history of the College (we are still among the most affordable in Canada).
- The College has improved the student experience through enhanced communications/feedback forums, calendar changes that reduce stress, enhanced NDEB preparation activities and regular personal meetings with the dean. Calendar revisions include more effective use of the spring semester and summer months through a two-week extension of the academic year (now called the "mini-term") and operation of a formalized summer clinic for which students receive academic credit toward graduation requirements.

This has resulted in "decompression" of particularly stressful loads/exam schedules and has allowed more time for meaningful mock board exams. A "peer-tutor system" has also been established where high performing upper-year students provide tutoring for more junior students identified as being at-risk.

- A new College admissions policy was established that ensures a minimum of 25 Manitoba residents in each entering class of 29 dental students.
- The College has successfully implemented a "grow your own" targeted recruitment and retention policy that covers the cost of specialty education/training for individuals that are dedicated to full-time careers with the College. This will allow us to maintain adequate levels of clinical specialists and ensure that directors of our specialty services are current in their expertise (used for Oral Pathology and TMD/Sleep Disorders thus far).
- A dedicated outstanding workplace initiative has provided programming and activities designed to reduce conflict, increase personal interactions and encourage academics/support staff to pursue specific training regarding effective management, leadership and workplace skills. Just this past year, the College maneuvered through a labour action in the form of an UMFA strike. Unlike many other university units; the College emerged with all students able to finish on time, no negative impact on patient clinical care, and minimal morale issues within staff/administrative ranks.

4) Research

The College has created and maintained a culture that values research, is evidence-based and has a strong constituency of "sophisticated consumers of research". After a period of quiescence and transition, the College has experienced resurgence over the past several years and is now once again among the top contributors to new knowledge regarding oral health, biomedical sciences and the profession.

- The Associate Dean Research now administers a dedicated budget to support start-up funding, research-related travel, BSc Dent students, and invited speakers (there has been a steady increase in number of BSc Dent students each year with almost half the class participating this year). We established the first national dental student research group in Canada as part of CADR and have had our first dental student winners of university research competitions.
- The International Centre for Oral-Systemic Health (ICOSH), the first such centre in the world, has been internationally recognized through invited lectures and publications (secured a dedicated ICOSH column in the Journal of the Canadian Dental Association), innovative practice models for co-management of patients, and a unique interprofessional curriculum in Oral-Systemic Health for non-dental health professionals (recently recognized by the Gies Award for Innovation, one of the highest honours in dental education).
- A new Chemosensory Biology Group has rapidly gained recognition through grant awards, publications and media interviews. It's an exciting time for Oral Biology as the area is undergoing revitalization through highly successful researchers and new recruitments.
- Partnerships with the NRC and private industry (OmicDx) have led to new approaches for periodontal diagnostics using infrared spectroscopy and bacterial genomics building on our proud history of achievements in oral microbiology and applications of modern biology to clinical practice.
- The college has developed a national/international reputation in the scholarship of teaching and learning. Pursuit of excellence in education, curriculum and use of technology in teaching will continue to define areas of strength within the College. This provides an avenue to engage all academics and clinicians and fosters an institutional culture that values effective teaching, quality improvement and research/scholarship.

5) Community Service/Outreach

The community impact of service/outreach programs for underserved populations is very significant. These programs are vitally important to mission and represent the “front porch” of the College and larger university. Sustainable funding is always an issue and some community service programs operate at loss and must be subsidized by others or through the College operating budget.

- The Centre for Community Oral Health (CCOH), one of the most comprehensive community outreach programs in North America, routinely receives exceptional student reviews as a valuable learning experience. CCOH has changed dramatically over the last several years and continues to evolve in order to respond to a changing landscape of needs and stakeholder expectations. Programs and services in other Provinces and Territories (Saskatchewan, Ontario and Nunavut), Norway House and Sandy Bay were discontinued in order to concentrate on programs related to Churchill, Deere Lodge, mobile home care, Access Downtown, Smile Plus, Saint Amant Centre and Manitoba Developmental Centre. Many of these programs represent important partnerships with the WRHA and Manitoba Health.
- Our school busing program (funded by Variety Children's Charity) is now a national standard serving children of 14 inner city schools in Winnipeg and was featured on local/national news last year.

6) Rady Faculty of Health Sciences

Perhaps the biggest change to occur over the past four years is the conversion from an independent Faculty to a College within the Rady Faculty of Health Sciences (FHS).

- The pursuit of efficiencies has resulted in harmonized policies, centralized support structures and centralization of some services including IT, communications and alumni relations. This has led to a change in format for our Alumni Bulletin and some new faces in our communications and fundraising/development staff.
- The pooled resources and expertise of the FHS has already had a significant impact on our College. We have been able to access funding for facility renovations, secure additional instructors for several of our Pharmacology and Gross Anatomy courses, and stabilize our operations budget (an area of particular concern due to several years of university budget reductions).


7) Alumni and Stakeholder Relations

This has been a major area of emphasis and activity for me as Dean of the College. One cannot overestimate the benefits of strong alumni and stakeholder relationships. There has been a tremendous increase in fundraising/alumni engagement and the College has become ranked among the top university units in this regard. The dental community in Manitoba has never been stronger and the relationships between the College and its external stakeholders have never been better.

- It all began in 2007 with a College logo and branding initiative in preparation for the 50th anniversary of the College (genesis of our current logo and slogan “Traditions of Excellence, Horizons of Change”). This was followed by our now infamous “Drive for Top Five” strategic plan with its “9 Pillars of Innovation” and a redesign

of our Alumni Bulletin. Our ambitious plans were featured as a cover story in a special edition of the Journal of the Canadian Dental Association (December 2008/January 2009).

- The Dean's Office Visit Program has been one of my favorites, as I've traveled to over 500 offices of our alumni throughout North America in order to meet everyone and discuss issues of mutual concern. I've also made over 1,000 personal thank-you calls to our donors and engaged every student in annual personal meetings. This is one of the most enjoyable parts of my job.
- The annual PDC reception has become our biggest alumni gathering but we've also been able to expand my interactions through other receptions/dinners organized by alumni throughout Canada.
- The Dental Alumni Association has undergone an amazing revitalization and now boasts its highest membership and relevance in many years. Dedicated officers have made the Alumni of Distinction Dinner a highly valued annual event that honours worthy recipients as well as the 50th anniversary classes from Dentistry and Hygiene. Support of the Grahame Scholarship and Clinic Emergency Care Fund has helped many students and patients.
- The Manitoba Dental Association has been a strong advocate for dental education and the College. I've been fortunate to have a seat at the board meetings where I can report on the state of the College and discuss issues of mutual concern. The MDA has been especially helpful regarding support for CCOH and our licensure process for foreign-trained academics. They have helped the College sustain valuable community services and to enhance the expertise of its academic staff.
- There has been a significant increase in the ability of external stakeholders to contribute to important governance and policy decisions at the College. The first Dean's Advisory Council was formed (with representatives from the Alumni Association, MDA, and dental industry) and the composition of College Council was changed to include more external stakeholders (representatives from the part-time instructors, Alumni Association and MDA).

As I look back on my 35 year career within dental education, it seems I've always been dedicated to changing culture and leading innovation in smaller dental schools working to create unique/distinctive features that enhance quality and national/international reputation. It's been journey of “self-actualization” where each position has prepared me for the next and each endeavor has been based on a personal desire to improve dental education “one school at a time”. This has included more “mechanical” areas of focus such as academic excellence, expanding the research/scholarly enterprise, developing/implementing new programs, and innovating within resource-restricted environments as well as those requiring a “soul” such as improving the student experience, creating an outstanding workplace, enhancing alumni relations/fundraising, and expanding community service/engagement. I look forward to my final year as Dean of the College of Dentistry as I'm sure the next year will continue our trajectory along our “Traditions of Excellence and Horizons of Change”. As always, thank you for your support! 



Good Contracts = A Good Transition

DR. TOM BRENEMAN

In my last article about “What You Need To Ask Your Accountant BEFORE You Sell Your Practice”, we focused on the role that accountants play in planning a smooth transition out of practice.

This article will focus on the very important role that another profession, lawyers, can play in the planning for a smooth practice sale.

Needless to say, lawyers are essential in the actual drawing up of the contracts for the sale itself but well before then they should be part of the preparations that you make for a smooth transition.

Staff Contracts

Good, loyal, long serving staff are a major, valuable asset of any enterprise and dental practices are no exception to that maxim.

Conversely, from a legal and risk management perspective those same good, loyal, and long serving staff can also represent a major potential liability because the dismissal of this type of staff member can be very expensive. A rough rule of thumb is that any staff member without an employment contract and has been with you for more than 6-8 years, upon dismissal, could claim up to one month's pay for each year of service to a maximum of 24 months. Remember that this is a very general guideline and there are several factors that can change that amount.

The point is however, that good staff contracts can mitigate this risk factor and they should be a part of good transition planning.

If you have been prudent in your planning and you have already done contracts for your staff and those contracts were written more than 3-4 years ago, they should be checked to make sure that they reflect any changes that have occurred in the evolving area of labour law.

Labour law is a specialized area and advising you on how to implement these contracts in a dental office takes skill and experience so it is very important to seek out a lawyer who has the right qualifications.

Associate Contracts

I never cease to be amazed by the number of dental offices that have no or inadequate associate contracts. This can have a major impact on the value of your practice's good will. The reason why this is so becomes apparent if you ask yourself the question: “would I buy a dental practice that has an associate dentist who has been seeing the patients on a regular basis and can open a practice across the street from me and solicit those patients?”

A good, well-written associate contract offers several protections for the practice owner but, from a practice value perspective, certainly the most important parts are good non-solicitation/non compete clauses.

Again it is best to find a lawyer who has the right experience in this area.

Leases

A premises lease is a contract between the dentist or the dentist's professional corporation and the landlord. “Toxic clauses” in a lease damage value of a practice and can even make the practice unsellable.

A demolition clause gives the landlord the right to terminate the lease, usually with out compensation, if the building is going to be demolished and replaced with another structure. The presence of this type of provision can drastically affect practice values and will often cause the bank financing the transaction to deny funds.

A relocation clause allows the landlord to move the practice elsewhere in the building or mall and there are good ones and bad ones. A good relocation clause will compensate the dentist for the move and the replacement of the facility. A bad one will give inadequate or no compensation for the move.

The assignment clauses in a lease address what will occur when you sell the practice to a new owner and if it is not well written it has the potential to cause major problems when the practice is sold.

The term of the lease is also an important transition factor. Most bank loans for dental practice sales have ten-year repayment arrangements and the lenders want to assure that there is secure tenure of the premises for at least that long. That doesn't necessarily mean that you need a ten-year lease but rather that the remaining years in the lease plus any options to renew add up to ten years.

To sum up, a buyer of any business, including a dental practice, will consider the risks that they are assuming by making the purchase. Those risks will influence how eager a person may be to buy your practice as well as how much they are willing to pay.

Some of those risks can be mitigated if the seller has planned well, taken the time to work with a knowledgeable, experienced lawyer, and has put in place good contracts that address the areas of staff risks, associate risks and lease risks. This will certainly enhance a practice's value and will also assist with a smoother sale and transition process.

Dr. Tom Breneman, Past President MDA and CDA
Practice Sales and Transition Specialist, Tier Three Brokerage Ltd.



DR. JOEL ANTEL, D.M.D
CDA BOARD REPRESENTATIVE

Canadian Dental Association's Message



I write this article having only been a member of the Canadian Dental Association Board of Directors for about a month.

As time goes by I plan to use this column as a vehicle to keep the members of the Manitoba Dental Association informed as to what is happening at the Canadian Dental Association and about national issues that affect our profession and our daily professional lives. In doing so I hope to develop our collective appreciation for both the tangible and the unseen benefits we receive through our provincial association's membership in the Canadian Dental Association.

I would like to thank the members of the Manitoba Dental Association and the Board of Directors for affording me this opportunity. It will allow my involvement in organized dentistry to evolve and let me draw on my past experiences. During the time I have served as chair of the MDA Communication Committee and as a member of the MDA board of directors I have had the chance to see some of what is going on at the national scene. I have seen that the CDA is not without its challenges and critics. I have also seen the many benefits, sometimes underappreciated, of our profession having a strong national organization.

For those involved in our national and provincial dental associations, on the boards and at the committee level, interaction with other provinces facilitated by the CDA provides awareness of what is going on elsewhere. I can speak of Manitoba, it is likely true elsewhere, that an appreciation of the similarities and differences between the various jurisdictions is integral to our success in many of our programs and projects.

For the dentists that represent us with the media, ready access to current information vetted by experts is vital to representing us in an informed, accurate effective manner. Access to such information is available quickly from the CDA. This allows for the timely comments and responses the current media environment demands.

Through Oasis, dentists in every day practice have quick access to direct practice support; timely information on medications and health conditions, the opportunity to ask questions of experts in their field, current information on a variety of topics, and much more.

I became a member of the Canadian Dental Association Board of Directors at the board meeting following the CDA Annual General Meeting held in Ottawa on April 21 of this year. Prior to

formally becoming a CDA board member I was invited to attend the three day program affiliated with the AGM. This included the Canadian Oral Health Roundtable Symposium and the Dentistry Leaders' Forum. The symposium was a panel led discussion on efforts to promote better oral health for persons with disabilities and a presentation on the state of the evidence, and Health Canada initiatives, to reduce sugar consumption. The leaders' forum was a facilitated discussion on the future of the profession in order to provide the CDA Future of the Profession Task force with input and ideas.

As a member of the CDA Board of Directors I have been asked to take on three assignments. I will be the CDA representative on the Trust and Value Working Group, a working group I have represented Manitoba on for the past several years. I will be a member of the Healthy Public Strategic Priority Team and serve as the CDA board liaison to the Student Federation. In July 2017 I will attend the CDA Board of Directors board meeting and strategic planning session in Ontario.

I have attended the orientation session held for new CDA board members. I plan to now spend some time formalizing my thoughts around what I hope to accomplish as a CDA Board Member. Throughout my involvement with the Manitoba Dental Association the activities of the association have been well aligned and goal oriented. Essential details have been identified and finalized before moving forward and revisited along the way. There has always been consideration for the best interest of the public in addition to the members of the profession. It is a paradigm I plan to carry with me.

Alignment between the CDA and the provincial dental associations, and raising awareness of the tangible and intangible benefits of our national organization will feature prominently among what I hope to accomplish. It will be important to remember that the goal is both the best interest of the public and the profession.

In closing, I would like to congratulate Sandy Mutchmor on becoming the CDA Vice President and thank him for his time and efforts so far on the CDA Board of Directors.

Thank you again for the much appreciated opportunity to serve on the Canadian Dental Association Board of Directors on your behalf.

Joel



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Frequently Asked Questions

General

What is CDA Secure Send?

CDA Secure Send is an easy, simple to use electronic document sharing system that allows dentists to exchange documents and information in a secure and compliant fashion.

Why should I use it?

Exchanging patient information by unsecured email with specialists, physicians, or patients, for example, risks violating a patient's right to privacy and doesn't meet the many data privacy requirements outlined by dental regulators and in privacy legislation.

CDA Secure Send meets the legal obligation to safeguard the confidentiality of patient data. It's as simple, and easy-to-use as sending an email.

How is CDA Secure Send different from email?

While CDA Secure Send is easy to use, it's not intended to *replace* email, and does not have typical email functionality. It is a secure, electronic courier service to move information from A to B. In fact, to minimize privacy risk as well as maintain system efficiency, CDA Secure Send messages are deleted automatically 15 days after being sent. Dental offices should retrieve any messages and attachments they wish and save it to their internal record-keeping system.

Who can I communicate with?

CDA Secure Send allows you to send information securely to anyone. For two-way communication, however, only those who are listed in CDA's directory of Canadian dentists can do so. This list can be seen as a drop-down menu once logged in to CDA Secure Send. Those not listed in CDA's directory of Canadian dentists can only then receive CDA Secure Send information.

Using CDA Secure Send

How do I send a file?

To send a file, sign in to the CDA Practice Support Services website at services.cda-adc.ca. From there, choose the "CDA Secure Send" tab.

Choose a recipient from the drop-down menu or click on "Find a Recipient" Once you've chosen the recipient, you can add a note and choose the file you wish to send. Click "Send" and the recipient will get a notification that a file has been shared with them. If the person you are sending to is not listed on the "Find a Recipient" list, manually type in the destination email.

How do I find a particular specialist or dentist?

Log into CDA Secure Send. Click "Find a Recipient." Check the drop-down menu of the CDA Canadian dentist directory for the dentist or specialist. If not listed there, simply add the email address manually. Please note that those not on the CDA directory of dentists in the "Find a Recipient" drop-down menu can receive files but are not able to communicate back with you via CDA Secure Send.

Can I send files to labs or to a patient's physician?

Yes. Simply add the email address manually. Please note that labs and other locations not in the CDA Canadian dentist directory can receive files but are not able to communicate back to you via CDA Secure Send.

How many files can I send at a time?

You can send no more than 20 files at a time up to a total two GB size.

How do I save the files I receive?

Save files by downloading them to your computer. You can save individual files by clicking the blue "Download" link beside each file or you can download all the files by clicking the green "Download All" button below the files.

How long are my messages kept?

Your messages will be kept with CDA Secure Send for 15 days. For files you wish to keep, export the selected files by going to the "Activity" tab and choose 'Export All' or "Export Selected."

The recipient is not on file. Will they get my message?

If the recipient is not on file with the CDA Canadian dentist directory, the sender must manually enter the email address. The recipient will then receive a link that, when clicked, will allow the recipient to securely download the message and any attached files. Because they are not on part of the CDA Canadian dentist directory, two-way communication is not possible.

I'm having problems sending files. How can I get help?

We are happy to help with any problems you may experience. You can reach us by clicking on the "Help" button or by calling 1-866-788-1212.



SAVE THE DATE

Friday September 29th
The EDGE Gallery & Urban Art Centre
611 Main Street, Winnipeg

Dr. Cliff Swanlund (University of Manitoba Faculty of Dentistry Class of 1976) will be holding a solo art show in acrylics and watercolour at the Edge Gallery from September 29th to October 3rd 2017. He will be in attendance for an opening reception on Friday September 29th from 6:00 pm to 10:00 pm. The show is entitled "From Lake Louise to Lake of the Woods (and everything in between)". There will be between 30 and 40 pieces representing his time in Manitoba and Alberta and the frequent travels between both locations. We hope to see you there for art, wine and cheese.

Cliff is pleased to support The Edge Gallery which provides art programming for the vulnerable and homeless people in our community through sales from their exhibits.



Continuing Education Scan Card



New Scan System comes into effect on September 1st, 2017

What is it?

A plastic credit card size identification card with members name and a barcode specific to that member;

A scan card is being issued to every Dentist and Dental Assistant member for the purpose of recording attendance at CE programs in Manitoba. The card is to be used only by the person to whom it is issued.

Why?

To improve accuracy of CE record keeping;

To simplify process for approved CE program providers to submit continuing education hours on behalf of members;

To reduce paper verification for attendance and increase efficiency of uploading the data into members' CE reports.

How do I use it?

There are two ways to use your card:

1. The barcode on the physical card needs to be scanned for the member when entering or leaving the session for the day.
2. Take a photo of the barcode and save it to your mobile device. Member must present barcode image for scanning upon entering or leaving CE session for the day.

Watch for your scan card in the mail between May 1st and June 30th, 2017

Students get to 'root' of transporting drugs to teeth, sleep apnea

ALISON MAYES

Three summers ago, dentistry student Chris Ward embarked on a research project to see whether magnetic nanoparticles could be used to carry drugs to the inside of teeth.

"I was pretty skeptical. I went into it thinking they probably wouldn't penetrate the teeth," said Ward about the project suggested by his advisor, Dr. Rodrigo França, assistant professor of restorative dentistry in the College of Dentistry. But Ward was excited to discover that the cutting-edge concept is viable. Working in the college's dental biomaterials lab, he showed that superparamagnetic iron oxide nanoparticles (SPIONs) can fully penetrate human molars when subjected to an external magnetic field.

This means the tiny particles could be used for targeted drug delivery in the oral cavity. For instance, they could transport antibiotics into teeth to treat diseases such as periodontitis. "This is new, and our initial results are promising," said Ward. Only one previous study has been published on SPIONs in dentistry, he said. It dealt with placing liposomes into the root chambers of teeth that had received root canals, and using a magnetic field to draw them into the tooth structure. Ward's project won the poster competition at the College of Dentistry's 2017 Research Day. The event was held at the RBC Convention Centre in January in conjunction with the Manitoba Dental Association's 2017 convention.

Dr. Raj Bhullar, associate dean (research) at the College of Dentistry, Rady Faculty of Health Sciences, said the dentists in attendance were impressed with the quality of the student projects. "Research is an integral part of being an allied health professional, and for lifelong learning," Bhullar said. "Research Day allows our future dental professionals to assess developments in their field as they go on to practice." Ward's work also won a Student Research Award from the Canadian Association for Dental Research and the Network for Canadian Oral Health Research. His project placed third in Canada in the bachelor's degree category. He received a travel award to present his findings at an international meeting in San Francisco in March.

Ward, 27, who will graduate as a dentist this spring, conducted the research as part of the requirements for his Bachelor of Science in Dentistry degree. The degree program provides students with a stipend to conduct research in the summers while they're studying to become dentists during the regular academic year.

"It's a really interesting way to have a summer job and do some research. The bonus is you get a second degree," said Ward. Natasha Holder won the Research Day award for best oral presentation by a Bachelor of Science (Dentistry) student. Her project looked at the characteristics of about 200 patients who were referred to the College of Dentistry's dental sleep medicine clinic for obstructive sleep apnea (OSA).

The study, supervised by Dr. Charlene Solomon, assistant professor of restorative dentistry, was conducted by analyzing patients' charts and referral forms. "We wanted to contribute some Manitoba data to the national data that exists, and to raise awareness of obstructive sleep apnea in the dental community," said Holder, 26.

The study looked at factors such as what sleep studies had been performed for OSA diagnosis, the presence of OSA-associated comorbidities, and whether patients accepted and continued with mandibular advancement device (MAD) therapy. Holder, a third-year dentistry student, found that giving a 30-minute presentation to an audience made her more aware of her study's significance and relevance to dentists. "Talking about it has made me more passionate about it," she said. Appalaraju Jaggupilli, a PhD student in oral biology, won the award for best oral presentation by a graduate student. His study looked at the role of bitter taste receptors in cystic fibrosis.

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SPIONs in Dentistry: The Development and Application of Magnetic Nanoparticles for Targeted Drug Delivery in the Oral Environment.
C.K.B. WARD¹, I. ESPARZA², I. FREIRE³, R. FRANÇA⁴

¹Dental Biomaterials Research Laboratory, Restorative Dentistry, Faculty of Dentistry, University of Manitoba, Winnipeg, Canada; ²Universidad de Guadalajara, Mexico; ³Federal University of Ceará, Brazil.

Introduction
The development of magnetic nanoparticles has led to their use in many novel biomedical applications. Particularly, in the last three decades superparamagnetic iron oxide nanoparticles (SPIONs) have become attractive candidates for targeted localized drug delivery. Much of this research has focused on developing SPIONs for the delivery of anticancer drugs and genetic material in gene therapy [1]. SPIONs offer several advantages over other drug delivery systems due to their ability to be targeted by subjecting the particles to a magnetic field. The potential of using SPIONs for drug delivery in dentistry is only beginning to be explored. Much of the research in this field is focused on the use of SPIONs for localized antimicrobial therapy to reduce the incidence of periodontitis [2].

Results
Samples analyzed with ICP-OES demonstrated a range from 0% SPION penetration to 33.25% SPION penetration, while ICP-MS demonstrated elevated iron concentrations across the entire cross-section of the tooth (cervix to pulp) compared to controls. Finally, EDX analysis detected the presence of SPIONs on the paper samples.

Methods



NAVIGATING THE NIHB PROGRAM

Dental Care for First Nations

CDA recently developed a Non-Insured Health Benefits (NIHB) Quick Reference Sheet in collaboration with Health Canada, to help dental teams navigate the program and streamline processes for dental practices and patients alike.

Recognizing the complexity of the NIHB Program, CDA and Health Canada developed the 2017 *Dental Quick Reference Sheet* to provide quick and easy directions to dental team members, touching on topics such as eligibility, coverage, fees, claim processing and documentation requirements. "There are many dental offices who only treat a limited number of NIHB-eligible patients in the run of a year, and this is a unique program with its own specific requirements. It can be a challenge to quickly access crucial information regarding claims and predeterminations," explains Dr. Tom Raddall, chair of CDA's Advocacy Committee and a practising dentist in Liverpool, Nova Scotia. "The *Reference Sheet* was created to simplify the navigation of the NIHB Program for the front office staff in our practices."

Dr. Raddall invites all Canadian dentists who are not currently offering care to NIHB-eligible patients to consider giving the program a second look, as many positive developments have been implemented in recent years. "The NIHB program has improved significantly over the past few years, and it continues to evolve. CDA's advocacy efforts have focused on improving the range of covered services to meet best practices, and reducing the administrative burden," he says. "Now, 85% of procedures covered by the NIHB Program do not require predetermination."

CDA continues to work closely with Health Canada and the Assembly of First Nations (AFN) on improving the NIHB Program, and CDA representatives attended the NIHB Provider Forum held by the AFN last October. The

event brought together care providers from across the full spectrum of health care with elected representatives of the AFN to discuss the ongoing joint review of the NIHB Program by the AFN and Health Canada.

Next on CDA's agenda is bringing the frequency limitation on complete dentures and partials down to a 5-year period—the program being currently based on an 8-year period. CDA would also like the NIHB Program to allow for more electronic submissions and verifications, especially in off-hours, to expedite processes and reduce administrative burdens.



(L. to r.) Dr. Phil Poon, chair of CDA's NIHB Subcommittee; Dr. Ian Ross, president of the Canadian Association of Oral and Maxillofacial Surgeons; Chief Isadore Day, Ontario regional chief for the Assembly of First Nations; Dr. Jim Tennant, former CDA Board member and representative from the Northwest Territories and Nunavut Dental Association; Kevin Desjardins, CDA director of public affairs.



CDA's advocacy efforts have focused on improving the range of covered services to meet best practices, and reducing the administrative burden.

— Dr. Tom Raddall



Mr. Kevin Desjardins, CDA director of public affairs, is pleased with the progress made so far to improve the NIHB Program. "The hard work of CDA's NIHB Subcommittee chaired by Dr. Phil Poon of Winnipeg, coupled with CDA's targeted and persistent advocacy efforts have incrementally improved the benefits and range of treatments offered in the NIHB Program to First Nations peoples," he says. "We will continue to push for improved benefits to ultimately see improved oral health outcomes." ♦



To learn more about the NIHB program, refer to the **2017 Dental Quick Reference Sheet** provided in the polybag of this issue of CDA Essentials magazine.

Correction Revisions have been made to the "Endodontic Policy" section, for molar predetermination requirements, as of February 2, 2017. CDA Essentials apologizes for this error.

Recent changes to the NIHB Program

▶ Predeterminations

Dentists are now able to fax predeterminations to the Dental Predetermination Centres.

▶ Crown Policy

As of September 1, 2016:

- The Program considers coverage of up to 4 crowns in any 10-year period (as opposed to 1 crown every 3 years).
- The frequency for coverage of cores and posts reflects the new crown policy.
- The Program now considers coverage of a single unit crown on extensively restored teeth (endodontically or non-endodontically treated) where the existing tooth structure can no longer support a direct restoration.

▶ Endodontic Policy

Following the last phase of the NIHB Endodontic Trial Project in late 2015, the Program announced the official removal of the predetermination requirements for standard root canal treatment procedures on bicusps and first molars.

As of December 9, 2016:

- The Program no longer requires a predetermination for standard root canal treatment procedures on second molars;
- Second molars may be considered for coverage for standard root canal treatment in situations where the first molar is present.

The frequency limitation of 3 root canal treatment procedures in a 36-month period remains in effect for all teeth.

Predetermination is still required for third molars at all times.

▶ Removable Prosthodontic Policy

As of January 4, 2016:

- The Program considers requests for coverage for removable acrylic partial dentures, once in any 5-year period, per arch.

To be considered for coverage, all procedures on all teeth must meet current criteria and guidelines of the NIHB policies.

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Newcomer Children to Canada

Abstract:

Introduction: Newcomer children to Canada have been identified as a moderately high-risk group for developing Early Childhood Caries (ECC). The purpose of this study was to investigate the oral health of preschool children from newcomer (refugee and immigrant) families in Winnipeg, Canada.

Methods: Children < 72 months of age and their parent or primary caregiver were recruited from several newcomer settlement agencies, dental clinics, and community programs. Parents and caregivers completed a short questionnaire with the assistance of a team member. Children underwent a dental examination. Results of the questionnaire were combined with those of the clinical exam and statistical analysis was done. A p value of ≤ 0.05 was significant.

Results: A total of 211 children were recruited. The mean age was 40.2 ± 15.4 months and 54.0% were male. Overall, 45.5% of children had ECC while 31.8% had severe ECC (S-ECC). The mean dmft score was 2.2 ± 3.8 (range 0 - 19) while the mean dmfs score was 4.8 ± 11.0 (range 0 - 63). Infant dental emuculation was observed in six children. Logistic regression analyses showed that Increasing age, the presence of debris on

teeth, parents believing their child has dental problems, and the presence of enamel hypoplasia were significantly and independently associated with ECC and S-ECC.

Conclusions: ECC is prevalent in children from newcomer families to Manitoba. These data will inform advocacy efforts to improve access to dental care and tailor early childhood oral health promotion and ECC prevention activities for refugees and recent immigrants.

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Dental Caries in Children

Addressing the Root of the Problem

Throughout his career, pediatric dentist Dr. Burton Edelstein has focused on advancing the interests of children and families. A professor of dentistry and health policy at Columbia University, Dr. Edelstein also chairs the section of population oral health at the university's College of Dental Medicine. He previously led the U.S. Surgeon General's Workshop on Children and Oral Health, and was instrumental in securing dental coverage under the United States Children's Health Insurance Program and Health Reform.

Dr. Edelstein was the keynote speaker at the launch of the Alliance for a Cavity-Free Future (ACFF) North American chapter in 2015 (see p. 23). CDA asked him to tell us more about rethinking our approach to oral health to better support children and families.



Dr. Burton Edelstein

This interview has been condensed and edited.

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

Can you explain the importance of using the right words to get our message across?

We've been stumbling over our own language. The first language problem that we have is conflating the word **caries**—the disease process leading to cavities—with the word **cavities**—the outcome that results from that process. As long as we call the disease outcome the same thing as the disease process, we won't have the capacity to share with families that there's a disease process that leads to cavities. If we call them different things we can address them differently. We can then help families understand what they need to do to address caries—and if everything fails then we deal with the cavities that result.

The second language problem is the distinction between **oral health** and **dental care**. It's almost intuitive that people

appreciate that medical care is not the source of our health. And yet we tend to think that we get our oral health from our dental care provider. Dental care is an important contributor to oral health, but so are social, environmental, genetic, and behavioural contributors. Most of the determinants of dental caries happen in the home, not in the dental office! As long as we entertain the idea that oral health comes from the dentist, we won't be able to get our message across. We need to share oral health responsibility appropriately with families: they take the primary role; we take the supportive role.

What pieces of the oral health puzzle are dentists missing?

Right now in New York City, a number of community health workers (CHWs) are working with over 1,000 families for a year, helping them to first learn about caries



Until we better understand the life circumstances, conditions, experiences, constraints and facilitators the families face, dentists will keep asking people to do things that in fact they're not able to do.



Watch the full interview
with Dr. Edelstein at
[oasisdiscussions.ca/
2016/08/15/acff](http://oasisdiscussions.ca/2016/08/15/acff)

and second adopt salutary oral health behaviours on a day-to-day basis. By visiting families in their homes, they learn about the social, environmental and physical barriers to parents doing what they know they should be doing. They see the challenges families have to overcome to care for their children's mouths: dysfunctional kitchen appliances—not having a stove or having a broken refrigerator—that make it hard to rethink how to feed the family, not having money to purchase oral hygiene supplies, having a daycare provider they cannot convince not to feed kids candy all day, family members who prioritize quiet over getting the kids' teeth brushed, etc. So many factors play into parents' capacity to provide healthful diets for their families and brush their kid's teeth twice daily with a fluoridated toothpaste. Until we better understand the life circumstances, conditions, experiences, constraints and facilitators the families face, dentists will keep asking people to do things that in fact they're not able to do.

You are a strong proponent of having meaningful teams to help dentists and families. Who does that include?

I still cherish dental care; dentists play a critical role. But the classic team of the dentist, the hygienist, and the assistant needs to be expanded if we want to drive home health behaviours. It needs to be expanded to include people who are trained in, experienced in, and practice health behaviour change. Who are those people? Health educators, social workers, dieticians, and CHWs.

Why CHWs? Because they are of the community. They speak the same language. They've had many of the same experiences. They know their fellow parents. They're in the best possible position, with the right support, to work with families in a way that will make a difference on a day-to-day basis.

How can a general dentist owning a practice reach out to those other team members?

That is THE question! We are not asking every general dentist in a private practice to have such a wide array of people working for them. Rather, we are asking dentists to start thinking about referrals to nutritionists, social workers, health educators, and CHWs. In terms of the helping

professionals, you can go online and find resources on the professional associations' websites. What these professionals will be missing is information on oral health. That's why we need to take on the responsibility of working with a select professional and bring them up to speed as to what dentists are asking of families, explain what we bring to our families, find out what our peer professionals bring to our families, and determine how we can meet in the middle.

Where do we find CHWs? They're employed by community-based organizations (CBOs). Those organizations already have programs such as early intervention, head start, and home visiting programs. They already have CHWs working in asthma, obesity, HIV and many other conditions that have, just like dental caries, strong social determinants. We need to find those CBOs in our communities, talk to their executives, find what programs they offer, and connect our interest with their capacity.

What kind of verbiage should we use when referring a patient to a helping professional or CHW?

The same we would use to refer them to a dental specialist. When we refer a patient to a dental specialist, we don't say "I'm inept at... I can't do... I don't know how to... I don't have the tools to..." We rather say "You have a particular condition a specialist can help you with, and I'm going to coordinate care with that specialist." Same thing here. I personally would say something like "I would love to spend the next hour with you going over what's getting in the way of you helping your child do the things that I know you want to do for them. But unfortunately I'm not an expert in this, and I want to use my expertise to coordinate your care and provide the treatment that only I can provide. I want to connect you with people who can really partner with me—and partner with you—to help you do the things at home that are going to make your kid healthy and stay healthy, especially since we've already noted that your kid has a mouthful of troubles. We know that the strongest predictor of future troubles is current troubles. If we can just turn off the tap of new disease and help your child get on a new path of health, that would be terrific for all of us. Your child wins, I win, you win. And it's going to be less costly for everybody." ♦

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APRIL 20, 2017

GRAD MENTOR DINNER

Celebration of the Class of 2017 graduates
of College of Dentistry, U of M

Mentors, MDA board members, Mentorship co-chairs Dr. Jenny Gill and Dr. Betty Dunsmore and sponsors UMDAA and Scotiabank gathered to celebrate the graduation of the Class of 2017 from the College of Dentistry and the mentorship program they initiated for these graduate dentists into the Profession of Dentistry in September 2013.

Thank you to Unimor and Active Apparel for the embroidered lab coats presented to every graduate and to the Fairmont Hotel for a wonderful dinner and evening.



Photos by Rod Braun

Congratulations!!

On behalf of ROI Corporation, it is my personal pleasure to wish you our sincerest best wishes upon your graduation.

You are embarking on a new chapter in your career and it can be stressful to establish yourself. Nothing is better for staying motivated than some words of wisdom by people we all appreciate.

I would like to share one of my personal favourites with you.

"My favorite animal is the turtle. The reason is that in order for the turtle to move, it has to stick its neck out. There are going to be times in your life when you're going to have to stick your neck out. There will be challenges and instead of hiding in a shell, you have to go out and meet them."
Ruth Westheimer

We at ROI Corporation are happy to help whenever you need us!

Jacqueline A. Joachim
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Oral Cancer Screening

We were thankful that so many people took the time to stop by our Oral Cancer Check – presented by Sirius Benefit Plans, on April 29, 2017. A total of 103 people were screened by the Manitoba Dental Association dentists and specialists. One went to immediate biopsy and follow-up that morning and 7 are scheduled for possible biopsy and/or follow-up this week and 1 referral to their GP.

These numbers tell us that we have more work ahead, as we continue to raise awareness about Oral Cancers. When in doubt, get checked out?

- A sore on the lip or in the mouth that does not heal.
- A small ulcer which looks like a common canker sore.
- A white or red patch on the gums, tongue or lining of the mouth.
- Unusual bleeding, pain or numbness in the mouth.
- A sore throat that does not go away, or a feeling that something is caught in the throat.

- Difficulty or pain with chewing or swallowing.
- Swelling of the jaw that causes dentures to fit poorly or become uncomfortable.
- A change in the voice and/or pain in the ear.

Thanks to Never Alone Foundation, Blue Bomber alumni, mascots Buzz and Boomer, CTV news and CJOB radio for coverage of the event, Never Alone executive director Michael Shiefer, spokesperson Lyle Bauer and the many tireless Never Alone volunteers and our Manitoba Dental Association dentists, specialists, dental assistants, office personnel and fans.

Big thanks go out to our dental suppliers of equipment and supplies;

Gerry Hagglund from Sinclair Dental

Cam Mailey from Central Dental

Kevin from Henry Schein

Dayne Gluting from Crest/Oral B



Photos by Ron Gilfillan





Conversation on Codes

DR. MIKE SULLIVAN
CHAIR, ECONOMICS COMMITTEE

Frequently the Manitoba Dental Association receives calls and emails from both the public and practitioners inquiring about codes and how procedures should be billed. To assist members and their staff, the Economics Committee is providing the third in a series of articles focusing on common questions related to specific codes and their suggested use.

Simple and Complex Extractions: The Difference in Billing

The majority of extractions that take place in the dental office are uncomplicated, performed using an elevator, forceps or combination both. These extractions are covered by code 71101. Additional extractions taking place at the same time and in the same quadrant or sextant and are additionally uncomplicated are covered by code 71109.

However, there are times when they are more complicated, requiring the raising of a flap, possible sectioning of the tooth and/or bone removal. These extractions are covered by codes 71201, 72111, 72211 and 72221. It is important to use the correct code. The code descriptor is your guide.

Code 71201: used for a complicated extraction requiring a flap and/or sectioning of the tooth.

Code 72111: used for the removal of a soft tissue impacted tooth. This requires the incision of overlying soft tissue and removal of the tooth.

Code 72211 and 72221: used for the removal of bony impacted teeth. The first code describes the necessity of incision of overlying soft tissue, elevation of a flap and EITHER removal of bone and tooth OR sectioning and removal of tooth "partial bone impaction". The second code refers to necessity of both sectioning of tooth AND the removal of bone "complete bone impaction".

For example, you are planning to remove a lower molar which has been endodontically treated.

You think it will be an uncomplicated extraction 71101, but after elevating the tooth you apply the forceps and the crown breaks off. At this point you have to section the roots and are able to elevate them individually. This has become a complicated extraction 71201.

If you are removing more than one tooth in a quadrant or sextant and the initial tooth is a surgical extraction while the second tooth is an uncomplicated extraction, it should be billed as 71201 then 71109 for the second tooth. The codes 71209, 72119, 72219 and 72229 are used only for the removal of additional teeth in a quadrant or sextant that also require a complicated extraction. Again the code used would be according to its descriptor.

Of course you may decide in advance that the tooth will be a complicated extraction. Loss of tooth structure, endodontic treatment, long roots, curved or ankylosed roots may all pose issues. Pre plan the surgical extraction and the appropriate code accordingly.

The removal of roots is covered by codes 72311, 72321 and 72331 respectively.

A word on sutures. If after the uncomplicated removal of a tooth you determine for proper healing the placement of one or more sutures is required, you would do so and still bill for an uncomplicated extraction 71101. The extraction does not become complicated 71201 simply with the addition of adding sutures.

This article would not be complete without a word on Alveoloplasty. The code 73121 is not to be used in conjunction with extractions. If you are performing a complicated extraction requiring a surgical flap, alveoloplasty would be included in the surgical fee. You would not normally bill this code in addition.

It is important to ensure that you bill the correct code for the procedure you provided. For further information refer to the preamble and descriptors in the MDA Suggested Fee Guide or contact Ms. Pamela McFarlane by email: pmcfarlane@manitoba-dentist.ca. Please provide a clear explanation on the specifics of your billing enquiry so that we can accurately assist you.

Conversation on Codes is provided by the Manitoba Dental Association Economics Committee.



New CDSPI Advisor

MIKE TYLER

CDSPI ADVISORY SERVICES INC.

I recently chatted with Mike Tyler, the new Investment Planning Advisor for Manitoba from CDSPI Advisory Services Inc. I was particularly pleased to speak to Mike because this is the first time that they have had a dedicated representative in the province. He is looking forward to speaking with as many of you as possible in the near future to discuss your financial goals, and strategies to help achieve them.

Please tell me a little about yourself.

I've spent the last 20 years working in the financial services industry, a portion of which were devoted to serving medical professionals and their families. So I'm well versed in financial planning strategies for incorporated and high net worth professionals. I particularly enjoy taking complex ideas and strategies and making them both easy to understand and practical. I hold the Certified Financial Planner® (CFP®) and Financial Management Advisor (FMA) designations.

Outside of work, I'm the proud parent of one daughter. I was formerly a jazz and classical musician, and I continue to pursue music as a hobby, sharing this passion with my daughter, who is a very talented singer if I may say so.

You certainly may! What do you like most about working with/in the dental community?

The dental community is a dynamic group that is smart, hard working, dedicated and loyal. Working in this community gives me an opportunity to connect with like-minded people who see the benefit of planning, and have a real need for consultative investment management as they work toward their personal and financial goals.

How do you feel about joining CDSPI?

I'm excited. First of all, it's an organization that's held in high regard in the dental community—that counts for a lot. And I particularly like the fact that, as a non-commissioned financial planner, I can give completely unbiased advice that's always in my clients' best interests. Finally, as someone who has lived in Manitoba for many years, I'm looking forward to being the go-to guy for investment advice for dentists in this province.

What is the most common question or inquiry you get from a dentist on any topic?

How do I protect the wealth that I have worked so hard to build so I can live comfortably and not worry about running out of money?

What is the one piece of advice you would give a dentist?

Get a second opinion on your investments from someone who specializes in working with dentists and their families. Just because you have been doing something a certain way for a while doesn't mean you couldn't benefit from a fresh look and a tune up. I'm here in Manitoba as a resource for the dental community, so if you are wondering how your current strategy is doing, or if there are ways you could be paying less tax or fees, I'm happy to offer an objective opinion.

What is the one service an MDA member must take advantage of at CDSPI?

Apart from our financial planning service, I would say the Members' Assistance Program (MAP).^{*} MAP provides an extensive health and wellness resource for the dental community, including 24/7, confidential counselling for people who may be dealing with specific issues. You can check out their website at workhealthlife.com or call the CDSPI dedicated line at 1-844-578-4040.

What's the most common misconception about CDSPI and/or their services?

That we are primarily an insurance organization. Today, CDSPI offers so much more than insurance. We have a full lineup of investment funds, a discretionary management platform for high net worth investors and an affiliation with a discount broker. But most important, and what differentiates CDSPI Advisory Services Inc., is the objective, specialized advice centered around dentists.

What can MDA members look forward to when working with you?

When working with me, MDA members will find someone who is interested in them. Who will take the time to get to know you and your family and what's important to you. Someone who will help you reduce worry about finances, assure your family is protected, and act as your financial sounding board.

Where can members reach you?

My office is at 330 St. Mary Avenue (Suite 311) in Winnipeg, and you can reach me by phone at (204)809-5977 or toll free at 1-800-561-9401, ext. 6847, and by email at mtyler@cdspi.com. If you have any questions, or would like to review your situation please don't hesitate to contact me.

^{*} MAP is operated by Shepell, the largest Canadian-based Employee and Family Assistance provider in the country. Available services vary by region. Use of MAP services is completely confidential within the limits of the law.

Seven Ways Dentists can Act Against Antibiotic Resistance



Dental providers are uniquely positioned to play a role in preventing the spread of antibiotic resistance. Here are seven simple “how-tos” for safe, appropriate antibiotic prescribing and use when treating dental infections.



1

MAKE an accurate diagnosis.

2



When prescribing an antibiotic, **CHOOSE** the right drug for the right dose and duration.

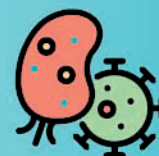
3



USE narrow-spectrum antibiotics for simple infections and preserve broad-spectrum drugs for more complex infections.

4

AVOID prescribing antibiotics for viral infections.



6

KNOW the side effects and drug interactions of an antibiotic before prescribing.



7



TEACH your patients about appropriate antibiotic use and emphasize the importance of taking antibiotics exactly as directed.



Centers for Disease
Control and Prevention
National Center for Emerging and
Zoonotic Infectious Diseases

To learn more:
<https://www.cdc.gov/getsmart/community/materials-references/print-materials/hcp/>

Non-Insured Health Benefits (NIHB) Program

2017 Dental Quick Reference Sheet



Who is eligible for NIHB coverage?

Registered First Nations and recognized Inuit residing in Canada

What identification should an eligible client provide?

An eligible client should provide one (1) piece of photo ID and one (1) of the following:

- Indian Status Card*
- Northwest Territories Gov. Health Plan Number*
- Nunavut Gov. Health Plan Number*
- FNIHB Client Identification Number (N-Number)*

*Please do not deny service due to expiration of any of the ID's listed above. Benefits are still eligible.

Note: It is the responsibility of the provider to verify that the client is who they claim they are prior to rendering service.

If a client declares that his/her status card is lost or stolen, what can I do?

If a client declares that his/her card is lost or stolen, providers can call the Express Scripts Canada Call Centre to verify client eligibility with NIHB.

Clients should be encouraged to apply at Indigenous and Northern Affairs Canada (INAC) or their Inuit land claims organization for a new card as soon as possible.

Are unregistered infants eligible for coverage under NIHB?

Parents and guardians of infant children must apply for registered Indian status or seek recognition from their Inuit land claims organization as soon as possible to ensure their child's access to NIHB benefits.

Please contact the NIHB Dental Predetermination Centre if dental services are required for an unregistered infant.

What does the NIHB Program cover?

NIHB covered services are divided into two (2) schedules:

Schedule A:

- Does not require predetermination (PD)
- May have frequency limitations (It is **highly** recommended that you call Express Scripts Canada prior to each procedure to confirm a client's frequency limitation)
- Can be billed directly to Express Scripts Canada

Schedule B:

- Requires a PD prior to services being rendered
- PD requests must be sent to the NIHB Dental Predetermination Centre for review against NIHB policies
- PD requests require the submission of supporting documentation which varies depending on the dental service requested (see table on reverse)

Please note that some dental services are not covered under the NIHB Program. These services are defined as **exclusions** and cannot be considered for appeal. **Examples include (not limited to):** fixed prosthodontics, implants and all implant related procedures, cosmetic services, and porcelain/ceramic crowns.

Are NIHB fees the same as provincial/territorial dental association fees?

The fees set by NIHB do not necessarily align with those set by each dental association. Please refer to your Regional dental Benefits Grid. Dental providers are encouraged to directly bill the Program at the NIHB fees, so that clients do not face charges at the point of service.

The published list and fees of procedures covered by the NIHB Program can be found on the Express Scripts Canada website: <http://provider.express-scripts.ca/dental/benefit-grids>

Where can I find the forms needed to submit a claim or PD request?

<http://provider.express-scripts.ca/dental/forms>

Is there an appeal process for clients?

Following the denial for coverage of a dental service, NIHB clients have the right to appeal the Program's decision.

- There are three (3) levels of appeal
- Appeals must be initiated in writing and signed by the client, parent or guardian
- At each stage, the appeal must be accompanied by complete supporting documentation

More information regarding the appeals process can be found at: www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/appe/index-eng.php

Where can I find further information on the NIHB Program?

Health Canada Website for policy and program information:

www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/index-eng.php

Express Scripts Canada Website for bulletins, announcements, regional benefit grids (Schedule A & B), newsletters, forms, Dental Claims Submission Kit, and the Dental Benefits Guide:

<http://provider.express-scripts.ca/>

Information on the *NIHB Provider Audit Program* can be found in the Dental Claims Submission Kit (Express Scripts Canada Website):

<http://provider.express-scripts.ca/dental/claims-submission-kit>

Who do I contact with questions about the NIHB Program?

For inquiries to address issues such as, but not limited to:

- General NIHB dental benefit information
- Client and dental service eligibility
- Frequency limitations
- Claim processing outcome
- Billing process, including payment

Contact Express Scripts Canada Call Centre at
1-888-511-4666

For inquiries to address issues such as, but not limited to:

- NIHB specific information on dental policies
- Status of specific PD request, including outcome

Contact DPC - Dental Services at
1-855-618-6291
or DPC - Orthodontic Services at
1-866-227-0943

PD Supporting Documentation Requirements

Requirement	Scaling/Root Planing	Endodontic Services***	Crowns	Removable Partial Dentures	General Anaesthesia/Sedation
PD/Post-D request on a complete claim form	√	√	√	√	√
Comprehensive treatment plan	√	√	√	√	√
Periapical radiographs	√	√	√	√	√
Bitewing radiographs	√	√	√	√	√
Notation of all missing teeth	√	√	√	√	√
Periodontal charting	√	√	√	√*	
Periodontal tooth specific measurements		√	√	√**	
All pertinent clinical findings/notes/rationale	√	√	√	√	√

NOTE: Checkmarks indicate mandatory requirements. Other supporting documentation may be required.

*Periodontal Screening and Recording (PSR), and/or Periodontal assessment may be submitted in place of periodontal charting.

** For abutment teeth

*** For requests above frequency; for teeth #8; or when requested by the dental provider.

Contact Information

<u>Express Scripts Canada</u>	<u>NIHB Dental Predetermination Centre (DPC)</u>	<u>NIHB Dental Predetermination Centre (DPC)</u>
<p><u>Inquiries</u> Express Scripts Canada Provider Claims Processing Call Centre: 1-888-511-4666</p> <p><u>Dental claims</u> Express Scripts Canada, NIHB Dental Claims 3080 Yonge Street, Suite 3002, Toronto, ON M4N 3N1</p> <p><u>Other Correspondence</u> Express Scripts Canada 5770 Hurontario St., 10th Floor Mississauga, ON L5R 3G5</p>	<p><u>Dental Services</u> NIHB, FNIHB, Health Canada Address Locator 1902D 2nd Floor, Jeanne Mance Building, 200 Eglantine Driveway Ottawa, ON K1A 0K9</p> <p><u>Phone Numbers</u> Toll Free Phone: 1-855-618-6291 Toll Free Fax: 1-855-618-6290</p>	<p><u>Orthodontic Services</u> NIHB, FNIHB, Health Canada Address Locator 1902C 2nd Floor, Jeanne Mance Building, 200 Eglantine Driveway Ottawa, ON K1A 0K9</p> <p><u>Phone Numbers</u> Toll Free Phone: 1-866-227-0943 Toll Free Fax: 1-866-227-0957</p>

International College of Dentists

The International College of Dentists (ICD) is a world wide honorary dental organization established in 1927 with over 12,000 active members in 122 countries. Fellowship in the College is by invitation only and is granted in recognition of an individual dentist's "outstanding professional achievement, meritorious service and dedication to the continued progress of dentistry for the benefit of humankind. Once an individual is proposed for membership their achievements and qualifications are reviewed by a credentials committee to ensure they meet the criteria for this honour.!

The Canadian Section was formed shortly after 1927 and was the first Section outside the United States. Section 2 is composed of seven districts across the country. It is administered by an Executive and a Board of Regents. Presently there are approximately 700 members in Canada. The Canadian Section provides a scholarship to each of the Canadian Dental Schools every year. The William J Spence ICD Memorial Foundation has been established to support outreach dental missions. This Foundation receives voluntary donations from Fellows across Canada each year. These funds are used to support humanitarian missions in Canada and around the world. This past year over \$39,000 was donated to five such missions. Each year a Convocation Ceremony is held usually in conjunction with the Canadian Dental Association Meeting where the ICD fellowship is bestowed on deserving candidates. The Canadian Section has it's own Tartan developed by Fellow Carol Martin. All proceeds from the sale of items made with the Tartan support the Spence Foundation. The Canadian Section also has a website <http://icd-canada.org> which gives a lot of information about the ICD and its various activities. Please also visit the National website at www.icd.org!



The Manitoba District (District 4) has 77 members. It is administered by a Regent and a Deputy Regent who are presently Dr. Heinz Scherle and Dr. Jean Bodnar. The Manitoba Fellows voluntarily support through donations the Mobile Dental Service at the School of Dentistry. As mentioned previously each year a scholarship is given to deserving student at the School. Recent recipients were Christopher Ward, Jeff Bassey, Manon Foidart and Alana Junaid. Manitoba Fellows are very active at the National Level. The National Registrar is Master Fellow Bob Baker, the National Treasurer is Allan Baker and Marcel Van Woensel is chair of the Constitution and By-Laws Committee. The President of the Spence Foundation is Bill Christie and the Treasurer is Brock Love. Some of the Manitobans who have been National Presidents more recently are Ken Skinner, Gene Solmundson, Mike Suzuki and Bob Baker. The last two Convocation Ceremonies were held in Jasper (May 2016) and Toronto (May 2017). The Manitobans welcomed into the ICD at those two convocation ceremonies were Dr. Nancy Auyeung, Dr. Allan Cogan, Dr. Michael Sullivan, Dr. Carmine Scarpino, Dr. Roberta Krawat, Dr. Jack Bassey and Dr. Laurence Lau. Many Manitoba Fellows travel to the Convocation Ceremony each year to support our new members. Locally we have an Annual Dinner held in the spring. We recognize our student award winner, have a guest speaker and enjoy a great meal and an evening of fellowship.

Membership in the ICD offers the Fellows a sense of satisfaction for the work they have done for Dentistry and their Community because they have been recognized by their peers. It is a way of networking and socializing with other Fellows, provides an opportunity to participate in humanitarian missions and continue to be leaders in Dentistry.



The International College of Dentists, Canadian Section held its Annual Meeting and Convocation in Toronto May 5-6, 2017. The College recognized 48 new Fellows from across Canada including 12 from British Columbia, 2 from Alberta, 3 from Saskatchewan, 3 from Manitoba, 25 from Ontario and 3 from Atlantic Canada.

The International College is a leading honorary dental organization dedicated to the recognition of outstanding professional achievement and meritorious service and the continued progress of the profession of dentistry for the benefit of all humankind.



Class of 2017

Front Row: (L-R) Louise MacLeod, Phoebe Tsang, Michael Thomas, Leetty Huang, Sec.-Gen. Jack Hinterman, President Ian Doyle, Pres.-Elect Cliff Swanlund, Helen de Man, Bonnie Chandler, Homa Jammehdiabadi, Roberta Krawat, Tamara Wright.

Second Row: Registrar Bob Baker, Olaf Plotzke, Devinder Sehgal, Charles Shin, Mike Prestie, Norman King, Alexander Hird, Allan Hovan, Anthony Li, Bill Hawrysh, Robert Bouclin, Jean-Pierre Picard, Laurence Lau, Joan Eaton, Frank Lee, Josephine Chung, Judy McCartney, Janis Boyd.

Third Row: John Glenny, Brian Jafine, Brent Dergousoff, Daryl Penner, Brock Nicolucci, William Rosebush, Carlos Quinonez, Martin Brochu, Aviv Ouanounou, David McLeod, Ted Clement.

Fourth Row: Jacques Thibault, Jack Bassey, Russell MacSween, Waji Khan, Serge Sanovic, Nazeem Kanani, Robert Morin

Dental Assisting Program Red River College

Exciting news to report from the Dental Assisting Program at Red River College!

- Faculty changes:

Program Coordinator: Marie Killbery

Instructors: Michelle Hannesson, June Kraushar, Athena Wilford

Educational Assistant: Filomena Moniz

Associate Instructor: Lois Bergs, TecVoc High School Dental Assisting

Part time Hygienists: Denise Lo, Debby Paradoski

Part time Dentists: Dr. Rhiannon Orloff, Dr. Hamish Varshney

- The new program name is simply Dental Assisting as we not only teach Level II, but also include the additional skills; mouth guards and whitening.

- The faculty is committed to providing educational excellence through their involvement with the NDAEB. Marie Killbery is the site Coordinator and Facilitator for the Clinical Practical Evaluations; Athena Wilford is the NDAEB board member representing the MDA; Lois Bergs is an invigilator with the Written Exam Committee as well as an Evaluator for the Clinical Practical Evaluations.

- The RRC Dental Clinic has received new equipment. All dental units are equipped with DCI carts with fibre optics and self-contained water systems; the sterilization room is upgraded with a HYDRIM instrument washer and a STATMATIC handpiece cleaner. We have progressed to digital imaging only.

- Guest speakers are scheduled to deliver presentations on Oral Health (Sunstar); Infection Prevention (Germiphene); Restorative Implants (Faculty of Dentistry and Nobel) and Digital Impressions (Patterson).

- A new inter-professional program initiative between Dental Assisting and Nursing will involve blood pressure clinics, oral health instruction, oral pathology case studies and public participation in oral health presentations.

- Rotations at the Faculty of Dentistry in the main clinic as well as perio, surgical and ortho grad clinics provided an excellent opportunity for students to have more exposure to chairside assisting prior to going to Practicum.

- Students are involved with volunteering at the MDA Convention; Open House; Oral Health Presentations; Guatemala Dental Mission.

- The Refresher for Dental Assistants will be offered through the School of Continuing Education on an 'as needs' basis starting in the fall 2017. Great news for Assistants who can't wait to get back into the profession!



Marie Killbery



Michelle Hannesson



June Kraushar



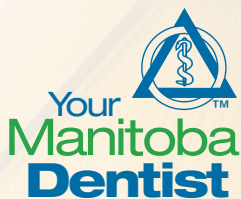
Athena Wilford



Filomena Moniz



Lois Bergs



PRESENTS
LUCKY STIFF

The 4th Biennial
All-Dentist Musical

Thank You to our 2017 Sponsors, patrons and everyone who contributed to making **Lucky Stiff** an artistic and financial success!!

GOLD



SILVER

Dr. Chris Cottick



BRONZE

Madison Square Dental

Crestwood Dental Centre



EVENING - MAY 4TH



EVENING - MAY 5TH



EVENING - MAY 6TH



AFTERNOON - MAY 7TH

Dr. Jerry Abells

RECEPTION FOOD



Ceramic Plus Dental lab



RECEPTION WINE

PELLER  ESTATES

REHEARSAL FOOD



WELLINGTON

Dr. Randall Warkentin



Raffle Ticket
Winners:

PRIZE 1:
Cheyanne
Birchwood

PRIZE 2:
Tom Harrison

GRAND PRIZE:
Craig Fedorowich

Net Proceeds to:



Presented in Association with:



How to Strengthen Your Defensibility Part B

JOHN P. BARRY, QC
COX & PALMER

Recommended Practices That May Help Avoid a Successful Malpractice Lawsuit

In the last issue, we provided the first of two articles written by John Barry, an attorney in New Brunswick who has represented many dentists and others in the health care community throughout his long and distinguished career. Mr. Barry has been recognized annually in both Best Lawyers in Canada and the Canadian Legal expert Directory since both ratings were established.

Previously, Mr. Barry talked about the ways to avoid potential issues by knowing as much as you can about your patients, obtaining informed consent, and referring them to specialists when appropriate. In this article, he discusses steps you can take when treating patients to avoid or limit damages should a case head toward the courtroom.

Susan Roberts, BA, FLMI, ACS, AIAA, CHS™
Vice-President, Insurance Advisory Services
CDSPI Advisory Services Inc.

CHART, CHART AND CHART

In most cases, when a patient is dissatisfied with the outcome of a treatment, a solution can be found by notifying CDSPI, who will work with you and an adjuster to resolve the issue. But that doesn't always work. When a resolution can't be found, the issue may head toward a courtroom. This is where a lawyer like me becomes involved.

Although the case may never get as far as an actual courtroom, we have to proceed as if it will. That means that we have to rely on evidence, and the best evidence you can provide is your records. This includes your charts, notations, X-rays and other diagnostic results, and a full account of the communications you have had with your patient, including oral discussions concerning the current procedure.

To prove their case, a patient's counsel will attempt to use poorly kept records as evidence of a breach in the required standard of care. This includes any lapses, errors or inconsistencies to draw negative inferences about sub-standard care. The more thorough your records, the better your chance of success.

Unfortunately, in my many years of practise, I have often found that I am not as well armed as I would like to be when I go to battle on my clients' behalf. To that end, I offer this checklist of ways you can strengthen your defensibility before the need even arises.

Charts

Here are just some of the issues I frequently encounter:

- not noting prior dental work in the chart's dentition diagram;
- lack of regular updating to show the current status of dentition;
- lack of detailed observations, including non-compliance when it occurs;
- improper notation of test results;
- treatment plans that aren't updated.

Dates

This is a frequent source of grief for dentists who are defending a case, particularly where chronology is relevant. Clear dates should be applied to all notes and patient communications, X-rays (particularly for non-digital images) and other diagnostic results, and models of a patient's teeth at various stages before, during and after a procedure.

Treatment Plan and Patient Communication

Clearly indicate the recommended treatment plan, and the reasons for those recommendations, plus any alternatives that were suggested. Also note the potential consequences if no action is taken. Note the client's reaction, particularly if they refuse treatment. Hand-in-hand with the treatment plan is the signed Informed Consent Form that I discussed in the previous article.

Legibility and Understandability

If your charts or other notes are not clearly legible, their value as evidence may be compromised. Also, some dentists develop their own abbreviations, acronyms or other jargon that may not be generally understood. Try to avoid this. Even with computerized charting and records, you need to make sure entries are complete and comprehensible.

Don't Make Promises

This is something to avoid, either in written form or verbally. It's natural to want to be reassuring and optimistic with your patients, but they tend to have long memories, and sometimes, unreasonable expectations. Anything approaching a guarantee is never a good idea.

Apart from filing a lawsuit, patients have other ways of expressing their dissatisfaction that could cause you some pain. For example, they might lodge a complaint with your dental board, college or association, which may trigger a hearing where you will need legal representation. Although rare, the cost can be estimable, and it is not covered by your malpractice insurance. However, CDSPI offers Legal Expense Insurance which covers costs for hearings and a number of other legal proceedings that require professional representation. I strongly recommend that you protect yourself with this potentially valuable coverage.

I recognize that in a busy practice it may feel like overkill to cross all the t's and dot all the i's when it comes to keeping meticulous records and getting fully informed consent. All I can do is reinforce, from my considerable experience, that you will reap the rewards of that extra care, both in successful legal outcomes, and the peace of mind that proper documentation provides.

John P. Barry, QC
Cox & Palmer
Saint John, New Brunswick
jbarry@coxandpalmer.com

CDSPI Malpractice Insurance and Legal Expense Insurance are underwritten by the Aviva Insurance Company of Canada.

Post-Graduate Financial Planning

HARMAN KALER, CPA, CA
SENIOR MANAGER, PROFESSIONAL SERVICES

Congratulations on completing your academic career! As a recent graduate, you are excited about starting your career and realizing your vision for the future. As you transition from a student to a practicing dentist, building a strong financial plan is essential. Some factors you'll need to consider in your post-graduate financial plan include debt repayment, personal tax, retirement planning, and the need to consider the timing of incorporation and insurance.

Debt Repayment

Keep it simple. Prioritize debt by paying down your higher interest debt first. Interest on student loans begin to accrue immediately after graduation, even though repayment is not required immediately. Interest on personal debt is not tax deductible, except for provisions allowing tax credits for student loan interest (federal and provincial student loans). Depending on total debt accumulated, look at structuring a repayment plan to repay debt in full over 8 to 10 years.

Personal Tax

Along with the financial rewards of your professional dental career will come more complex personal tax responsibilities. Each graduate's personal tax responsibilities will differ from another as some graduates will have tuition credits remaining to reduce taxes owing in the first six months of practice. Whether graduates have tuition credits available or not, a good habit to build is setting aside 30-35% of gross billings received for taxes each time income is received. Setting aside your tax will help you construct a realistic personal budget.

Retirement

Starting retirement savings early is crucial. Retirement savings is often left for later in a professional career and playing the catch-up game on retirement savings is quite difficult. Start building a discipline of saving 10% of gross billings received. This can be accomplished through RRSPs, TFSA's and other savings accounts.

Incorporation

There are several factors to consider when deciding to incorporate:

1. Are you earning more income than you need for personal needs including debt repayment?
2. Are you able to income split with a spouse that earns low to nil income?
3. Do you expect to borrow funds to invest or purchase a practice?

If you're able to answer yes to any one of these questions then the timing for incorporation may be right for you.

Advantages of Incorporating

A significant benefit of incorporating is tax deferral and or tax savings. In Manitoba, a dental corporation pays a tax rate of 10.5% on the first \$450,000 of income. In a scenario that a dentist leaves income in a corporation that income will only be subject to a 10.5% rate until it is withdrawn for personal needs. Personal tax savings are generated using a dental corporation through income splitting with a spouse that earns low to nil income. Lastly, being able to defer funds in a corporation facilitates the ability to build wealth faster to help purchase a practice in the future.

Disadvantages of Incorporating

There are a couple of disadvantages when considering incorporation, as it can lead to increased accounting and tax requirements, as well with more legal requirements. As the accounting and legal requirements increase, so do the costs. Therefore, when considering incorporation you need to ensure the benefit you achieve through the dental corporation is greater than the costs you will be taking on.

Insurance

There are many insurance planning considerations to review as a graduate. Some of the insurance plans include disability insurance, malpractice insurance and life insurance. When reviewing each of the insurance policies, the main goal is to be objective and confirm your needs are being met for each policy type. Meeting with an advisor early after graduating is highly recommended.

Building a financial plan as soon after graduation will help you to better understand your options, and allow you to make the best choices today to determine what your future success looks like. MNP can provide assistance in answering these questions and are connected to an extensive network of specialists to help you build your practice.

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BGen (ret'd) JAMES NELSON WRIGHT CD, QHDS, DDS, MScD, NDC, MRCD(C), FICD, FACD, FIADS

September 29, 1933 – February 14, 2017

After a prolonged battle with cancer and surrounded by his devoted family, Dr. James N. Wright passed away at St. Mary's of the Lake Hospital, Kingston on February 14, 2017. He was 83 years old.

Jim leaves behind the love of his life Eliane, his wife and partner of 57 years, his proud daughters Tamara (Tammy), Michele and Lisa, grandchildren Maxime and Jessica Lemay, sister Laney Saley, nephews Michael Saley (Maria) and Martin Duhamel (Susan) and niece Laurie Mackay (Craig). He is predeceased by his parents James and Muriel Wright, brothers-in-law Denis Duhamel and Michael Saley and niece Teresa Saley.

Jim was born in Lethbridge, Alberta but left home at a young age in order to study, work and earn his way in the world. No job was too big or too small if it helped him achieve his goals. Originally set on studying Physics (which he took as an elective for "fun" at the University of Alberta) he switched courses, completing his dental degree through the Canadian Armed Forces. Shortly afterwards, he met and married Eliane who was to share equally in every adventure, challenge and success that his illustrious career and full life had to offer.

A man of few words but great ambition, Jim reached the pinnacle of not one but two separate careers. A consummate leader within the Canadian Armed Forces Dental Corps for 33 years, he achieved the rank of Brigadier General. Upon retirement from the military in 1986, he became Head of the Department of Stomatology, Associate Dean and finally Dean of the Faculty of Dentistry at the University of Manitoba until his second retirement in 1996. Few would have been able to excel in such disparate environments but this was just one of the many challenges he met head on, relishing the chance to win over those in doubt. As one colleague noted "while not everyone necessarily liked Jim, everyone admired him" for his intelligence and diligence as well as his decisive, fair and pragmatic leadership.

With awards and accomplishments too numerous to list, Jim was invested as Honorary Dental Surgeon to the Queen and left an indelible mark on military dentistry. His forward thinking leadership as Dean of Dentistry ensured success for the next generation of dental professionals. Enthusiastic travellers, Jim and Eliane embraced retirement with customary vigor, continuing to travel the globe and making Ajijic Mexico their beloved winter home for over 20 years.

A true hero to his family and many friends in Canada, the US and Mexico, Jim's legacy of lifelong learning, dedication to family and commitment to national and professional duty will forever be admired.

The Wright family is indebted to the entire staff at St. Mary's of the Lake Palliative Care Unit for their enduring care and compassion. Memorial and interment services will be held at a later date. In lieu of flowers, donations to the University Hospitals Kingston Foundation / St Mary's of the Lake-Providence Care Palliative Unit (www.uhkf.ca) would be greatly appreciated. Arrangements in the care of Robert J. Reid & Sons, "The Chapel on the Corner".

Joseph Fast 1941-2017

Joseph Arndt Fast, age 75, passed away peacefully on April 24th at Peace Arch Hospital in White Rock, BC with his two daughters by his side. Born in Russia in 1941, he was the son of his beloved mother Maria Toews. Joe graduated from the University of Manitoba with a large group of dentistry classmates and ran a successful dental practice Vancouver for over 46 years. He remained close with those classmates until his final days.

"Kokanee Joe", as he was known to his many pals on the golf course and ball field, was an avid sportsman from his earliest days. He excelled at hockey, baseball, and golf. In his later years he became a stickler for recording stats on his favorite teams.

He is survived by his wife Sandy (nee Smith) with whom he shared 51 years, daughters Robin and Kelly Jo, their partners Darren and Jason, and his large group of friends who are considered honorary "Fast family" members and have been in his life for over 50 years.

Joe lived a large life full of laughter, sport, toasting with friends, and most importantly love and loyalty. He has left a great mark on the world and his presence remains in the hearts of those who knew him best.

Joe would not have liked to leave behind a sad group of folks, so with that in mind his daughters are busily planning an event to honor his memory. Please contact celebratejoefast@gmail.com to be included in the celebration of this extraordinary man's life.

In lieu of flowers please send a donation to Kidsport Canada: <http://www.kidsportcanada.ca>

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