

MDA Bulletin

SUMMER 2022
Volume 42, Issue 2,
ISSN 070-1717



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Planned 2022 Dates and Topics:

Thursday September 8th – Wine & Cheese Meet & Greet Event
Monday November 7th – GPSC In-Person Lecture
Tuesday January 10th – GPSC ZOOM Lecture
Wednesday February 15th – GPSC ZOOM Lecture
Friday March 24th – GPSC In-Person Lecture
Saturday April 29th – GPSC Brunch & Lecture Panel

Watch for GPSC Lecture Details in our MDA Weekly Updates and in the next MDA Bulletin.

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**2022
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- **September 16: Dr. Ami Rihal, CMHR**
- **October 28: Dr. Taiseer Sulaiman, CMHR**
- **November 18: Dr. Michael Wiseman, Hyatt House**
- **February 10: Dr. Lisa Johnson, CMHR**
- **March 17: Susan McMahon, CMHR**

Register at:
WinnipegDentalSociety.org

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MDA Bulletin



The MDA Bulletin is published on a quarterly basis; submission deadlines are: February 20, May 20, August 25 and November 20.

Full colour, 8 1/2 x 11 published quarterly.

Circulation is approximately 1000 to Manitoba dentists and dental professionals.

Published online at ManitobaDentist.ca.

Advertisements may be submitted by email or CD accompanied by hard copy.

Please email submissions to: the Manitoba Dental Association by email:

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PRESIDENT'S MESSAGE

National Dental Care Program- Q and A and more Questions

An announcement was made in March 2022 that will considerably affect dentistry in Manitoba. The federal Liberals under Canadian Prime Minister Justin Trudeau agreed to launch a new National Dental Care Program for middle- and low-income Canadians in exchange for Jagmeet Singh's New Democrats supporting the federal government until 2025. A national dental care initiative was a key election promise for the New Democrats in the 2019 and 2021 elections. Currently, the federal government covers a portion or all oral health care costs to veterans, refugees and eligible Indigenous individuals.

Although the amount of public funding in dentistry in Canada increased to \$933 million in 2017, it still represented a small portion of national spending on total dental care. The \$15 billion spent on dental services in 2017, only 6% was attributed to the public sector (federal, provincial and municipal governments). Of that amount, 35% (approximately \$315 million) was related to the federal spending. The announcement of \$1.7 billion annual spending for the dental care program increases the federal contribution to public dental annual spending to over five times the current levels and the federal government becomes the largest single "plan sponsor" in Canada.

What do we know so far?

- \$5.3 billion is slated for this program. \$300 million this year and \$1.7 billion per year from 2023 to 2025.
- Eligibility is based on income level- families making less than \$90,000.00 and don't have dental insurance would be eligible for coverage but would have to pay a co-pay.

- Families earning less than \$70,000.00 per year and have no dental insurance are eligible and have no co-pay.
- Timing- the plan is to be phased in over three years- starting in late 2022, children 12 and under would become eligible for treatment.
- In 2023, the coverage would extend to 18 year olds, seniors, and people living with disabilities.
- The program would be fully implemented by 2025 to eligible Canadians of all age groups.

Who will be affected by the plan?

At the national level, about 12 million people or 32.4 % of Canadians in 2021 had no dental insurance. Of that, 6.5 million Canadians, falling within the qualifying income threshold, who don't have dental coverage could benefit from the plan. In Manitoba, there is approximately 61% of families that falls at or below the \$90,000 income level. This is a significant number as with an estimated population of 1.38 million people in Manitoba, this amounts to over 333,000 families, a good portion of which have no dental insurance, may be affected by the new national dental care program.

Manitobans over 65 years old should benefit from the new dental care program. Although the Employment and Income Assistance (EIA) program in Manitoba has been in existence for some time, a significant inequity exists where individuals at age 65 years old are disqualified from the program. This leaves Manitoba seniors to fend for themselves and try to extend the limited income to cover basic health and living expenses unable to afford basic oral health care

services. This segment of the population is growing. According to projections by the Manitoba Bureau of Statistics, between 2018 to 2028 in Manitoba, people age 65 years old and over are expected to increase by 31%. Statistics Canada predicts that in three decades about a quarter of the population of Canada will be over 65 years old.

How will the plan be implemented?

The implementation of the program along with numerous details are unknown. The NDP, which originally conceived the program, envision a stand-alone, federally administered system that will be expanded over the next three years. The language coming from the prime minister's office recently refers to working closely with the provinces, which has traditionally been responsible for health matters within the respective Canadian jurisdictions, to determine how to implement the program. The Manitoba Dental Association, along with other provincial dental associations is in alignment with the Canadian Dental Association with the recommendation that the single best way to quickly improve oral health and increase access to dental care is to invest in, and enhance, existing provincial and territorial dental programs.

In addition to questions about implementation, questions abound related to the administration of the plan. What will the details be regarding reimbursement schemes, services covered, and fee schedules? How will the program affect the eligible families that currently have privately sponsored dental coverage through their employment? How can the MDA affect the policies, design, implementation, and administration of the program to best benefit Manitobans?


The MDA has formed a working group to address the questions above. The MDA National Dental Care Program Working Group has the following broad goals:

1. Establish best system in the provincial level in the implementation of the national dental care program.
2. Ensure adequate funding is available for Manitoba to achieve stated goals by federal government for the national dental care program.

3. Improve current systems to maximize the benefit for the recipient.

4. Ensure program is viable to allow participation by MDA members.

The timeframe available to making strides towards accomplishing the goals above is short with the dental care program intended to be rolled out later in 2022. The significant investment by the federal government provides an opportunity to improve the access to care to Manitobans

that previously had limited access due to economic factors, and this could sensibly equate to improvement of level of oral and overall health for Manitobans. In the coming few months, stay tuned for updates as MDA makes progress in finding the answers to the questions above. 

TRINA BOURGEOIS, RDA III
PRESIDENT, MDAA



MDAA PRESIDENT'S MESSAGE

As I sit here and ponder the summer notes for this bulletin, I am not sure if I am feeling the summer vibe yet. We keep slipping between the possibilities of summer or this season of rain and flooding. I know people are hoping to have some summer fun whether this involves camping, cabin, Manitoba summer activities or venturing outside of Manitoba to travel to a long-awaited destination. Whatever this may look like enjoy your time with family or friends.

A few of our members, myself included are off to Ottawa to participate in the Canadian Dental Assistants Association annual general meeting. Finally, a time to get together and discuss the details and the ongoings of the provinces across the country. It is very interesting meeting and participating with our fellow RDAs across the country as every province has such different environments and representations.

As I reflect on our world and its heaviness with Ukraine still fighting such a challenging battle and now these incomprehensible school

shootings south of us in the US. I will never understand the disregard for conversations about gun control. Here in Canada and many other countries there is little to no issues like this, why do families have to continually lose children and teachers to children or young adults acquiring guns. I feel lucky to live in a country without these challenges.

On a more positive note, the MDAA board will continue to grow and work on improving the relationship with the dental field staff and work towards appreciating our members and support them. We hope to have the survey results from our most recent survey that was mailed out in the registration package within Manitoba. The CDAA has also sent out a survey regarding the mental health and wellbeing of our RDAs. This should provide some insight to how dental staff are managing after all the COVID related issues. Our new CEO, Duncan Stokes has been diligently working hard since the day he started. It has been a large task and undertaking for him to join in at our

busiest time and has managed to keep working through the challenges and surprisingly hasn't run away- not yet anyway! We look forward to seeing the great potential he has to offer and grow in his position.

Duncan represented the MDAA at the May RRC Polytech Awards Ceremony where two Dental Assisting Grads were recognized for their achievements.

Don't forget to consider nominating your favorite RDA of the month for our monthly give away. It's a small gesture that means a lot. Details on our website [RDA of the Month - MDAA - Manitoba Dental Assistants Association](#)

In closing, go out and grow, play, splash, and celebrate as summer is too short.

Thank you,

Respectfully submitted by Trina Bourgeois for the Manitoba Dental Assistants Association.



REGISTRAR'S MESSAGE

Social Media in Dentistry

The use of social media in dentistry today serves as a means of communication, publicity as well as a source of information. The COVID 19 pandemic has only served to further increase the amount of time the public spends online. At the Manitoba Dental Association, we have certainly seen an increase in concerns raised by the public and profession related to the use of social media in dentistry. Undoubtedly, time spent on these public platforms is impacting our day-to-day lives and relationships, both personally and professionally. It would be naïve of us not to consider the potential impacts in dentistry and how to properly manage them in the best interests of our patients.

In response to social media concerns already being raised, the MDA Board has created the Member Marketing Committee with a mandate to review the current Code of Ethics and consider members' marketing with a specific focus on online activities. The goal of the committee is to make recommendations for consideration by the Board on how to guide dental practitioners in the ethical use on these types of platforms. In the meantime, legal precedence and the Code can provide us with helpful and practical considerations when using social media.

First and foremost, it is important for members to keep in mind that as professionals, your conduct can be subject to regulatory authority beyond activities that are just within your own dental practice. This includes online activities on various social media


platforms. The courts have repeatedly upheld the ability of regulatory bodies to enforce professional standards outside of clinical settings and specifically in the use of "personal" social media.

It is also important to keep in mind that when it comes to perception, there is little, if any, distinction seen by the public between a dentist's personal social media content and that which is published online by their office's accounts. There are of course reasonable limitations but when using any social media, dentists should be mindful that the professional standards contained within the Bylaw for the Code of Ethics are expected to be followed by the public, your colleagues, and the Manitoba Dental Association.

Section B, Article 4 of the Code provides several important considerations such as avoiding references to health status or using references to unearned, non-academic, or honorary degrees that may mislead the public into thinking the person is a specialist when they are not. Using titles or designation in non-approved speciality areas of practices such as "Cosmetic Dentist" anywhere in your posts is also inappropriate. When referring to specific dental services provided, members must make sure that it is also clarified that they are a general practitioner. Statements such as "pain-free", "state of the art" or "a perfect smile" are unverifiable and create unrealistic expectations and therefore should not be used. A full and careful reading and understanding of this section of the Code is crucial before considering all online activities.

Although members can legally mention fees in any type of advertising, the practical reality for professionals is that it almost always leads to confusion and misunderstandings by the public. The regulatory requirements for proper disclosure, caveats or conditions are particularly difficult to achieve within online platforms and therefore it is best to avoid them entirely.

It is common to delegate or outsource office social media activities, however dentists should take the time to preview all social media about them or their practice before being posted to ensure compliance with regulatory standards. Professional advertisement is any material related to a dental practice which is published, displayed, distributed, or used, whether by a dentist directly or by someone on their behalf. Dentists are encouraged to submit promotional material including those for online platforms to the MDA for review in advance of their use to determine if the proposed material complies with the standards of this Code.

Social media provides dental professionals with the tools to share information, promote positive health behaviours in society, engage with the public, motivate patients, and to educate and interact with patients, other caregivers, and colleagues. As with any tool we have, the true benefits of social media usage derive from the skill, knowledge, and ethical judgments of the committed dental professional. 

Respectfully,
Arun Misra DMD, LLB
Registrar



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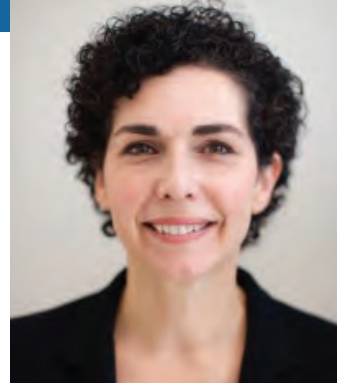
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DEAN'S MESSAGE

DR. ANASTASIA KELEKIS-CHOLAKIS,
DEAN, COLLEGE OF DENTISTRY,
RADY FACULTY OF HEALTH SCIENCES,
UNIVERSITY OF MANITOBA



Spring of 2022 brought with it the relaxing of COVID-19 pandemic measures and an increase in in-person activities.

The Manitoba Dental Association Convention kicked off our in-person events with the Research Day poster

“We were also able to award Senator Mary Jane McCallum (U of M DMD 1990) with an Honorary Doctorate Degree, in celebration of her many accomplishments.”

presentations by our graduate students, that were well attended. In addition, our research competition was held online for all of those who wanted to attend virtually. Our staff and faculty were happy to engage members in the exhibit hall, in our college booth. It was great seeing so many of you in person after such a long absence. My sincere thanks to the MDA for facilitating this opportunity.

We were also delighted this year to be able to host some in-person events, such as the Award Ceremony for our senior dental hygiene and dentistry classes. My appreciation goes to the MDHA and the MDA for being present, supporting and celebrating our students' accomplishments with us.

Our in-person convocation was also a special event, where for the first time in over two years we welcomed the families and friends of our graduating students on campus.


We were also able to award Senator Mary Jane McCallum (U of M DMD

1990) with an Honorary Doctorate Degree, in celebration of her many accomplishments. In a heartfelt and stirring speech, Senator McCallum reminding us not to “separate the mouth from the rest of the body” but to “acknowledge we are treating a human being with a spirit... one who deserved to be treated as such”. Dr McCallum urged the students to utilize their university education by combining it with their life skills and values, to

ensure that the best oral health services are delivered to their patients. It was a wonderful event and I am truly grateful that we were able to resume our in-person activities with this meaningful ceremony.

With the graduation of our senior classes, we now look forward to our next academic year. This last term was extremely busy with the completion of our strategic plan and the accreditation process for the majority of our programs.

We will now be turning our attention towards addressing the accreditation recommendations and our strategic plan, which include the continuation and completion of our curriculum review and the upgrading of our physical and digital infrastructure. I look forward to engaging with our MDA membership to help update our curriculum, to better prepare our students for their dental careers. Soon, we will also be starting discussions about prioritizing the digital and capital renovations of our clinical and pre-clinical spaces so as to start the upgrade of our facilities.

I would like to wish all of you a great summer and I look forward to a busy fall. 

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CANADIAN DENTAL ASSOCIATION MESSAGE



The Canadian Dental Association: Now, more than ever!

A warm greeting to you all after a long and cold Manitoba winter. I have the privilege of having been appointed to be the representative of Manitoba on the CDA Board. I promise to work hard to maintain the CDA's strong national voice.

Because the MDA is a corporate member of the CDA, as MDA members we all together benefit from the work of the CDA. Why an Association? In addition to the many products, services, and practise supports offered by the CDA, the simpler answer is, 'We are always better together than alone.' I have observed that in Manitoba we understand this very well.

The fact is that now, more than ever, a strong voice in Ottawa is critical. Navigating the proposed National Dental Care program will be challenging and will affect all Canadian

dentists in all practises from coast to coast to coast.

The Canadian Dental Association is the national voice for dentistry dedicated to the promotion of optimal oral health, an essential component of general health, and to the advancement and leadership of a unified profession. The main vision of the CDA includes a healthy public, a strong profession, and a united community.


The CDA is a federation of Canada's provincial and territorial dental associations (PDAs), representing over 21,000 practicing dentists. Three primary areas guide CDA's scope of work, including knowledge, advocacy and practice support.

The CDA is well positioned to lead:

- The MDA continues to have a strong presence at all levels at the CDA.
- The MDA's Dr. Joel Antel has been

elected to the CDA executive and is currently serving as Vice President.

- The CDA has recently signed a 10-year Memorandum of Understanding strengthening the Federation for the coming years.
- The CDA has recently successfully completed a governance review further reinforcing our organization.
- The CDA is completing the search for a new and strong Chief Executive Officer to help lead the organization.
- The CDAs work proved critical in support for the provinces in managing the COVID-19 response.
- The CDA President, Dr. Lynn Tompkins and her team are currently very active on Parliament Hill.

If you have any questions related to the CDA, or just want to chat, please feel to reach out to me anytime. 



Health Benefits

Canadian Dental Association benefits for Manitoba Dentists

The Canadian Dental Association (CDA) helps dentists in Manitoba in four principal areas: *Practice Support, Advocacy, Non-Insured Health Benefits and Access to Care and Knowledge.* Over the years, CDA has been extremely effective in all four domains.

With regard to Non-Insured Health Benefits, CDA has been on the leading edge of highlighting key issues and challenges facing the profession. Some of these activities include:

Non-Insured Health Benefits Program (NIHB)

CDA has worked with Health Canada to develop a simplified Provider Guide to assist dentists participating in the NIHB program. This guide continues to be updated on a regular basis. In recent years, Health Canada has shown a willingness to explore adjustments to existing policies. Most recently, the NIHB initiated a nationwide eight-year partial denture trial project, to assess the merits, feasibility and appropriateness of a streamlined predetermination submission process. This follows the endodontic trial project, which was a success and has resulted in that streamlined predetermination process becoming the permanent policy.

The First Nations Inuit Health Branch in conjunction with the Federal Government will be investing in preventative care in the coming years. This will likely result in a tripling of the budget for the Children's Oral Health Initiative (COHI) in the next two years.



Access to Care

CDA is active in making representation to government on a number of access to care issues such as oral health care for people with special health needs; indigenous children's oral health; seniors and refugees.





CDA

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CDA Secure Send Mobile App



In early 2022, dentists will have the option of using CDA Secure Send from their smartphone or tablet. The CDA Secure Send mobile app will be available as a free download from the iOS and Android app stores.

With the new CDA Secure Send mobile app, dentists will be able to access CDA Secure Send messages, send and receive referrals and patient data securely (including X-rays) with only a few taps on their mobile device. The app uses the same reliable and easy-to-use system that the desktop version of CDA Secure Send is known for.

"I'm very excited that we'll be able to use an app on our phones and tablets for the CDA Secure Send functions that we've grown to rely on," says Dr. Richard Holden, CDA president. "Being able to communicate with other dentists and staff quickly, conveniently, and safely on the go is so helpful."

Even more convenience

Dentists can conveniently send patient data files directly from their smartphone or tablet to any licensed dentist or registered staff

Keep Patient Data Confidential



Being able to communicate with other dentists and staff quickly, conveniently, and safely on the go is so helpful.

in Canada, safely and securely. The CDA Secure Send mobile app allows users to:

- Take a picture using a smartphone or tablet and securely send it to a colleague
- Access CDA Secure Send messages from another platform
- Use biometrics, such as fingerprint or Face ID, to access their accounts

The new app meets the legal obligations to safeguard the confidentiality of patient data when sending patient information electronically. It is the preferred communication method for Canadian dental offices to share patient information securely and efficiently. Users can search for a dentist by name, specialty or location on CDA's directory of dentists. And CDA Secure Send is as simple and quick as sending an email.

"CDA has created a digital tool that is easy and appealing for dentists in every demographic," adds Dr. Holden. ➔

For more details on the new CDA Secure Send mobile app, visit: cda-adc.ca/SecureSendApp



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TRAPS TO AVOID WHEN SELLING YOUR PRACTICE



JACKIE JOACHIM
COO, ROI CORPORATION



Recently I have met with a number of vendors who tried selling their clinics privately. These were not good experiences for a multitude of reasons. The number one reason people do this is to not only save commission but more importantly to try and keep the sale quiet. There is a definite fear that going to the market will mean **EVERYONE** will discover that your practice is for sale.

Ultimately, owners want to sell to the right buyer, a person who will treat their staff and patients well. In general, most buyers also want a smooth transition. After all, they have purchased your practice and want to ensure it succeeds.

However, when you open your practice to one or a selected group of potential buyers, there are risks associated. Some potential buyers can be quite crafty particularly when they start poking around your office. Most will often

conduct the first bit of research before you even know he/she is interested in buying your practice. He/she may pose as a new patient calling for an appointment, visit your website or even come into your office to get a feel for things. This may cause staff to wonder if the clinic is for sale.

Without an experienced broker, you expose yourself and your practice to various pitfalls of a private buyer.

• Due diligence is a stressful time – to put it crudely, it is “the owner’s proctology exam”. Unfortunately, if you manage this process yourself, you will quickly find out what it feels like when a stranger pokes, prods, and looks inside every inch of your practice. You are asked to produce many documents and then, you need to answer questions as to your reasons for doing business the way you do.

• Using an advisor who is not familiar with the industry can also negatively impact your sale and stigmatize your practice. There are many times where our appraisal is used in a private sale. Buyers then call us to clarify certain points because the person representing the owner is not providing correct answers. I am definitely not insinuating that the individual is intentionally misleading but the reality is if you do not know the market by default, you will lose a potentially good purchaser.

• It is never good to have one person representing both the vendor and the buyer. Relationships are extremely important. However, when the party who is introducing you to the buyer will continue to have a relationship with that buyer post sale, it is natural that the advisor may push a little harder for the buyer’s

interests. This is exactly why we choose to represent vendors only. We believe you need someone in your corner fighting for you.

Selling a practice is not as straightforward as owners think. With the guidance of an experienced business broker, you will be challenged to take nothing for granted and look at the

value of your clinic from a variety of angles, some of which may not be top of mind for you. To ensure you receive the best possible outcome, you must ensure that when you sell, the practice is positioned in the best possible light and that the terms, which are important to you, are negotiated properly. I always tell owners not to let what may be the biggest transaction of your life turn into

something you think will be “obvious” to a new owner based on a quiet and private sale. You deserve to maximize your sale, exit ownership with dignity and to have no regrets.

Jackie Joachim is Chief Operating Officer of ROI Corporation. Please contact her at Jackie.joachim@roicorp.com or 1-888-764-4145.

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When planning for the 2022 Convention.....it was an easy decision for this year's Convention Committee to decide on the theme "We Miss Your Smile". Truer words were never spoken after so many months of not being able to gather.

It was truly a team effort in getting our convention and trade show back on track. The tremendous support from sponsors and trade show exhibitors helped make a return to gathering our members. MDA member and student volunteers supported you and your experience and we trust you enjoyed the CE and networking throughout the weekend.



Chair, Dr. Hala Salama and her committee welcomed over 1200 from the combined Dental service sector to the 138th Annual Meeting and Convention held April 21 - 23, 2022 at the RBC Convention Centre. This meeting offered a platform of learning and idea exchange for ALL dental team members. Whether you were seeking education, product knowledge or entertainment, our convention had a little something for everyone.



Two Time Grey Cup Champion Adam Bighill kicked off the convention with his compelling personal story of "Anything is Possible", reminding us that overcoming the most difficult obstacles life gives us is possible! Friday highlights included: Drs. Lee McFadden, Keyvan Abbaszadeh, Mohammed Javaid, George Freedman, Michael Goldberg & husband and wife team Mel McManus and Ellen Wong. We also introduced panel presentations with our Women in Leadership team including Dr.'s Anastasia Cholakis, Joss Reimer, Nancy Auyeung & Effie Habsha. As well, Rita Zamora on Social Media and Todd Nadeau from People First HR on Human Resources Issues. We also ran our first "Ask your Specialist" panel with MDA member Dr.'s Andy Dosanjh, Michael Barczak, Shima Gharib, Catherine Fontaine-Sylvestre and Mohammed Javaid. Our wellness theme speakers included Dr. Dean Kriellaars and Shannon Gander, always a popular topic area. We were also joined by CDSPI's President & CEO Ed Dermit and Investment planning Advisor for MB Michael Tyler.



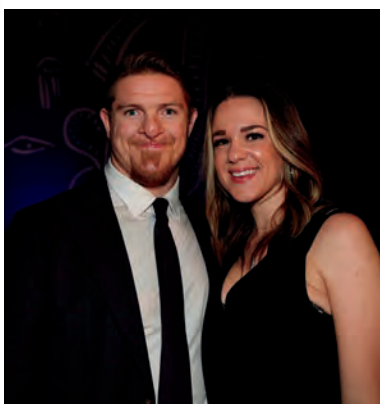
The Friday night "Egyptian Night Party" was a huge hit with attendees offering a chance to enjoy Middle Eastern Cuisine and entertainment while networking and meeting many new and old colleagues they have not seen for many months.

Saturday brought in another team of great presentations with Dr.'s Nekky Jamal, Milos Lekic, Bettina Basrani, Hygienists Chrissy Ford and Penny Hatzimanolakis. Joining us for presentations on the business side of the profession included dentalcorp's CEO Guy Amini and Scotiabank's Sarah Hyslop and Brent Hardman. Saturday included our last panel workshop "The Manitoba Case Study" with Dr.'s Marc Mollot, Jose Viquez, Murad Zaman and Jeff Bassey.



The President's Gala themed "A Nigh on the Nile", honouring past presidents that have served the MDA, including Dr.'s Cory Sul, David Goerz, Marc Mollot and Chris Cottick was both memorable and brought an Egyptian travel experience to all of guests. It was an elegant evening with entertainment by The Little All-Star Band.

On Demand Lecture Series - These tremendous in-person lecture days were followed by our 1 week on-demand lecture series covering a wide variety of both business and clinical topics. This is newer to the MDA.....just wait as we work on new on-demand lectures to offer you!





Is There An Optimal Diet for Oral Health?

New science shows that some foods can improve oral health directly by changing the biome of the mouth and indirectly by decreasing inflammation in the body. Inspired by these findings, a team of researchers tested a diet optimized for oral health.



Dr. Johan Peter Wölber

When Dr. Johan Peter Wölber started working as a dentist at the clinic at the University of Freiburg in Germany, he primarily emphasized brushing, flossing, and fluoride use to his patients, like his colleagues did. During his breaks, he'd often eat a strudel or a chocolate to keep his energy up. After a few years, he realized that he had gained weight while working full time and eating convenience foods. He'd read studies about the relationship between sugar and gingivitis. He began to worry that he was only addressing the symptoms and not the root cause of his patients' dental problems; brushing and fluoride mitigate the effect of dental plaques, but diet was the root cause. Then, he read a study that influenced the course of his career and transformed how he ate.

In 2007, a Swiss television show had a group of people live for four weeks in an anthropologist-designed environment that replicated the Stone Age. Researchers from the University of Bern and the University of Zurich

were invited to monitor the participants' health as they lived in huts, used stone tools, and ate a diet restricted to foods that were grown, hunted and foraged between 4000 and 3500 BC.¹ "These people didn't brush their teeth during the four weeks," says Dr. Wölber. "And yet, they had no periodontitis. They had more plaque on their teeth, but their mouths were healthier. Bleeding on probing decreased in a statistically significant manner and so did probing depth." The Stone Age diet included whole grains such as barley, wheat and spelt, fresh meat from goats and hens, foraged berries, fish and edible plants. Participants had no access to refined sugars.

Dr. Wölber and his colleague, Dr. Christian Tennert, decided to make themselves their own first test subjects. They stopped eating refined sugar and followed a low-carbohydrate, whole food diet. "The first two or three months were hard," Dr. Wölber says. "I had headaches, bad moods, and sugar cravings. I realized that I had been caught



In medicine, we've seen the huge impact diet and nutrition have on the prevention of diseases, including heart disease and cancer, I want to see the same impact in dentistry.

in a cycle of sugar cravings where I'd eat it and feel energized only to later crash and want more." After the initial challenges, he felt better and had increased concentration. His chronic tonsillitis also went away.

"In medicine, we've seen the huge impact diet and nutrition have on the prevention of diseases, including heart disease and cancer," says Dr. Wölber. "I want to see the same impact in dentistry."

The History of Food

Highly processed foods and refined sugars have become normalized in the diets of much of the world. Dr. Wölber talks to his patients about the history of food to make it clear that there are other ways to eat. "I ask them to think about what humans ate for most of human history," he says. "Those things that were available in the natural environment. Fruits, vegetables, greens, nuts, water, maybe occasionally meat."

The Neolithic revolution, when people started living in villages and growing crops, saw a transition away from hunter-gatherer diets toward less varied diets based on grains. Anthropological evidence suggested that humans who lived in villages and towns were less healthy than those who lived a hunter-gatherer lifestyle and their life spans were shorter.

"The industrial revolution completely changed how food was produced and what we ate," says Dr. Wölber. "Now the average German eats 36 kilograms of sugar a year." The effects of an industrialized diet have been profound for human health and the environment. "According to the World Health Organization, in most of the world, obesity kills more people than starvation," he says.

But Dr. Wölber is hopeful that more people have been thinking critically about food and nutrition in the past few decades. "People

are asking questions about the environmental toll of eating meat or the carbon consequences of their food," he says. "More people are learning about the health implications of their dietary choices." He believes that dentistry has an opportunity to improve oral health and contribute to the overall health of patients by understanding and communicating how diet affects our mouths.

What Does the Research Show?

In a small randomized controlled trial (RCT), Dr. Wölber and colleagues had an experimental group eat a diet low in carbohydrates, rich in omega-3 fatty acids, vitamin C and D, antioxidants and fibre for four weeks.² During the trial, participants did not floss or use other interdental tools. Plaque index, gingival bleeding, probing depths, and bleeding upon probing were assessed before the trial to determine a baseline and then tested each week during the experiment.

Both the control and experimental groups had constant plaque values. In the experimental group, inflammatory parameters fell by half. "We were surprised that the impact was so strong," says Dr. Wölber. "It also refuted the expectation that plaque causes inflammation. Ever since Loe et al. in 1965 found that when people discontinue oral hygiene, plaque builds up and then inflammation increases, we've assumed that plaque was the culprit. In both our study and the Swiss one, plaque was stable or increased, yet inflammation decreased."

In a study published in 2018, Dr. Wölber and colleagues had 11 participants wearing enamel slabs suck on 10g of sucrose each day for three months.³ When they tested oral biofilm samples, they found that the biodiversity of bacteria decreased and the abundance of non-mutans streptococci increased. Enamel roughness increased. "This supported the extended ecological plaque hypothesis," says Dr. Wölber. "This is the idea that a shift in the environment of the mouth—frequent fermentable carbohydrate availability—results in a change in the biome that increases the number of keystone pathogens that cause oral disease."

Later, Dr. Wölber and colleagues tested the optimal oral health diet among a small population of people who suffered from gingivitis with another RCT.⁴ Again, there was significant reduction in gingival bleeding among the experimental group. "This showed that an anti-inflammatory diet was able to reduce gingival inflammation in a clinically relevant range," says Dr. Wölber. "The people in our experimental group also had increased vitamin D serum levels and lost weight."





In 2020, Dr. Wölber and colleagues published a randomized control pilot study that showed that an optimal oral health diet reduced the abundance of bacteria that cause both caries and periodontal disease in supragingival oral plaque.⁵ As well, a systemic review and meta-analysis that Dr. Wölber worked on found that using omega-3 fatty acids to treat periodontitis decreased probing depth and clinical attachment loss, among other benefits.⁶

In a 2021 article, Dr. Wölber and colleagues tested the Mediterranean diet among people with gingivitis for six weeks.⁷ Plaque values were constant for the control group and the experimental group, but the experimental group saw decreases in periodontal and anthropometric parameters.

“Taken together, there is robust evidence that an anti-inflammation diet is an effective treatment for periodontal disease,” says Dr. Wölber. Many of the trials in nutrition and oral health have small sample sizes because there isn’t a lot of funding for it. “Of course, I would like to see more research, but we have enough data that we should start using nutrition as a clinical tool now.”



There is robust evidence that an anti-inflammation diet is an effective treatment for periodontal disease. We have enough data that we should start using nutrition as a clinical tool now.

Advice and Recommendations

Drs. Wölber and Tennert wrote a chapter for the 2019 book *The Impact of Nutrition and Diet on Oral Health* about nutritional best practices based on the latest science. Their recommendations are focused on periodontal health but also impact general health and point toward an alternative to the industrialized western diet characterized by sugar, white flour and processed fatty acids like trans fats. Instead, they recommend a plant-based diet rich in low-glycemic, complex carbohydrates, omega-3 fatty acids, micronutrients such as vitamins and minerals, phytochemicals, plant nitrates and fibre.

“It’s a good idea to get our carbohydrates, one of our major energy resources, from fruits, vegetables and legumes,” says Dr. Wölber. He starts his day with oatmeal with fruit and nuts. Low-glycemic and high fibre diets are correlated with lower rates of caries and periodontal disease.



Many fats promote inflammation, including saturated fats, trans fat, and omega-6 fatty acids that are often found in industrial meat, animal products and common vegetable oils. “Hunter gatherers had a 1:1 ratio of omega-6 to omega-3 fatty acids,” says Dr. Wölber. “Modern humans tend to have a 16:1 ratio.” To increase omega-3 fatty acids in the diet, he recommends seafood, nuts and seeds. “I take oil derived from marine algae,” he says. An increase in omega-3 fatty acids in the diet can decrease periodontal inflammation.

Plant-proteins reduce the risk of some of the chronic diseases related to inflammation, such as cardiovascular disease and diabetes. Some European dietary guidelines suggest reducing meat consumption to 500 grams a week. A study that compared vegetarian and non-vegetarians found that vegetarians had better periodontal health. Dr. Wölber says that vegetarians should supplement with B12 vitamins, because low serum levels of B12 are associated with a higher risk of periodontal lesions.

Two clinical studies have found that eating fruits high in vitamin C reduce gingival and periodontal inflammation.^{8,9} A study of synthetic vitamin C tablets found no effect compared to placebo. “Vitamins seem to act differently, more effectively, when they are in fruit form along with other phytochemicals and enzymes,” says Dr. Wölber. “I also like the studies where people eat two kiwis a day or two bell peppers, because a dietary change like that is easy for a patient to achieve.”

Vitamin D is important in calcium absorptions and bone metabolism. “Vitamin D deficiency is common in places

like Canada,” says Dr. Wölber. Higher levels of vitamin D is inversely correlated with tooth loss and attachment loss.

Plant nitrates have health benefits, especially on inflammatory processes and hypertension. A study by Jockel-Schneider et al. showed that a daily dose of 300 mL of lettuce juice, which contains 200 mg of plant nitrates, significantly reduced gingival inflammation.¹⁰

Real Life Implementation

“Dentists have a great opportunity to share this kind of knowledge with their patients during a long and engaged relationship based on supporting patient health,” Dr. Wölber says.

He knows that dietary change is a process, and it can be difficult to go against cultural norms. When asked how he approaches his own diet, Dr. Wölber says he is a flexitarian. “At home, we eat plant-based whole foods,” he says. “But if I’m at a dinner party, I’ll eat a sausage if it is served.”

Dr. Wölber has two young children, which has given him a new point of view on the relationship between food culture and health. “We give them healthy food at home, but we don’t forbid them from eating cake or other foods when they are outside our home,” he says. “Sometimes when you forbid something, it becomes very attractive.” Dr. Wölber says during the 1970s and ’80s, there was a successful public health campaign in Sweden to encourage kids to only eat candy on Saturdays. “It encouraged moderation, which I think makes sense for all of us,” he says. ✦

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WHEN BUYING A PRACTICE, ENSURE YOU'RE INSURED



BY CDSPI

It was hours to go before he was closing a deal to buy a practice, a landmark moment in any dentist's career. Everything was worked out except for one not so small thing: the insurance needed for buying and running a practice. The purchasing dentist had missed it in the flurry of items to cross off a checklist. Now, if the proper insurance wasn't in place in time, the deal would be in jeopardy.

Anca Poirier, an insurance advisor with CDSPI Advisory Services Inc., remembers the panicked call from the dentist. To add a wrinkle, he was in another time zone and didn't have access to a computer, printer, or scanner. Time was ticking. Anca was able to arrange a temporary binder for office insurance over the phone, providing the insurance proof needed to secure the deal.

Anyone looking to buy a dental practice does a great deal of due diligence. Evaluating locations, the practice's financial state, patient information, cash flows, etc. is all about minimizing risk and taking great care. Insurance is another aspect of protection that needs full and prompt attention.

Yet, says Anca, "It's a detail that can get overlooked."

She understands why. Sometimes, dentists don't fully grasp the scope of what insurance they require when buying a practice. Or, until a potential purchase and the financing is more concrete, the insurance discussion is farther down the list. Maybe a dentist has explorations or offers going on several clinics, adding to the complexity.

"This is usually a very stressful time for dentists," Anca says.

Often, they only put insurance in motion near the closing day, adding unnecessary anxiety and urgency to an already nerve-wracking period.

Dentists aren't insurance specialists, nor should they be expected to be. That's why it's important to connect early with the people who are.

If you need a loan for the purchase, the banks will always ask for proof of insurance. At a minimum, you need an office insurance package which typically includes commercial general liability, contents, and practice interruption coverage. Anca says most banks also want life insurance in the name of the practitioner, assigned to the bank. That can necessitate a medical exam, so you can't wait until the last minute.

A key component in office insurance is commercial general liability insurance. This insurance provides protection in

the event you unintentionally cause either bodily injury (ex slip and fall) or property damage to a third party. It is often also a requirement of your lease with your landlord that you have commercial general liability insurance.

When buying a practice, Anca says it's important to explore how other types of insurance can add protection.

For instance, while practice interruption would cover you for fixed expenses and lost income if your business is closed or interrupted because of property damage or physical loss from an insured peril, it would not apply if you lost income due to an illness or injury. For that, you need office overhead insurance. And for the full complement, you would add disability insurance that would fill in the

gaps by providing a monthly benefit you can use however you wish.

And all of that doesn't include other types of insurance that practice owners should consider, such as malpractice insurance, insurance for your dental office staff (life, accident, disability), commercial building insurance (if you'll own the building you will practice in), and more.

Anca's advice when buying a practice is to start the insurance discussion as soon as possible. Give yourself ample time to explore what protection suits you best, discuss what's an insurance need vs. a want, compare and perhaps see how you can save money, and make all the arrangements.

Beyond your insurance specialist, have a team of experts that works in tandem, i.e., your lawyer, accountant, financial advisor, banker, appraiser, broker, leasing advisor, etc.

"They should communicate and be on the same page," says Anca.

That can help ensure that the process goes smoothly, and that nothing is overlooked or rushed.

To learn more about meeting your insurance needs when buying a practice, contact CDSPI* at 1.800.561.9401 or insurance@cdspi.com.

**Insurance advisory services provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply in certain jurisdictions.*

COMMITTEE MATTERS

DR. TOM COLINA, D.M.D.
PRESIDENT, MDA

There is a Buddhist saying that goes "If you light a lamp for someone else it will also brighten your path." Adopting the spirit of volunteerism allows one to serve fellow association members and this benefits all as committee work advances the entire profession of dentistry.

The outgoing chairs of the working committees of the MDA deserve recognition. On behalf of the board and the members of our association, for the leadership and guidance provided to their respective committees through their term, I extend my gratitude to:

- Dr. Jack Lipkin – Specialists Committee
- Drs. Darci Bonar and Richard Santos – Committee for New Dentists and Student Affairs
- Drs. Kelly Regula and Lori Simoens – General Practice Study Club.
- Dr. Catherine Dale–Scope of Practice Botulinum Toxin and Dermal Fillers

To the incoming chairs of the MDA

working committees, your previous experience gained through your involvement with the committees you now lead will translate to success. For taking up new challenge and lighting the lamp of your respective committees, thank you to:

- Dr. Blair Dalglish -- Specialists Committee
- Drs. Michael Porco and Jackie Samborski -- Committee for New Dentists and Student Affairs
- Drs. Karen Rosolowski and Jessica Carswell --General Practice Study Club
- Dr. Ken Shek-- Scope of Practice Botulinum Toxin and Dermal Fillers
- Dr. Carolyn Robertson, co-chairing with Drs. Huma Rohan and Craig Fedorowich -- MDA Mentorship Program

The MDA extends its appreciation to Dr. Joel Antel for serving as the MDA CDA Board representative since 2016 and congratulates him as he advances to take on executive responsibilities having been

elected as CDA Vice President. To take his place as MDA CDA Board representative, Dr. Marc Mollot has been appointed. The MDA is confident that our representatives at the CDA Board table will excel in their roles.

In April 2022, the MDA hosted the first in person dental convention in western Canada since 2019. Congratulations to the Annual Meeting and Convention Committee, led by chair Dr. Hala Salama, who orchestrated the meeting that surpassed everyone's expectations.

The MDA is fortunate to have such tremendous engagement from its membership. The commitment to be involved requires the decision to recognize the goals of the organization is worthwhile advancing. To ensure the MDA remains focused in it's mandate of public protection, the MDA Board of Directors are embarking on formulating a strategic plan to guide it for the next two years. The outcome of this process is to develop a compelling vision that the membership can embrace and endeavour to achieve.

SAVE THE DATE
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An entrepreneur and corporate leader, Lyle Best is a model of community spirit, social responsibility, and generosity.

He has served in leadership roles with charitable, sports and community organizations, including the Edmonton Oilers Hockey Club, Kids with Cancer, and the University of Alberta, among many others. Order of Canada recipient in 2008. For the past 23 years one way he's served the Canadian dental community has been as a member of the CDSPI Board—the past 15 years as Chair. In April 2021 he announced he would be leaving the Board.

PURPOSE

The Lyle Best Humanitarian Award was established in 2018. Given to an individual(s), dental practice or organization in Canada who has had a profound impact on the dental health of impoverished populations nationally or internationally. \$15,000 awarded to aid in the continued effort of providing dental care to that population.

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Busting myths around mental illness

By Judy Plotkin, VP Health Solutions

It's [Mental Health Week](#), and this year's focus is on empathy. The Canadian Mental Health Association reminds us that empathy is not about fixing someone's problems but actively listening and understanding how someone is feeling. Approaching conversations with empathy over judgement is something we can practice in all aspects of life.

Mental illness and mental health issues are extremely common. According to the Centre for Disease Control, more than 50% of people will be diagnosed with a mental illness or disorder in their lifetime, and 1 in 5 people will experience a mental health issue or illness in any given year.

Despite these numbers, many people still feel ashamed about coming forward with their diagnoses and experiences. According to a [study cited in Harvard Business Review](#), 60% of people have never spoken to anyone at work about their mental health status, while 51% report feeling uncomfortable bringing up mental health issues with their managers in a [survey conducted by Maestro Health](#).

To help build more awareness and encourage cultures of openness and psychological safety at work, we're debunking some common myths and misconceptions around mental illness and mental health issues that might prevent people from coming forward about their experiences.

At the end of the newsletter, you can download tips for starting a conversation about mental health.

Myth #1: Mental illness and mental health issues will never impact me.

Mental illness and mental health issues are incredibly common. Each year nearly 1 in 5 adults experience mental illness, and 1 in 6 youth between 6 and 17 experience a mental health disorder. Over 970 million people worldwide have been diagnosed with a mental health issue or substance abuse disorder. Translation? Whether personally by association, mental illness impacts nearly everyone. You are not alone.

Myth #2: Having a mental illness is a sign of weakness.

Having a mental illness is not a character flaw – it's a real illness caused by many factors including genetics and environmental triggers. Mental illnesses can impact our quality of life, our tasks, performance and our physical health. It's a real health issue that – like many physical issues – can be treated and managed over time.

Myth #3: People experiencing mental illness or mental health issues can't work.

Mental illness is the leading cause of disability in Canada and the US (and during periods of unwellness mental illnesses can impact our ability to perform our jobs). People with mental illnesses can still be high functioning, successful and important contributors in the workplace. With appropriate workplace

accommodations, people with mental health issues can find the support they need to return to work and health. Mental illnesses do not impede your ability to be successful at work.

Myth #4: People with a mental illness can never recover.

A person with mental illness or facing a mental health issue can recover from periods of unwellness and lead a fulfilling, contributing life. In addition to feeling supported in the workplace, psychotherapy is a proven effective tool for improving symptoms of a wide array of mental illnesses. In addition, many studies show that virtual mental health care is as effective as in-person care for treating conditions like depression, anxiety, obsessive-compulsive disorder and more.

Whether or not you've been diagnosed with a mental illness, mental health is a spectrum. We all experience periods of wellness and we can all experience periods of strain. Reaching out for help and encouraging others you know who could benefit from getting assistance is always a good idea. Busting myths and misconceptions around mental illness can help us all get the help and support we need.

Additional resources

- <https://www.mentalhealthweek.ca/info-articles/>
- <https://www.mentalhealthweek.ca/dont-listen-to-judge-listen-to-understand/>



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dealing with difficult patients

Learn to see each problem as an opportunity for improvement.

Here are some steps in dealing with difficult patients:

- 1** Avoid downplaying the seriousness of the patient's complaint. Let the patient tell you their side of the story without interruption. Sometimes all they need is to be heard.
- 2** Express empathy. Let the patients know that you understand the problem and are concerned about their feelings.
- 3** Patients need to hear that you are on their side and are willing to do whatever it takes to solve their problem.
- 4** Do not go on the defensive. You are certain to lose the patient if you become confrontational.
- 5** Take control of the situation. Once you have heard the patient's side of the story, take the appropriate action to resolve the problem.
- 6** Ask the patient what they want. You may be surprised to find that the patient's solution to the problem is both fair and simple.
- 7** Once you have established a written plan of action, explain to your patient how the plan will solve the problem.
- 8** Ensure that the plan has been carried out and the results are acceptable to your patient — follow-up to ensure your patient is happy with the way you have handled the problem.

By following these simple steps, your most difficult patient can become your most valuable patient.

Experience shows that a dissatisfied patient will share their story with more people than will a satisfied patient.



honesty



adopting a team approach

It's not enough to improve your own communication skills — you must engage your staff as well. Remember that your team members are representatives of your practice — they are the ones your patients turn to for information regarding appointments, referrals, billing and lab tests.

Great teams are created. A true team works well together and does not come apart at the seams when the workday becomes challenging. You should look at your staff and evaluate each individual's commitment to effective communication with patients and other members of the team.



Hold effective staff meetings:

Every practice needs to create opportunities for team members to work together and exchange ideas. To successfully determine where your team stands, schedule a meeting where staff can respond thoughtfully to a number of questions. The answers will be the first step toward collaboration and improved communication within the office and with patients.

- Do you think the team communicates clearly? Consistently? Often enough?
- In what areas can the team improve communication?
- Are there practice/patient communication processes that could be improved?
- What would be the single most important step we as a team could take to improve communication with patients?

These questions should be openly discussed as a team. If any questions elicit uncomfortable silences, then set aside time to meet with staff members individually. After this meeting, let team members know how their responses will be used to benefit everyone in the practice.

How your team reacts to these queries will give you a feel for the practice's challenges and strengths. The team's answers will provide insight about what is working in your practice and what is not. In areas where there are clearly deficiencies, team education will be required.

Set goals: Use the information you gathered to set goals for improvement. Share these goals with the team. They will appreciate that you listened to their feedback and, as a result, will be more accepting of the positive changes you wish to make.

Implement systems: Goals without a plan to accomplish them are just ideas. It's time to take the goals that have been set and create effective ways to accomplish them. With step-by-step systems in place, including ones for patient communication, your practice will easily build a strong team. From scheduling to infection control protocols, it is important for the team to know exactly what to do, what to say and how to say it.

Train the team: Training and cross-training are important ingredients for ensuring all members of your team are communicating effectively. Training also establishes a level of accountability for communication when combined with job descriptions for each team position. To ensure that your team members fully understand their roles, time must be set aside away from patients, and maybe even outside the office, so that the proper focus can be achieved. The instruction of team members is not something that can be effectively accomplished in the time we may have between patient appointments. Monthly meetings are also an opportunity for hands-on-training, when your staff can work with scripts and role-playing to help reinforce consistent communications approaches.

OBITUARIES



DR. SEMIH F. BERKER

It is with great sadness that we announce the passing of Dr. Semih F. Berker on April 10, 2022, at the age of 93.

He is survived by Günseli, his loving wife of 65 years, and daughter Banu of New York City.

Born in Istanbul, Turkey in 1929, Semih graduated from Haydarpasha Lyceum and went on to earn a B.S. from Istanbul University and a D.D.S. from their School of Dentistry in 1952. Upon completion of his military service as a lieutenant, he spent one year providing dental services to underserved towns before setting up his practice in the Kadikoy district of Istanbul. In 1957 he married his wife Günseli and three years later they jetted off to New York City after he was offered a one year appointment at the Guggenheim Dental Clinic. He then moved to the Rhode Island Hospital's Samuels Dental Clinic where he practiced for the next seven years.

Semih drove with his family into Winnipeg for the first time on a blustery day in December 1968, unknowingly passing on Pembina Hwy what would be his dental office a few years later. After receiving his D.M.D. from the University of Manitoba, he opened up that office where he would practice for the next 35 years, many times having up to three generations of patients from the same family. He was appointed a Life Member of the MDA in 2008 and was also a member of the Ashlar Lodge.

Semih was a friendly, sociable person, ever ready with a fascinating story or a clever turn of phrase that always had us laughing. He was active most of his life, enjoying all sorts of travel and sports. An avid tennis player and lifetime member of the Reh-Fit Centre, he also curled and was an ardent golfer who swung his clubs regularly at Glendale, then at Pine Ridge. He even took up tap dancing later in life. He was a man who never let adversity get in his way, the ultimate optimist.

Special thanks to the doctors, nurses, aides and support staff at Health Science Centre for the warm care and attention given to him and the family.

At Semih's request, there was a private service. A celebration of his life will be held at a later date.

In lieu of flowers, a donation can be made in Semih's memory to Siloam Mission or the charity of your choice.



DR. CLAUDE GEOFFERY IBBOTT

Dr. Claude Geoffery Ibbott passed away on Monday, March 7, 2022.

Claude was born in St. Boniface, Manitoba May 20, 1940 and grew up in Winnipeg.

He earned his Bachelor of Science degree from the University of Manitoba in 1961, his Doctor of Dental Medicine from the University of Manitoba in 1965 and his Postgraduate Specialty in Periodontology from Tufts University in Boston in 1969. Dr. Ibbott began his periodontal practice in Regina, Saskatchewan in 1970 and he practiced for over 40 years. Dr. Ibbott published many scholarly articles and his work is featured in numerous journals and textbooks. He was a member of the International College of Dentists, the Royal College of Dentists of Canada, he was a fellow of the Pierre Fauchard Academy, and he served as president and executive member of the Canadian Academy of Periodontology. He was a pioneer of dental implant surgery in the province. He valued hard work and education and he passed these values down to his children and grandchildren.

Claude was predeceased by his beloved wife, Lou-Ellen Ibbott (McDonald). The two were married for 49 years.

Claude loved to be active; he enjoyed curling, tennis, skiing, canoeing, sailing and scuba diving when he was younger. As he got older, he became passionate about golf and ballroom dancing. He was a long-time member of the Wascana Country Club and enjoyed many wonderful memories at the club including his hole in one on hole #3 September 16, 2011. Claude and Lou-Ellen loved to dance and were members of the Regina Ballroom Dancing Club for many years. Fishing was a great skill and passion of Claude's. He contributed to several fishing journals and earned numerous Master Angler awards in Manitoba.

Claude is survived by his sister Judith Quinton (Gary Quinton); his daughters, Hillary Ibbott Neiszner (Troy Neiszner) and Whitney Love (Chris Love); and his four grandchildren, Autumn Neiszner, Holland Neiszner, Jasper Love, and Winter Love.

Papa Claude loved to entertain his grandchildren in Palm Desert, his favourite vacation spot. Claude enjoyed cheering for the Roughriders, the Notre Dame Fighting Irish and Canadian golfer Brooke Henderson. He also had a knowledge and interest in cars, chess and history. A scholarship is being established in Dr. Ibbott and Lou-Ellen Ibbott's honour at the University of Manitoba.

A private family celebration of Claude's life will be held at a later date.

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