# **Bulletin**

**SPRING 2022** Volume 42, Issue 1, ISSN 070-1717

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DR. TOM COLINA PRESIDENT, MDA

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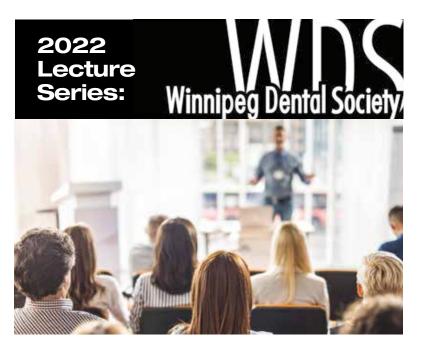
We hope to see you in-person for the 2021/22 GPSC Year of sessions, however we will also be prepared to deliver our lectures on-line should this be required.

**Facilitators** – GPSC is looking for any seasoned MDA Members that may wish to become involved as a Facilitator with our GPSC Sessions. Please email Greg Guenther at gguenther@manitobadentist.ca expressing your interest and to find out more about your role as a Facilitator.

#### Planned 2022 Dates and Topics:

Thursday, May 5th - Implant Restoration - Ken Chizik





Friday April 8, 2022 - Dr. Goth Siu



## 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  $1/2 \times 11$  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: office@ManitobaDentist.ca

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



I was stuck in the snow. It seemed like a good idea at the time to go out cross country skiing and try out the Assiniboine Park cross country ski trails. In high school, back in the 80's, I did try cross country skiing during our physical activities field trips. As that was over forty years ago, I had taken a ski lesson just the embarrassed, at least I thought that I would consider the physical exertion as my workout for the day and made a commitment to take more ski lessons.

As I assume the position of President of the Manitoba Dental Association, I am thankful for the template to follow



night before and as I did not suffer any falls or injuries, I was feeling confident and looking forward to practicing some new skills. I think I was fifty or so feet along the trail when I had a sense that it may not go well as the trail was both uneven and extremely rough. I released my boots from my skis and stepped beside the trail to make my way back to the footpath that accessed the trail. That is when I sank into the snow and realized just how deep it was. Having short legs didn't help as I struggled and waddled back to the footpath that accessed the trail. My wife Sharon who had gone ahead in the trail, came back realizing that watching me in my predicament might be good source of amusement for her. She did provide encouragement for me to keep going until I reached the path. Somewhat

constructed by my predecessors, Dr. Chris Cottick and Dr. Marc Mollot. They are my "ski instructors". The Covid pandemic has provided an extra ordinary challenge for these past MDA presidents. They overcame the challenge with public interest top of mind while concurrently paying attention to the needs of the members of the MDA. They will continue to be a vital part of the solution for the issues that our Association may encounter and I foresee continuing to learn from them.

Although the trail can present with rough and uneven patches, the past few years of my involvement with the MDA Board provides me the confidence to say that my fellow "skiers", the Board of Directors of the MDA, have the ability to thoroughly



and thoughtfully analyze issues and come up with the right and appropriate decisions. This Board is committed to fulfilling the mission statement of the MDA- " if it is in the best interest of the public then it is of the best interest of the profession ".

Whether we are struggling through deep snow or gliding smoothly in a level patch of trail, there are vital components that ensure that the MDA remain sure footed. These include the invaluable expertise provided by the MDA CEO, Mr. Rafi Mohammed and the steadfast support from the MDA office team. In addition to managing their respective departments, Mr. Greg Guenther, Director of Member Services and Public Events and Ms. Linda Berg, Director of Regulatory Programs, also serve as liaisons to the working committees of the MDA. The MDA office team have the intention and stated goal of ensuring the success of our Association.

To the Manitoba dentists and dental assistants who volunteer their time and talents in MDA committee work, I extend my appreciation and invite them to share my pride in knowing that the MDA is the envy of other provincial dental associations due to the significant engagement of it's membership that is essential the functioning of the MDA.

It is difficult to predict the challenges which may lie ahead as one enters a cross country ski trail, but I do know that together, when we all aspire to advance our profession of dentistry, any trail can be conquered.

If you find yourself stuck in deep snow and need assistance, I can be reached at president@manitobadentist.ca.

#### TRINA BOURGEOIS, RDA III PRESIDENT, MDAA

### MDAA PRESIDENT'S MESSAGE

As I sit here to write this I think of the world and all its challenges in the last couple of years. But now we must watch and wait for another part of the world that many of us may have connections with, that is affected by this surreal action of war. I myself have some Ukrainian in my DNA and cannot believe we are taking these steps backwards to see this type of exchange happen. My heart has been very heavy and affected. We sit here is our cozy homes thinking life is good but for some people their worlds have been turned upside down. They may have lost family or loved ones, or their homes and that recovery will be devastating. I cannot imagine how this must feel. You see videos or newsclips but like when my grandma told me stories it is very surreal, and we can not even imagine the challenges or emotions of being a part of that situation. I have no idea what will have happened once this is received by the members so I can only hope for some level of safety and sanity, but most of all recovery.

It is hard to believe Spring is around the corner. The seasons seem to be a blur for the last few seasons; must be all this isolation with Covid. I don't want to focus on any more Covid information or discussion. The MDA can hopefully finish the last endemic stage for that.

We have so many things to look forward to now with Spring around the corner. The prospect of the MDA convention will offer a time to finally visit with our peers or to see the newest dental equipment and have in person Con-Ed sessions. I am sure some people will feel reluctant to venture out in public open places without the "material thing" covering their faces.

The MDAA has many accessible links on our website and some exciting new updates and information. You can find information from the CDAA, MDAA and MDA. A few of the latest details that may be of interest are the recent updates concerning the National Occupational Classification for dental



assistants. We will finally be classified as a "skilled" occupation rather than unskilled. This has been a long and arduous task that will have a positive impact on the future of RDA's. There is also recent news about welcoming the Saskatchewan Dental Assistants Association to the CDAA, thus increasing the Canadian organization by another province. We thank the CDAA for all their hard work and efforts to improve the dental assistants' resources for Canada.

Lastly, I will remind the Manitoba RDAs for our Annual General Meeting and FREE Continuing education session April 30/2022. Watch your emails and check the website for updated details.

Thank you,

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

#### DR. ARUN MISRA, LLB, D.M.D REGISTRAR, MDA

### REGISTRAR'S MESSAGE



### Treatment Failures and the Ethical Dentist

In the last MDA Bulletin, I encouraged members to take the time to re-read the Bylaw for the Code of Ethics, and contemplate how it fits into their daily practice. In this article, I would like to discuss how the Code can be useful in dealing with the difficult situations that arise when a patient presents with signs of treatment failures.

As health care providers, our first responsibility is a duty of care to the patient. The Code of Ethics also makes it clear that we must be truthful and forthright in all professional matters. Patients also have a legal right to a full and accurate assessment of their oral status, allowing them to properly make informed health care decisions due to treatment failures.

In Manitoba, a dentist's responsibilities do not end there. A strong profession is crucial to promoting and protecting the public interest and when there are reasonable grounds to believe that the treating dentist has engaged in unprofessional conduct (which includes substandard care), there is an obligation to report the matter to myself, as the Registrar. If you have a concern, your professional obligations to report it are not abrogated, nor in any way lessened, by a patient saying they are going to bring the concern to the MDA. If the matter is serious and does require a formal complaint, a dentist should be making those complaints themselves.

Section 24.1(2) of the Manitoba Dental Association Act is intentional in making it clear that it is not just the patient or public that can initiate a formal complaint. Doing so may seem uncomfortable, but we are unmistakably required to protect the best interest of our profession and the public we serve. It is important to emphasize, however, that not every situation results in a formal complaint. Many concerns brought to our attention do not result in the initiation of the formal Peer Review process.

Article 2 of Section D in the Code provides members with an excellent overview on managing concerns regarding the care of another provider. Prior to making any critical comments to a patient, the dentist should take the reasonable steps to ensure they are fully informed about the patient's oral health and the specific treatments provided by the previous dentist. Any comments made on the current status of the patient's oral health must be justified by finding out from the previous treating dentist, both the circumstances and the conditions under which the treatment was performed. Privacy laws require that dentists must be open and up front with their patients that they are going to be having those conversations. If you feel obliged to recommend that a patient contact us with concerns over previous treatment, the situation should be serious enough to warrant you filing a complaint as well. It is insufficient to let the situation rest solely with the patient. It is important to keep in mind

that making unfounded statements or unsupported conclusions to a patient about the reason for the treatment failure could unnecessarily inflame the situation and potentially undermines the public confidence in the profession. Our profession relies on the covenant of trust we have built with the public and we all have an obligation to nurture and protect it.

Perhaps, even more challenging than dealing with failed treatments by another provider, is discovering that failure was your own. As a professional, what matters most in this situation is understanding that your professional obligations really do not change with who performed the treatment. Patients still have the fundamental right to a full and accurate assessment concerning their oral health. There may be times when the right thing to do is to reach out to myself about your own failed treatments, as the MDA could offer various supports and advice on your professional commitment to optimal patient care.

Dealing with treatment failures may result in some of the greatest challenges, but may also present fruitful opportunities for growth and demonstration of your professionalism.

Respectfully, Arun Misra DMD, LLB Registrar



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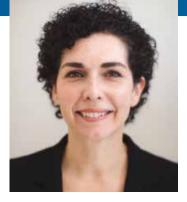
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#### DR. ANASTASIA KELEKIS-CHOLAKIS, DEAN, COLLEGE OF DENTISTRY, RADY FACULTY OF HEALTH SCIENCES, UNIVERSITY OF MANITOBA

### **DEAN'S** MESSAGE



Our two-year anniversary of the first index case of SARS-CoV-2 in Canada passed on January 25th, 2022. While the plan was for a full return to campus this term, the University of Manitoba had to pivot to remote delivery to keep students, staff and faculty safe during the latest Omicron wave in the province. staff and faculty, we advocated for the necessity of a third dose to all. We increased our PPE requirements in our clinical spaces, had our air flows tested in our pre-clinical and clinical labs to confirm adequate air exchanges and developed internal reporting processes and monitoring systems for COVID-19

"With the Manitoba Dental Association April Convention around the corner,we look forward to having our students, residents and faculty present their research, on Research Day."

As the University extended its efforts in keeping everyone safe by continuing in the mostly remote delivery of courses, our efforts focused more on how to protect our community from cluster infections.

We re-doubled our efforts to encourage third dose vaccination. With a 100% complete vaccination of our students, positive cases. These actions, also helped reassure our patients/clients that the safe delivery of care and community safety concerns are paramount in our minds. We have managed so far to continue our operations this would have

uninterrupted. None of this would have been possible without the outstanding efforts of our students, staff and faculty who have demonstrated levels of resilience I would never have imagined two years ago. My profound gratitude goes out to all of my colleagues at the College.

While dealing with all of the above

issues we have completed our strategic plan, and started our first steps towards implementation. We have also prepared for the CDAC accreditation review of our undergraduate and graduate programs in the spring 2022. The outcomes of the accreditation review, in concert with the completion of our strategic plan, will help us operationalize the changes we wish to accomplish in the upcoming years.

With the Manitoba Dental Association April Convention around the corner, we look forward to having our students, residents and faculty present their research, on Research Day. Our third and fourth year dental students, have also agreed to volunteer at this inperson event, which many of us are looking forward to attending, after a two year hiatus.

With the hope that the COVID-19 pandemic will subside soon, we have taken tentative steps in planning our first in-person convocation in two years, on May 19th, 2022. I am delighted at the prospect of being able to celebrate with our students and their families, their many accomplishments. This will be a fitting closure to a safe and successful academic year.

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

### CANADIAN DENTAL ASSOCIATION MESSAGE



I hope you are all well and have had your fill of snow, cold weather and the global pandemic.

In writing this article I welcome the opportunity to acknowledge and congratulate Mr. Joel Neal on his retirement from the Canadian Dental Association after thirty six years. Joel served in a variety of roles in his time with the association, ending with his most recent position of CEO. We have been fortunate to have Joel working on our behalf.

Over his years with the CDA Joel has made a strong contribution to Canadian dentistry. The knowledge, professionalism and institutional memory we came to rely on combined with his steadying influence will be missed.

It is unfortunate that the limitations imposed by COVID kept the CDA family from acknowledging Joel at a gala gathering equal to the contributions he brought to his work over his tenure. A virtual gathering of staff, volunteers and elected officials that have had the pleasure of working with Joel was recently held. I hope the sentiments we all felt came through.

I wish Joel and his family a long and happy retirement.

Dr. Aaron Burry will serve as interim CEO while the executive search committee undertakes the process of identifying and hiring Mr. Neal's replacement.

Joel's retirement has made me feel reflective about my time at CDA. I have gone through my past MDA bulletin reports on the CDA. I picked out a few highlights to point out and comment on their status today.

May 2017 "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." This continues to grow in importance in the rapidly changing dental landscape.

November 2017 "CDA Secure Send is now available across the country and enrolment is growing at a healthy pace. The goal is that Secure Send will become the standard for the profession for protecting patient confidentiality when sending patient information via the internet." The use of secure send is now well established and widely used by dentists. The secure send app is ready for release in the very near future.

February 2018 "The board received a presentation of the draft recommendations from the Task Force on the Future of the Profession. The Task Force is scheduled to present its final report to the CDA Board of Directors, Corporate Members and stakeholder groups at the Dentistry Leaders' Forum this coming April, 2018." The report was received, accepted and implemented. The onset of the pandemic meant revisiting the report to assure key, still relevant recommendations were not shelved as attention to Covid-19 overshadowed everything else. The broad spectrum of stakeholders interviewed for the futures

report never saw the pandemic coming. Who could have known?

November 2018 "As I have moved through the various levels of organized dentistry, I frequently heard reference to the MOU, the Memorandum of Understanding. The MOU is the membership and governance model for the Canadian Dental Association. Under the MOU a dentist who becomes a member of the Manitoba Dental Association automatically becomes a member of CDA and is able to access all the programs and services of the CDA." The MOU renewal was signed in the spring of 2020 with plans for a further review five years later.

February 2019. "Representatives of CDA met with representatives of the Canadian Life and Health Insurance Association (CLHIA) to discuss claims verification/dental benefit issues with the objective of reaching an agreement on a Best Practices document that focuses on a process for claims audits that is fair, equitable and transparent for dentists while at the same time respecting the need for insurers to verify claims." The work of the dental benefits committee, which I am currently chairing, is ongoing on many aspects of dental benefits and the relationship with insurers.

June 2020 "I am writing this article during unprecedented and uncertain times. It is only the second day back to full provision of services in Manitoba. Our personal and professional worlds have changed and continue to change." Aren't you glad I brought this up?

November 2020 "In response to the economic impacts of COVID-19 CDA

underwent an operational review in May 2020. This resulted in the implementation of several cost-saving initiatives to ensure that CDA is more financially sustainable in the future to support the dental profession, while minimizing any negative impact on the quality of service being provided to the association's many stakeholders." This has proven to be the correct response to the pandemic impact. CDA has come through in strong financial shape.

February 2021 "CDA promotes CDSPI's Members' Assistance Program (MAP), which provides a variety of resources to help individuals deal with life's challenges. MAP is a confidential counselling, referral and information service for individuals who are dealing with mental health challenges or need advice on topics such as physical fitness, nutrition or parenting." The MAP program has been busy. Thankfully it is there for those that need it. It is important that all who are eligible for the program know it is available and take advantage of it if necessary.

May 2021 "Some provincial governments are legislating the separation of regulatory functions and member services functions by provincial dental associations. The necessary bylaw amendments were approved to allow assignment of membership from one provincial dental association to another to facilitate seamless access to CDA services for dentists during the transition." The mandates to separate regulatory and member service organizations are spreading quickly and widely across the country. Dentists and dental organizations need to be aware of the implications and plan for how the changes will affect our professional lives.

September 2021 "The Governance Review Steering Committee (GRSC) has met twice. A recommendation had been made to the CDA Board for a consultant to conduct the review and the Board approved the recommendation. Initial work has begun on the review with interviews planned with Board members, Corporate Members and stakeholder groups. Included in this initiative will be a review and potential revamping of CDA's current committee structure to ensure that it is nimble and can adapt to a changing environment." Preparation of the final report from the governance review consultant is in the final stages and will soon be ready for the implementation phase.

November 2021 "Covid update meetings, briefings for CDA and provincial dental association representatives on the latest covid information domestically and internationally, have been taking place on a regular schedule since the onset of the pandemic. The last of the scheduled meetings was held recently and will now be on an as required or as information and issues develop basis. A summary meeting will be held in the late winter / early spring on lessons learned and how to prepare for the next pandemic." The emergence of the omicron variant, almost at the same time as I submitted the November 2021 article, reactivated the CDA efforts to keep stakeholders as up to date with Covid information as possible. These updates are now back to as required status.

I hope you have enjoyed my walk down memory lane. As always, I want to express my gratitude for the opportunity to represent Manitoba Dentists on the Canadian Dental Association Board of Directors. A Please feel free to contact me if there is anything you want to discuss.

Joel

#### DR. JEFF HEIN CHAIR, ECONOMICS COMMITTEE

### CONVERSATION ON CODES



### Keeping Your Staff

This edition of 'Conversation on Codes' will focus on an issue affecting many dentists and their practices – especially so over the past 2 years. Since the unprecedented mandatory shutdown of dental practices in the spring of 2020, and the concurrent layoff of many dental staff, a large number of administrative and clinical dental team members have chosen not to return to work in the same profession they left. Understanding the reasons for this exodus may help us, as dental practice owners, address some of the issues that lead to staff turnover, and ultimately help us alleviate our own staff shortage problems.

In both Canada and the US, the shortage of both dental hygienists and dental assistants is acute. This is not a 'Manitoba' phenomenon. It is not an uncommon story for practice owners to try and recruit employees for many months before a suitable candidate is finally found. Needless to say the impact, both in terms of emotional stress on the whole team and the financial loss, can be considerable. A recent Canadian opinion survey of both dental hygienists and dental assistants has brought light to some of the reasons these professionals have chosen not to renew their practice licenses.

Aside from the obvious pandemicrelated reasons to leave one's job (layoffs due to mandatory clinic shut-down, fear of COVID infection, vaccination requirements, decreased/increased working hours, increased job stress), there are certain job factors that are in the control of the dentists who manage their staff. Hygienists and dental assistants who have chosen not to renew their licenses, when surveyed, cited several factors for changing or abandoning their jobs. Some factors are;

- •Poor pay and minimal benefits
- •Lack of appreciation/acknowledgement for the job they do
- •No pension
- •Difficult/stressful working conditions
- •Long, arduous hours
- •Equivalent remuneration at jobs
- requiring less training and with less responsibility
- •Inflexible hours

•Staff conflict/hostile work environment

Of the above stated factors, the first three points were cited most often. And these are three of the elements dentists/ managers can easily affect.

Below is an excerpt from a November 2021 article by Jenn St. Pierre (Roadside Dental Marketing)

Slowing the staffing shortage

"In the midst of The Great Resignation, having the understanding of why employees tend to stay where they are is also helpful to keep in mind.

Studies have shown that employees stay committed to their employers when they are:

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- •Valued •Trusted
- •Challenged
- •Listened to
- •Understood

Dental offices must determine if their work environment encourages these traits and adjust appropriately if not.

It is the practice owner's responsibility to hire talent, train accordingly and applaud employees for their efforts in order for a healthy work environment to be established and maintained. Employees who are confident, knowledgeable, and respected in their profession will have a higher chance of staying committed to their employers."

It goes without saying that retaining your staff is crucial to the success of your practice. Losing a valuable staff member comes with a high cost – the emotional stress, time & cost of recruiting and training, and lost production are very real. In an environment where there is a current supply shortage of both RDH's and RDA's, creating a respectful, appreciative work environment with good pay & benefits goes a very long way towards ensuring your existing staff will remain loyal and stay with you.

Stay well...

Jeff Hein, DMD

Chairperson – MDA Economics Committee

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JACKIE JOACHIM COO, ROI CORPORATION

HR

## STAFFING

### We always consider the staff an important factor when valuing a practice.

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Dentistry, much like many other sectors of the economy, is facing severe workforce shortages in all facets of their team. These challenges can be found throughout the country. Whether it is a shortage of assistants and hygienists, and unrealistic salary expectations from new hires, or the threat of staff leaving due to offers of significant wage increases, the situation is the same no matter where you are. HR was always a challenge for many owners, but no one can argue that it has been exacerbated by the pandemic.

Staff turnovers and shortages will continue to be a serious issue; therefore, owners need to create a two-prong strategy that enables them to be more proactive instead of reactive. Like the old expression goes, "best defence is a good offence". I would suggest that the first prong include the change of recruitment and hiring techniques. Consider widening your pool of potential candidates. Traditionally, dentists looked to dental temp and recruiting agencies which makes sense because ideally, candidates have qualifications and training. However, if these people cannot be found, why not be creative and expand your potential list. A key and valuable employee in any service business is one who has excellent communication and customer service skills. Therefore, think about people from other industries that can be trained to work in a dental office. Another suggestion is to energize your interview process. We can all agree that the interview, offer, negotiation and onboarding process often takes far too long. It is amazing how many people do not craft questions based on

the culture of the practice. Many go straight to the tasks and duties that the candidate will have to perform. While this is important, identifying key traits in an individual is truly beneficial. Remember, using old patterns in these challenging times may cost you a strong candidate. It is worth noting that in this market, you can assume that candidates are interviewing with multiple employers, and an efficient and thoughtful hiring process can help you stand out.

The second prong strategy must be to focus on retaining the employees you have. Given the competitive landscape, it may be worth more to invest in the employees you have rather than look for new ones. Think about offering better financial and educational incentives. The goal is to keep your employees feeling valued and motivated. Employees will be more likely to stay with you if they believe they cannot find a better opportunity elsewhere. Make it a priority to make sure this is true. Studies have shown that employees stay committed to their employers when they are involved, mentored, paid well, empowered, appreciated, listened to, understood, and valued. Owners must do an assessment and see if they encourage these traits and adjust appropriately if not. Remember, an owner's biggest responsibility aside from patient care is to manage and motivate the team. Your employees are the ones that will go the extra mile for your patients. Unfortunately, if a team member does not feel valued, appreciated, or challenged at work, they stop focusing on taking care of patients and unfortunately start to focus on themselves.

It is the practice owner's responsibility to hire talent, train accordingly and applaud employees for their efforts in having a healthy work environment. Employees who are confident, knowledgeable, and respected in their profession will have a higher likelihood of staying committed to their employers. Your job as the owner is to be committed to developing a highquality dental practice management system that nurtures your team and leadership growth. It is so critical for an owner to listen to their employees. You must have enough humility to do this. Remember to give positive feedback - point out what is working out well. Praise employees for their hard-work and commitment.

Remember to treat your employees the way that you treat your patients. Both can truly destroy a practice if you are not taking care of them. Your employees need to know that they are part of a team. Whether that means offering to get them coffee when you are out, bringing in Taco Tuesdays, or taking them axe throwing to build relationships with each other. You want your team to enjoy being together and working toward the same goals. If you like the people you work with, feel respected and listened to, can grow as a professional without a micromanager breathing down your back, the stress will decrease. If doctors let their teams support them, the employees will stay because they love where they work, and your patients will be happy because there is no turnover.

Jackie Joachim is Chief Operating Officer of ROI Corporation. Please contact her at jackie.joachim@roicorp. com or 1-844-764-2020.

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### Dr. Frank Spear

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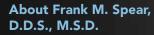
On a regular basis in practice, clinicians are faced with patient presentations that go beyond the simple decision of, does a tooth need a restoration or not? Those more difficult decisions often involve situations such as, an anterior tooth is fractured at the gingival margin, should I do endo and a post and core, or extract and place an implant, what do I need to look at to make an informed decision? A patient presents with an existing un-esthetic three-unit anterior FPD, should I replace it, or do an implant and 3 single unit restorations? What needs to be evaluated? What does the literature say about the 5, 10, and 20 year success of FPD's vs Implants?

This presentation will focus on these kinds of dilemmas involving tooth retention and restoration, vs removal and replacement. The specific clinical dilemmas covered, in addition to the two listed above, will be, teeth with apical root resorption, internal or external resorption, ankylosis, advanced bone loss, horizontal root fractures, and existing failing endodontic treatment. Clinical examples and literature support will be presented for all of the above listed dilemmas. In addition, the interdisciplinary management of deficient alveolar ridges in the esthetic zone will be covered. This will include the treatment options available to manage the deficient ridge, and also how to decide between implant or tooth supported restorations. And finally, a decision tree on predicting the prognosis for anterior implant esthetic success will be presented, as well as a segment on the treatment options and decision process for correcting un-esthetic anterior implants.

LEARNING OBJECTIVES: The attendees will learn:

- An algorythm of key questions to ask when deciding whether to retain and 1 restore vs remove and replace.
- What the literature findings are regarding the long-term success rates are for 2. the different treatment options available for the conditions listed above.
- 3. How the age of the patient impacts the treatment decision of whether to retain and restore vs remove and replace, the concept of "Management vs Cure".
- The importance of looking forward to, "What is next", can impact the choice of 4. what to do now
- 5. What to evaluate to predict the esthetic outcome of anterior implants.
- 6. What to evaluate and what options exist to manage existing anterior un-esthetic implants.





As the founder and director of Spear Education, Dr. Spear continues to be recognized as one of the premier educators in esthetic and restorative dentistry in the world today.

#### **TESTIMONIALS FROM PREVIOUS EVENTS**

"Excellent day. Bring him back for Part 2!" - Dr. M

"Dr. Spear is an amazing lecturer. I've learned so much about occlusion today and Tx planning!" - Dr. Y

"He's a genius!!! Thank you." – Dr. T

#### LOCATION:

**Mississauga Convention Centre** 75 Derry Road, Mississauga, Ontario

#### TIME:

8:00-8:30am: **Registration & Continental Breakfast** 12:30-1:30pm: Lunch Lecture ends at 4:45pm

#### PRICING:

EARLY BIRD (Before January 31, 2022) ▶ Dentists: \$599+HST ► Team Members: \$399+HST

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## CONSIDER MAKING YOUR CORPORATION PART OF ESTATE PLANNING

#### **BY CDSPI**

### Is your estate plan in order? You may already have certain elements in place, like a will, insurance and power of attorney.

Beyond those basics, don't overlook another critical part of estate planning for dentists: your professional corporation.

Estate planning ensures that your assets are safeguarded for your future and your designated beneficiaries. This isn't a single task and involves multiple approaches.

It's also about balance, says Meghan Davis, a consultant with Cumberland Private Wealth, who has worked on estate plans for dentists. The goal is to meet your own needs during your lifetime, while maximizing what you leave for others. That's where your dental corporation can play a key role.

Davis says this strategy serves both wealth transfer and tax efficiency. Consider the after-tax profits that are sitting invested in your dental corporation. You're the shareholder and have accumulated more money than you're likely to spend. The problem? "When you die, your estate will pay tons of taxes on the value of those shares," says Davis.

One solution is an estate freeze. That can be smart when you anticipate the corporation will increase in value, and you want to leave those assets to beneficiaries without them being hit so hard by the capital gains.

An estate freeze means that you exchange existing common shares of the private corporation, held by the original shareholder, for preferred shares. Your preferred shares won't grow in value from that point in time. Now, you can set up a family trust and have it buy (for a nominal sum) newly issued common shares in the corporation.

How does this help? The preferred shares are the "freeze" shares, and the common ones sit in the family trust as the "growth" shares. You can still be a trustee and control the common shares without owning them directly.

Let's say you do the estate freeze on the day your corporation holds \$1 million, which you expect will grow to \$2 million. Years down the road, your shares and the estate will still sit at \$1 million. The other \$1 million will sit in the family trust.

"The family trust separates out a chunk of the value of the company," says Davis.

Another option for estate planning is a capital gains strip. Here, you create a second holding company, and sell all shares in the first one to the new one. Essentially, it's an artificial sale. You voluntarily take the capital gains and will pay taxes accordingly, and in exchange you get a promissory note on the transaction to "strip" the funds from the company.

"It's almost like dealing with the estate tax in advance at capital gains tax rates," says Davis.

contributions.

the right. Sincerely.

(specific examination).

Dentists often have to overcome a couple of hurdles when considering estate planning with a corporation. One is financial, the other is psychological. Of course, you need to have your own financial needs covered. But even if you do, some dentists remain hesitant, unsure if they'll need the corporate assets themselves. So they put off estate planning.

That's why it's important to run through scenarios with your financial advisors that show if you have enough, giving you the confidence to talk about legacy. Davis adds that some clients want to know that estate plans have an "escape hatch". That can provide peace of mind too, knowing that you can unwind and take back assets if required.

Estate planning with a dental corporation is complex, so seek advice from legal, accounting, tax and financial professionals. And root these discussions in your financial big picture. Everything starts with a solid financial plan. With that, income, investments and legacy assets can all be managed as appropriate. CDSPI (cdspi.com) was created over 60 years ago by the dental community with the sole purpose of arranging programs for the benefit of dentists who are members of CDSPI's member associations. CDSPI is a not-for-profit organization that exclusively serves the dental community with expert advice and investment and insurance solutions. CDSPI is proud to partner with Cumberland Private Wealth (cumberlandprivate.com), one of Canada's leading independent wealth management firms.

The information in this article should not be considered tax or financial planning advice. You should consult professional advisors to obtain advice about your individual situation. None of CDSPI, CDSPI Advisory Services Inc., Cumberland Private Wealth or any other person accepts any liability arising out of any use of such information.

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### Data theft: why small and medium sized businesses are targets and the role of prevention vs risk mitigation

By Louis Custodio, AVP, Sales, Collage HR

#### Why Small Businesses?

In a recent survey with 3,040 of its members, the Canadian Federation of Independent Businesses estimated that in 2020 there were as many as 60,000 cyber attacks against small and midsize businesses (SMBs). What are they looking for and why are SMBs a target? Most of the time hackers are hoping to access the personal identifiable information contained in employment data and betting on poor data collection and storage practices of small businesses.

Personal identifiable information, like full name, home address, phone number, SIN and bank account, must be collected and maintained by all employers as part of any employment relationship, but many don't realize this it is a valuable asset to cybercriminals.

#### The Devastating Damages

With only three pieces of personal identifiable information, a hacker can make a lot of money. For employees, it can mean having your financial life upended, while for employers it means dealing with loss of credibility and a combination of hefty costs like ransom, data recovery services, government fines, business interruption, and the absence of employees while they deal with the damage done to their personal life.

#### **Prevention x Mitigation**

So, what can be done? While there are many worthwhile solutions to reduce the risk of being hacked, a cybercriminal can gain access to a whole company network if a single employee falls for an email scam and clicks a malicious link. So, in addition to prevention efforts, ensuring that all employee data is collected and maintained securely outside of local devices and networks is the best way to mitigate risks – if it is not there, it can't be stolen.

A cloud-based HR Information System (HRIS) is a simple and affordable way for SMBs to collect, store and maintain all employment information, keeping it secure and at the same time readily accessible. It is like keeping your money in the bank instead of at home — much more secure and much more practical.

#### **Beyond Data Security**

A good HRIS will help you replace inconvenient paper forms used for employment data collection as well as eliminate the more convenient but higher-risk alternative of asking that new hires share their personal identifiable information by email. Digital onboarding tools can collect HR, payroll and group benefits information at once and even share it securely with your existing payroll software and group benefits providers, eliminating double entry and inconsistencies.

Existing employees help keep their files up-to-date through self-service, check vacation balances and make requests on their own at any time and as a result gain a sense of transparency that is itself priceless.



### Help us help you better

Lastly, an HRIS will increase the productivity of in-house and outsourced HR professionals by eliminating clerical tasks to make time for higher value initiatives using advanced tools. HR software doesn't come in one-size-fits-all but typical costs start under \$90 per employee per year and implementation only lasts four weeks on average.

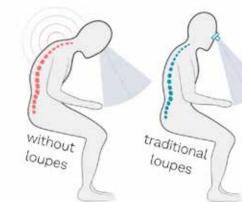
People First HR has researched the Canadian HR tech landscape so you don't have to and secured preferred conditions so you can skip the negotiation and buy confidently. If you're interested in learning more about HRIS solutions, reply to this email to have someone follow up with you.

#### About our expert

Louis is proud to be Collage's employee #4. Since 2016 he has helped the organization by building relationships and carefully listening to clients' needs that will influence the strategic direction of the business. Collage HR is a People Corporation company.

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## making time to listen

You are the expert on clinical dentistry, but your patients are the experts on their own decisions and how they impact them. We are expected to express expert opinions based on clinical findings and their implications.

While you will always know more than your patients about dental diseases and problems, you place yourself on precarious ground when you imply that you know better than your patients about how dental care should fit into their lives. When you do so, you cross a boundary; your clinical opinion will have less impact than it might have otherwise.

The road to understanding begins with genuine interest. Curiosity is one of the communication skills you must master if you want to create functional relationships with your patients.



#### Listening and learning come before telling and educating

In many of our practices, the emphasis is on telling rather than on listening to the patient.

Become interested and curious. Ask. Listen. Ask some more. Listen some more. Understand. Respect. Then, tell. This process puts significant emphasis on understanding our patients before the examination begins.

Counseling techniques are invaluable in gaining an understanding of your patient and helping them adopt new behaviours that are important to promoting good oral health. By first trying to understand your patient's perspective you encourage him or her to develop a sense of competence and autonomy. Rather than telling patients what to do or what is right for them, you can help them find their own way to make needed changes or adopt new behaviours.

#### Listen effectively

What many of us don't realize is that the most critical and powerful aspects of communication is not speaking, but listening. Listening shapes speaking. Once we start listening effectively and really understand the thoughts and concerns of our patients, we generate a powerful relationship with them – a relationship that makes a mutual future possible.

#### **Practice listening skills**

If your patient feels that you have been an attentive

listener he or she will be comforted, reassured, and more likely to leave with a positive impression.

# the **power** of **apology**

If you have erred, say so. Mistakes happen to all of us. Thoughtless comments can be harmful, but taking responsibility can go a long way to regain lost ground.

Defensiveness only escalates situations and makes resolution difficult. Once blame enters the picture, emotions intensify and issues become distorted, making it almost impossible to work through even simple issues.

The implementation of the Apology Act in Manitoba may make professionals feel more comfortable about providing apologies in order to help resolve disputes. Pursuant to the Act, in context, an apology:

- Does not express or imply admission of fault or liability.
- Does not start the time limit for commencing an action under the Limitations Act;
- Does not void, impair or affect insurance coverage that is available; and
- Cannot be taken into account in determining fault or liability.



## communication skills checklist

Today's patients expect to play an active role in their oral health care treatment. How can you help encourage their participation and improve your patient relations? The answer is simple: Learn to be an effective communicator even if you are busy, you simply need to communicate 'smarter' to make better use of the time you have.

Communication with your patient is an art. The best communicators have an open mind, a receptive ear and an empathetic heart. Their skills are perfected through practice, experience and feedback from patients, staff and colleagues.

### You can work on improving your interpersonal skills by following these tips:

□ Listen: The first and foremost component of providing excellent patient care is to listen - Let patients talk so you can adequately take in and understand what they are saying. While your tendency may be to ask your patients a lot of questions upfront, you'll get more information and save time in the long run by actively listening to your patient without interrupting.

Ask only relevant questions: Get to the underlying issue so you can quickly get to a resolution, or at a minimum a plan of action to get to a resolution.

**Be polite:** Kindness and politeness are like sugar, sweetening even the worst situations. When a patient is anxious, angry or concerned they are looking to you to help them. Responding negatively, harshly or without concern will only worsen the situation and very likely cost you a patient.

Remember your manners: Patients are more likely to follow your advice if they have a good relationship with you. How you conduct yourself is very important. Walk in with a smile, shake the patient's hand, call the patient by name and sit down. You can also help to put your patient at ease by starting off with a simple 'How can I help you".

### $\Box$ Don't appear rushed, even if you are:

Patients get irritated when their dentist appears hurried. Make each patient feel that they are the sole focus of your attention. Sitting down and talking is far more effective than talking while standing up.

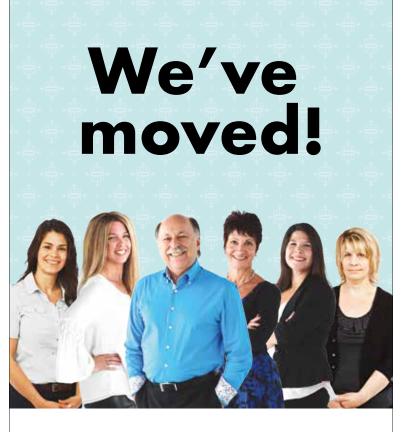
### **OBITUARY**

WILLIAM (BILL) JOHN DUTKA It is with deep sadness that the families announce the peaceful passing of William John (Bill) Dutka on Saturday, August 2, 2008 in the year of our Lord and in the presence of his loving wife, Frances, of 58 years of marriage. Remaining to forever cherish Bill's memory are his many cousins in Canada and the United States. He was predeceased by his parents, John and Martha; his brother, Michael and wife, Helen of Lansing, Michigan. Bill received his education at Tolstoi, Emerson and University of Manitoba (B.Sc., B. Ed.). He enlisted in the RCAF and upon his discharge in 1945, he pursued a career in education, retiring after 17 and a half years as principal of Warren Collegiate. He participated in many community activities, and also played in an orchestra for many years. In 1967 Bill humbly accepted Canada's Centennial medal in recognition of valuable service to his nation and country. In 1970 he was presented the Manitoba Centennial medal from the Manitoba Historical Society. A private family interment will be held in Chapel Lawn Cemetery. In lieu of flowers, donations may be made to your community. Condolences may be e-mailed to wfc2157@mts.net. We are changed now Not because he left us But because he touched us.

Dr. Irv Micflikier is pleased to announce that as of March 1, 2022 he will be relocating his practice to join Dr. Gary Finkleman at:

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