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HYGIENISTS ASSOCIATION
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Oh CANADA!

Oral Health Canada! Magazine

CDHA Members' Magazine

Volume 2, No.3 Winter 2014



**Use of Lasers
in Dental Hygiene**

**Home & Away:
Volunteer Mission
to El Salvador
Portable Ottawa Dental
Service (PODS)**

**Business of Dental Hygiene:
One Step Beyond: Creative
Problem Solving in
Independent Practice and
Tips & Tricks**

**Interprofessional
Collaboration: The Healing
Round Table**

**Work Life Wellness:
Getting Unplugged**

**Features:
Learning to
Think Differently
Benefits of Professional
Liability Insurance**



Oh Canada! is the official oral health e-magazine of the Canadian Dental Hygienists Association (CDHA). CDHA exists so that its members are able to provide quality preventive, and therapeutic oral health care as well as health promotion for all members of the Canadian public. Published quarterly (winter, spring, summer and fall), Oh Canada! provides a forum for the communication of association news, clinically relevant dental hygiene and oral health information and product information. This is not a peer-reviewed publication. Opinions expressed are those of the individual authors and do not necessarily represent the views of CDHA. Subscription rate is included in the annual CDHA membership fee.

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Articles and other submissions (including photos and video) are welcome. Submissions of 150-800 words should be sent via e-mail with text in MS word format to marketing@cdha.ca. The editor reserves the right to edit submissions for length and clarity. [Information for contributors.](#)

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Don't Be A Hygiene Hoarder!

Call for Oh Canada! Contributions

Share your ideas, techniques, How Tos, inspirations, thoughts, skills and knowledge with your colleagues by contributing to Oh Canada! magazine.

Contribute to any of our regular columns or our upcoming FOCUS topic "All Things Perio." We're also looking for Dental Hygiene Top 10 Lists. Your list of ten favourite tips, tricks, resources, books, equipment or products; whatever you can't live without as a dental hygienist.

Deadline for spring issue submissions is February 15 but negotiable. Please review our author guidelines and contact Angie D'Aoust at marketing@cdha.ca as soon as possible if you are interested in submitting or could recommend a suitable author.

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Message From **The President**



The Next 50 Years: Let's Make Waves!

by Mary Bertone, RDH, BSc(DH) • president@cdha.ca

THE NEXT 50 YEARS: LET'S MAKE WAVES

2013 has been a year of exciting milestones for the dental hygiene profession. CDHA celebrated 50 years as a professional association, and ADHA celebrated an incredible 100 years. Can you imagine how gratifying it would be for our professional pioneers if they could see what their creation looks like today? Imagine the pride and fulfillment they would feel if they knew just how much of an impact their dedication and sweat equity has had, not just on our profession, but quite literally on the oral health and quality of life of an entire society. Their vision and dedicated service to what would become the dental hygiene profession were set in motion, generations ago, like a pebble dropped in a still pond. Long after the pebble sinks, the ripples carry on, reaching ever further as time passes.

Today those waves from the original CDHA board now reach out to more than 17,000 members. But this achievement did not just happen because the calendar pages kept flipping. This important milestone was made possible by decades of commitment and the efforts of countless people, unified by a common vision of what their tomorrow should be. Sadly, as memories fade and connections to the past weaken, we start to take for granted what others before us have built. It is only when we have reason to pause and reflect on what happened, and what it took to get us here, that we reconnect with our roots and rediscover the passion of our predecessors.

Milestones like these are more than just fond memories; they are the rallying cry of the possible. They remind us not just that somebody once accomplished something great, but that great things can be accomplished at any time. Sometimes they even inspire us to be the ones to do those great things. We are all guilty of not taking

LES 50 PROCHAINES ANNÉES : FAISONS DES VAGUES

L'an 2013 a été une année d'étapes passionnantes pour la profession d'hygiène dentaire.

L'ACHD a célébré un cinquantenaire d'association professionnelle et l'ADHA, un fantastique centenaire. Pouvez-vous imaginer le plaisir qu'auraient nos pionnières si elles pouvaient voir ce que leur création est devenue aujourd'hui ? Imaginez la fierté et la satisfaction qu'elles ressentiraient si elles voyaient simplement tout l'impact qu'ont eu leur dévouement, leur douceur et leur équité, non seulement sur la profession mais, à proprement parler, sur la santé buccodentaire et la qualité de vie de toute une société. Leur vision et leur service dévoué de ce qu'allait devenir la profession d'hygiène dentaire mise en œuvre il y a des générations ont pris l'allure du lancement d'un jet de pierre dans une eau calme. Longtemps après l'enfoncement de la pierre, les ondulations continuent et se prolongent constamment.

Aujourd'hui, les gestes du conseil original de l'ACHD ont atteint plus de 17 000 membres. Cet accomplissement n'est pas seulement le fruit du déroulement des pages du calendrier. Cette importante étape a été rendue possible grâce à des décennies d'engagement et aux efforts d'innombrables personnes, unies par une vision commune de ce que devrait être l'avenir. Malheureusement, avec l'estompe des souvenirs et l'affaiblissement des liens avec le passé, nous commençons à tenir pour acquis ce qu'ont réalisé les personnes qui nous précèdent. C'est seulement lorsque nous estimons devoir prendre une pause puis réfléchir sur le passé et savoir ce qu'il aurait fallu faire pour arriver au point où nous sommes que nous retournons à nos racines pour redécouvrir la passion de nos précurseurs.

action, perhaps because of a lack of confidence or because we may not see ourselves as capable. Friends, there are a thousand reasons for not acting on something worthy, and the truth is that almost none of them are legitimate! The next time you see something that you think needs to be fixed, improved or changed, remember these words from Mikhail Gorbachev, former president of the Soviet Union: "If not me, who? If not now, when?"

But anything worth fixing, improving or changing isn't going to fix, improve or change itself; somebody needs to make it happen. Somebody needs to drop the pebble in the pond. At CDHA's national conference in Toronto we met and heard from our founding members. They looked and sounded a lot like you and me, yet the experience was truly humbling. In her parting statement, founding member Pat Johnson shared what the conference slogan, "CDHA: celebrating our roots, our wings," meant to her. A half a century ago, they created CDHA and established our roots, a milestone worth celebrating proudly. And when Pat and her colleagues formed those roots, they dropped the pebble and set our common cause in motion. Today, her challenge to us is to be the wings; to extend the ripples and move our profession and the cause of oral health forward even further.

Colleagues, let us recognize the impactful contributions of our professional pioneers. And together, let us look to the future, stare down the challenges facing our profession, and make waves of our own.

Yours in service,

Mary Bertone, RDH, BSc(DH)

Des antécédents de cette nature sont plus que de simples souvenirs; ce sont des cris de ralliement. Ils nous rappellent non seulement que quelqu'un a déjà accompli quelque chose de grand, mais aussi que ces choses importantes peuvent être réalisées en tout temps. Parfois, ils peuvent même nous inspirer d'être celles qui doivent les réaliser. Nous sommes toutes coupables de ne pas intervenir, peut-être par manque de confiance ou parce que nous pensons ne pas en avoir nous-mêmes la capacité. Chères amies, il y a un millier de raisons de ne pas agir pour quelque chose qui en vaudrait la peine mais, la principale est, presque la plupart du temps, qu'aucune n'est légitime ! La prochaine fois que vous verrez quelque chose qu'il faudrait, selon vous, résoudre, améliorer ou changer, rappelez-vous les mots de Mikhail Gorbachev, ancien président de l'Union Soviétique : « Si ce n'est pas moi, qui ? Si ce n'est pas maintenant, quand ? »

Rien de ce qui mérite d'être résolu, amélioré ou changé ne saurait le faire seul; quelqu'un doit intervenir pour résoudre, améliorer ou changer quoi que ce soit. Quelqu'un a besoin de lancer une pierre dans l'eau. Lors de la conférence nationale de l'ACHD à Toronto, nous avons rencontré et entendu parler des membres fondatrices. Elles nous ressemblaient et parlaient beaucoup comme vous et moi; néanmoins, l'expérience de les écouter était vraiment une leçon d'humilité. Dans leur énoncé de départ, une des fondatrices, Pat Johnson, a partagé ce qu'elle percevait du slogan de la conférence : « L'ACHD : célébration de nos racines, célébration de nos ailes ». Il y a un demi-siècle, elles créaient l'ACHD et établissaient nos racines, une étape passionnante valant d'être célébrée avec fierté. Puis, lorsqu'elles développèrent les racines, Pat et ses collègues jetèrent la pierre et firent démarrer notre cause commune. Aujourd'hui, notre défi est d'agir comme des ailes pour étendre les ondulations, donc faire agir notre profession et progresser la cause de la santé buccodentaire.

Chères collègues, reconnaissons les contributions influentes de nos pionnières professionnelles. Puis, envisageons l'avenir ensemble, abaissons les yeux sur les défis qui se présentent à la profession et posons nos propres gestes.

À votre service,

Mary Bertone, RDH, BSc(DH)

Message From **The Executive Director**



50th Anniversary of CDHA—We've Come A Long Way!

by Ondina Love, CAE • olove@cdha.ca

Putting Words into Action.

Canada's Governor General, David Johnston, delivered the Speech from the Throne on October 16, 2013, outlining the government's main objectives for 2014 and beyond.

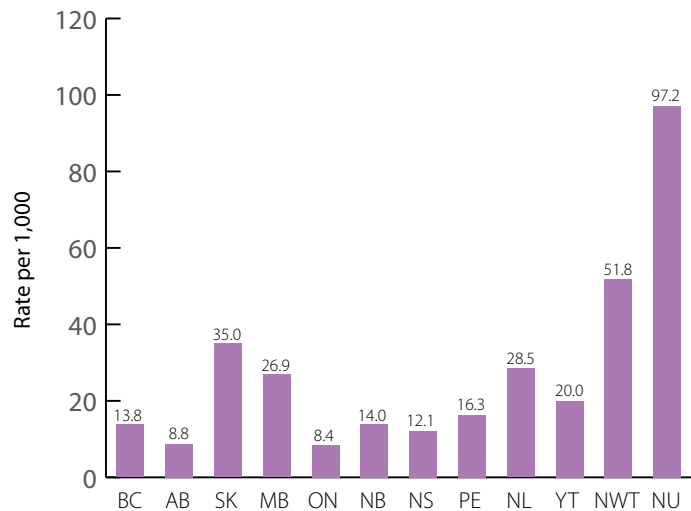
CDHA monitors these types of important speeches, as they help us to tailor our advocacy messages to align with government programs and achieve the greatest impact on oral health promotion and prevention. CDHA is focusing our efforts on three key statements from this throne speech.

1 Collaborate with injury prevention organizations to reduce the injury rate in Canada.

On a regular basis, dental hygienists see serious orofacial injuries arising from participation in sports. Dental hygienists play a very important injury prevention role in the promotion and fitting of sports mouthguards. Studies evaluating the effectiveness of sports mouthguards have shown that the overall risk of injury is 1.5 to 2 times greater when a sports mouthguard is not worn during athletic activity. Mouthguards are a cost-effective investment in protection. The estimated cost to treat a lost front tooth over a lifetime can range from \$5,000 to \$20,000. The average cost of a custom-fitted sports mouthguard can be as low as \$50. CDHA has developed a toolkit for members to use in their injury prevention efforts. In addition, CDHA has written to numerous national and provincial sports organizations to encourage the development of policies for sports mouthguards, and CDHA made a presentation to Hockey Canada's risk management committee in November on the importance of dental-fitted sports mouthguards.

2 Continue to work in partnership with Aboriginal peoples to create healthy, prosperous, self-sufficient communities.

A recent Canadian Institute for Health Information (CIHI) report presented the rate of day surgery for cavities among children ages 1–5 in selected provinces and territories over a two-year period (2010–2011 to 2011–2012). The graph below depicts the shocking results.



Source: Canadian Institute for Health Information. *Treatment of preventable dental cavities in preschoolers: A focus on day surgery under general anesthesia.* Ottawa: CIHI; 2013.

As part of our strategy to improve access to oral health care for northern Canadians, CDHA has developed a **northern advocacy toolkit for members**, which includes key messages and recommendations, an advocacy letter template, elected officials meeting guide, and contact information for elected officials. CDHA has recommended the following amendments to dental hygiene legislation in the Northwest Territories, Nunavut, and Yukon:

Ensure that dental hygienists can practice independently (without direction and/or control), resulting in more choice and increased access to care.

Require mandatory professional liability insurance, resulting in increased public protection in the instance of malpractice. (CDHA membership includes \$1 million in professional liability insurance).

Require mandatory continuing competencies, resulting in high-quality dental hygiene services, and ensure that dental hygienists are up-to-date on the latest research and knowledge.

Ensure that dental hygienists' scope of practice is sufficient to ensure prevention and treatment options for maximum client care and oral health. These areas of practice include interim stabilization therapy (IST), a medicated temporary filling that relieves pain and prevents the progression of decay, and, with additional education, administration of nitrous oxide conscious sedation (N2O) and prescription of approved drugs.

In addition, during the recent election campaign in Nunavut, CDHA sent a letter and questionnaire to all of the candidates running for office. We outlined the issues in oral health and access to care in the north and asked the candidates to articulate their position on key oral health issues. CDHA believes that this initiative will lead to greater awareness of the issues among future decision makers.

3 Help seniors quickly access information about programs and services that they need and use in their communities.

Awareness of the importance of oral health, especially for older adults, is limited among traditional health practitioners, in most government policy and among family caregivers. Yet Canada's aging population, including older adults with varying functional capabilities, will need information about the importance of oral health to overall health, and how they can access appropriate services. CDHA is currently developing a plan of action for this key area.

We welcome member comments and participation as we move forward with these advocacy efforts. Help us put words into action!





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Dental Hygiene

FOCUS: Use of Lasers in Dental Hygiene



The Diode Laser: A Place in Dental Hygiene Therapy

by Jo-Anne Jones, RDH • jjones@rdhconnection.com

FIRST CONSIDERATIONS

Before we explore the validity of integrating the soft tissue diode laser into non-surgical periodontal therapy, we must examine several considerations. First, the diode laser is an adjunct to conventional scaling and root planing (SRP) and is never meant to be positioned as a monotherapy. There is no significant scientific evidence to support the laser as a stand-alone treatment or its consideration as a monotherapeutic approach. Second, because of its properties and specific wavelength, the diode laser is a preferred "soft tissue laser." Other lasers offer a much higher proficiency with hard tissues and calculus removal. Last, affordability coupled with more recent evidence-based research have positioned the soft tissue diode laser as a sought-after and effective adjunct to traditional SRP.

HOW DOES THE LASER WORK?

A laser possesses several characteristics that determine its wavelength and function. Laser light is monochromatic, collimated, coherent, and stimulated by an active medium. The active medium of the diode laser is a semi-conductor junction made in a GaAlAs (gallium-aluminum-arsenide) crystal. All diode lasers have a brand name such as the Photon, SOL, Odyssey, and Periolas.

When selecting a specific laser a clinician must first decide what he or she wishes the laser to do, while keeping in mind the laser's ability to deliver the energy to the target tissue so it will work efficiently. It is essential to understand what the wavelength is attracted to and what tissues absorb each specific wavelength. Some lasers are more effective for cutting hard tissue (highly absorbed by water and hydroxyapatite), while others are more effective for soft tissue management because of their being highly absorbed by water, hemoglobin, and pigmentation. The diode laser is attracted to water, hemoglobin, and melanin (pigmentation).

WHY USE A SOFT TISSUE DIODE LASER IN PERIODONTAL THERAPY?

Biostimulation, which involves a low level of diode laser energy, effectively modifies the sulcular environment by disrupting and eradicating bacteria through lysis of the cell membrane. A significant lessening of PGE2 reduction has been shown in clinical trials as has the reduction of some of the most persistent periodontopathic microorganisms.¹ The significant reduction in periodontal pathogens also aids in preventing the cross contamination that occasionally occurs when bacteria are transferred from one sulcus to another by probing or SRP. The diode laser has also been shown to have a stimulatory effect on the proliferation of periodontal ligament fibroblasts.

Despite our best efforts to thoroughly remove bacterial pathogens, bacteria in biofilms can remain, multiply, and return to baseline levels within days. Proficiency of SRP instrumentation is also limited in areas of restricted or difficult anatomical access, thus leaving harmful bacteria behind in the periodontium and impeding the ability for re-attachment.

EFFECT OF THE DIODE LASER ON BACTEREMIA

Several clinical studies have reported the reduction of bacteremia following SRP when the laser is used as an adjunct. How often does a bacteremia occur following instrumentation in the sulcus? A study by Lafaurie, Mayorga-Fayad, Torres et al. of 42 patients with severe generalized chronic periodontitis and generalized aggressive periodontitis examined the level of periodontopathic microorganisms in peripheral blood following SRP. The frequency and type of subgingival anaerobic and facultative

Sponsor



bacteria in the bloodstream following SRP were measured. Four samples of peripheral blood were drawn pre-treatment, immediately following, 15 and 30 minutes after treatment. Immediately after SRP, 80.9% presented positive cultures, and 19% presented positive cultures 30 minutes after the procedure. Among the most frequently identified pathogens was *P. gingivalis*.²

There are a number of consecutive studies that support the application of diode laser energy to reduce bacteria in gingival crevices, thereby decreasing bacteremia. Furthermore, the lased groups demonstrate reduction of overall periodontal pocket depth and decreased production of MMP-8 (collagenase) compared to the control groups, providing insight into how lasers can enhance the outcome of non-surgical periodontal therapy.^{3,4,5,6}

CONCLUSIONS

The long-term benefits of laser bacterial reduction (Refer to video) through biostimulation with an uninitiated tip position the soft tissue diode laser as a useful and efficacious adjunct to SRP. Further removal of diseased tissue, which would have previously impeded re-attachment, may be accomplished with an initiated tip. It is the dental hygienist's responsibility to seek out his or her regulatory college statement on laser use and scope as well as training/certification requirements in regards to employment of the laser in dental hygiene clinical practice. Dental hygienists in some provinces may use the various types of lasers for intrasulcular bacterial reduction, in scaling and root planing procedures, professional whitening, and oral disease management of mucocutaneous disorders such as aphthous ulcers, herpetic lesions, and lichen planus when previously diagnosed by a dentist.

This is a new era of advanced technology and the ability to offer enhanced treatment outcomes. Investigate, explore the evidence, and integrate!

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A Student Paper on The Effectiveness of Lasers in Periodontal Therapy

by Ashley Watts • watts1@cnc.bc.ca

INTRODUCTION

For this assignment I wanted to research how effective lasers were in treating patients with periodontal disease. I formulated the question, “Are lasers more effective in reducing the number of bacteria present, increasing clinical attachment levels, and reducing pocket depths in patients with periodontal disease, when compared to traditional scaling and root planing?” I decided to research this topic because, when I completed my externship, the office I visited had the hygienists trained to use lasers and I was curious about which treatment was more effective.

METHODOLOGY

To research my topic, I searched the EBSCOhost database, using key terms such as perio* and laser*, as well as periodontal surgery and laser*. I made sure that all articles were peer reviewed and were published within the last 10 years (i.e., since 2003). I also completed a Google Scholar search of articles published between 2003 and 2013, using the term “laser usage in periodontal therapy.”

CLINICAL SCENARIO

There are several types of lasers used in dentistry today; the Er:YAG, Nd:YAG, the diode laser and the CO2 laser are all examples. Among the treatment areas where laser therapy has been explored are the removal of diseased pocket lining epithelium, bactericidal effect of lasers on pocket organisms, the removal of calculus deposits, and detoxification of the root surface.¹

“the CO2 laser “demonstrated no benefit or only slightly improved treatment outcomes”.¹”

An article published in the British Dental Journal stated that studies examining the usage of diode or Nd:YAG for sub-gingival curettage “offer no evidence that these procedures are superior to conventional scaling and root planing alone.”¹ This article also discussed CO2 lasers and their potential to reduce pocket depths. However when the authors examined several controlled studies, they found that, when combined with traditional scaling and root planning, the CO2 laser “demonstrated no benefit or

only slightly improved treatment outcomes”.¹ The overall conclusion of this article was that there is a need for more research to be conducted.

In a study completed by Schwarz et al. that compared the use of an Er:YAG laser to traditional scaling and root planing in evaluating plaque, bleeding, probing depths, and clinical attachment, it was found that both treatment interventions resulted in a significant reduction in probing depths and a gain in clinical attachment level.² This article supported the use of lasers as an alternative to traditional scaling and root planing.

A systematic review completed by Karlsson et al. focused on laser use as an adjunct to traditional scaling and root planing. It was noted that very few clinical trials have “evaluated the clinical effect of laser as an adjunct to scaling and root planing.”³ Of the articles reviewed, only two of the four found statistical significance in the reduction of bleeding and probe depths, and the increase in clinical attachment. This systematic review noted again that there were a limited number of studies completed, and that additional research was needed in order to evaluate the long-term effects of laser use.³

CONCLUSION

When considering the use of lasers in periodontal therapy, the information seems rather inconclusive. There is no distinct answer as to whether they are effective over the long term in treating patients with periodontal disease. In the studies that have been conducted, the sample sizes were small and, in many studies, people who smoke were not excluded. Both of these variables make it difficult to determine exactly how effective this type of treatment is. I feel that more stringent research needs to be completed before we as clinicians make the decision to integrate laser use into our daily practice.

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INTRODUCTION TO LASERS FOR THE DENTAL HYGIENIST

Limited-time free access to CDHA's On-Demand Webinar

SUMMARY

Presented by Angie Mott, this webinar explores how technological advances are changing the way we provide dental hygiene care. The use of soft tissue lasers for treating periodontal disease and oral lesions such as Herpes can produce better outcomes and improved results including less post-treatment discomfort and reduced healing times. This session is designed to provide an introduction to the use of soft tissue lasers. It includes a refresher on laser light, the mechanism of laser beams, oral indications for use, and examples of laser therapy on oral conditions.

LEARNING OBJECTIVES

At the completion of this webinar, participants will be able to

- review laser light
- explain how lasers fit into the electromagnetic spectrum
- understand which lasers can be used by dental hygienists
- list conditions where the use of lasers is appropriate
- predict outcomes

SPECIAL OFFER:

for the month of February only, this continuing education webinar will be offered free of charge to CDHA members as a complement to Oh Canada!'s winter issue FOCUS section on laser use. **Register today.**

Resources and Recommended Reading

Use of Lasers in Dental Hygiene

- ✓ Blayden J, Mott A. *Soft-tissue lasers in dental hygiene*. Oxford: John Wiley & Sons; 2013. 240 pp. Authors Jessica Blayden and Angie Mott are registered dental hygienists who have been using laser therapy in their dental hygiene practices for several years. They discuss laser history, physics, components, and safety, as well as what lasers can be used for, how to implement them, techniques, protocols, and client communication. <http://www.amazon.ca/Soft-Tissue-Lasers-Hygiene-Jessica-Blayden/dp/0470958545>
- ✓ Dowst-Mayo L. Dental hygiene lasers: Why you should use lasers. How to stay focused on dental hygiene applications. *RDH Magazine*. 2013. Available from: <http://www.rdhmag.com/articles/print/volume-32/issue-10/features/why-you-should-use-lasers.html> This article offers a personal testimonial to laser use in dental hygiene and includes many useful references.
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- ✓ Chiarelli K. Lasers for periodontal disease and evidence-based decisions. *ADHA Strive*. April 2012:6–7. Available from: <http://pubs.royle.com/publication/?i=105507> This article reviews current research on the efficacy of lasers as an adjunct to nonsurgical treatment for chronic periodontitis. Because the evidence has not yet demonstrated the superiority of laser technology over traditional treatment methods, more research is required to establish the routine use of lasers in oral care treatment plans.
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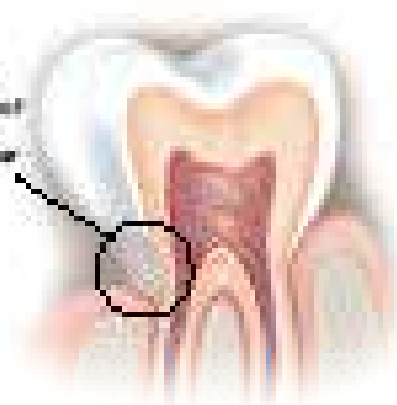


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Business Of Dental Hygiene



One Step Beyond: Creative Problem Solving in Independent Practice

by Cindy McQueen, RDH, BA • Roving Dental Hygienist • mobilehygiene@cogeco.ca



▲ Roving Dental Hygiene was recognized for placing first in its category in the Canadian Environment Week's Commuter Challenge.

“Be the change that you wish to see in the world”

— Mahatma Gandhi

My independent dental hygiene practice was conceived when I recognized a need in my community for mobile care in the homes of those unable to access traditional dental clinics. Groundbreaking legislative changes had cleared the path for a concrete solution and, in 2011, I joined the ranks of other independent dental hygienists across the country and offered home visits in my community. Change began.

My practice philosophy has been focused on accessibility and affordability, and initially I wanted to change the fact that those with mobility issues needed care.

I can only speak to my own journey, but while my first year was dedicated to creating a sustaining practice, my second year has been defined by creative solutions to reduce financial barriers to care. My original perception of need has expanded into an understanding that physical mobility is a changeable obstacle. Financial accessibility presents the overwhelming challenge.

In my community I observed a considerable segment of the population that had no financial resources whatsoever to access dental care. Another segment could not afford the fee structure of local, traditional clinics. Many individuals had government dental coverage but local clinics often restricted their access to the extent that no care was accessible. Funding initiatives, created to provide access, were quickly depleted each year, and community clinics could only see a small percentage of those individuals seeking affordable care.

In my practice I offer bartering to bridge affordability. A bartering transaction stands outside a monetary exchange of funds and allows for the equal exchange of goods or services. With some help from the practice advisors at my provincial licensing body (CDHO) I was able to determine that as long as I “trade” or “barter” an equal transaction, provide Revenue Canada with documentation, and treat all clients similarly, bartering is a viable method of overcoming financial obstacles. To date, I have bartered routine dental hygiene care for web master skills, kitchen curtains, clothing, and home repairs. In each case there is a paperwork trail for my accountant, the client, and the government.

While my practice fee structure is well below that of my local dental colleagues it is still out of reach for many in my community. Bartering has given my clients the opportunity to maintain their dental care without a cash transaction. Likewise for the goods or services that I receive in return.

In a second initiative, I approached a local mental health agency and together we have created a program to facilitate regular dental hygiene care for their clients. These clients hold dental cards but struggle to find access to clinics. I accept and administer their dental insurance coverage, come directly to them at their agency, and offer a supportive environment that is designed to meet their mental health challenges. Several local dentists have agreed to support these special clients when they require restorative attention while I address their preventive oral needs.

Bartering and offering alternative service models for governmental dental card holders are two initiatives designed to change access to care in my community. I see them as small steps towards change.

A natural extension of my practice philosophy has been the introduction of a bicycle. More than 50% of my home visits occur by bicycle. I travel on my WSD Trek hybrid with a custom trailer that carries my equipment, and I am able to maintain the same strict standards for sterilization that I observe in my car.

Riding on a bicycle not only reduces my transportation costs for the business, but it also reduces my carbon footprint, promotes active living, and has sparked community interest in my practice.

The three biggest problems to solve before embracing this unique mode of transportation involved scheduling clients, keeping equipment dry and sterile, and travelling safely to the client despite the weather or traffic. None of these three issues felt insurmountable, and I worked each of them through systematically.

At the best of times, scheduling clients in a mobile practice can require creativity. Luckily, my city is fairly small and the majority of my clients are in the “core” and close to my home. Clients in neighbouring towns north of the city limits and the western suburbs remain serviced by car. Otherwise, I schedule clients taking into account the travel time and location in the city. Productivity has not been compromised.

Sterile protocols have been maintained with the use of dry bags, similar to those used during water sports, as they allow equipment to be sealed and protected en route to a client.

I am not advocating that everyone should follow my practice philosophy; rather, I am suggesting that traditional approaches to affordability, accessibility, and transportation in your community can be creatively changed. Independent dental hygienists are ideally positioned to “be the change that they want to see in the world.”

“One drop of water helps to swell the ocean; a spark of fire helps to give light to the world. None are too small, too feeble, too poor to be of service. Think of this and act.”

– Hannah More



>>>> Business of Dental Hygiene



Independent Practice: Tips & Tricks

by Dianna Major, RDH, IDH, BSc(Hons) • www.dmhygiene.com • dianna.major@hotmail.com

I have been a practicing dental hygienist for seven years and started writing my business plan in November 2011. I didn't actually apply for my loan until January 2013, subsequently opening a stand-alone clinic in April 2013 in Nova Scotia. Here are some of the things that I've learned along the way:

CASH FLOW

I see an average of two people per week, so keeping the rent as low as possible is important. \$1500+ per month is way too much; over \$1000 will make you hurt too. Chances are you won't be drawing a salary from your business for at least two years, so plan ahead.

Don't expect your friends and family to be the ones knocking down your doors. In my experience (albeit brief), family and friends mean well when they say they'll come to visit, but life gets in the way sometimes. They will likely come when it's convenient for them, not necessarily when you need to make your rental payments.

TIME LINE

About 12 weeks prior to your opening date, post a weekly schedule of what needs to be done. Include everything from ordering your phone/internet to purchasing equipment. Keep in mind that some equipment needs to be ordered six to eight weeks prior to delivery as it may be coming from outside the country.

MARKETING

Don't be shy. I have been going into local businesses and introducing myself as a fellow small business owner. Talk about the fact that there is no dentist at your clinic and that you are part of a growing movement of independent dental hygienists across Canada. Sometimes you'll get an interested person, sometimes not so much. At the very least get your business card placed in the staff room.

Use Vistaprint (www.vistaprint.ca) for your business cards. They are less expensive and offer good quality products. Don't leave home without your business cards. You never know where and when you'll strike up a conversation with someone who could become a client, be it while in line at the grocery store or working out at the gym.

The glow sign has probably been my best marketing investment so far. It's highly visible and reaches a wide audience.

Setting up a website is a great way to let people know about you and what you offer. Don't forget to use Facebook as well. According to Fred Joyal, "The average person has 130 friends on Facebook, so every time you add ten likes you've potentially reached 1,300 people."

FRONT END

I left the design of my charting system until the week I opened, which was a bit of an oversight. It took me about two weeks to get it where I wanted it, and I still find the occasional urge to edit. As you use your system you'll discover what works and what doesn't.

I am of two minds on software. Many programs have wonderful features that make life so much easier, but they can be expensive. I went without software, and I use a combination of Sage 50 for billing, Outlook for booking, and Excel for tracking recall appointments.

When taking payments, always indicate the client's name on the merchant copy. It makes life much simpler down the road.

EQUIPMENT & SUNDRIES

I bought most of my large, expensive equipment on Kijiji so start there if you can. If the equipment is in need of some refurbishment, it can cost a fair bit to have it repaired so consider outsourcing parts from a local industrial store.

If you're thinking of buying equipment online, check your provincial requirements first. In Nova Scotia the Chief Electrical Inspector is responsible for ensuring that any electrical device has appropriate certifications for use in Canada. For more information see: <http://novascotia.ca/lae/publicsafety/electricalsafety.asp>

Understanding what I needed versus what I wanted to buy was tricky too. Needs are fairly obvious... I needed a place to set my instrument trays and, for ergonomics, I needed front delivery. A delivery system on a client chair costs \$6000. Instead I went to an esthetics supply store and purchased a stand on rollers for \$130.



Due to limited space I was unable to use a traditional vacuum pump. Instead I purchased a small portable unit from Aeseptico. I keep it in a cupboard to reduce noise, and I have an extra container to allow for proper disinfection between clients.

POINT-OF-SALE SYSTEM

A POS is essential in today's business world. Various options are available; most allow for both debit and credit card payments, though you may also want to consider using a system like Square, which only accepts credit cards, not Interac.

Whatever you choose, it can be confusing to understand how the POS company bills for service.

Fees you can expect are a monthly service and lease fee, a percentage of credit card payments, an additional percentage for rewards credit cards. Also, if you have no clients who use a credit card for any given month, there is a fee for not using the service, which can vary from \$10-\$40/month.

In the end I decided to purchase my POS system outright instead of leasing. Not all companies offer this option, but it is certainly something to look into.

CONCLUSION

The decision to open an independent clinic is one that you need to make for yourself. It is not an easy road to take and, while there are many benefits, there are also risks. A good friend and fellow entrepreneur once told me that I will have many decisions to make. It does no good to get bogged down in the minutiae and, if you try to leave all your decisions to popular vote, you'll likely be unhappy in the end. Make the best decision you can with the best knowledge you have. If it's the wrong choice, you will learn from it. Of course, it could be the best decision of your life... Good luck with all your endeavours.



Dental Hygienists

Home & Away



Adventures & Changing Perspectives in El Salvador

by Brenda Martinez • bmartinezcadh@gmail.com
& Taryn Swanton • tswantoncadh@gmail.com

On an early autumn morning in 2012, 35 dental and medical professionals from across Canada gathered at Toronto's Pearson International Airport. After a few short hours, we were on our way to a dental and medical volunteer mission in El Salvador. As students in our second semester in the dental hygiene program at the Canadian Academy of Dental Health and Community Sciences, we were not typically offered an opportunity of such magnitude. We jumped at the chance to participate! The amount we learned in just one short week was astounding, and we had the opportunity to make life-long friends. Overall, the experience we gained from the trip and the oral health advocacy we undertook have been incredibly valuable to our professional development.

Dr. Lun Hangfu was the person who made this dream possible. Dr. Hangfu is the founder of Health Mission Outreach Canada (HMO), a nonprofit charity organization dedicated to providing free dental and medical clinics to people in need in the Greater Toronto Area and worldwide. In October 2012, HMO traveled to San Salvador, El Salvador, for an eight-day adventure. The HMO team was invited by the Mayor of San Salvador, Dr. Norman Quijano, in an effort to provide dental and medical outreach services to the community.

Our volunteer work began early every day; we would get on the bus that was provided to us for the week and travel to the "Centro Municipal Andalucía" community centre, arriving by 7:30 am. We would then begin to set up the rooms and our own individual stations. There were tables full of donated dental supplies and sundries, such as gloves, gauze, fluoride, coronal polish, composite resin, anesthetic, and anything else that we might need for the week.

The dental clinic was held in a large room, and each station was complete with a table and an air/water suction portable unit. HMO often makes the most of limited resources, and the clinic in San Salvador was no exception. Clients in the clinic sat on lawn chairs while they were having their dental work done, and computer chairs were available for the dentists and dental hygienists to sit on. In the medical clinic area, temporary rooms were set up and separated by hanging sheets, which gave medical patients some privacy while talking to the doctor or nurses.

At 8:00 am, we started to triage the dental clients. Soon after their paperwork was completed, they would flow into the clinic. The lawn chairs were constantly full of clients who required cleanings, extractions, and fillings. Sometimes clients needed a surgical intervention, such as a bone graft or the drainage of abscesses. The room was filled with loud and lively conversation in both English and Spanish. Unfortunately, we also heard some crying children who were fearful of anesthetic injections or extensive dental treatment. Our team of volunteers made every effort to ease these young patients' dental fear or anxiety by giving them a toy or stickers to comfort them. It was wonderful to see the collaborative teamwork demonstrated by all of the volunteers.

Part of our duty as volunteers was to maintain the standards for asepsis by sterilizing instruments using two autoclaves. We ensured that instruments were efficiently sterilized and processed to meet the fast-paced needs of the clinic. Although there were a variety of instruments available, most kits were not full; we had a high need for dental mirrors and syringes. We also helped clients with paperwork, translating or assisting dentists with extractions and fillings. After our work day was complete, we enjoyed dinners at a variety



of delicious local restaurants. On the days when the clinic finished a little earlier, we had the opportunity for some tourism. We visited local arts and crafts markets, the San Salvador volcano, and the beach.

The locals of San Salvador were very appreciative of HMO's work. They were eager to receive dental and medical care; patients stood outside for hours at a time when the clinics were busy. Yet despite these circumstances, no one complained. We supplied our waiting clients with water, and made sure that they could sit under the canopy while they waited. In the end, we treated over 2000 patients; for us, the feeling of accomplishment was incredible because we knew that we had helped so many people. Yet we were also left with sadness. We grew to become very fond of the local people and, since we could only spend one week in San Salvador, there were many people whom we were unable to reach. As Canadians, we also became very aware of how fortunate we are and of the dental care that we sometimes take for granted.

Visiting El Salvador was an educational experience that not only helped to further our professional development, but also provided an opportunity to raise our awareness of how people in other parts of the world live. We got to see firsthand how wonderful the people were. This trip changed our perspectives, enriched our personal outlooks, and enabled us to gain confidence in our abilities as dental health professionals and our future. The journey with HMO was truly an experience that surpassed our expectations.

“At the beginning of this trip, I would have never had guessed how this experience would impact me personally. I have learned an abundance of new skills and gained knowledge about my future career. I've also learned a lot about myself. The people I met during this trip gave me a new perspective on life and have made me realize the importance of family, friends and healthcare.”

– Taryn Swanton

“Being from El Salvador, this experience is very close to my heart. I feel very grateful for the opportunity to have participated in this dental outreach mission that has helped so many Salvadoreños. I have met incredible people that have demonstrated such compassion and humbleness in their approach to the work that they do and I feel blessed to have been a part of this adventure.”

– Brenda Martinez

>>>> Dental Hygienists Home & Away



Making Oral Health Relevant, Fun, and Accessible with Portable Ottawa Dental Service (PODS)

by Clinic Coordinator, Anthea Chang, RDH • Anthea.Chang.RDH@gmail.com

I work for a new charitable initiative that is making oral health relevant, fun, and accessible for a vulnerable population in Ottawa. The Portable Ottawa Dental Service (PODS), under the program management of Dr. Tom Harle, runs on a portable dental unit, donated supplies, and volunteer dentists and hygienists.

Our clients are pregnant teens and young parents under 25 years of age and their children up to 5 years old. For nine months at a time, PODS rotates among agencies of the Young Parent Support Network of Ottawa: Youville Centre, where young mothers complete high school; Salvation Army Bethany Hope Centre, a multi-service centre that offers drop-in programs and support, including access to Food Bank; and St. Mary's Home, an outreach centre and residential program for expectant and new mothers in need of a proper place to live.

One day a week, PODS provides exams and oral hygiene assessments, cleanings, fluoride, sealants, composite resin restorations, and other basic dental services absolutely free-of-charge. We only require access to a sink and an electrical outlet to run our portable unit. PODS services are limited primarily because we have no radiographic capability.

PODS' philosophy of care

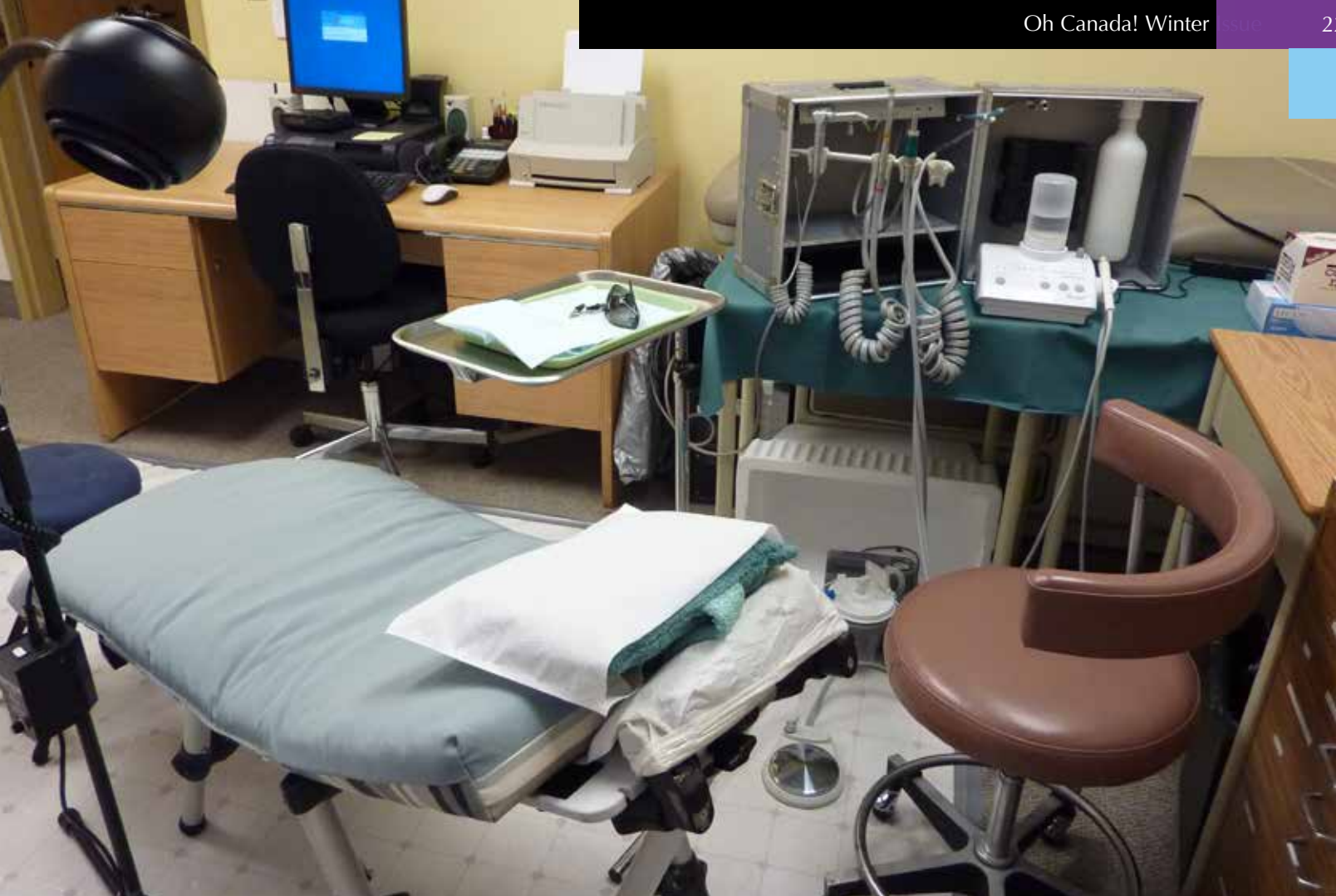
Through the provision of easily accessible and free basic dental services focused on disease prevention, oral health promotion, and education, we are empowering Ottawa's high-risk, young parents to be active participants in their own and their children's oral health.

Our overall goal is to teach these young parents how to care for themselves. As a charitable clinic, we are completely focused on production efficiency and quality of client outcome. Whether or not the client has insurance or money poses neither barrier to access nor reduction in treatment plan.

During our first 16 months of operation, PODS completed 109 volunteer shifts, 245 client appointments, 101 cleanings, 74 sealants, and 66 composite resin fillings. We also conduct many occasional and ongoing oral health promotion activities:

- ▶ "Smile Day" oral health student presentations;
- ▶ Public health campaigns on HPV vaccinations and sexual health, in cooperation with local community nursing staff;
- ▶ Individual support for smoking cessation;
- ▶ Production of a regular "Dental FastFact" column in email newsletters, reaching 367 monthly readers;
- ▶ Monthly oral health information displays and "Lucky Draw" with a skill-testing question;
- ▶ Infant and early childhood oral health screenings at daycare centres; and
- ▶ Fluoride Varnish and Sealant Day.

Despite our successes, we face many challenges. Our clients may be illiterate, homeless or unemployed and receiving Ontario Works (welfare) benefits, or striving towards regaining full custody of children in foster care. Some of these young people were raised having no interest in oral hygiene and little to no exposure to professional dental care. They may have never heard of the term "plaque" in relation to "cavity." It is not uncommon for clients to report brushing "maybe once a day, if I remember" or having had difficulty accessing dental care in the past and having since "given up" on good oral health. Many welfare recipients are not even aware of services that are available to them at Ottawa's public health clinics or of government programs for their children. For those in low-income jobs, preferred or specialty treatment, such as root canals, veneers or orthodontics, is financially out-of-reach.



▲ *PODS clinic at Youville Centre*

Working at PODS has illustrated how the determinants of health and socioeconomic factors impact oral health. Typical dental findings include mild to moderate marginal gingivitis and heavy interproximal and subgingival deposits due to no flossing and infrequent dental cleanings; dark brown lingual stain from cigarette smoking; TMD due to grinding in response to chronic stress and anxiety; generalized decalcification, acid erosion or rampant decay due to heavy consumption of carbonated beverages; and history of decay due to past drug use.

A strong dose of empathy and patience is required with client care. Many young parents are open-minded, willing to learn, and grateful for this service. Among this group, oral health instruction has been most rewarding, especially at that “aha!” moment of understanding. As with any demographic, but perhaps more prevalent here, there are people who continually fail to show up for their appointments or are simply not interested, even if our services are free. One must be mindful that everyone has different priorities and oral health is not always among them. Sometimes the best I can do as a dental hygienist is to provide a gentle reminder why oral health is important and that PODS is there for them.



▲ *PODS Family Photo, 2012–13. From left to right: Anthea Chang RDH, PODS Clinic Coordinator; Dr. Tom Harle, PODS Program Manager; Pei Pei Dai with her twins Haylee and Kaylee, Bethany Hope clients who have all received dental treatment at PODS; Dr. Jessie McAllister; Cathy Byrnes, RDH; and Muriel Laughton, RDH.*

Regular PODS volunteers not present in the photo include Dr. Barb Houle, Dr. Wendy Chung, Sofia de la Barra, RDH, Karen Gauthier, RDH, Dr. Jolieann Joseph, and Dr. Maria Wong-Pau.

FEATURE



Learning to “Think Differently”

by Dorothy Garlough, RDH, MPA • dgarlough@innovationadvancement.com



At opposite ends are my mouth and head. I run for miles yet never leave my bed. What am I?

What on earth? It doesn't make any sense. Enigmas such as this challenge our brain. When we try to unravel what the answer is to this riddle, we logically try to analyze it but of course there isn't any rhyme or reason. Well, actually there is...we simply need to “think differently.”

What is meant by “thinking differently”? This term, coined by Steve Jobs, gets a lot of attention today, with the iPhone and iPad as testimonials to his belief that he would create something that the world didn't know was missing. But do any of us, mere mortals, have a chance at novel designs, thinking outside of the box or coming up with new solutions to old problems and new innovations?

Innovation is defined as an idea, product or process that adds value. The corporate world often propagates innovation by challenging the status quo, by questioning what always has been. Dentistry, as well, would benefit by revisiting processes that no longer allow for a collaborative

way of thinking. One example of challenging the status quo is the need to look at the “languaging” phenomenon in dentistry, i.e., telling dental personnel what to tell patients. Researchers are finding that, as with students, the model of *being spoken to* versus *being engaged in* the learning process is a recipe for failure. The languaging model is difficult to follow because the team doesn't own it. They have not had input or activated their creative minds to speak to their unique and personal needs within their practice. There is no collaboration, no open communication, no brainstorming, and no buying in. The results are often disappointing and expensive, with ongoing training required for memorizing rote wording.

Problem solving too is often not addressed in a collaborative way. Ongoing challenges that remain unresolved wear on the entire team, diminishing not only the efficiency and effectiveness of the office but also the morale.

Picture an office where there is ongoing strife among staff. Although subgrouping is common in offices, it creates division between the “in” group and the “out” group. Often the result is conflict, discomfort, increased absenteeism or even rapid turnover of staff. This is costly to the dental practice not only financially but also in terms of efficiency, loyalty, and quality.

We need creative and divergent thinking to address ongoing problems. In beginning the creative thinking process, make sure to envision what is needed to reach a solution and be aware that assumptions must be put aside. When we are certain that we are open to new solutions, we can look at the possible solutions to the problem to develop four skills:

1. **Fluency:** the ability to generate multiple possible solutions rapidly and productively. Yet, we need to employ a filter and evaluation mechanism to ensure that we are considering realistic options.
2. **Elaboration:** the ability to think things through in an open-minded manner, in order to explore beyond the obvious. We need to question the status quo and consider alternatives.

FEATURE

3. **Flexibility:** the ability to remain open to entertaining multiple approaches simultaneously. By viewing possibilities as modular rather than linear, we get a better sense of the whole picture.
4. **Originality:** the courage to try something different, i.e., something no one else has thought of before.

The innovation model of divergent thinking looks at many ideas, possibilities, and new approaches to resolving issues, allowing us to achieve a spontaneous, random, unorganized (not disorganized), free-flowing manner of problem solving. It helps us to loosen control of the left hemisphere of the brain, permitting an emergence of new ideas and solutions.

Undoubtedly, creating habits that enhance our ability to become more balanced in our thinking have a positive outcome. We need to develop new best practices of creative play. Learning to “think differently” is fun, and developing the habits below will expand the capacity of mental personnel.

- **Keep a journal:** spend a few minutes at the end of each day to highlight the events, the cases and the challenges that you faced.
- **Brainstorm:** employ divergent thinking at staff meetings and in dealing with clients who are non

Now, doesn't that make sense?!

Resources

1. **Creative Thinkering: Putting Your Imagination to Work.** By Michael Michalko. Novato, CA: New World Library; 2011. ISBN 978-1-60868-024-5.
2. **Drive: The Surprising Truth About What Motivates Us.** By Daniel H. Pink. New York: Riverhead Books; 2009. ISBN 978-1-59448-480-3.
3. **Optimizing Brain Fitness.** A video lecture taught by Professor Richard Restak, The George Washington University of Medicine and Health Sciences. Available from: <http://www.thegreatcourses.com/tgc/special/optimizing-brain-fitness.aspx>
4. **The Innovator's DNA: Mastering the Five Skills of Disruptive Innovators.** By Jeff Dyer, Hal Gregersen, Clayton M. Christensen.

“
...The innovation model of divergent thinking looks at many ideas, possibilities, and new approaches to resolving issues...”

compliant.

- **Learn to use mind mapping:** try to visualize a problem or question and the various avenues that may be open to address it. Mind mapping has been shown to help with associations.
- **Try free writing:** take a few moments to write whatever comes to mind.

Creative play expands our imagination and improves our memory. When we practice word games, puzzles, visual exercises or learn a new skill, we naturally improve. When we exercise our right-functioning brain, we begin to think outside the box and the answer to our opening riddle becomes clear.

At opposite ends are my mouth and head. I run for miles yet never leave my bed. What am I?

A river, of course.

Talking Ethics



Professional Development and Ongoing Inquiry: Everyone Wins

by Kathleen Feres Patry, RDH • kfp@rogers.com

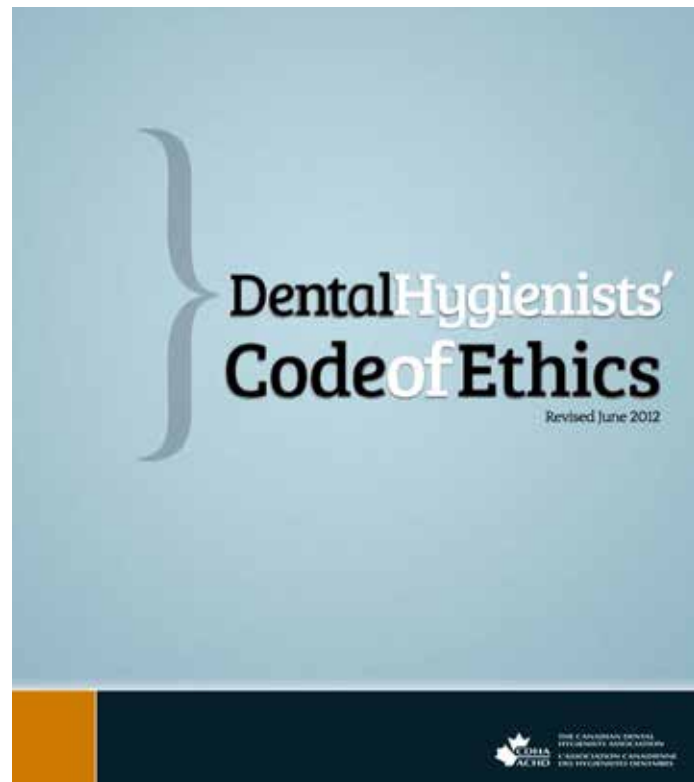
Regulated health care professionals use new information to meet the standards of the profession, support practice decisions, and fuel the search for excellence in client care. This issue of *Oh Canada!* provides the dental hygienist with a subject worthy of investigation: use of laser technology within the scope of dental hygiene practice in Canada.

The search for excellence in client care includes investigation of new treatment options and modalities. Ongoing inquiry allows the dental hygienist to gather and review evidence from relevant and credible resources and synthesize it for the client, enabling him or her to make an informed decision and provide informed consent.

Ethically speaking, the *CDHA Code of Ethics* (2012) articulates the knowledge, skill, professional attitude, and judgment expected of dental hygienists in Canada within the context of provincial laws and guidelines. Autonomy is the ethical principle that pertains to communicating information openly and truthfully to assist clients to make informed choices and to participate actively in achieving and maintaining optimal oral health (p 6).

Helping clients to participate in their care requires that they have current information about treatment modalities and options, which makes ongoing inquiry an important standard of practice for Canadian dental hygienists.

Canada's regulatory authorities have standards of practice that focus on advancing our profession and care to the public. In addition to knowledge and skill, dental hygienists exhibit a professional attitude and professional judgment by being critical thinkers who, according to the *Entry-To-Practice Competencies and Standards for Canadian Dental Hygienists* (2010), are well informed, fair minded in evaluation, and diligent in seeking relevant information. In addition, dental hygienists are obligated to support conclusions based upon a variety of resources with sound rationales, critique literature findings to determine their value, and apply evidence-based decision-making approaches to the analysis of information and current practices.



Legally speaking, the dental hygienist is ultimately responsible to work within the published scope of practice, hold professional liability insurance, and maintain the standards of the profession regardless of the techniques used. It is therefore incumbent upon each dental hygienist to obtain the knowledge and skill to deliver optimal evidence-based care to the public.

According to the College of Dental Hygienists of Ontario (2010), it is not the instrument you use in your practice, but what you do with it, what procedure is performed, and whether or not you are competent in providing treatment using that particular instrument that matters.

As Robert Farinaccia, Manager of Practice Advice at the College of Dental Hygienists of Ontario, explains, "In Ontario a laser is not controlled under our health legislation. It is what you do with it that becomes important.

FEATURE

So a dental hygienist can use a laser within scope in Ontario as long as they do not enter into a procedure (act) that is not authorized to them. For example, they could not use the laser for gingival recontouring. They can use it for dental hygiene procedures such as debridement, and sanitizing pockets. As with any intervention, they must ensure that the treatment is evidence based and must ensure their competency before performing the intervention. Competency in using the laser because of its wide capabilities should be gained through participation in a formal course/training that has a hands-on component."

While this is the recommendation for Ontario dental hygienists, it is your responsibility as a regulated health professional to determine what regulatory requirements apply to this and other new technologies in your province of registration.

Practically speaking, your membership in the Canadian Dental Hygienists Association (CDHA) offers an abundance of support for your professional development. Of great benefit to ongoing inquiry and investigation are the online resources and access to information about online, formal higher education and informal, self-directed education.

A benefit I deem of great value is easy access to the Cochrane and Wiley Online Libraries. While there are costs associated with obtaining copies of full articles, abstracts and *Plain Language Summaries* are available at no charge.

Colleague and online research lecturer Sarah Rolheiser recommends accessing the Cochrane Library via the CDHA website (www.cdha.ca). She offers this information to the readers of *Oh Canada!*: "Scroll under 'The Profession,' select 'Research,' select 'Cochrane Corner' from the menu on the left of the screen, then select 'Cochrane Library,' located second link from the bottom of the page." This will take you to the library.

Your inquiry begins as simply as that, but your greatest value to the client comes when you synthesize the information and communicate it openly, truthfully, and sensitively in recognition of the client's needs, values, and capacity to understand (CDHA, 2012, p6).

Your inquiry can serve your professional development needs as well. Will you consider documenting your ongoing inquiry, continuing education, and critical self-reflection?

Will you choose a goal to identify and investigate new professional trends by accessing current, relevant, and credible sources of information? Will you use the information when you collaborate interprofessionally to educate other health care professionals or to defend or justify your treatment decisions?

Professionally speaking, applying new treatment modalities is not about staying within or stepping out of your comfort zone. Wouldn't you agree that it is about maintaining the professional standard of delivering optimal evidence-based care to clients who then have the information necessary to make an informed decision and provide you with informed consent?

Everyone wins when we engage in ongoing inquiry and professional development: the client and society, our colleagues, our profession, and ourselves. At least that's the way I see it.

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Experiences at the International Federation of Dental Hygienists (IFDH) Meeting in Cape Town, South Africa

by Sandy Lawlor, CDHA Past President • slawlor@primus.ca
& Sherry Priebe, RDH, BDS, MSc • spriebe@shaw.ca

SANDY LAWLOR, CDHA PAST PRESIDENT

It was with great excitement and anticipation that Wanda Fedora and I boarded the plane to South Africa last August. Extremely proud to represent Canada as its delegates, we looked forward to the House of Delegates Meeting of the International Federation of Dental Hygienists (IFDH), which was held in conjunction with the 19th International Symposium on Dental Hygiene. The opportunity to meet and dialogue with the delegates from over twenty countries represented at the meetings was indeed a memorable experience.

The mission of the IFDH is to unite “dental hygiene associations from around the world in their common cause of promoting dental health.” Coming together to share common concerns and goals, and having the opportunity to discuss challenges faced by some of the nations was a chance for learning and growth that Wanda and I both appreciated. To meet so many professional colleagues from around the world was enriching as we heard their stories and we shared our Canadian experiences.

Among the business discussed and voted on was the decision to incorporate the IFDH as a not-for-profit entity. The IFDH also voted, accepted, and welcomed Spain and Russia as new members. The House of Delegates worked to reshape and refocus its goals with all delegates involved in committee work. Because the IFDH is growing, the members voted to employ a firm to provide administrative assistance and direction.

The IFDH warmly thanked outgoing president, Maria Perno Goldie, for her many years of devoted service on the world stage. Her commitment, passion, and dedication are a testimony to the goals of IFDH and dental hygienists across the globe.

The meeting also saw the election of the IFDH’s new executive committee. JoAnn Gurenlian (United States) is president, Robyn Watson (Australia) is president-elect, Corrie Jongbloed-Zoet (Netherlands) is vice-president, and Mary Rose Pincelli Boglione (Italy) is treasurer. The House of Delegates voted to expand its executive committee to include a new position of member-at-large. It was an extremely proud moment for me to witness my fellow delegate and Canada’s own Wanda Fedora being selected to fill that newly created role. It is an exciting time as the IFDH moves towards enhancing and increasing its position as a leader in oral health globally.

The House of Delegates meetings were followed by the 19th International Symposium on Dental Hygiene. Those days were filled with wonderful presentations. Canadian dental hygienists can be impressed and proud of their leaders who presented at the Symposium. Salme Lavigne from Manitoba presented her research findings on the state of oral health care delivery in long-term care homes, and Sherry Priebe explored the need to understand cultural traditions and practices that have oral health implications especially as a risk factor for oral cancer.

Once the meetings and the fabulous symposium were over, Wanda and I remained to tour and see some of the splendour of South Africa. It is a beautiful country with its snow-capped mountains, its coastline of spectacular views, its impressive wine lands, and its inspiring game reserves. To experience the beauty and deep history of South Africa was undoubtedly a chance of a lifetime and one that I feel blessed to have been given.

SHERRY PRIEBE, RDH, BDS, MSC

The 19th International Symposium on Dental Hygiene, held from August 14 to 17, 2013, in Cape Town, South Africa, opened with joy, funky twists to national anthems, an inspiring and award-winning singer who sang for Nelson Mandela, international hugs, and an auditorium of dental hygienists drumming like we were root planing teeth! This year’s symposium was entitled “Oral Health: Vital link in achieving total health.”

The Oral Hygienists’ Association of South Africa, in conjunction with the International Federation of Dental Hygienists (IFDH), warmly welcomed all dental hygiene colleagues and other health professionals from around the globe to join them on a South African and global exploration to uncover the vital role of the oral hygienist (South African) in complete health care, and to unite the disciplines of dental hygiene, dentistry, and medicine. The profession of dental hygiene is celebrating 100 years, yet the IFDH only celebrated 27 years as an international, non-profit organization uniting dental hygiene associations from around the world in their common cause of promoting dental health. The goals of the IFDH for 2013-2016 are to improve oral health worldwide, strengthen the professional profile of dental hygienists, link dental hygienists worldwide, and strengthen the leadership and infrastructure of the IFDH.

FEATURE



Topics of the symposium programme were comprehensive, diverse scientifically, and internationally informative. Scientific presentations on the biology of caries and management, studies of chlorhexidine versus dentifrice gel, and discussions on oral health as a risk for general health, the promotion of quality of life, the effects of nutrition, and new approaches to oral health education were informative. Poster and abstract presentations provided a unique cultural perspective on topics given the location of the meeting in South Africa.

Many of the attendees were shocked to hear of the dental mutilation called the "Cape Flats Smile" or "Passion Gap," which is a cultural tradition practiced in the Western Cape of South Africa. The maxillary four incisors are extracted as a rite of passage for children between the ages of 6 and 10 to impress the opposite sex in teenage years. It is said that kissing ability and satisfaction are increased without the upper anterior incisors. Public health personnel in South Africa are trying to educate this group, yet some people are now trying to extract their children's teeth as well as their own teeth due to social pressure as dentists in the region are refusing to perform such treatment.

Other topics discussed were the use of probiotics (adding health-promoting bacteria to one's daily diet) as an oral health defence. Yogurt potentially taken four times per week can reduce caries by up to 40% when used as an adjunct to oral health. Even babies are recommended to have five drops daily of oral probiotics.

A challenging topic was the unique task of oral health promotion to the culturally dislocated or Horn of Africa refugees in Australia. There are many barriers to care for the refugees, such as fear and trust issues, low literacy levels, language, food, culture, waiting lists, and poor understanding of preventive care. A very bold group of public oral health workers used community radio to reach the refugees, offering invitations to dinners after the

breaking of the Ramadan fast. A great and very welcomed idea it was to invite people to join each other around a table for nutrition and oral health education!

On Saturday morning after the impressive gala at a 1692 winery in Stellenbosch, I presented the effects of cultural oral habits and their link to oral cancer, and invited dental hygienists to imagine themselves as superheroes. After such a fun and fantastic night of dancing and wine at the gala, I was thrilled to see so many attendees at my presentation. We are on the front lines of defence when it comes to discovering oral cancer in our clients. Everyone had a great time being motivated to be superheroes and save our friends and families from oral cancer through oral screening and recommended behavioural changes. I was thrilled and honoured to be speaking at an international forum of my colleagues. Truly, those were moments of joy!

The topics of the International Federation of Dental Hygienists Symposium were numerous and so very interesting and challenging to us all. Everyone remarked how new and exciting topics are being offered at our symposia to challenge and encourage us to grow with change. The many celebrations of friends joining together after not seeing each other for three years were thrilling to see and hear. Yes, the camaraderie of dental hygienists meeting internationally was visually beautiful and sparked a new passion to further our profession to see where we will

Work Life Wellness



Getting “Unplugged”

by Jennifer Turner • President of the RDH Network • jturner@hotmail.com

We should not underestimate the power of disconnecting—disconnecting from our jobs, our electronic gadgets, and other everyday stressors. For a few beautiful days in July 2013, the third annual “rdhu Unplugged” retreat took place in the Muskokas. The time spent together was filled with laughter, wisdom, friendship, and motivation, and we’d like to share it with you. The retreat group included CDHA members who are key players at rdhu: Jennifer Turner, professor at Niagara College and president of The RDH Network; Kathleen Bokrossy, director of rdhu and portfolio manager; Jo-Anne Jones, president of RDH Connection; Dani Botbyl, clinical educator (Business) for DENTSPLY Canada; and Beth Ryerse, educational director of rdhu and portfolio specialist.

Each of us has extremely busy and focused careers but find it incredibly valuable to connect to share ideas, encourage one another and, of course, unwind together. As a group, we decided that we would like to share some of the issues that we discussed.

WHAT WOULD YOU LIKE TO SHARE WITH THE READERS ABOUT DENTAL HYGIENE?

Beth would like to communicate her message regarding dental hygiene and overall wellness around the world.

Dani wants to be the compass for the standardization of ultrasonic education across Canada.

Jennifer wants to encourage dental hygienists to believe in themselves and chase after their dreams.

Jo-Anne would like to encourage dental hygienists to identify early warning signs of oral cancer.

Kathleen wants to help dental hygienists be and feel successful by taking pride in the positive impact that they can have on the public.

WHAT WOULD YOU WANT YOUR DENTAL HYGIENE LEGACY TO BE?

Beth's wish would be to instill in her peers the confidence to take the next step in order to realize their dreams.

Dani wants to be known for encouragement; that is, being the one who helps others to make a difference in whatever their area of focus: becoming a better ultrasonic user, a better clinician, a better parent or a better person.

Jennifer would like to cultivate an educational environment that inspires students to achieve personal success.

Jo-Anne's passion is to empower dental hygienists to take their rightful position as an integral member of the health care industry and enjoy all aspects of this great profession.

Kathleen wishes to inspire dental hygienists to run successful practices either as an entrepreneur or an "intrepeneur."

LOOKING BACK AT YOUR CAREER, WHAT WAS ONE THING THAT BECAME THE MOST IMPACTFUL FOR YOU?

Beth believes that the phrase "feel the fear and do it anyway" has been a motivating tool for her. Fear can be immobilizing but moving past it can lead to incredible growth.

Dani shares that finding a mentor was most beneficial for her career, and drives home the point of the importance of surrounding yourself with inspirational people.

Jennifer remembers when a friend told her to work smarter not harder, and then said, "If You Can Dream It, You Can Do It." That moment changed Jennifer's life forever.

Jo-Anne believes that we all experience adversity. Such times present us with an opportunity to move towards empowerment.

Kathleen realized that the quality and condition of the instruments was poor, negatively impacting the dental hygiene experience.

WHAT IS YOUR GREATEST CHARACTERISTIC OR ATTRIBUTE THAT YOU FEEL HAS BEEN THE KEY TO YOUR CAREER?

Beth says adaptability is one of her favorite attributes and one that has allowed her to practice dental hygiene in a number of different capacities. There are so many opportunities in our profession for people who are willing to step outside the box.

Dani stresses understanding and practicing work/life balance. Taking time out for herself, her family and friends

allowed her to soar in her career. There is more that she would like to accomplish on the work side but she won't compromise the "life balance" to do it.

Jennifer feels that her ability to be herself, to network and to help others have been the key to her diversified and happy career.

Jo-Anne feels that her strongest attribute is living a life with a purpose: giving back.

Kathleen feels that having a positive attitude is key to living a happy and fulfilled life.

WHY DID YOU CHOOSE DENTAL HYGIENE AS YOUR CAREER?

Beth — Initially, for very practical reasons. I had a young daughter to raise, and dental hygiene was a lucrative career at the time. Fortunately, it became a passion also.

Dani — Because I wasn't very good at math. Seriously.

Jennifer — I didn't pick dental hygiene. It chose me. I had applied to an xray technician program and was not accepted. Then I applied to dental assisting because it had a radiography component only to fall in love with dental hygiene.

Jo-Anne — I chose dental hygiene as my career because it was an up-and-coming profession in the health care field. As a typical youth, I had applied to art college, the airlines, and dental hygiene. I'm so glad that the final outcome was dental hygiene!

Kathleen — Priorities change as we get older, but truthfully I chose dental hygiene coming out of high school because I love teeth! Teeth and a healthy smile are so important to our entire well-being.

WHAT IS YOUR BEST ONE WORD OF ADVICE FOR RDHS?

Beth — Flexibility

Dani — Believe

Jennifer — Adaptability

Jo-Anne — Enjoy

Kathleen — Perseverance

This group has faced the fears, tears, and years in an exciting, dynamic profession and remains passionately positive about dental hygiene. We hope you have learned from us, and our hope is that you "pay it forward"....

Interprofessional Collaboration



The Healing Round Table

by Kathleen Bernardi • kathleen@woodlanddental.ca

I recently read Dr. Lissa Rankin's new book, *Mind Over Medicine*,¹ in which she describes "The Healing Round Table." It is a collection of like-minded healers, including the patient who holds the seat of honour. There is no hierarchy, there are no pedestals and no egos, and the empowered patient gets to decide who is worthy of sitting at his or her table.

Dr. Rankin describes her personal journey in arriving at this philosophy/vision: an overworked, out-of-balance, and very sick OB/GYN who, as a result of a life-changing "perfect storm" experience, walked away from medicine. In her time away, she began by healing herself and her life, and now is on a mission to heal health care! As she sees it, "we have a dysfunctional, outdated and condescending, patriarchal system of health care. Instead of having our healing gifts cherished and nurtured by the system, they have been bashed and bruised, chopped off and belittled. In order to serve out our missions as healers, we need to first heal ourselves and then band together with others – healers and patients alike."¹

Dr. Rankin's story resonated with me, as my story about leaving dentistry is very similar! When I quit my job in 2007, my first order of business was to heal myself. In the process of creating what I needed for my health and wellbeing, both personal and professional, I began to seriously consider the possibility of opening my own practice. The dream of total control over a working environment that supported my personal needs became a reality and, with it, the transition to an approach that supports my health and wellbeing, as well as that of my clients and the planet!

In my attempt to reach out to and collaborate with other local health care professionals, I put together an introductory package that contained my biography, various scientific articles on the oral/systemic link, my

contact information, and hours. I was extremely pleased with the professional and polished appearance of this package and hand-delivered each one. Meeting with reception staff, I shook their hands, introduced myself, asked if I could leave the folder with them, and requested a one-on-one meeting to discuss future collaboration. I received two call-backs: one from a dentist, and one from a chiropractor. To date, I have yet to receive a referral!

When I opened my second location within High Park Chiropractic and Integrative Health on Bloor Street in Toronto, I was ecstatic that I would now be working within a complementary/holistic office that included a holistic dentist, a naturopath, a homeopath, chiropractors, and massage therapists. I had found a tribe! I sat in on a number of monthly team meetings and then requested a one-on-one meeting with each practitioner to further enhance my understanding of their various treatment philosophies and tools. Once again, no one was interested in speaking with me individually so I began to ask myself why?

First, as Dr. Rankin describes, "the current health care system has discredited or trampled upon many of us... instead of uniting together to enhance our collective power, some of us have fragmented, splitting into unnecessarily opposing factions, competing rather than collaborating, turning against each other, when we are allies." Had the current dentist/hygienist model worked for me I probably would not have been sick and would not have felt the need to venture out on my own. Now that the profession of dental hygiene has reached the 100-year milestone, for the sake of the public, we have to find new ways to work together within the oral health care sector. I really feel that this needs to be examined further and addressed.

Second, the public and other health care professionals really don't understand who we are and the importance of what we do. Education is the most important component as we move forward in our collaborative efforts and, thankfully, our professional and regulatory bodies across Canada are making a concentrated effort to change this situation. It is a long and arduous journey but public perception is changing and, five years into it, I can tell you that the majority of my new patients are finding me through Google searches for an independent dental hygienist!

Lastly, especially from a professional perspective, most health care providers—allopathic and complementary—do not have enough time to reach out beyond their own current sphere of practice. Everyone is so busy trying to make a living, stay current in their own area of knowledge and expertise, and have some balance in their personal life...there just aren't enough hours in the day to do it all.

WHAT IS THE SOLUTION?

TIME and PATIENCE! There is a paradigm shift occurring but it will not happen overnight. We must not let up on our efforts to inform the public, in every creative way possible, who we are and what we can bring to "The Healing Round Table."

Reference

1. Rankin L. *Mind over medicine: Scientific proof that you can heal yourself.* Carlsbad CA: Hay House Inc; 2013. 259 pp.

Continuing Education Calendar

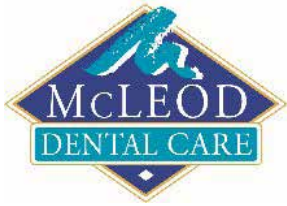
Plan ahead and participate in the events posted.



	Online event	Ongoing	On-demand Webinar	Findings from the Job Market & Employment Survey		Free
	Online event	February 26	Live webinar	Legal advice through BMS Insurance		Free
	Online event	Ongoing until May 31	On-demand webinar	Oral Probiotics in Everyday Practice		\$10 (Proceeds donated to www.cfdhre.ca)
	Online event	Ongoing	On-demand webinar	Ready, Set, Go! Demystifying claims & codes		Free
	Online event	Ongoing until March 31	On-demand webinar	Therapeutic Oral Rinsing: Why it's not just brushing and flossing anymore!		\$10 (Proceeds donated to www.cfdhre.ca)
	Conference	March 6-8	Vancouver, BC	Pacific Dental Conference		Visit CDHA booth #1927
	Online event	May 28	Live webinar	Sex & Oral Cancer: What's The Connection?		\$10 (Proceeds donated to www.cfdhre.ca)

Events listed may be subject to change. Keep checking www.cdha.ca/webinars for dates and times.

The Lighter Side



Hygienists Are Not Just Another Pretty Face

Reprinted with permission from McLeod Dental Care blog post • mcleoddentalcares.blogspot.ca

In honour of all the hard working registered dental hygienists across our country, here are a few myths we'd like to dispel:

MYTH: WE ARE JUST ANOTHER PRETTY FACE.

Fact: Although it's true we are a good-looking group, we also have brains. To become a dental hygienist, one must first be accepted into an accredited college. The competition is tough, with far more applicants than available slots. Receiving a degree is only one part of the journey. We also must pass rigorous provincial written board exams along with written and clinical regional exams. Yearly we are required to keep a professional portfolio including 25 hours of updated educational courses.

MYTH: WE LOVE TO NAG PEOPLE ABOUT FLOSSING.

Fact: What we love is to compliment those who take care of themselves and floss on a daily basis. The first sign of periodontal disease (bone loss around teeth) is gingivitis. Gingivitis is bleeding, swollen and infected gums caused by disease bacteria. With only brushing, these bacteria are allowed to settle in between the teeth and make new colonies consisting of millions of little germs that excrete toxins and acid onto the teeth and below into the gums. Your gums are skin. If the skin on any other part of your body was swollen and bled from the slightest contact, you'd do everything you could to take care of that infection. Do the same for your mouth by flossing daily to prevent infection and decrease the chances of getting a cavity between the teeth. Always remember "healthy gums do not bleed." (By the way, don't lie to us and tell us you floss. We are not fooled!)

MYTH: WHAT HAPPENS IN THE MOUTH STAYS IN THE MOUTH.

Fact: Your mouth is the window to your body. The disease bacteria that cause plaque in the mouth are the same bacteria that clog arteries and lead to heart attack and stroke. Research by the Mayo Clinic has shown that people with gum disease are twice as likely to die from

heart disease, and three times as likely to die from stroke. Pregnant women who have periodontal (gum) disease are more likely to deliver a premature baby. Gum disease can affect glucose levels of diagnosed diabetics, and can even place one at risk for becoming diabetic. Gum disease increases the risk of Alzheimer's disease, as well as head, neck, pancreatic and kidney cancer. Research has also found an association between gum disease and rheumatoid arthritis. It is the most common cause of inflammation, which is believed to be the precursor of these disease states. Remember inflammation is bad.

MYTH: WE LOVE TO INFLICT PAIN.

Fact: We strive to give you the best treatment we can in the time allowed and truly try to make it as comfortable as possible. You can make a difference in the comfort of your appointment by brushing your teeth with fluoride toothpaste at least twice a day, by flossing at least once per day, and keeping up with your appointments. If you only clean the house every 2 years or so, you have a lot to clean! People with healthy mouths usually look forward to and enjoy their appointments. Really!

MYTH: WE JUST CLEAN TEETH.

Fact: Scraping tartar build-up off teeth and reminding you about flossing are just two of our important tasks. In a day's work, we also review medical history, assess for periodontal (gum) disease, provide oral hygiene instructions, take x-rays to look for trouble, help screen for oral cancer, administer anaesthetics, place sealants, apply fluoride, suggest products that improve individualized care, educate, answer questions, increase comfort, decrease anxiety, all while having a personalized conversation and smiling. Some days we go to schools to demonstrate proper oral hygiene to children or provide dental screenings. We volunteer for various programs and volunteer in our community. We learn about the latest research, technologies and products. And, yes, we clean teeth.

McLeod Dental Care staff, includes CDHA members Joanne Taylor, Donna Miscio (Rees), Patti Shugg, Kat Simunkova, Laura Mercier (DiFrancesco), Andrea Quinn, Kristy Lee Siconolfi and Christina Diprose.

Dental Hygiene Research in Canada: Expanding Knowledge, Seizing New Opportunities



Dear CDHA member:

The Canadian Foundation for Dental Hygiene Research and Education (CFDHRE) is the only charity in Canada dedicated solely to dental hygiene research and education. This foundation is led by dental hygienists... for dental hygienists. As far as big steps forward go, this is a giant leap for dental hygiene research and education in Canada.

Dental hygienists in Canada continue to blaze new trails as researchers, and to build knowledge to enhance practice, dental hygiene education, and oral health outcomes. They are doing so with the support of the CFDHRE. In 2014-2015, we are offering an \$8,000 Peer Reviewed Grant, for an innovative research project.

Your gift will contribute to important and innovative research within the dental hygiene community. Each donation helps to create more opportunities to advance oral health and the dental hygiene profession. It impacts all dental hygienists irrespective of area of practice, as we all benefit from the knowledge gained. As well, as a CDHA member, you can apply for awards without competing with researchers in other disciplines.

As a researcher, I know how competitive it is to obtain funding for oral health research. Dental hygienists understand that advances in oral health research are vital to improving the well-being of Canadians and that's why now is the time to invest in research carried out by our dental hygiene colleagues.

Make your contribution count towards our goal of raising \$10,000 this fiscal year and your donation will be recognized on the CFDHRE web site and in our annual report.

Stand together with your fellow dental hygiene professionals to benefit clients and the profession. Together we can achieve our goals!

Sincerely,

Dr. Laura Dempster RDH, BScD(DH),
MSc, PhD

President, CFDHRE

Make your charitable contribution. Bring the special perspective of dental hygienists to oral health research. www.cfdhre.ca Click the purple "donate now" button.

Student Scene



Hands-on Experience Increases Dental Hygiene Student Awareness

Meaghan Bennett, Fanshawe College • bennett-155@hotmail.com



Dental hygiene students at Fanshawe College in the London, Ontario, community again. The class undertook a T-shirt fundraiser for the campaign, and support flooded in from dental hygiene classes, faculty, and Western University students. The Sharing Smiles event held in London is coordinated by Oral Health, Total Health, a federal organization. The organization was developed to help dental students and faculty to advocate, educate, and promote oral health for persons with special needs.

Dental hygiene students and Western University students collaborated to create an event filled with educational games and oral hygiene instruction for students in an effort to break down the stigmas associated with oral disabilities while also improving their oral

The fundraiser raised funds for At^Lohsa Native Family Centre in London, which is a shelter for people. The money went towards filling the shelter with, among other things, toothbrushes, toothpaste, and an educational brochure. Enough money was raised to make more than 120 packages for children. Meaghan Bennett, lead student fundraiser, believes dental hygiene plays a vital role in oral disease prevention

and health promotion within a community. "It's important that we get out into the community and determine barriers affecting access to oral care, and help reduce those barriers. Many research articles I have read indicate Aboriginal populations are at high risk for poor oral health due to decreased access to care. I feel passionate about doing something within my community to help improve oral health for at-risk populations, and our fundraiser was a way to help people here in London."

As the curriculum continues to develop, dental hygiene students are gaining more hands-on experience with high-risk populations. Additions to the Fanshawe curriculum allow dental hygiene students to complete placements in long-term care (LTC) settings. These students are creating individualized treatment plans based on all determinants of health affecting LTC residents. Bennett states, "having more hands-on experiences increases our awareness of the influences affecting different populations' oral health. I am grateful for the opportunity to meet these individuals, and have a greater understanding of their conditions, situations, and how it relates to their oral and overall health."

photo credit: Erika Faust

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Flu is coming, arm yourself with the tools to fight the spread of germs BEFORE they hit you. Follow these simple key steps and drastically reduce the possibility of cross contamination of germs.

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2. Cover surfaces



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Pinnacle

ROOM PREP

3. Clean hands



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8 POINTS™ OF DENTAL PATIENT CARE



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Member Moments

CDHA congratulates the following members for various achievements and honours:

- ▶ Shelly Sorensen was elected to the board of directors for the Canadian Association of Public Health Dentistry.
- ▶ Cara Tax, assistant professor, Dalhousie University School of Dental Hygiene, was one of four recipients of the 2013 Olav Alvares Awards for outstanding articles by junior scholars published in the Journal of Dental Education.
- ▶ CDHA's new president, Mary Bertone, was selected as the University of Manitoba Dental Hygiene program's most innovative teacher, utilizing technology for third-year dental hygiene students.
- ▶ Diane Girardin was named the University of Manitoba Dental Hygiene program's outstanding teacher for dental hygiene third-year students.
- ▶ CDHA student member, Meet Thakkar, who is attending Cambrian College in Sudbury, Ontario, was selected as International Student Voice magazine's Spotlight Award winner for December 2013.
- ▶ Nancy Keselyak was honoured as the winner of the Crest-Oral B/American Dental Hygienists' Association Educator of the Year Award.
- ▶ Jade Lavallee was selected as the recipient of the British Columbia Dental Hygienists Association 2013 Dianne Gallagher Inspiration Award.
- ▶ Anthea Chang received the Fran Richardson Leadership Development Award from the College of Dental Hygienists of Ontario.
- ▶ Michele C. Carrick, Bev Woods, and Cindy Jackson were elected to the Council of The College of Dental Hygienists of Ontario (CDHO).
- ▶ Salme Lavigne was a keynote speaker on the state of oral health in nursing homes at the International Symposium on Dental Hygiene in Capetown, South Africa, on August 16. CDHA member Sherry Priebe was also a presenter.
- ▶ University of Manitoba School of Dental Hygiene instructor Lorene Belows was nominated as an outstanding instructor in the students' Teacher recognition program.



- ▶ Elina Katsman was recipient of the 2013 Ontario Premier's Award for Health Sciences, in recognition of her outstanding contributions, commitment, and dedication to her profession. [Full details.](#)

If you know of any deserving CDHA members who should be recognized, please submit details to Angie D'Aoust at marketing@cdha.ca

FEATURE

FEATU RE



Benefits of Professional Liability Insurance Through CDHA—Understanding the Superior Benefits of Your CDHA Liability Insurance

Adapted from BCDHA Outlook: Fall 2013 (Volume 48, Issue 2)

Helen is a dental hygienist working in a local clinic. After years of practice without any formal client complaints or allegations of professional liability, Helen has recently been notified of a College investigation stemming from a complaint alleging unprofessional treatment. Specifically, Helen's former client is alleging that she behaved unprofessionally and provided poor dental hygiene treatment, which resulted in increased pain to the client's lip.

Although Helen maintains that she did nothing wrong, anyone has the right to voice such concerns to a regulatory college. This is by far the most cost-effective way for a client to lodge a complaint against a healthcare provider, and clients *are* doing this. At least 60% of all dental hygienist liability claims are related to ethics violations, scope of practice concerns or complaints involving legislation (for instance, breaches of privacy). The legal expense costs for defence alone can be crippling for an individual. Adequate defence protection through insurance

will provide legal representation in the event of potential discipline such as suspension of practice.

Fortunately, Helen receives liability insurance coverage with her annual CDHA membership and is adequately covered. She has access to specialized legal representation protecting her interests throughout this process. The CDHA program provides superior coverage for regulatory complaints when compared to

any other policy available to dental hygienists in Canada. It is also the only professional liability insurance program with specialized, appointed legal counsel to ensure that members are protected most when they need it.

With the CDHA program, Helen has access to the expertise of the most highly recognized legal firm in medical defence and professional liability in the country. Much like the largest national insurance programs provided to physicians, occupational therapists, and physiotherapists, CDHA members now receive legal defence under the CDHA insurance program from Gowling Lafleur Henderson LLP. In addition, and unlike any other liability insurance program, the CDHA program gives members access to pro bono legal services from Gowlings for any potential claims.

Helen's legal representation is provided at no cost; she does not have to pay a deductible or any fees. She will also be able to recoup more in lost wages compared to any other policy through the loss of earnings provision within the CDHA insurance program, as she attends meetings and hearings pertaining to this claim. In this case, the total cost of defence was just over \$17,000, which was covered under Helen's CDHA insurance protection. She was cleared by the College of any wrongdoing. *con't...*

Superior legal defence and loss of earnings coverage are just two aspects of the CDHA program that contribute to making it the most secure and comprehensive coverage available to dental hygienists anywhere in Canada. After a review of the alternative insurance policies available in the marketplace, CDHA has identified several other key features and coverage that position the CDHA program

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INSURANCE

 A close-up photograph of a hand holding a small white ball, possibly a stress ball or a piece of paper, positioned in the bottom right corner of the page.

FEATURE

Benefits of professional liability insurance can't

above the rest:

CDHA offers coverage that follows you 24 hours a day, seven days a week, and is not limited by province or place of work. Your policy will cover you for a claim arising in the workplace, but will also cover you when teaching or participating in a course or when providing advice to someone outside of the employment setting.

The CDHA program is the only policy to provide an unlimited, extended reporting period. All other policies available to dental hygienists impose an additional fee and/or time limitation on the number of years that a policy will respond to a claim after you have retired from practice or left the profession. Coverage is written on a claims-made basis. Consequently, after you retire from practice, an extended reporting or tail period must be active to respond to any claim that is brought forth after your discontinuation of practice for an event occurring when you were practicing. Imagine being named in a lawsuit involving a young client six years after you retire. No other professional liability insurance policy will cover you for this—you would be fully responsible for all costs, expenses, and settlements. While some programs offer the option of purchasing further or unlimited extended coverage for a limited time, such as an additional 12 months, CDHA's is the only professional liability insurance plan that provides full coverage with no time limitation and at no additional cost. You can rest assured that you are covered today, tomorrow, and through your retirement.

Most importantly, *no other liability insurance available for dental hygienists has the backing of over half of all practitioners across Canada and has the national association advocating on its behalf.* As a result, it continues to be the most cost-effective and comprehensive coverage available. What this also means for you as a policy holder is that CDHA can negotiate for specific coverage changes based on recognized needs of dental hygienists. CDHA plays an important advocacy role to ensure that claims are managed and handled appropriately.

The purpose of insurance is to pay claims. With the CDHA program, participating dental hygienists can be confident that they will be properly protected and not caught in a policy loophole when coverage is actually needed.

This year CDHA joined several other Canadian associations in making the broker switch to BMS Group and the

Healthcare Professionals Insurance Alliance. As a result, CDHA members now also have access to the following new services and programs:

- ▶ Increased practice risk resources, information tools, and educational seminars on practice risk, thereby aligning with CDHA's long-term strategy to help members manage risk
- ▶ Specialized legal protection
- ▶ Future program structures that are built for members by members, not by a for-profit driven model

As a CDHA member you can feel confident that you are covered by the best liability insurance policy available to dental hygienists in Canada.

We encourage you to share this article with friends and colleagues who may have chosen to purchase a cheaper policy and who may not be aware of their policy's pitfalls and resulting outcome in the event that protection is needed. Choosing a bargain-priced liability policy may be one of the worst decisions a person can ever make. Contact us to learn why staying the course and growing the CDHA insurance program is now more important than ever.

Our insurance program continues to offer the best coverage at the most competitive rates in the industry, and it remains the only program designed by and supported by over half the profession. Don't be fooled by increasing profit-driven products seeking an opportunity to cash in on the profession's development. We take member protection very seriously and appreciate your ongoing support.

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- Removes up to 7x more plaque between teeth¹

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Sonicare FlexCare Platinum removes significantly more plaque than Oral-B Professional Care 5000 in all areas of the mouth.²

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¹ Than a manual toothbrush. H. Ward, K. Argento, W. Jenkins, J. Millman, M. Nelson, S. Souza. Comparison of gingivitis and plaque reduction over time by Philips Sonicare FlexCare Platinum and a manual toothbrush. Data on file, 2013.

² DeLencough J, Liu T, Souza S, Ward H, Jenkins W, Colgan R. Comparison of Plaque Removal by Sonicare FlexCare Platinum and Oral-B Professional Care 5000 with Smart Guide. Data on file, 2013. Single use study.

Provincial

Golden Graduation!

Class of 2013 marks 50 years of dental hygiene education at the University of Manitoba



For many in the dental hygiene Class of 2013, the start of the new academic year way back in September 2011 wasn't too much out of the ordinary. Naturally there was the usual sense of anticipation and a bit of nerves on the part of the new additions to the School of Dental Hygiene cohort as they prepared to embark on the pathway to their new careers.

Most were likely completely unaware that this class would be a bit different than others, if only because of the calendar year. The Class of 2013 are logged in the books as the golden anniversary class of the School of Dental Hygiene at the University of Manitoba.

In addition, 2013 represented a milestone year for major partnering groups of the profession as the Canadian Dental Hygienists Association celebrated its 50 year anniversary while the College of Dental Hygienists of Manitoba marked the fifth year since its inception.

"You are all graduating in a very special year," said Dr. Joanna Asadoorian, director of the school in her remarks to the newly minted professionals this past

spring. "All three of these institutions are the foundations of our profession. So I hope you all recognize the importance of giving back by being participants in whatever capacity you can in the future."

For the record, the 26 graduates of this historic class are also the first to graduate as third-year students, following changes to the university protocol that allows students to target dental hygiene in their first year of studies.

Ms. Chelsea Hagen is also in the record books as the 2013 winner of the School of Dental Hygiene Medal (highest GPA over the course of the study) along with the Manitoba Dental Association Gold Medal (highest overall average) and the Hu-Friedy Golden Scaler Award (high level of development in instrumentation skills).

Others earning academic honours include Laura Allain who claimed the Manitoba Dental Association Prize and Dental Faculty Women's Association Prize; Larissa Bubnowicz received the Endowment Fund Award in Dental Hygiene; Jamaka Gerwing was named for the Margaret E. Miller Award with Raymond Wang taking the MDHA Award and the Maria Araceli Pacheco Memorial Award in community health.

The senior stick of the class noted how quickly their time at the school had passed.

"Second year, now the third year, moved with such intensity

and high speed that our commitment and transformation was highly believable," Larissa Bubnowicz said. "We worked at applying our knowledge, education talent and skill, each day becoming that much more independent, that much more competent. We started out, the 26 of us and I'm proud to say that we arrived at our destination 26 strong."

Students and instructors also offered tributes and thanks to family and friends in addition to acknowledging their mentors who guided them throughout their educational journey.

Since its inception several years ago, the School of Dental Hygiene mentorship programme has proved exceptionally successful with a near full complement of mentors consistently volunteering their time throughout the year, many of whom turned up at the Graduation Breakfast to congratulate their protégées.

"Through the two-years at the Faculty and attending mentorship and professional association events, you have gained knowledge and established important personal connections," said Shauna MacGregor, past president of the Manitoba Dental Hygienists Association and member of the Dental Hygiene Class of 2005. "These connections will provide you with guidance and support needed to best serve the oral health needs of the public."

The Class of 2013 is also emerging into the workforce at what might be considered the Golden Age of Dental Hygiene in Manitoba. Thanks to self-regulation, professionals are now free to practice without supervision, opening many new avenues of potential for those in the field.

The director of the school reminded the new grads that participating in the programme is just one way that they can continue to help build the profession now that they are out on their own.

"We see through our mentors that we can all give back in various ways to our profession," Dr. Asadoorian said, "to ensure that we don't just maintain the status quo but that we bring our profession forward as we go forward in time and continue to deliver exceptional health care to the public."

The Dean of Dentistry was also on hand to congratulate the class and to offer a few words of wisdom during one of the final gatherings of the class as a complete group.

"It's been said that today marks a new beginning, a new chapter, new endeavours, and new challenges. Celebrate your success, but, at the same time, prepare yourself for tomorrow and brace yourself for what lies ahead. School may be over but the learning always continues," Dr. Anthony Iacopino said. "Life's lessons are yet to be learned. Keep an open heart and an open mind. Most importantly, when you leave here, don't forget why you came."

Reprinted from The Alumni • Faculty Bulletin (August 2013, pp. 21–22), Faculty of Dentistry, University of Manitoba.



UNIVERSITY
OF MANITOBA

Research & Resources

CDHA Launches Advocacy Toolkit for Members

The Canadian Dental Hygienists Association (CDHA) understands just how vital oral health is for all Canadians. As the collective national voice of more than 27,000 dental hygienists, CDHA is working to ensure that Canada's federal and provincial decision makers understand this as well. Our goal is make the voices of dental hygienists, heard and understood.

The success of our political advocacy depends heavily on local members delivering a strong message to elected decision makers. Health care continues to be an issue of broad public concern, and politicians at all levels are consistently responsive to the health care debate. We need you to inform your local political leaders about the vital role that dental hygienists play in helping to ensure optimal oral and overall health for all Canadians. Your efforts will help us to keep governments focused on health care as a priority for Canadians!


To prepare you for this advocacy, we have developed an Advocacy Toolkit that includes the key oral health messages you can promote, a letter template, meeting guide, and other resources. The kit is available at <http://www.cdha.ca/advocacy>.

We look forward to working with each and every member as we pull together to raise our advocacy efforts to the highest level.


New CDHA Video Clip to Hit Screens

Check out this 5-second "Dental Hygiene for Life" video clip from CDHA that will play more than 42,000 times on 300 Toronto Transit Commission digital screens, to an audience of 16.3 million, throughout February and March. Members are encouraged to download and share the video on social media, your websites, at health fairs, etc.

We acknowledge CDHA members Christina Robichaud, Terri Strawn, and Sharon Stratton whose photographs are featured in the video.



THE CANADIAN DENTAL
HYGIENISTS ASSOCIATION
L'ASSOCIATION CANADIENNE
DES HYGIÉNISTES DENTAIRES



**Advocacy Toolkit for
CDHA Members**

Help us to ensure optimal oral and overall health for all
Canadians—contact your local elected official today!

▲ [Download the Advocacy Toolkit for CDHA Members](#)



CAPHD CONFERENCE EXAMINES DISPARITIES IN ORAL HEALTH

Members of the Canadian dental community gathered in Toronto for the Canadian Association of Public Health Dentistry (CAPHD) conference in September 2013. The conference, *The Paradox in Oral Health Care in Canada: Bridging the Gap Between Abundance and Scarcity*, examined issues around public health dentistry in Canada, including barriers to oral health care and public policy programs aimed at improving access to care.

Speakers at the conference highlighted the factors that have left some people and communities—such as recent immigrants and low- and middle-income families—at a disadvantage when it comes to oral health care.

The keynote presentation by Dr. Myron Allukian Jr. was followed by a panel discussion on access to oral health care. Sandra Lawlor, then president of the Canadian Dental Hygienists Association, was joined by fellow panel members, Dr. Peter Doig, CDA president, Dr. Peter Cooney, chief dental officer of the Public Health Agency of Canada, and Irwin Fefergrad, executive officer of the Royal College of Dental Surgeons of Ontario. The panelists underscored the importance of building on the Canadian oral health framework to develop a comprehensive strategy for oral health in Canada. The National Oral Health Action Plan is an initiative that will provide a blueprint for concrete actions around access to care and prevention of oral diseases and rectify the gaps in the Canadian system of oral health care that are leaving some Canadians behind.

Visit www.caphd.ca for more information about CAPHD.

▲ **Front row** (l. to r.): Dr. Patricia Main, associate professor, dental public health, University of Toronto; Dr. Albert Adegbembo, CAPHD president-elect; Sandra Lawlor, Canadian Dental Hygienists Association president; Dr. Peter Doig, CDA president.

Back row (l. to r.): Dr. Peter Cooney, chief dental officer, Public Health Agency of Canada; Dr. James Leake, Royal College of Dentists of Canada past president; Dr. Patricia Abbey, Ontario Association of Public Health Dentistry president; Dr. Doug Brothwell, CAPHD past president; Dr. Myron Allukian, Massachusetts Coalition for Oral Health president; Irwin Fefergrad, Royal College of Dental Surgeons of Ontario executive officer; Dr. Amir Azarpazhooh, assistant professor, faculty of dentistry, University of Toronto.



Gift from the Heart Are You In?

Dental hygienists across Canada are opening their doors on Saturday, February 8, 2014, to provide no-cost preventive dental hygiene services as part of the Gift From the Heart campaign.

CDHA is a strong supporter of this event, and many of the proud participants are CDHA members. There are currently 91 clinics from four provinces registered to participate but we'd like to see representation from clinics all across the country. Are you in? www.giftfromtheheart.ca

We are dental hygienists and TOGETHER we can make a difference... One Smile at a Time!

Profiling The CDHA Board Of Directors

Watch for more profiles in upcoming issues



Janel Parkinson, RDH

Director from Saskatchewan

PLACE OF WORK

Oxford Dental Clinic in Nipawin, Saskatchewan

EDUCATION

Diploma in Dental Hygiene (2008), SIAST, Regina

Certificate in Primary Care Paramedic (2005), SIAST, Regina.

GREATEST PROFESSIONAL HIGHLIGHT

Knowing that I get to help with the advancement of my profession by being an elected Council member for SDHA and now a director for CDHA. I also find great joy in helping my clients improve not only their oral health but also their overall health.

GREATEST JOY

My husband Russ and our beautiful 19-month-old daughter Addison. I spend as much time as I possibly can with them as time goes by much too quickly.

GREATEST CHALLENGE

Being a working mom. I love my little girl but I also love my career. As long as my little girl is happy, then I am happy.

OUTSIDE WORK, LOVES TO

Fish, golf, travel, spend time with my family and friends. I enjoy camping, gardening, and watching the Saskatchewan Roughriders play football.

MOST LIKELY TO

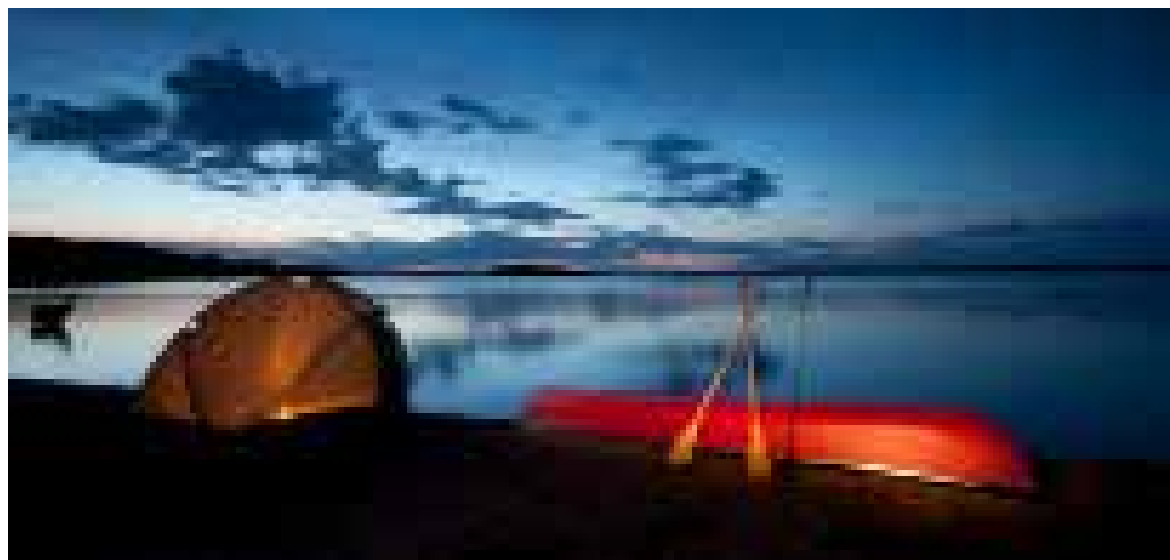
Tell you a bizarre fact.

FAVOURITE INSPIRATIONAL QUOTE

"Ask not what your country can do for you, ask what you can do for your country."
John F Kennedy

FINAL WORDS

"Never lose the desire to learn, keep looking to the future and appreciate all that you have."





Tiffany Ludwicki, RDH

Director from Newfoundland & Labrador

PLACE OF WORK:

Periodontal and general dental clinic

EDUCATION

Diploma in Dental Hygiene (2008),
Dalhousie University

Diploma in Dental Assisting (2006), Nova
Scotia Community College

GREATEST PROFESSIONAL HIGHLIGHT

Becoming president of the Newfoundland and Labrador Dental Hygienists Association (NLDHA). This is an honour that has provided me with opportunities to grow personally and professionally.

GREATEST JOY

Spending quality time with my friends and family. We are spread across the country, so I look forward to all opportunities to re-unite.

GREATEST CHALLENGE

My own confidence. I have multitudes of encouragement and I have had success in my endeavours, but my self-doubt always makes these obstacles feel larger than they actually are.

OUTSIDE WORK, LOVES TO

Hike with my husband and 2 dogs, and take gym classes ranging from yoga to RPM spinning

MOST LIKELY TO

Be caught going for thirds.

FAVOURITE INSPIRATIONAL QUOTE

Try everything twice

FINAL WORDS

Do not be afraid to get involved with your association. We all start off with a blank slate. What appears scary or overwhelming will become fulfilling and inspirational.





The Tax-Free Savings Account: What you need to know

Maria Bassi, BA • Advisor with Sun Life Financial and Partner at Lifelong Financial Solutions Inc.
maria.bassi@sunlife.com

Dear members,
Like most of us, you are probably looking for ways to maximize your savings. The Tax-Free Savings Account (TFSA) does just that!

You may have already heard about the TFSA, the most significant government savings program since the introduction of the registered retirement savings plan (RRSP). The TFSA offers a great incentive for Canadians age 18 and over to save up to \$5,500* every year in a TFSA and have it grow **tax free**. You can also invest your TFSA into **any** vehicle (e.g., mutual funds, stocks, bonds, GICs, AAs, daily interest, etc.).

You can benefit from what a TFSA has to offer regardless of your income or financial goals. It can be an integral part of your financial plan, whether you are saving for your first home, preparing for retirement or already receiving retirement income.

A TFSA OFFERS YOU:

- a flexible way to save
- tax-free investment growth
- unlimited tax-free withdrawals
- flexible contribution room—any amounts withdrawn will be added to your available contribution room in the following year
- lifetime contributions with no requirement to make withdrawals at a certain age

Here is an example of how you might use your TFSA. Say you put \$4,000 a year in your TFSA for five years. You then withdraw \$20,000 *plus* any interest you accumulated, tax free, for home improvements. The following year you can re-contribute the full amount you withdrew without reducing your future accumulation of contribution room.

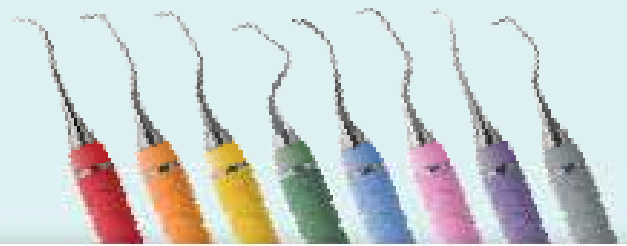
This is just one of many possible TFSA scenarios. You will no doubt have savings or tax-reduction needs of your own.

It is never too late to begin tax-free savings! Take advantage—you'll be glad you did.

**Effective January 1, 2013, the TFSA contribution limit is \$5,500. The \$5,000 TFSA contribution limit will still apply to all years prior to 2013.*

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Association in Action

2013 Dental Hygiene Recognition Program winners

CDHA received many excellent submissions to its Dental Hygiene Recognition Program. We are pleased to recognize the following award recipients:

CDHA ORAL HEALTH PROMOTION AWARDS

sponsored by Crest Oral-B

Clinic Category: Anthea Chang and Portable
Ottawa Dental Service



◀ **Individual Category:**
Ambreen Khan



◀ **Dental Hygiene
School Category:**
Vancouver College of
Dental Hygiene

CDHA EXCELLENCE IN TEACHING AWARD

▼ sponsored by DENTSPLY: Jennifer Turner



CDHA LEADERSHIP AWARD

sponsored by DENTSPLY: Jeremy Huynh

CDHA ACHIEVEMENT AWARD

sponsored by SUNSTAR G•U•M: Ashley Corsiatto

CDHA GLOBAL HEALTH INITIATIVE AWARD

sponsored by SUNSTAR G•U•M: Michelle Ediger

CDHA VISIONARY AWARD



◀ sponsored by TD
Insurance Meloche
Monnex: Laura Perri

CJDH RESEARCH AWARD

sponsored by Crest Oral-B: Susanne Sunell, Rae
McFarlane, Heather Biggar

Congratulations to the winners and to all who submitted.
Keep on shining brightly!

AWARD APPLICATIONS

The 2014 award applications are now available. CDHA's dental hygiene recognition program celebrates the passion and expertise of students, practicing dental hygienists, and clinic groups who are promoting our profession and making a difference in their academic institutions or communities, serving others both in Canada and abroad. Opportunities exist to recognize students, educators, and more seasoned professionals. Show your pride! Nominate a colleague or share your story. Applications must be received by May 31, 2014. Don't miss your opportunity to SHINE!

Thanks to our sponsors:



They're not clean until they're

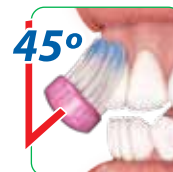
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Features:

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- G•U•M[®] Deep Clean bristles reach 2.8mm into the sulcus and 1.6X deeper between the teeth.¹
- Available in Soft and Ultra Soft bristles.



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*In Vitro study, April 2009

1. Test conducted through University of Nebraska Medical Centre College of Dentistry and YRC Inc. Published data are available on file.

>>>> Association in Action

Conference Wrap Up



CDHA 2013 National Conference

CELEBRATING OUR ROOTS, OUR WINGS

October 3-5, 2013 - Toronto

CDHA's 2013 national conference, held October 3–5 in Toronto, was a tremendous success by all accounts.

The atmosphere was certainly celebratory for the three-day event, and included inspiring keynote presentations from Eva Grayzel, an oral cancer survivor, and Dr. Kate O'Hanlan, a gynecologist. A birthday party, complete with cake, balloons, and loot bags, and dinner at the CN Tower were memorable social events. We honoured 89 of our 25+ year members with certificates and pins, and made a special presentation to four of our eight founding members: Pat Johnson, Carol Ono, Marnie Forgay and Anne Bosy, who have been members of CDHA for 50 years!

Approximately 600 people attended the conference, including dental hygienists, speakers, industry representatives, students, and even politicians. Five preconference workshops were held on Thursday, October 3, with the opening reception of the exhibit hall in the evening. A CDHA student session, also on Thursday evening, provided an opportunity for more than 100 dental hygiene students to meet with students from other schools and with CDHA's board of directors to find out more about the association.

The official opening ceremonies on Friday morning saw a procession of CDHA board members and provincial presidents being piped in by the Halton Regional Police Pipe Major. A highlight of the processional was seeing the contingent from the Canadian Dental Corps standing at attention during the playing of "O Canada." Eva Grayzel, an oral cancer survivor, shared her story and reminded all of us about the important role we play in oral cancer detection. Fifteen breakout sessions were offered throughout the day, which were interspersed with breaks and lunch in the exhibit hall where lots of members reconnected with friends and colleagues.

Saturday began with a breakfast and educational session on financial planning. This was followed by Dr. Kate O'Hanlan's presentation, entitled "Gynedontics: Exploring the Hidden Links." Ten breakout sessions were offered. The annual general meeting and awards luncheon allowed us to honour members of CDHA's valued dental industry partners' circle as well as our dental hygiene recognition program winners and other special guests.

The closing ceremonies, moderated by past president and former registrar of the College of Dental Hygienists of Ontario, Fran Richardson, featured a panel presentation by past presidents from each decade of the association's existence. Mai Pohlak, our first president, represented the 1960s. Carol Worobey, a past president and first executive director of the association, represented the 1970s. Patricia Grant spoke about the 1980s, while the 1990s were represented by Sue MacIntosh, and the 2000s by Barb Gibb. Sandy Lawlor, immediate past president of the association, offered some reflections on the beginning of the 2010s.

A celebratory dinner atop the CN Tower was the culmination of a successful event. Fine food and great conversation were the perfect way to wrap up a busy conference.

Visit the conference photo gallery to view and download lots of great memories from the event. <http://www.cdha.ca/AM/images/education/PhotoGallery/index.html>

Presentation handouts from many of the conference sessions are available online under "My Courses & Webinars" to those who attended the conference.

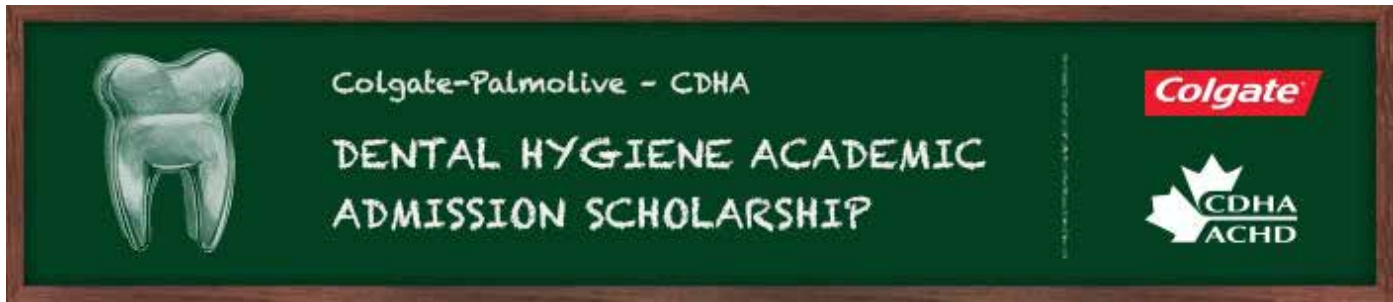
CDHA would like to thank our [conference sponsors](#) whose generous contributions helped to make our 50th anniversary national conference an amazing experience for all! Thanks also to those who donated to our "Buy a Smile" campaign. This initiative raised \$800 for the Canadian Foundation for Dental Hygiene Research and Education (CFDHRE).

**CDHA National Conference
October 22-24, 2015 - Victoria, BC**





>>>> Association in Action



Colgate-Palmolive Dental Hygiene Academic Admission Scholarship

CDHA is pleased to have partnered with Colgate-Palmolive to award the Colgate-Palmolive-CDHA Dental Hygiene Academic Admission Scholarship to 24 dental hygiene programs this year.

Congratulations to the following recipients who each received \$500 towards their dental hygiene education.

School	Recipient	School	Recipient
APLUS Institute	Cheng (Zoe) Mengshu	SIAST	Samantha Gajda
Cambrian College	Palak Virenkumar Shah	Toronto College of Dental Hygiene	Rebecca Sayles
Camosun College	Danika Kujala	University of Alberta	Maria Zein
Canadian National Institute of Health	Morgan-Lee Genio	University of British Columbia	Yun-Hsuan (Iris) Feng
Canadore College	Cora Croisier	University of Manitoba School of Dental Hygiene	Krista Lee Olenick
College of New Caledonia	Cassie Grant	Vancouver College of Dental Hygiene	Kelsie Lussier
Confederation College	Skylar Marks	Vancouver Community College	Elissa Lauder
Dalhousie University	Amanda Collins	Vancouver Island University	Jamie Senger
Durham College	Megan Hawks	Cégep Chicoutimi	Carol-Anne Gaudreault
George Brown College	Merina Zahid	Collège Boréal	Yunona Cassandra Anders
Georgian College	Heather Yarlett		
Niagara College	Ashley Langel		
Ontario Dental Education Institute	Lynn Perry		
Oulton College	Julianne Goguen		

Facebook Challenge!

It was a great Christmas gift and an even better way to wrap up our 50th anniversary year and enter 2014—with 9,000 Facebook fans. We met our goal weeks ahead of schedule at 7:45 pm on Wednesday, December 18. Congratulations to our 9000th fan, Hayley Julien, a student member from

Canadore College. A huge thank you to ALL who are fans and to those of you who helped us to reach our goal. We've now added almost 200 new fans since then, so next up...10,000 for NDHW 2014!

<https://www.facebook.com/theCDHA>



**DALHOUSIE
UNIVERSITY**

Faculty of Dentistry

The Faculty of Dentistry, Dalhousie University, Halifax, Nova Scotia is seeking applications for two full-time, tenure-stream positions in the School of Dental Hygiene, commencing July 1, 2014.

Each position requires a minimum of a Master's degree in Education, teaching and practice experience and evidence of scholarly activity. The successful applicants will have demonstrated experience in the teaching and administration of Dental Hygiene courses. Academic rank and salary will be based on the successful candidates' qualifications, experience and achievements.

Each position requires that applicants have or are eligible for a license to practice Dental Hygiene in Nova Scotia. The Faculty of Dentistry offers no academic licensure opportunity. Each position offers a one-day-per-week private practice privilege. If the privilege is not exercised, the incumbent will be assigned academic duties.

Dalhousie University is one of Canada's leading teaching and research universities with four professional faculties, a Faculty of Graduate Studies and a diverse complement of graduate programs. Inter-faculty and intra-faculty collaborative and interactive research is encouraged, as is cooperation in teaching. Dalhousie University inspires students, faculty, staff and alumni to make significant contributions regionally, nationally and to the world.

Dalhousie University is located in Halifax, Nova Scotia, Canada. Halifax is a vibrant capital city and is the business, academic and medical centre for Canada's east coast.

Review of applications will begin in January, 2014 and will continue until the positions are filled.

All qualified applicants are encouraged to apply; however, Canadians and permanent residents will be given priority. Dalhousie University is an Employment Equity/Affirmative Action employer. The University encourages applications from qualified Aboriginal people, persons with a disability, racially visible persons and women. Applicants should submit a letter of application (that includes a statement of the applicant's teaching philosophy and research interests), a Curriculum Vitae, reprints of up to three research publications and arrange for three letters of reference to be sent by the referees directly to:

Dr. Ronald Bannerman, Chair
Search Committee (Dental Hygiene)
Faculty of Dentistry, Dalhousie University
5981 University Avenue
P.O. Box 15000
Halifax, N.S.
B3H 4R2

International Journal of Dental Hygiene

Edited by Prof. Kerstin Öhrn

Impact Factor: 0.802

Frequency: Quarterly

International Journal of Dental Hygiene is the official scientific peer-reviewed journal of the International Federation of Dental Hygienists (IFDH). The journal brings the latest scientific news, high quality commissioned reviews as well as clinical, professional and educational developmental and legislative news to the profession world-wide. Thus, it acts as a forum for exchange of relevant information and enhancement of the profession with the purpose of promoting oral health for patients and communities.

Special Subscription Rate!

- Members of the Canadian Dental Hygienists Association receive more than 50% off the regular subscription price for the Journal. Visit cdha.ca/ijdh for more information.

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New Employee and Family Assistance Program (EFAP)



The EFAP is a free and confidential counselling and wellness service for CDHA members and their eligible family members, provided through Homewood Human Solutions™.

Here when you need it...

Everybody encounters difficult or stressful events in their lives. At times, these challenging experiences can interfere with our health and happiness both at home and work.

Your EFAP provides completely confidential counseling for a broad range of personal, work-related, health, and familial issues. Services can be accessed either over the phone or through our internet site:

www.homewoodhumansolutions.com

What does the Program offer?

Counselling Services:

The EFAP program offers professional assessments, guidance, and counselling (and referrals when required)

Plan Smart — Lifestyle and Specialty Counselling Services

You can receive expert coaching and support to better manage your life, health, and career. Plan Smart services are preventative supports and resources, customized for your needs based on your assessment with the counselor.

Online Resources

Access our member website anytime for e-learning courses, interactive tools, health and wellness assessments, and a library of health, life balance, and workplace articles.

What about Confidentiality?

Homewood Human Solutions counsellors are required by law to maintain the strictest confidentiality. Everybody who inquires about services available through their EFAP program will not be identified to anybody including their employer.

Crisis Line (available 24 hours a day, seven days a week)

In times of crisis and emotional distress, Homewood Human Solutions staff are prepared to take your call 24 hours a day, seven days a week. Help is always available.



Visit www.cdha.ca/EFAP access to get started.