



Bulletin

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President's Message



Research At the Faculty



Registrar's Column



The Dental Specialist



Manitoba Dental Association Board Meeting

Synopsis of the Meeting held June 1, 2006

Secret Ballot: The MDA Board agreed that at their Annual Business Meeting, if a member makes a motion for a secret ballot on an issue and the members present vote in favor of that motion, then it would be allowed.

Search Committees: Dr. Lori Stephen-James, MDA President, is serving on the Search Committee for the new Dean of the Faculty of Dentistry. Dr. Lee McFadden, MDA Past-President, is serving on the Search Committee for the new Director of Oral Health Program – WRHA.

Canadian Dental Regulatory Authorities Federation (CDRAF): The MDA approved in principle CDRAF motions to develop national standards for the academic specialists' licenses and certified specialists restricted to their specialty. It must be noted that the principles included in these motions are reflected in the current MDA Registration and Licensing By-Law. Furthermore, the MDA Board supports the CDRAF funding of a survey on Canadian dentists probono/charitable donations. The survey will be done by the Canadian Dental Association (CDA) and the cost for each Manitoba dentist will be \$3.00.

Operational grants approved to outside dental organizations: The MDA Board approved the following grants to these organizations: CDRAF-\$2.00/dentist; CDA \$658.00/dentist; Commission on Dental Accreditation Of Canada (CADC)-\$11.95/dentist and \$6.43/dental hygienist

Human Rights Commission: The Human Rights Complaint filed by three academic affiliates has been resolved. Upon advice from MDA Legal Counsel, and approval from the Board, Dr. Michael Lasko mediated a satisfactory resolution to this matter. The complainants were afforded specialty recognition because each received their Fellowship in their respective specialties as per the new Registration and Licensing By-law. In addition, their specialty recognition was back dated to 2001 to provide them with portability under the Mutual Recognition Agreement.

Dental Hygiene Legislation: The Dental Hygiene Transition Council whose mandate is the development of regulations for the registration and licensing of dental hygienists under a self-regulated body will start meeting in June 2006. Dr.

Michael Lasko along with Dr. Robert Schroth are the two dentists appointed by the Provincial Government to serve on the Transitional Council.

Dental Assistant By-Law: An MDA Committee is presently looking to develop a by-law to register and certify dental assistant as per amendments to *The Dental Association Act*. It is hopeful the drafted by-law will be distributed to dentists prior to September 1, 2006 for ratification.

Umbrella Legislation: The Provincial Government has given notice to the MDA that they will be enacting overarching legislation for self-regulated health professions in Manitoba. The legislation will be based on what presently exists in the Province of British Columbia. To prepare for this, the MDA Board will develop a Working Group whose mandate is to protect the interests of Manitoba dentists and voice any concerns that the dental profession has with the proposed legislation.

Communications Committee: Dr. Joel Antel addressed the MDA Board about the results of the Communication Planning Forum. A three to five year plan will be developed by the MDA Communications Committee to address the following:

1. Image of dentists as the experts in oral health base on their training and education
2. Increase public awareness of dental specialists
3. Improve the communication skills of dentists when dealing with patients
4. Increase awareness and use by dentists and the public of the MDA website

First Nations Inuit Health Branch (FNIHB):

Through the efforts of Dr. Phil Poon, the MDA is attempting to leverage better administration policies and fees for dental services provided to FNIHB clients. The present fee structure is 90% of the 2003 MDA Fee Guide. In addition, the MDA and CDA representatives are still working with Health Canada officials and Members of Parliament to resolve the outstanding dental claims from the AMA Tribal Council. The MDA members must understand that the MDA's role is facilitating not contractual.

Preventive Dentistry Scaling Module: The module is scheduled to be completed by June 30, 2006.

Continued on page 6

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Dr. Lori Stephen-James

Summer in Manitoba is one of the reasons that we live here - but it isn't giving us a break at the MDA office.

Rafi, Mike and Diane are putting in long hours maintaining the day-to-day business, as well as the added meetings and activities. They have assumed Ross' duties - the MDA is very fortunate. Ross' health is improving and he is hoping to return part-time by the end of June. He has been the cornerstone of our organization for almost four decades, this transfers into a wealth of knowledge that we can appreciate and we are hoping he returns soon. Feel free to send a note or card to the office and we will be sure that he receives it.

Since the last newsletter, we are pleased to inform you that the Level II Dental Assistant Scaling Module has been completed. Given that this was the pilot project, it was a great success. Currently, the project is being evaluated, with the intent of starting up again in the fall. If you know of any dental assistants that are interested, please have them contact the MDA.

Also concerning dental assistants, the MDA intends on starting the registration process this fall. Currently the by-laws are being constructed and by September we should be in a position to proceed. Between now and then dental offices will be contacted to assist in developing a roster of dental assistants working in private practice.

The Dental Hygiene Legislation is currently being forwarded to a "Transitional Council". Fortunately Dr. M. Lasko, MDA Registrar, has been asked to serve on this committee. The other licensed dentist on the Transitional Council is Dr. Robert Schroth. It appears that self regulation will not happen this year, but it is inevitable.

In April this year, a number of Manitoba representatives attended the CDA Annual General Meeting. The highlights included ITrans, governance, corporate relations, and membership fees. As dentists, our technology knowledge can be quite limited. ITrans, a new technology developed and owned by the CDA, is a "secure" system to transport information from our office to other offices, insurance carriers etc. As the Federal laws are evolving regarding personal

information transmission, this appears to be the way of the future. As it is now a member service, feel free to sign up via the CDA. Further, there will be a minimal increase of \$25.00 for the CDA membership this February. Due to the costs of developing ITrans, as well as an increase in activities, this seems to be a reasonable and conservative request.

On the local front, we have signed a Letter of Understanding with Family Services, as of April 1, 2006 reimbursement will be 90% of the 2006 MDA Fee Guide. This extends from April 1, 2006 until March 31, 2007. There have also been ongoing discussions with Workers Compensation Board regarding its plans to expand mandatory coverage to all healthcare professions, and the Denturists' Association regarding their scope of practice. Look for updates on these in the future.

There may be some confusion about the role that the MDA plays with regard to FNIHB. Phil Poon, with MDA support, meets on a regular basis to deal with the fee increases and any issues that may arise. This is an advisory and advocacy position - not a process for conflict resolution of claim disputes. The MDA has approached FNIHB regarding discrepancies in payment, with some success. However when a dentist enters into treatment with a patient it becomes a contract between them and FNIHB, as is the case with any other insurance company.

Having touched on these developments, I would like to remind everyone that there are other committees that continue working all year long. Many of our members serve, or have served, on our behalf. We still need help though. We are asking for volunteers for the Open Wide Clinic on October 21, 2006. This event is only held once every three years and it is an opportunity to give a little something back. Please call Rafi at the MDA office, and give him your name. We also are in need of dental hygienists, so please pass this on, let's make this a great success.

If there is any other business that concerns you, please feel free to contact any Board Member or the MDA office.

Lori Stephen-James, D.M.D.
President, Manitoba Dental Association

IN MEMORIAM

Larry Thomas Watson, DDS

Suddenly, on March 31, 2006 Dr. Larry Thomas Watson passed away while attending a convention in Las Vegas.





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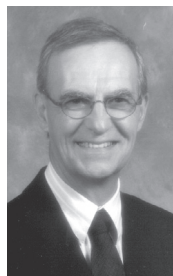
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Dr. Michael Lasko

Manitoba Human Rights Commission

The Manitoba Human Rights Commission provided the Manitoba Dental Association information regarding the complaint in February, 2006. As reported to you earlier the Commission was reviewing our new By-law 17-05, as well as researching its information prior to determining its position.

In the Commission's letter it was indicated that our new By-law addressed systemic discrimination issues. However, their research indicated that individual discrimination issues still remained with the individuals who initiated the complaint that must be resolved.

The suggestion was made that mediation services would be offered through the Commission in a formal mediation process to attempt to resolve those issues. This would involve further meetings with legal counsels in the formal setting at the Human Rights Commission. It appeared that they were not capable of scheduling it until later in the year – probably late summer or early fall of 2006.

This development was reviewed and discussed with the Board and the option of mediating the issue directly with the parties in the complaint was approved.

The Registrar met with the parties and cooperatively, in a collegial manner, addressed all of the outstanding issues which resulted in a settlement agreement satisfactory to both parties at the end of March, 2006.

The Manitoba Human Rights Commission was informed by the complainants on April 12, 2006 that the matter was successfully resolved and the complaints withdrawn with appropriate releases signed by the complainants provided to the Manitoba Dental Association.

Subsequent to the settlement of the 3 official complaints, the MDA received notification that the remaining 5 Academic Affiliates were requesting similar recognition. A review the credentials and correspondence provided by those individuals occurred at the meeting of the Board of Directors on June 1, 2006 and resulted in a motion to

approve those requests.

Dental Assisting

The first step necessary to develop a registration process for Level II Dental Assistants is the by-law that will be sent to the members of the MDA for review and approval. It is expected that it will be ready by the end of June, 2006 and distributed for approval. Once in place dentists will be requested to identify those Level II Dental Assistants in their offices to establish the data necessary to continue to develop a structure that will require an annual renewal of the Certificate of Registration, entry requirements, scope of practise and continuing education requirements. Hopefully, this can be accomplished by the fall of 2006.

The Preventive Scaling Module Pilot Project is nearing completion and should be ready for evaluation in August, 2006. Progress reports from CDI staff have been very positive.

Dental Hygiene

The first meeting of the Dental Hygiene Transitional Council will occur on June 13, 2006. It is expected that the Council will continue to meet into the fall of 2006 to develop the by-laws for the College of Dental Hygienists.

Michael A. Lasko, D.M.D.
Registrar, Manitoba Dental Association

“OPEN WIDE”

The Manitoba Dental Association in partnership with the University of Manitoba-Faculty of Dentistry is once again hosting an 'Open Wide' day. 'Open Wide' is a free day of dentistry where licensed dentists and oral health team members provide dental treatment at no cost to the public. 'Open Wide' 2006 will be held **Saturday, October 21st, 2006 @ the Faculty of Dentistry Community Clinic, 790 Bannatyne Avenue, Winnipeg.**

Why get involved, again? We believe that personally, it was such rewarding experience and professionally, it showed dentists as been socially responsive to the citizens of Manitoba.

The five-hour commitment that we are asking for will be of tremendous value to the dental profession as we again demonstrate to Manitobans the strong social conscience of dentists. We are also encouraging dental hygienists and dental assistants to volunteer their time as they played an important role in the delivery of care.

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Grad Breakfast 2006



The 2006 Grad Breakfast for the graduating Dentistry and Hygiene students was held at the Greenwood Inn, Winnipeg, on Thursday, June 1, 2006.

**Congratulations
to the 2006 graduands of the
University of Manitoba Faculty of Dentistry
And
The School of Dental Hygiene**



2006 Graduates of the Faculty of Dentistry.

Carroll, Christine	Mah, Edwin
Chaaban, Diala	Misra, Arun
Crowe, Tyler	Moran, Edwin
Dennis, Christopher	Musaddiq, Shireen
Gill, Chattar	Nguyen, Huy
He, Tiehua	Nsair, Omar
Hoeschen, Timothy	Ruiz, Maria-Jose
Hosseini, Hoda	Salama, Hala
Kalia, Indira	Soufi, Salah-Eddin
Klinitz, Jordan	Weltman, Belinda
Kravetsky, Aszriel	Withanachchi, Samudra
Laberge, Christie	Wolfs, Stephen
Lamarche, Stacey	Wong, Nathaniel
Lee, Andrew	Zealand, Cameron
Macrae, Andrew	Zhu, Raymond
Madhavji, Milan	Zuniga, Domingo



2006 Graduates of the School of Dental Hygiene.

Assailly, Michelle	Klassen, Marianne
Babee, Jenelle	Kubish, Sheri
Blewett, Martha	Kulchiski-Holian, Jodie
Bodnarchuk, Tara	Loewen, Shelley
Bousquet, Amanda	Lowry, Simone
Brar, Sharanpreet	McQuarrie, Joanna
Dang, Juliet	Norman, Julie
Delos Reyes, Antoniette	Santos, Aguedo
Dunn, Sacha	Santos, Maydelinn
Ebenal, Amy	Smith, Roxanna
Foy, Katherine	Tran, Jenny
Kehler, Chandra	Vitt, Rayna

Board Meeting Synopsis continued from page 1

Students completing the module will be allowed to scale to 2mm subgingival once the module has been fully evaluated and approved as meeting the desired outcomes.

Seniors Dentistry: The Committee's main goal is to change provincial policy that will allow for mandatory annual dental examinations for residents of licensed personal care homes in Manitoba. At the same time, the Committee is looking to develop a roster of dentists who would be willing to provide such a service.

Recruitment and Retention: The Committee presented a preliminary report to the MDA Board.

The recommendations within the report included:

1. promotion of dental professions to rural high school students
2. Tracking system to assist students from rural Manitoba who wish to pursue a career in a dental profession
3. Working with communities to attract dental professionals
4. Develop roster of volunteer dentists, dental hygienists, and dental assistants willing to promote their respective dental profession in rural Manitoba.

The next meeting of the MDA Board is scheduled for Saturday, October 14, 2006.

Manitoba Dental Association Directory Amendments

**For changes to the MDA Directory please contact:
Diane Troubridge at the MDA office - (204) 988-5300**

District 1

Dr. Dean Jeffrey Breivik
c/o 75 Marshall Cr
Winnipeg, MB R3T 0R5
204 477 4886

Dr. Christine Carroll
1295 Leila Ave
Winnipeg, MB R3P 1Y5
204 694 2042

Dr. Diala Chaaban
7-843 Leila Ave
Winnipeg, MB R2V 3J7

Dr. Beth Jennifer Cowie
245-393 Portage Ave
Winnipeg, MB R3B 3H6
204 774 4501

Dr. Andrew John Dear
245-393 Portage Ave
Winnipeg, MB R3B 3H6
204 774 4501

Dr. Christopher Hugh Dennis
566 Osborne St
Winnipeg, MB R3L 2B4
204 284 8216

Dr. Breanne Elizabeth Joslin
500 Main Street, Box 1689
Winkler, MB R6W 4B5
204 325 4343

Dr. Mark J. Karpa
245-393 Portage Ave
Winnipeg, MB R3B 3H6
204 774 4501

Dr. Azriel Raanan Kravetsky
340-500 Portage Ave
Winnipeg, MB R3C 3X1
204 786 6068

Dr. Christie L. B. Laberge
141-1120 Grant Ave
Winnipeg, MB R3M 2A6
204 452 0560

Dr. Stacey Leah Lamarche
633 Lodge Ave
Winnipeg, MB R3J 0S9
204 958 4444

Dr. Melvin Lee
164 Marygrove Cr
Winnipeg, MB R3Y 1M3
204 282 5584

Dr. Milan Madhavji
95 Chandos Ave
Winnipeg, MB R2H 1Y1
204 999 8046

Dr. Edwin Mah
401A North Railway St
Morden, MB R6M 1S8
204 822 6258

Dr. S. Musaddiq
141-1120 Grant Avenue
Winnipeg, MB R3M 2A6
204 452 0560

Dr. Maura Jenae Nelson
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Winnipeg, MB R3A 1P2
204 940 3618

Dr. Robert Pesun
685 William Avenue
Winnipeg, MB R3E 0Z2
204 787 2516

Dr. Vijay K. Pruthi
606 Broadway
Winnipeg, MB R3C 0W8
204 775 8224

Dr. Robert Arthur Ramsay
101450 Corydon Ave
Winnipeg, MB R3N 0J3
204 487 1744

Dr. Hala Anwar Salama
100-1630 Ness Ave
Winnipeg, MB R3J 3X1
204 783 4401

Dr. Stephan J. C. Wolfs
365 Kenaston Blvd
Winnipeg, MB R3N 1V7

Dr. Raymond Zhu
1295 Leila Avenue
Winnipeg, MB R2P 2E2
204 694 4052

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Dr. Robert Fraser
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Altona, MB R0G 0B0
204 324 6812

District 3

Dr. Avraham Y. Shainhouse
PO Box 1260
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204 623 1465

Dr. Kenneth Wesley Torbert
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3000
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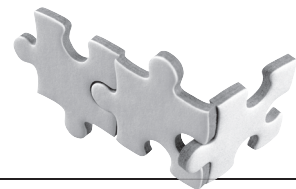
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The Dental Specialist

"The Dental Specialist" is written by Manitoba Dental Specialists. Each issue features one of the dental specialty groups (on a rotational basis). In this month's issue, the article is submitted on behalf of the Oral and Maxillofacial Surgeons and Pathologists.

DENTAL SIGNIFICANCE OF BIPHOSPHONATE DRUGS

An increasing number of articles are appearing in the scientific literature and news media regarding jawbone complications associated with bisphosphonate drugs. This case report may heighten the awareness of dentists regarding the provision of dental treatment for this patient population.

A 62 year old female presented with pain and recurrent swelling in her right mandible for the past year after the routine extraction of #46 and #47. She had been treated with Penicillin, Amoxicillin and the removal of boney spicules but the involved area did not heal. Her past medical history revealed (1) treatment with cortisone for Addison disease since age 28 (2) current anticoagulant therapy for deep vein thrombosis (3) T^m Fosamax for eight years for osteoporosis.

The initial exam revealed a draining epulis in the previous extraction sites. A panoramic film and CT scan showed mild erosion in the alveolus with some sclerosis of the medullary cavity in the body of the right mandible and inflammatory changes in the overlying soft tissue. The patient had an infectious disease consultation and was started on Amoxicillin again but after four months there was still exposed, non-healing bone. The infectious disease physician recommended a sequestrectomy and debridement. Following a modified anticoagulation protocol and under general anesthesia a sequestrectomy was accomplished with primary closure. Of significance, there was no evidence of normal, bleeding bone during surgery. The patient tolerated the surgery well and her perioperative course was unremarkable.

She was maintained on Amoxicillin and three months later the area had maintained its gingival coverage. A repeat CT scan showed healing in the area and the patient remained well 1 year after her initial visit.

Bisphosphonates have recently been used for treating patients with multiple myeloma and other cancers which have developed boney metastases because they decrease bone fractures, bone resorption and hypocalcaemia. The drugs used in this manner (T^m Aredia, Zometa) are given intravenously. Bisphosphonates are also commonly used for patients with osteoporosis to stabilize bone loss in postmenopausal women and decrease osteoclastic activity to maintain bone density. When used in this manner the drugs (T^mFosamax) are given orally.

There are increasing reports of a disease termed "osteonecrosis of the jaw" associated with bisphosphonate therapy that is much more commonly associated with the super potent intravenous agents given for malignancy. The pathogenesis is unclear but is mainly felt to be from inhibition of bone remodeling and possibly some endothelial toxicity. The disease may appear spontaneously but most often

results from an invasive dental procedure or denture trauma and the mandible is affected more than the maxilla. Affected patients develop non-healing, exposed areas of bone, usually on the lingual aspect of the mandible and sometimes in multifocal areas. The chronic lesions can be asymptomatic but will become painful with secondary infection and curative treatment is not currently possible.

The half life of bisphosphonates in bone is about 10 years and this contributes to the non-healing state. Other implications of a long half life are (1) there is only marginal benefit to discontinuing these medications either after a lesion has occurred or during treatment of a lesion (2) patients who have finished their intravenous cancer-related bisphosphonate therapy remain at risk and should not have elective oral surgery.

Extensive surgery is unsuccessful and should be avoided to minimize the chance for secondary fracture due to weakening of the mandible. The exposed bone will support normal function. Primary treatment is symptomatic control with antibiotics and perhaps minimal debridement to remove sharp boney edges. Endodontic therapy with crown amputation rather than extraction is recommended for teeth that develop irreversible pulpitis, necrosis or an abscess. Teeth with Grade I and II mobility may be splinted but those with Grade III mobility should be extracted. Elective surgery should be avoided in any patient who is receiving intravenous bisphosphonates. Surgery in patients who have received oral bisphosphonates should be as atraumatic as possible with strong evidence that surgery offers a significantly better prognosis than a non-surgical approach. The patient should have prophylactic Penicillin or Amoxicillin, probably one day before and for two days post-operatively.

Prevention of this disease is of primary importance. Current drug labeling recommends a dental consultation for patients who are about to start bisphosphonate treatment. Ideally, treatment of all active or potential sources of pulpal and periodontal infection should be completed one month before bisphosphonates are started and guided by a clinical exam with panoramic and full mouth intraoral radiographs. Specific guidelines include avoiding soft tissue trauma with ill-fitting prostheses, extraction of teeth with furcation involvement, removal of large tori with thin mucosa, removal of soft tissue impactions and extractions or endodontic therapy of non-vital teeth. Recalls at 3- 4 month intervals may reduce the risk of future problems.

There are no current recommendations from local or national Canadian Dental organizations. These interim recommendations have come from various international sources and hopefully will inform our membership of an important and evolving therapeutic and medico legal concern.

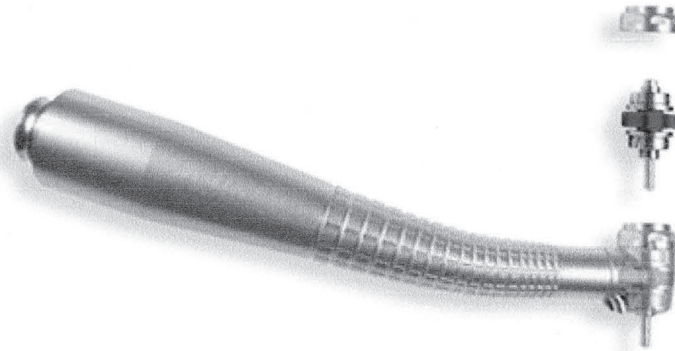
1. Ruggiero, S., et al Practical Guidelines for the Prevention, Diagnosis and Treatment of Osteonecrosis of the Jaw in Patients with Cancer. **Jour. of Oncol. Pract.** 2006 2(1): 7
2. Woo, S., Hellstein, J. and Kalmar, J.: Systematic Review: Bisphosphonates and Osteonecrosis of the Jaws. **Ann. Int. Med.** 2006 144(10): 753

Continued on page 10

3. Marx, R. Fortin, M. and Brumand, V.: Bisphosphonate Exposed Bone (Osteonecrosis/Osteopetrosis) of the Jaws: Risk Factors, Recognition, Prevention and Treatment. **Jour. Oral and Maxillofacial. Surg.** 2005 63:1567
4. Marx, R. Fortin, M. and Brumand, V.: Bisphosphonate Exposed Bone (Osteonecrosis/Osteopetrosis) of the Jaws: Risk Factors, Recognition, Prevention and Treatment. **Jour. Oral and Maxillofacial. Surg.** 2005 63:1567
5. **AAOMS News Release:** Oral and Maxillofacial Surgeons Urge Cancer Patients to Seek Dental Care Before Bisphosphonate Treatment. Oct., 2005
6. **AAOMS News Release:** Bisphosphonates Can Wreak Havoc In the Mouth and Jaws, Oral and Maxillofacial Surgeon Warns. May 2005
7. **AAOMS News Release:** Bisphosphonate Treatment May Lead to Rare Osteonecrosis of the Jaw. May 2004

Lee McFadden, Oral and Maxillofacial Surgeon.
Steve Ahing, Oral and Maxillofacial Pathologist.

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Tooth



fairy saturday

On Saturday, June 10 2006 the MDA sponsored Tooth Fairy at the International Children's Festival. "Thank-you to all the volunteers who came out to promote organized dentistry, have fun and make the day so special."



TOOTHFAIRY SATURDAY

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CDA Working on Your Behalf

The Canadian Dental Association held its Annual General Meeting in Ottawa on April 26 to 29, 2006.

A number of issues were brought forward to the CDA by the provincial dental associations, PDAs, in advance of the AGM. Included were governance, e-business including I-Trans, CDA – PDA corporate relations and dental hygiene. The AGM provided the opportunity to discuss these issues in a number of forums. The series of meetings was characterized by a sense of cooperation and collaboration between the CDA, PDAs and other key stakeholder groups.

Prior to the AGM, a number of PDAs expressed a desire to accelerate a review of the CDA's governance structure. A mandatory review was scheduled to occur in 2008 but following a motion at the AGM a Governance Review Working Group was created. This Working Group was tasked to consult with stakeholders and develop plans so that any proposed by-law changes can be presented for consideration by the 2008 General Assembly. The Working Group will report to the CDA Board of Directors.

Immediately prior to the April meetings, many corporate members sent a letter to the CDA expressing concerns with PDA – CDA relations. The CDA Board of Directors accepted the content and direction of a proposed motion contained in the letter and directed the creation of a Task Force to investigate the state of relations between the PDAs and the CDA, determine the key barriers to good relations and make recommendation to address concerns and make recommendations to the Governance Review Task Force for their consideration.

The CDA and Corporate Member Presidents and CEOs agreed to the creation of a Dental Hygiene Task Force which was a follow-up to the meeting of the Presidents and CEOs held in Vancouver in February. The Task Force will be comprised of representatives of the PDAs and the CDA and will examine the implications and make recommendations regarding emerging changes in dental hygiene legislation, specifically via a targeted communications plan.

There was a great deal of discussion both before and during the Board of Directors and Annual General Meetings on the go-forward strategy for I-Trans. The discussions culminated in an expression of unanimous support from the Corporate Member Presidents and the AGM that I-Trans will continue as a valued benefit to members of the CDA. An e-business working group has been established to develop a new cooperative and collaborative approach to enhance the future for dentists related to e-business including ITrans.

There had been a lot of discussion leading up to the AGM about deteriorating relations between the PDAs and the CDA. It is my impression that the difficulties between these two groups resulted in a lack of communication primarily regarding the I-Trans issue. Unfortunately the Board of Directors and the staff of the CDA were limited in the information that they were able to provide to the PDAs regarding I-Trans by issues of corporate confidentiality. This

resulted in a situation where the CDA was unable to provide to the PDAs all the information which they desired thus fostering an impression of a lack of accountability at the CDA. This situation ultimately led to discontent regarding the governance of the CDA.

A great deal of time at the AGM was devoted to the issues of governance, corporate relations and I-Trans. It is my belief that these issues all stem from a lack of effective communication and that the Task Force on PDA – CDA relations is of prime importance. Given that the Board of the CDA is made up of member dentists who all have long histories of service to organized dentistry at their respective PDAs, the individual members of the CDA can be assured that I and the other members of the Board will work diligently to strengthen the relationships between the CDA and the PDAs so that organized dentistry can remain a strong effective voice for the profession in Canada.

Peter Doig, D.M.D.
CDA Board Member

Health update on Ross McIntyre

Many of you asked for an update regarding the health situation of the Executive Director, Ross McIntyre. Well, here's what Ross tells us:

"On April 5th, 2006 after a kidney biopsy, I had a diagnosis confirmed of an autoimmune disorder call Systemic Lupus. Lupus is a disease that causes inflammation in various parts of the body. The immune system, which normally protects the body from viruses and bacteria, loses the ability to distinguish between foreign matter and its own cells and tissue. In my case, Lupus attacked my kidneys and caused impaired function.

Some of the symptoms of Lupus that I have had are high blood pressure, fatigue and weakness, swelling in my lower legs and feet and ulcers in my mouth and nose. I am currently under the care of a rheumatologist and nephrologists and, as well, am taking many medications to counteract the symptoms. Once a month I go to the Rehabilitation Hospital for a day of IV medication – cyclophosphamide.

I will likely be having the IV medication for at least 6 months, depending on my response.

I spent most of April, 2006 in hospital and am now recovering at home. Every day my energy and mobility are improving and I fully expect to be back to the MDA by mid-June, pending doctor's approval.

I am so appreciative of all the cards, flowers, gift baskets, books, tapes and visits that have been provided to my by so many of you. Your thoughts and warm wishes have gone a long way to helping speed my recovery.

Thank you."



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06-87 05/06

They are giving back in a big way.

The Dentistry Class of 2006, comprised of just 34 students, has donated \$15,000 to the Faculty of Dentistry in appreciation of the training they received.

The money is designated to upgrade four pediatric “quiet rooms” of the main dental clinic. Most of the funds will go toward the purchase and installation of two wall-mounted, digital-compatible x-ray units that will be stationed in pediatric dental rooms. The new equipment will mean that special-needs children will no longer have to change rooms to have x-rays taken.

The remaining money will fund cosmetic upgrades in the four private pediatric dental rooms, which will be repainted and equipped with DVD players and flat-screen monitors mounted on the ceiling.



Graduating students, Cameron Zealand and Milan Madhavji organized the class donation as a thank you for the superior pediatric dental training they received under Dr. Charles Lekic, Division Head of Pediatric Dentistry.

“This donation is in recognition of his commitment to turning the program into what it is today,” Zealand explained.

He added that unlike most dentistry graduates from other universities in North America, students at the University of Manitoba are well exposed to working with pediatric patients who come into the clinic weekly through the Variety Children’s Outreach Program. The program, which was established in 1999, offers free dental care to children at 12 schools in Winnipeg’s North End and inner city, while providing students with experience in pediatric dentistry.

“Students coming out of this Faculty aren’t apprehensive in treating children,” Zealand said of the training.

The Class of 2006 raised the money for the donation by holding a social every fall during the students’ four years of training. The socials were held at The Empire Cabaret, among other clubs in Winnipeg, and they steadily increased in popularity from year to year.

Zealand said the graduating class appreciates the ongoing commitment and support it received from the owner of The Empire Cabaret, who assisted greatly with the fundraising by covering half of the event costs every year.

“We are going to present a plaque to the club owner to show our appreciation,” Zealand said.

The Class of 2006 made the official cheque presentation to the Faculty of Dentistry at the Manitoba Dental Association Graduation Breakfast on June 1, 2006.

The Touch of a Keypad Gets You into Graduate Orthodontics

The future has arrived in the Faculty of Dentistry’s Graduate Orthodontics Clinic.

The clinic recently introduced biometric technology that allows patients to sign in for an appointment without verbally announcing their arrival to a receptionist.

Patients arriving at the clinic merely touch a fingerprint keypad at the front desk, which alerts the computer system to send a message directly to a computer at their orthodontist’s work station. A clinic upgrade is currently underway to equip each orthodontic resident’s dental station with a chair-side computer to receive the biometric data sent when patients arrive.

“If a patient waits for more than 15 minutes, the computer will flag that the patient has been waiting a long time,” says Billy Wiltshire, Head of Orthodontics.

The ViewPoint™ patient management system was recently installed, and in addition to the fingerprint sign-in, it will enable orthodontic residents to access virtual dental records without having to refer to traditional paper charts. The technology will also eventually include access to digital dental x-rays.

“This is the way of modern orthodontic practices. We are trying to create a real practice situation, and it will make our day-to-day activities more efficient,” Wiltshire says, adding residents will also be able to schedule follow-up appointments with patients using their chair-side computers. The process will free up time previously spent making appointments with receptionists at the front desk.

“It’s something that not every (university) offers, which makes it attractive for students. I like it because it’s something similar to what we will use in practice. It’s also very user-friendly,” says Keyur Shah, a second year orthodontic resident.

The upgraded system amounts to an \$80,000 investment funded by private contributions, donations to the Arthur Storey Memorial Fund, and a substantial contribution of software by ViewPoint™. A 1988 graduate of the orthodontics program, Dr. Kris Row contributed \$20,000 to purchase the chair-side computers.

“This has all been self generated by grateful and dedicated alumni. It hasn’t cost the University anything,” Wiltshire explains, adding the Graduate Orthodontic program is among the first in Canada to incorporate biometric technology into its clinic setting.

He says the new technology enhances the quality of the Orthodontics program by offering students state-of-the-art training in dentistry.

While the new system will replace some of the work currently handled by clinic receptionists, Gail Kauk, office assistant, is not worried it will threaten her job in any way. "It's not taking away our jobs. It's making it easier and more efficient," she says.

Kauk adds the technology offers more patient privacy than conventional clinic environments because patients' names cannot be overheard, and patient records will be stored electronically with encrypted software rather than in hard-copy format.

She adds that the fingerprint sign-in will also shorten line-ups for the nearly 1,000 patients that visit the University of Manitoba orthodontics clinic every year.



2nd Year orthodontic resident Dr. Milos Lekic and orthodontic receptionist Gail Kauk demonstrate the "Finger print Sign in System" to an orthodontic patient at the Graduate orthodontic clinic reception desk. (Photo taken by Cathy Watt.)

Canadian Dental Association Honours Dean Johann de Vries

Dean Johann de Vries was among three distinctive Canadians to receive the Canadian Dental Association (CDA) Distinguished Service Award for 2006. The award recognizes either an outstanding contribution in a given year, or outstanding service over a number of years. It may also recognize outstanding contributions to the dental professional at the academic level, corporate level, specialty society, council, commission or committee level.

Dean de Vries was recognized for his active and varied career in dental education, serving as Dean of the Faculty of Dentistry at the University of Manitoba, and as lecturer, professor and Dean of Faculty of Dentistry at the Medical University of Southern Africa (Medunsa). He belongs to various professional and scientific organizations and societies internationally and in Canada, and is currently chair of the Council on Education and the Committee on Dental Academia at the Canadian Dental Association.

Dean de Vries has been previously recognized for his achievements by being inducted as a fellow in the Academy of Dentistry International, the Pierre Fauchard Academy, the American College of Dentists and the International College of Dentistry.

Dr. Robert Malcolm Balfour of Oakville, Ontario and Dr. Robert Salois of Montreal, Quebec also received the CDA Distinguished Service Award. CDA President, Dr. Jack Cottrell, made the presentation at the CDA Annual General Meeting in April 2006.



CDA President, Dr. Jack Cottrell presents Dean Johann de Vries with the 2006 Distinguished Service Award.

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The March, 2006 Bulletin article "Research at the Faculty article" featured "Development of a new tool for early dental caries detection and monitoring" by Cecilia Dong, DMD, BSc(Dent), MSc (Prosthodontics), FRCD(C), Lin-P'ing Choo-Smith, PhD and Blaine Cleghorn, DMD, MSc.

The research team and co-authors of the article wish to thank the patient volunteers as well as members of the Undergraduate/Graduate Oral Surgery and Graduate Orthodontic programs (University of Manitoba) for their assistance with tooth collection.

In addition, we acknowledge funding support from grants from the Manitoba Medical Service Foundation and the Canadian Institutes of Health Research, Institute for Musculoskeletal Health and Arthritis.

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Malpractice Suit? A Lot is in Your Tone of Voice!

As the administrator of the Canadian Dentists' Insurance Program Malpractice Plan, CDSPI tries to keep abreast on articles relating to the interesting area of professional malpractice suits. It is with this in mind that we provide you with the following comments from the book "Blink" – written by Malcolm Gladwell, a staff writer for The New Yorker.

Imagine you work for an insurance company that sells medical malpractice protection. Your boss asks you to figure out for accounting reasons who among all the physicians covered by the company is most likely to be sued. You're given two choices. The first is to examine the insureds' training credentials and then analyze their records to see how many errors they have made over the past few years. The other option is to listen in on very brief snippets of conversation between each dentist and his or her patients.

The second option is the best one and here's why. Believe it or not, the risk of being sued for malpractice has very little to do with how many mistakes you make. Analysis of malpractice lawsuits show that there are highly skilled practitioners who get sued a lot and some who make lots of mistakes and never get sued. At the same time the overwhelming numbers of people who suffer an injury due to the negligence of a practitioner never file a malpractice suit at all. In other words, patients don't file lawsuits because they've been harmed by shoddy care. Patients file lawsuits because they've been harmed by shoddy care and something else happens to them.

What is that something else? It's how they were treated on a personal level by their dentist. What comes up again and again in malpractice cases is that patients say they were rushed or ignored or treated poorly. People just don't sue people they like. People come in and say they want to sue some specialist and we'll say we don't think that doctor was negligent – we think it's your general practitioner who was at fault and the client will say, I don't care what she did – I love her and I'm not suing her.

A patient who sued a dentist said she hated this guy because he never took the time to talk to her and never asked her about other symptoms. When the patient has a bad treatment result, the dentist has to take the time to explain what happened and to answer the patient's questions, to treat him like a human being. The ones who don't are the ones who get sued. It isn't necessary then to know much about how a doctor operates in order to know his likelihood of being sued. What you need to understand is the relationship between that doctor and his patients.

Example

Recently the medical researcher Wendy Levinson recorded hundreds of conversations between a group of physicians and their patients. Roughly half of the doctors had never been sued. The other half had been sued at least twice and Levinson found that just on the basis of those conversations, she could define clear differences between the two groups. The surgeons who had never been sued spend time – more

than three minutes longer with each patient than those who had been sued – 18.3 minutes versus 15 minutes. They were more likely to make orienting comments such as "First I'll examine you, and then we will talk the problem over", or "I will leave time for your questions", which helps patients get a sense of what the meeting is suppose to accomplish and when they should ask questions. They were more likely to engage in active listening saying such things as "Go on, tell me more about that", and they were far more likely to laugh and be funny during the visits.

Interestingly there was no difference in the amount or quality of information that they gave their patients. They didn't provide more details about medication or the patient's condition. The difference was entirely in how they talked to their patients. Possibly the same relates to dentists and their patients, as poor communications is the number one cause of malpractice claims under the Canadian Dentists' Insurance Program.

Take 10 second clips of tapes of conversations between patients and their dentist. People judged knowing nothing about the skill level of the dentists. They didn't know how experienced they were, what kind of training they had, or what kind of procedures they did. They didn't even know what they were saying to their patients. All they were using for their prediction was daily analysis of the surgeon's tone of voice. In fact, it was even more basic than that. If the dentist's voice was judged to sound dominant, he tended to be in the sued group. If the voice sounded less dominant and more concerned, he tended to be in the non-sued group.

Malpractice sounds like one of those complicated and multi-dimensional problems but in the end, it comes down to a matter of respect and the simplest way that respect is communicated is through tone of voice. So using best professional tone and treating a patient with more respect and time could keep one away from a malpractice suit; or if you already have this professional style and never been sued, this may be why.

Excerpt from "Blink – The Power of Thinking Without Thinking" – by Malcolm Gladwell – www.gladwell.com – with out thanks for his permission to provide it to Canadian dentists.

Kingsley Butler
President/CEO, CDSPI

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Please contact: Dr. Julius Wise
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Experienced dentist available for short-term locums (i.e. Sick leave, vacations, etc.). References available upon request.

Please contact: Dr. I. R. Battel
(204) 489-4507

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Dates: October 7, 8 & 9, 2006
Saturday, Sunday & Monday

Time: 9:00 a.m. – 5:00 p.m.

Location: SIAS Wascana Campus
4500 Wascana Parkway
Regina, SK S4P 3A3

Tuition: \$715.00

Registration
Deadline: Friday, September 8, 2006

Class Limit: Minimum of 6 students/maximum 12.

To register
contact: Registration Services
SIAS Wascana Campus
Regina, SK S4P 3A3
Phone: (306) 798-1375
Fax: (306) 798-1377

Applicants must:

- 1) Be licensed by their provincial body;
- 2) Be practising in a setting where administration of local anaesthesia by dental hygienists is possible;
- 3) Be physically able to receive local anaesthesia drugs;
- 4) Be current with CPR Level "C"; and
- 5) Submit a dentist's letter of agreement for providing supervision during your clinical requirements.

Learning materials will be mailed to you in advance which will allow approximately 2 weeks for completion of self-study objectives prior to the seminar sessions.

At the 3-day seminar, you will discuss the material completed by self-study, participate in pre-clinical labs, administer local anaesthesia on a partner and write a final exam. To complete the course, you will be required to administer local

anaesthesia to patients in your practice under the direct supervision of a dentist.

Local Anaesthesia Review Course

Dates: October 7 & 8, 2006
Saturday & Sunday

Time: 9:00 a.m. – 4:00 p.m.

Location: SIAS Wascana Campus
4500 Wascana Parkway
Regina, SK S4P 3A3

Tuition: \$470.00

Registration
Deadline: Friday, September 8, 2006

Class Limit: Minimum of 6 students is required for the course to be offered.

To register
contact: Registration Services
SIAS Wascana Campus
Regina, SK S4P 3A3
Phone: (306) 798-1375
Fax: (306) 798-1377

Applicants must:

- 1) Be licensed by their provincial body;
- 2) Be physically able to receive local anaesthesia drugs;
- 3) Be current with CPR Level "C"; and
- 4) Have completed a Local Anaesthesia Course.

Review materials will be mailed to you in advance which will allow approximately 2 weeks for completion of self-study objectives prior to the seminar sessions.

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