

MDA Bulletin

FALL 2021
Volume 41, Issue 3,
ISSN 070-1717

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WISER THINKING

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FOCUSING ON
ORAL CANCER



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If you're a dentist in your first five years of practice in Manitoba, this is your opportunity to meet, eat, learn and share while earning free continuing education points.

To register or find out more, contact Dr. Lori Simoens at:
lori@waverleydental.ca

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

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

Planned 2021 - 22 Dates and Topics:

Wednesday, September 22nd - Veneers & Esthetics – **Dr. Paresh Shah**
Thursday, October 28th - Endodontics - **Dr. Andy Dosanjh**
Monday, December 6th - Clear Aligner Therapy - **Dr. William Wieler**
Friday, February 4th - Pediatric - **Dr. Carla Cohn**
Saturday, March 12th - Implant Restoration - **Ken Chizik**

Manitoba
Dental
Association



MDA Bulletin



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

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

Circulation is approximately 1000 to Manitoba dentists and dental professionals.

Published online at ManitobaDentist.ca.

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

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

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2021 Lecture Series:

WDS
Winnipeg Dental Society



Friday September 17, 2021 - Dr.'s Rodrigo Cunha,
John Tsourounakis, Jose Viquez

Friday October 15, 2021 - Dr. Marcelo Calamita

Friday November 19, 2021 - Dr. Bruno Azavedo

Friday March 4, 2022 - Dr. Vinay Bhide

Friday April 8, 2022 - Dr. Carlos de Carvalho

Register at:
WinnipegDentalSociety.org

DR. CHRIS COTTICK, D.M.D.
PRESIDENT, MDA



PRESIDENT'S MESSAGE

Well, my hope for a Manitoba Stanley Cup parade or at least a long play run was cruelly spoilt by Les Habitants after starting out with such hope. But life can be hard here on the prairies, although I would never equate hockey losses with anything truly tragic like life can provide. There is always this year. Just like our great hopes for playoff success, our provincial and worldwide hopes for the end of the pandemic have been disappointed as well. The ongoing psychological and physical trauma of the now growing fourth wave will continue to bear down upon us for some time to come. Any of you who know me know that I have a keen interest in history and what we are learning, (in some cases relearning) about pandemics and humanity's ongoing interactions with disease will surely be of great historical interest to students of medicine. That does not change the ongoing difficulty of the individual to deal with the constant changes in our lives that we have all been struggling with over the last 2 years. From masking to vaccination to PPE and IPAC, the MDA staff, Board and committees have been constantly monitoring and try to anticipate or react to the ever fluctuating situation. All these decisions and discussions are

based on science, unfortunately with things changing so quickly there is often confusing and sometimes contradictory information or worse no scientifically well supported data to show the obvious and correct path in the management of this pandemic. Just like all members of society, the MDA has to make decisions based on incomplete or fragmentary evidence. That does not mean logical, science-based suppositions and guidance cannot be made. It means we must use the best science available, common sense and good will to try to navigate these difficult pandemic waters. Public protection must always be forefront in any decisions made by the MDA staff board and committees. How to balance protection with common sense and incremental, negligent or frankly unknown increases in protection must be balanced with access to care and financial and regulatory burdens on our members and the public we serve.

In these difficult times of change and confusion I promise you that the MDA has and will continue to balance all these factors in a logical and open way. As always, I invite members to become engaged and help regulate our professions, your knowledge and interest will surely be rewarded with a better

“The ongoing psychological and physical trauma of the now growing fourth wave will continue to bear down upon us for some time to come”

and more complete understanding of the challenges of the Association. I have always been available to help my former students from the college of dentistry but with the job of president comes the responsibility to be available to our members and to that end I remain at your service; ⚠️

president@manitobadentist.ca.



MDAA BOARD OF DIRECTORS MESSAGE

Here is hoping that we have all had a wonderful summer with some break from this Covid experience. It was certainly a great summer to enjoy some beach or lake time! It was a hot one, I for one have certainly supported the sunscreen business!

As we look ahead Fall is a season of meetings resuming, planning for the year and of course back to school! This I am sure will be with hesitation given all that has been happening with the vaccinations push and impending variants. The IPC guidelines are still in place and have a purpose for general safety and responsibility. Also, for people who are not vaccinated for medical reasons or may be immune-suppressed or have children in their circles. They should still be followed even though vaccinations may have been completed.

We will have our Fall Con Ed session in October with the ever-popular Kathy Purves, and Andrew Gibson plus a little extra to find some Zen! Please watch for details soon. We will continue with the Zoom delivery as it offers accessibility for rural RDA's and attendees that may have family responsibilities.

For those of you who may not know we have two new Board of Directors that have joined our board.

Jessica Derksen and Marta Bholpalsingh; we welcome them and cannot wait to have new goals and planning for the ensuing year. Thinking ahead we may have positions that may be coming open in the next couple of years and hope RDA's will continue to volunteer and support the association with the mission of being supportive and enhancing the profession of our

registered dental assistants. It truly is a great experience and offers a different perspective within the dental team community. Volunteering is a vital need and can be quite fulfilling. It can also offer new friendships and give a great sense of purpose. It doesn't have to be a huge commitment. There are many areas and options on the board and committees and you can have a significant impact on the dental assistants community.

Thank you and until next time,
Trina Bourgeois
President of the Manitoba Dental
Assistants Association



REGISTRAR'S MESSAGE

Regulation Matters and the New Practitioner

Being new to the profession can come with a set of challenges. While there are certain trends of particular issues that do correspond to the length of time from graduation, it is important to keep in mind that all dentists have similar issues that arise, regardless of which point they are at in their career. Within the constraints of a short article, I am hoping to provide useful information that all readers will find helpful, particularly as it relates to complaints from patients and the peer review process that forms the backbone of the profession's covenant with the Manitoba public.

Firstly, I would like to dispel the myth that younger practitioners have more problems in peer review than more experienced practitioners. My team and I do see a larger frequency of concerns brought to the MDA related to more recent graduates, however, when it comes to formal complaints that result in the Complaints Committee process, as set out in the Dental Association Act, the numbers are independent of the time from graduation. When considering both concerns that are raised and those that proceed to formal complaints, there are issues that are seen in more recent graduates that are often easier to correct.

First and by far the most, we deal with concerns and complaints that directly or indirectly relate to communications.

It is not difficult for miscommunication to occur, but more recent graduates tend to have an underappreciation for how crucial chart notes can be for issues such as informed consent, and clinical findings. It would be difficult to go through all of the components of proper documentation in a short article, thus, I would highly recommend that all dentists take the course on documentation available through The College of Dental Surgeons of British Columbia's "Dental Recordkeeping Online Course."

Newer graduates may struggle understanding the importance of managing reasonable expectations in their patients. This may be due to, in part, as an effort to instill a higher level of confidence in their patients. Failures in dentistry occur and therefore, consideration should be given on the best routes of handling these prior to their occurrence, in order to avoid them becoming concerns and complaints to the MDA. It is best to be honest and candid with patients when communicating undesirable clinical outcomes. A clear, well communicated and properly documented informed consent before the commencement of treatment and during any changes in treatment will also help to avoid many problems.

It is noteworthy to mention that recent graduates may demonstrate a struggle adapting between the pace of dental school and the speed expected in private practice. The best

practitioners are rarely the quickest to develop their speed and take pride in taking a judicious approach to career long development. It is also important to focus on developing long-term relationships with patients. Not everything in dentistry needs to be treated immediately or aggressively. Treating every patient with long term goals in mind will likely result in patient satisfaction and retention.

When it comes to non-complaints related regulatory issues, we come across newer graduates being unaware of the requirements under the Act or the Bylaws. Every practitioner is ethically required to make sure they fully understand and comply with these documents. Too often younger dentists do not take the time to read and understand the bylaws until a problem arises. I encourage you to read them and if there are parts you don't understand, feel free to contact me.

Despite the limitations of being a short article, I do hope this information is somewhat useful and will help to avoid unnecessary concerns and complaints that are brought to the MDA. As always, feel free to reach out to me to discuss any of these issues. I am always happy to answer any concerns you may have of a regulatory nature. ⚠️

Respectfully,
Arun Misra DMD, LLB
Registrar



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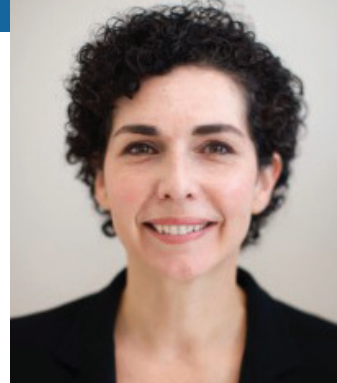
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DEAN'S MESSAGE

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



This summer seems to have gone by in a blaze of heat and smoke. The beginning of fall term has brought two significant changes to the University of Manitoba and by extension to the Dr. Gerald Niznick College of Dentistry and the School of Dental Hygiene.

“As we await to see the effect of a possible fourth wave in our province, we will continue our cautious return to normalcy over the fall term.”

The first was the announcement from President Michael Benarroch that the University of Manitoba will be gradually returning to in-person activities over the fall term, culminating to 100 per cent return to campus by January 2022.

During the last 18-months, the Dr. Gerald Niznick College of Dentistry had, as per UM policy, moved most of its didactic teaching online while our clinical and pre-clinical labs operated


at a somewhat reduced capacity. This fall will see some graduate didactic teaching taking place in person and the expansion of some graduate clinic operations to pre-COVID-19 levels. As we await to see the effect of a possible fourth wave in our province, we will continue our cautious return to normalcy over the fall term.

The effect of the pandemic, in the forced digital delivery of our curriculum, has had an unexpected benefit in that we are now in a position to

determine what content and delivery is more suited to online vs in person. This fall we will be starting an undergraduate dental curriculum review, with help from experts from the UM Centre for the Advancement of Teaching and Learning. With feedback from alumni, graduating students and part- and full-time faculty we are excited to enrich and update our didactic undergraduate content. This exercise, in concert with the completion of our strategic plan,

will help us operationalize the changes we wish to accomplish in the upcoming years.

The second most recent change occurring at the University of Manitoba is the presidential announcement of mandatory vaccination for students, staff and faculty attending campus. With a self-declared vaccination rate of over 90 percent in our student body, this is a welcome directive that will allow us to operate safely, even as our in-person activities ramp up and the Delta variant potentially spreads. This will also help to reassure our patients that community safety concerns are paramount in our minds.

I would be remiss to conclude this message without personally thanking all the MDA members who have, more than ever, supported the College over the past year. We have personally reached out to many of you to request your help in clinical and didactic teaching, and the response has been overwhelmingly positive. I am humbled by the support of the MDA community and want to thank all of you for your dedication in educating the next generation of oral health-care professionals in the province. 

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



CANADIAN DENTAL ASSOCIATION MESSAGE

As I write this quarter's article updating you about the activities of the Canadian Dental Association the federal election has just been announced. The parties have announced their plans and priorities which are in the process of being costed by the Parliamentary Budget Office. All party platforms include healthcare announcements, some with implications for dentists. CDA staff are at work analyzing all aspects of the parties' electoral platforms including healthcare, taxation, small business issues and of course, covid-19 issues and vaccination.

on the Hill event which took place from May 10-14, 2021 and was held virtually. A total of 28 meetings took place with representatives from each of the five major political parties and most members of the House of Commons Health Committee. Given the virtual setting, meetings were able to be scheduled over a longer period of time than in previous years. This allowed for greater flexibility with MP schedules and resulted in MPs having more time to substantively engage on the topics presented by CDA. Topics included tax incentives and grants to support

Canada Health Transfer for dedicated public health programs, providing clean drinking water to Indigenous communities.

The CDA Board held its annual Planning Session and Board meeting on June 25-26, 2021. The meetings were held by videoconference. Discussion included the work of the Delivery of Care Task Force and the three areas that were assigned to it in 2018, emanating from the Future of the Profession initiative. These areas were 1) that everyone in Canada should have access to essential oral health care services, 2) what steps would have to be taken to ensure that the basic oral health care needs of the entire Canadian population were met, and 3) how the profession could embrace the principle of person-centered care and its delivery to vulnerable population groups in locations and by methods that were most appropriate for these groups. The board also discussed a draft policy document on essential dental care and person-centered care prepared by the Task Force as well as priority areas for CDA policy development.

The board received an update on the Artificial Intelligence research study that could lead to the development of membership services or benefits. Phase 1 of the study has been completed involving a literature search and the cataloging of potential projects. Next steps involve a shortlist of possible opportunities and the identification of potential member services.

They are preparing resources for the provincial dental associations to share with dentists providing a wide array of information on all topics allowing dentists who receive the information to be well informed as they vote.

Government advocacy continues despite the pandemic. CDA's Days

dental offices in adapting to enhanced infection control guidelines including capital cost allowances to defray investments made to enhance the safety of workplaces and patient care areas, stable and ongoing access to reasonably priced PPE, incentivizing businesses to provide enhanced health care benefits, increased investment in the



A dental care for persons with disabilities web page was launched in November 2019 on the CDA website with links to credible sites on Autism Spectrum Disorder, Alzheimer's and Dementia. In April 2021, CDA launched best practices brochures to help dentists, parents and caregivers with the provision of oral health care for persons with Autism Spectrum Disorder, Alzheimer's and Dementia. CDA has partnered with the Canadian Society for Disability and Oral Health and is developing an assessment tool to help dentists determine when to treat, not treat or refer Autism and Dementia patients to other specialty areas. The tool will be housed on the CDA website and is anticipated to launch by the end of 2021. Work continues on the final development of a transition tool called the CDA Dental Patient with Special Health Care Needs Transition Process utilizing evidence-based best practice information to help move adolescents from pediatric care to adult care. It is estimated that this tool will be launched by the end of the year.

CDA remains active in FDI. CDA is currently reviewing six FDI position statements and has maintained its contact and involvement in two significant bilateral organizations – the PERTH Group and the North American Regional Organization (NARO). The 2021 FDI Congress and Business Meetings will be held virtually. CDA's three representatives will vote at the business meeting on financial, budget and business matters.

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

A joint planning session with the CDA board and representatives of the corporate members will take place this fall to share information and look to where there is alignment on working together nationally on strategic issues. This session is also intended to look at CDA policy development in areas that are aligned with the interests of both CDA and its corporate members. To allow CDA to be nimbler and more responsive to the issues and changes that have and will appear on the horizon the CDA Board of Directors will begin monthly meetings. Additional meetings may be held as needed. This new meeting format is intended to allow for a more frequent but in depth look at a smaller number of issues each time.


The development of a CDA Secure Send app has received priority funding

from the Board. It is expected that both an Android and iOS app will be available by the year's end.

It continues to be an interesting time for CDA and the dental profession in

“It continues to be an interesting time for CDA and the dental profession in Canada.”

Canada. Government mandates to separate the regulatory and member service functions of our dental associations with voluntary membership in member service organizations is spreading across the country. For some it is underway and immediate, it will eventually involve all of us. This is an important time for dentists to be aware of both the visible and invisible tangible benefits they depend on from the CDA and the provincial dental associations. It is time to take advantage of the opportunities change provides and make our needs and wants known.

As always, I am grateful for the opportunity to serve as Manitoba's representative on the CDA Board of Directors and welcome your input. 

Joel

CDA Awards Recognition Program



CDA annually recognizes exceptional individuals from among the following award categories:

- CDA Medal of Honour
- CDA Honoured Member Award
- Distinguished Service Award
- Award of Merit
- Special Friend of Canadian Dentistry Award
- Oral Health Promotion Award

Congratulations to 2020 Manitoba winners:



DR. DONALD GUTKIN

RECIPIENT OF THE CANADIAN DENTAL ASSOCIATION (CDA) HONOURED MEMBER AWARD FOR 2021

This honour is conferred upon persons who have made outstanding contributions to the dental profession, the dental community or the oral health of Canadians over a sustained period of time at the academic, corporate, specialty society, council, commission or committee level. An outstanding contribution at the national level shall be a principal consideration.

Dr. Gutkin was of one of the fab four who was instrumental in developing the technological pathway that lead to the development of CDAnet. The other members were Dr. Tody Gushie, Dr. Bernie Dolansky, and Dr. Don McFarlane. The creation of this

technology and future iterations of the system has had a profound positive impact on the practice of dentistry in Canada. And like the fab four, the impact of CDAnet could be summarized in four statements:

1. Reduced reimbursement

time for dentists to get paid from insurance companies;
2. Reduced management costs for dental offices;
3. Increase productivity of dental practices; and
4. Provided a streamline connectivity bridge with dentists, patients, and insurance companies.



DR. JOHN PERRY

RECIPIENT OF THE CANADIAN DENTAL ASSOCIATION (CDA) AWARD OF MERIT FOR 2021

The Award of Merit is given to an individual who has served in an outstanding capacity in the governing or service of the Canadian Dental Association over a sustained period of time, or who has made similar outstanding contributions to the dental profession, the dental community or the oral health of Canadians and/or society at large.

Dr. Perry's resume speaks for itself. He has been recognized by students numerous times with awards for teaching excellence, served on Committees of the Canadian Dental Association, National Dental Examining Board of Canada, Commission on Dental Accreditation

of Canada, Association of Canadian Faculties of Dentistry, and numerous other national dental specialty associations.

Dr. Perry has exemplified strong ethical standards throughout his whole dental career and continues to do

so. In his current position as Associate Dean Academic with the University of Manitoba College of Dentistry he has had a profound impact on the education experience of dental students during COVID-19.



DR. PHILIP S. POON

RECIPIENT OF THE CANADIAN DENTAL ASSOCIATION (CDA) HONOURED MEMBER AWARD FOR 2021

This honour is conferred upon persons who have made outstanding contributions to the dental profession, the dental community or the oral health of Canadians over a sustained period of time at the academic, corporate, specialty society, council, commission or committee level. An outstanding contribution at the national level shall be a principal consideration.

Dr. Poon is a life long advocate for dental care for the working poor, new Canadians, indigenous populations and seniors. He championed many programs and causes that has had an positive impact to the oral health of patients and image of the dental profession.

Dr. Poon has also served the dental profession in many

different roles both at the regional, provincial and national level. He has served as President of the Manitoba Dental Association, Winnipeg Dental Society, and Chair of the CDA Governance Relations Committee.

His recent appointment as Chair of the MDA Committee for Dental Care for Residents of Long-term

Institutions attests to his continued commitment to advocating for better oral health for all.

Another major role he accepted was Board Chair of Manitoba Harvest. Manitoba Harvest collects and distributes food to hungry Manitobans on daily basis.



THE HEALTHY SMILE HAPPY CHILD INITIATIVE

RECIPIENT OF THE CANADIAN DENTAL ASSOCIATION (CDA) ORAL HEALTH PROMOTION AWARD FOR 2021.

The Oral Health Promotion Award is conferred on individuals or organizations who have improved the oral health of Canadians through oral health promotion.

Healthy Smile Happy Child (HSHC) is an intersectoral, collaborative partnership that takes an upstream community development approach to engage communities in Early Childhood Caries (ECC) prevention strategies and promotion of early childhood oral health. ECC, also known as early childhood tooth decay or cavities, is a destructive, yet preventable, form of tooth decay in young children, particularly those

living in disadvantaged populations. Manitoba experiences excessive demand and wait times for pediatric dental surgery under general anesthesia. This burden and the need for effective prevention and sustainable oral health promotion strategies led to the development of the HSHC partnership.

Key objectives of the HSHC project have been to 1) gain

community acceptance of the importance of the issue of ECC, 2) build on existing programs which target young children, 3) increase parental knowledge of ECC prevention, 4) increase knowledge of existing service and health providers of the importance of prevention, and 5) encourage existing service and health providers to incorporate prevention activities into their practice.



JACKIE JOACHIM
COO, ROI CORPORATION

THE EMOTIONAL

ROLLER COASTER

OF BUYING A PRACTICE

When the time comes to take the plunge and finally purchase a practice, there are so many thoughts that race through a buyer's mind. Everyone is looking for the perfect practice. Unfortunately, it simply does not exist. A buyer can look at 10 different offices and find something wrong with every single one. It is understandable to want the best as this is a major purchase. However, buying a practice requires a delicate balance between logic and emotion.

While some would believe that emotion has no place in a decision this important, in reality, it does. Like it or not, emotion does in fact play a very important role when buying a business. It is critical that a purchaser cannot allow emotion to dictate the decisions that have to be based upon logic. And sometimes, the purchaser should not let logic overtake the decision-making process when emotion is required. The key to this delicate balancing act is knowing how to separate the two, and to recognize when either state may be impacting your decision-making process altogether.

Becoming a well-prepared and knowledgeable buyer is the key to your success. The initial choice to purchase is largely motivated by the desire to better your circumstances. A purchaser is likely tired of working for another doctor. Why build equity for someone else? Why have one's schedule controlled by another? Why not invest in oneself? Most purchasers have likely reached the point where enough is enough – its time to be the boss. It is important to consider the potential rewards gained from owning your own practice. While everyone has their individual reasons, certainly controlling

your own destiny, making more money, having the opportunity to improve your quality of life, and helping others, are just a few of the common reasons. These are all things that most people hope to achieve.

Choosing to buy during a pandemic is truly the time to keep the emotional side in check so that you stay motivated, especially in this economy. There are likely many people advising against the purchase of a clinic. But why would this not be the right time? Interest rates are at their lowest and quite frankly because there are some people who are either

afraid or simply do not qualify, you may not be in a competitive situation. This means, you would not need to overpay on a practice that you might have pre-pandemic or certainly one year post pandemic. Fear is important as long as it does not cripple you from making a decision. To be successful, you need to cut a new path to gain success. By no means should you take ridiculous risks either. Ownership is not for everyone. But if you are not prepared to be a career associate, ask yourself if the people giving you negative feedback would still say no regardless of the economy. Trust your instincts. If your inner voice tells you that you are meant to be your own boss, then stop seeking the approval of others and look for guidance from those who are well-informed and knowledgeable.

There are going to be times during the clinic-buying process that you will be knocked off track. You will face situations where deals fall through, you will find it hard to locate any decent practices for sale, or you uncover some

issues during your due diligence. These scenarios, plus many others, can surface after you have invested a lot of time, effort, and yes money, to analyze the office. A buyer must, however, have the strength to dust off these little setbacks and carry on towards the finish line or make the decision to walk away. This is definitely where emotions can play havoc on a prospective buyer. On the one hand, you want to stay upbeat and committed to the goal. On the other hand, though, you also need a good dose of logic because you must decide if you can live with some negatives or simply not move forward because it is the wrong deal.

Finally, you may be the best clinician. But you still need to educate yourself and surround yourself with experts. A good accountant, lawyer, and banker are so key to the equation. The right team behind you enables you to further grow the practice you acquire.

Last piece of advice. Please do not think you are an appraiser. Even if you have

seen lots of practices, you are still not an expert. For every practice a buyer reviews, guaranteed an appraiser has seen twenty. A qualified appraiser has placed a value on an office based on a variety of factors. You might not agree with the value. That is fine but telling the appraiser they have overvalued the office is simply wrong. If you like the office but do not agree with the value, nothing stops you from making an offer at a price you are comfortable with. It really can be that simple. If your offer is accepted, due diligence will give you the true opportunity to see if the practice really is a good investment. Always remember, the stress you experience as a buyer is very similar to what a vendor also experiences. These are significant transactions and should not be taken lightly.

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

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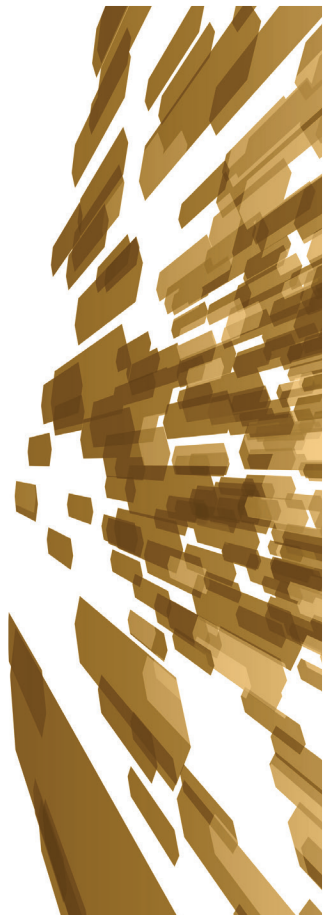


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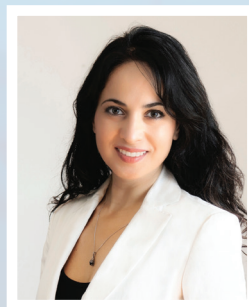
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Greener Living, Wiser Thinking

Dr. Alida Andersen on
Dentistry and the Environment

In May 2018, Dr. Alida Andersen, a general dentist from Toronto, settled down on her living room sofa to watch *A Plastic Ocean*, a sociopolitical documentary that was streaming on Netflix at the time. Hosted by journalist Craig Leeson, the film describes itself as a feature length piece that “explores the fragile state of our oceans and uncovers alarming truths about the consequences of our disposable lifestyle.”



Dr. Alida Andersen



The film has won several awards including best documentary and best environmental film at the Sedona Film Festival. Sir David Attenborough called it “one of the most important films of our time” and CBC Radio Canada said it was “a film essential for the next generation.” Awards and accolades aside, Dr. Andersen was about to find out just how impactful this movie could be. Less than an hour and a half later, her perception of the toll that human activity has taken on the environment was changed forever. “It was a wake-up call,” she says. “I realized I needed to do something. Even before the show was over I was texting all of my family and friends and telling them to watch it.”



Since that fateful day Dr. Andersen has channelled her newfound passion into positive action by becoming a regular speaker and advocate for ecological issues.

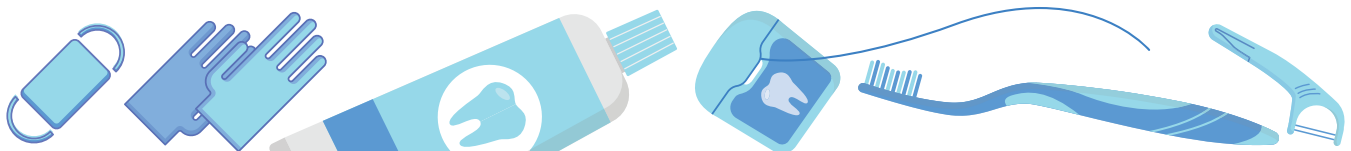
But Dr. Andersen did not stop at texting her family and friends. She was not satisfied by just being outraged at a television screen. Since that fateful day she has channelled her newfound passion into positive action by becoming a regular speaker and advocate for ecological issues. She gives lectures in schools, hosts seminars for dentists, speaks at community events, and writes articles for recognized publications, including the *Ontario Dentist* journal. She has even set up her own YouTube channel, Alida Eco, to raise awareness and provide practical solutions to plastic pollution, and soon plans to launch an accompanying website, alidaeco.com. It is a significant commitment of time and energy, and there is no doubt that Dr. Andersen is up for the challenge. “Between juggling work at the practice and raising two young children, I realized there wasn’t enough time for everything. And so, for the past few years I have taken one day a week away from dentistry to devote time and energy to my advocacy work.”

PAGEANTRY AND THE MEDIA

Originally from Iran, Dr. Andersen moved to Canada in 1994. She knew from an early age that she wanted to be a dentist. She was drawn to the combination of medicine and art; the opportunity to work with her hands and to work with patients. Like most people embarking on a career in dentistry, she had to work hard to get where she is today. Five years of undergraduate studies at the University of Toronto, followed by four years of dental school at the University of Western Ontario, eventually led to her achieving her goal of becoming a dentist in 2009.

But during her university years, getting through dental school was not the only thing on Dr. Andersen’s agenda. She also developed a keen interest in pageantry and media work. In December 2000, she was crowned Miss Iran-Canada, and a year later went on to become Miss Ontario. During her third year of dental school, she started acting on the weekends, featuring in a popular satellite TV series, *Leila*, and in 2008 she starred in a short film *Beyond The Mind*. Although she describes her experience in the world of media production as “fun” and “something I was doing on the side,” it seems clear that it also armed her with a unique skillset that lends itself to advocacy and public appearances. “I got a lot of experience going on TV, interviewing and public speaking,” she says. “Because of that I feel comfortable in front of a camera or speaking to a roomful of people. I wanted to put some of those skills to a good cause.”

One could be forgiven for thinking that Dr. Andersen’s infectious smile and upbeat temperament are at odds with the gravity of the situation—the catastrophic impact of human activity on the environment—but then I quickly realize that this is part of her method and her charm. She is not here to point fingers or to speak down to anybody, and she has long since acknowledged that she is as much a part of the problem as anybody else. Dr. Andersen’s mind is firmly set on the facts, and on finding positive solutions to those facts.





THE IMPACT OF DENTISTRY ON THE ENVIRONMENT

Somewhere in the region of 12 million tons of plastic waste ends up in our oceans each year. That's equivalent to dumping a full garbage truck of waste into the ocean every minute. Some estimates suggest that by 2050 there will be more plastic than fish in the ocean and whether we want to admit it or not, a proportion of that plastic originates from health care-related activity, including dentistry. Given the new PPE demands introduced as a result of the COVID-19 pandemic, these figures are certain to rise. Dr. Susan Fulop, a general dentist and fellow environmental advocate from Kitchener, Ontario, conservatively estimates that dental offices in Ontario alone may well dispose of up to 30 million sets of PPE this year. And this figure does not include dental hygienists. Worldwide, it is estimated that frontline health care workers are currently using 89 million masks, 30 million gowns, and 76 million gloves every month.

The numbers are staggering, and part of the problem is the sheer scale of the challenge—the idea that environmental pollution is such a big problem that we as individuals cannot make a significant difference. For this reason, Dr. Andersen believes that the necessary change starts with a shift in mindset, an acceptance of personal responsibility and an acknowledgment that we cannot be perfect when it comes to environmental waste, no matter how deeply we care. “The first step is really to own this,” she says. “It is not a separate entity from you. Accept that there is a problem and don't be overwhelmed by it. Believe that the tiniest action you take

in a single day matters. The moment you decide you want to do better as an individual and not wait for others to fix the problem, many little changes happen.”

Dr. Andersen points to some easy fixes around the dental office: bamboo toothbrushes, reusable gowns, paper cups and digital scanners. She also encourages dentists to demand more environmentally friendly options from dental suppliers, an area where there is currently a dearth of options. “We need people to think differently. Part of the message to dental suppliers is to give dentists more choices. If they hear it enough, they will meet the demand. We are the consumers and therefore the ones who drive the market.”



Dr. Andersen points to some easy fixes around the dental office: bamboo toothbrushes, reusable gowns, paper cups and digital scanners.

But what about recycling? Aren't dentists already busy separating out the used plastics in their offices into dedicated bins? Don't they take what is in those bins and reprocess it and turn it into something useful? “The recycling of plastic is a huge myth,” says Dr. Andersen. “Only 9% of plastic gets recycled. That means 91% ends up in lakes, landfill, or the ocean. An illusion has been created that it's okay to buy plastic and put it in the recycling bin. But that's not okay. Almost none of it gets recycled. The mentality should not be to rely on recycling, it should be to ‘rethink, refuse, reuse’ and only after that, then recycle.”



LONG-TERM SOLUTIONS

In the longer term, Dr. Andersen would like to see dentists become more engaged, to connect with like-minded dentists who are passionate about the environment. As far as she is concerned, health care professionals are not only accountable for the health of their patients, but also the health of the planet. Recent studies have shown that plastics are now passing through our bloodstream. We are eating, drinking and breathing microplastic and nanoplastic, and early indicators point towards significant health implications including cancer and infertility. "As doctors who want to do the best for our patients, how can we ignore this? It is part of our responsibility. We cannot separate the two things," says Dr. Andersen. To this end, she has teamed up with fellow Ontario dentists and environmental advocates Dr. Susan Fulop and Dr. Laurie Houston to tackle the issue head on. Drs. Andersen and Fulop are also developing a new website (greenerdentistry.com) where they will publish advice and solutions specifically for the dental profession. The website is scheduled to launch next year and Dr. Andersen hopes that through regular engagement Canadian dentists can become a leading light for positive change in the health care sector.



Dr. Andersen would like to see dentists become more engaged, to connect with like-minded dentists who are passionate about the environment. As far as she is concerned, health care professionals are not only accountable for the health of their patients, but also the health of the planet.

How can we ignore this? The question lingers long after our conversation has ended. Because this is everybody's fault, right? It's everybody's fault and it's everybody's responsibility, and that's part of the problem. We've come to think of ourselves as just one more person who doesn't matter, who can't make a difference to the 12 million tons of waste that ends up in the ocean every year. Dr. Andersen begs to differ. She suggests this is precisely



why we are in the mess we are in today and is asking people to change. Because this dentist believes she can make a difference, and she's decided to do something about it. She's decided to change the way she thinks and she wants you to do the same. ➤

Gabriel Fulcher is digital content editor for CDA Oasis. He is an Ottawa-based writer who specializes in medical, scientific and health-related content.



The original version of this article appeared on CDA Oasis: bit.ly/32Mh61F



INTERVIEW WITH

Dr. Khash Gharavi

Graduation:
2017, Faculty of Dentistry,
University of Toronto

Achievements:
President of the FCDSA/
FAEMDC (2015-2017)

Current role:
Associate at three
GTA practices

Future goals:
Gaining experience and
exploring options

Practice ownership plans:
Within three years



When we first met Dr Khash Gharavi he was a fresh-faced first year graduate working as an Associate at three different practices while learning the different approaches to patient care. Two years later we’ve checked in with Dr. Gharavi and a lot has changed.

Year One: Lessons and advice from your educational and practical experience.

What has surprised you most about practising dentistry?

Each practice has such different treatment philosophies. Working at multiple practices, I find when I consult with principal dentists about challenging cases their opinions vary widely between conservative and more aggressive approaches. It’s helpful to be exposed to diverse schools of thought to help me figure out my own style and approach.

What is the most important thing you have learned?

Don’t try to be a hero. When you start a procedure, things don’t always go according to the plan. You have to recognize when you should stop and

consult a more experienced colleague or specialist. Communicate with your patients. It shows you care and they appreciate that you’re doing what’s best for them.

What advice would you give to students?

Form good relationships with your instructors. Pick their brains. Dig beyond what’s being taught in the current lesson. Learn as much as you can from these experts. I found that most of them were happy to engage with me. Looking back, I wish I had done more of it.

Your experience with CDSPI.

How does CDSPI compare to other financial services companies?

When I was a student, lots of companies had events, dinners, presentations and the like, but when they spoke, I always

felt we were just lumped in with other professions. CDSPI was the only one that was focused on dentists. They really know our business and tailor their products and services to us. CDSPI also takes a more holistic approach. It’s not just about finances, but about ongoing learning and being connected to the full dental community.

Has CDSPI affected the way you think about finances?

Yes. When I started dental school, I thought that when I graduated I would focus on paying off debt as aggressively as possible. Listening to advisors at different CDSPI presentations, I learned that you need a detailed debt-management plan combined with a long-term investment strategy. With that advice and support I was more confident about the future rather than obsessing about my debt. It really helps give you confidence about the future.

What about CDSPI Insurance? Did you shop around to compare?

At first glance some of CDSPI's plans seemed more expensive. But then I dug a bit deeper and compared what I'd be getting for what I'd be paying. I realized that when you look at features, CDSPI plans are much better value.

Two Years Later and Standing on Solid Ground.

Two years ago we interviewed recent graduate, Dr. Khash Gharavi, who was working at three practices and pondering what the future might hold for him. Like many young dentists, he was keeping himself open to various opportunities. He's still open to options, but he's starting to narrow his focus.

Dentistry provides a world of possibilities.

When I was president of the Federation of Canadian Dentistry Student Associations (FCDSA), I got exposed to a world of possibilities and learned from incredible leaders across the country. In a sense, organized dentistry inspired me and made me realize that I'm the captain of my own ship. I graduated from dental school with that exact mindset.

When you start to practise, your hunger for exploration only increases.

You can work as much or as little as you want, and where you want, discover the procedures you enjoy and are good at, consider a residency, look at practice ownership, perhaps move to a smaller community, or explore other options entirely.

Your second year is when the picture becomes clearer.

Dentists find where their niche is, where they want to be in five years and how they can contribute to the community. A lot of my friends are starting to look at longer-term goals and do the planning they need to achieve them.

It's also a time to re-find your balance.

Dental school is not the healthiest time of your life, physically or mentally. After that whirlwind, and my first year working at three practices, I've been able to take more control of my time. It's been great to reclaim some balance in my life, which is very important to me.

Being open to possibilities has led to something unexpected—and exciting!

I've been working at a practice where the principal dentist is great about showing me how the business is managed. We started looking at ways to improve our patients' experience and access to care, which led to a business partnership where we've developed a new online platform called Brilliant Dental.

We're improving access to care while increasing efficiency for dental offices.

Brilliant Dental is a cloud-based platform that empowers dentists to create and manage their own membership plan and offer affordable dental coverage directly to their patients. In addition, patients can go online anytime to see available slots and book their appointments. It's great! Patients can also use it to pay electronically, and for dentists, managing a recurring subscription revenue has never been this easy. The beta phase with about fifty practices is nearly complete, so we'll be introducing it to the wider market in the fall.

There are three things that are important to me in evaluating a future path.

1. Will it be meaningful and enjoyable?
2. Will I have an impact beyond my own satisfaction?
3. Will it be scalable? Short-term projects may be interesting, but not ultimately rewarding.

With Brilliant Dental, I'm meeting all those yardsticks... and more.

A lot of young dentists think a financial plan is just for retirement.

Being open to opportunities means you've got to have your financial ducks in order. I worked with an advisor from CDSPI to create a financial plan. I told her my goals and how I felt about risk. She put together a plan that gives me the flexibility to pay off my student loan while investing. I definitely recommend a financial plan for younger dentists—it's a lot easier to look ahead when you're standing on solid ground.

I continue to value my relationship with CDSPI.

CDSPI is always taking the pulse of the dental community. When I was president of the FCDSA, I valued CDSPI's continuing sponsorship. Now that my career is progressing, I rely on them for investment advice and insurance. It's a trusted relationship that I expect to continue for a long time.

No matter where you are in your career, what your present financial situation is like, or what the future may hold—CDSPI will make sure you're equipped with the information and advice you need to achieve your dreams.

Created by dentists, our understanding and specialized expertise is one of the hallmarks of CDSPI and it's why we prioritize providing advice above all else. Our team of advisors from CDSPI Advisory Services Inc. are all licensed professionals who are paid a salary and do not receive a commission so you can trust that their recommendations are in your best interest.

Visit cdspi.com and book a financial checkup.

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

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- **Surgical guide case planning** with an experienced registered technician NobelClinician™ coDiagnostiX™
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an affiliate of the Seattle Study Club)

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How do you proceed?

Where do you end?

What is the importance of tissue management?

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DOUBLE GIVING



Marc Mollot [B.Sc./95, DMD/97] feels deeply fortunate that his UM education led to a fulfilling career. So does his wife, fellow dentist Shelley Tottle-Mollot [DMD/95].

Marc Mollot [B.Sc./95, DMD/97] feels deeply fortunate that his UM education led to a fulfilling career. So does his wife, fellow dentist Shelley Tottle-Mollot [DMD/95].

The two met in dental school, but maintain separate practices. “It’s probably just as well that we don’t talk shop all day and all evening,” says Mollot, who grew up in Winnipeg and followed his uncle, Marcel Mollot [DMD/63], into the profession.

Mollot’s community roles have included serving on the UM Board of Governors. Craving a challenge within his own profession, he was elected president of the Manitoba Dental Association (MDA) for 2020-21.

“I was interested in giving back to the community, and I was looking for something new to tackle,” he says.

Starting his MDA term in February 2020, Mollot encountered a bigger challenge than he’d bargained for. The pandemic struck, and he was suddenly the spokesperson for a profession that was temporarily shut down, except for emergency procedures.

“It was a stressful time, but it was professionally fulfilling to work with a team to establish protocols and policy,” he says. “For me, the year was spent liaising with the Manitoba government, health authorities and stakeholders. It underlined that dental teams are essential health-care providers.”

Now Mollot and Tottle-Mollot, who have both served as instructors at the Dr. Gerald Niznick College of Dentistry, are giving back to the community in a different way. They have made a gift of \$20,000 to the college for the purchase of digital dentistry equipment. We recently spoke with Mollot.

When you look back on your UM education, what’s one thing you’re grateful for?

Patients at the dental school are very special, patient people. Their treatment can extend over a long period. You see some patients 15 or 20 times, for two or three hours each time, so you build a person-to-person bond.

I believe those patients felt they were part of my education. They were invested in me, not just in their own oral health.

Some of them followed me into my private practice, which was very gratifying. I still see a few of them, 24 years later.

Why did you and Shelley want your gift to support digital dentistry?

When we were in dental school, dental implants were emerging. The college was instrumental in exposing us to implant technology, which has now become mainstream.

Now students need to be exposed to digital dentistry, which is here to stay. Both Shelley and I have adopted digital workflows in our practices. The technology allows you to create a restoration – like a crown – by digitally scanning the teeth, designing the restoration on a computer, and either milling or 3D printing it on-site.

We hope our gift in support of this technology helps inspire the next generation of dentists to strive to be the best they can be.

How have Manitoba dental teams weathered the pandemic?

Dentist-led teams were already leaders in infection prevention and control before COVID-19. After the period in March and April 2020 when access to care was restricted, they were strongly committed to returning to practice.

Since then, they've worked to maintain their patients' oral health while quietly taking all the necessary precautions to keep everyone safe. I think the caring way that dental teams resumed practice really underlines the commitment they have to their patients and the greater community.

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YOUR MANITOBA DENTAL FOUNDATION

VISION STATEMENT

The Manitoba Dental Foundation serves as the unified centre of professional philanthropy for the dentists of Manitoba.

To those of you who already make annual and monthly donations, please know the significant impact of your contributions.

Our ask on behalf of those who desperately need our expertise is straightforward, please make a monthly contribution of \$43 the fee associated with Code 01204 (specific examination).

Over the calendar year you will receive a Charitable Tax receipt for \$516. After deducting Federal and Provincial tax credits your actual cost will have been roughly \$291.

For more information about your Manitoba Dental Foundation, please visit our website: (manitobadentalfoundation.ca). You may also make your pledge by scanning the QR code to the right.

Sincerely,

Pat Kmet, Chair of Fundraising
Manitoba Dental Foundation

Joel Antel, President
Manitoba Dental Foundation

**Become a Manitoba
Dental Foundation
“GEM” Today!**
(Gives Every Month)



Scan here

communicating with care

The dentist-patient relationship

The first law of patient care is:
**Patient Satisfaction =
Perception - Expectations**

If your patient perceives care at a certain level but expected something more or different, then they will be dissatisfied. Both perception and expectation are states of mind and you need to consider these if you want to keep your patients happy.

In its most basic form, good patient care consists of listening to, understanding and responding to your patients needs.

While your oral health knowledge and clinical skills may be exceptional, few of us are taught the 'soft skills' of patient communication.





While there are a multitude of patient needs – six basic needs stand out:

1 Friendliness

Basic courtesy and politeness; being warm and caring

2 Empathy

The patient needs to know that the dentist appreciates their wants and circumstances and provides personal attention.

3 Efficiency and punctuality

The patient wants to feel they and their time are respected.

4 Control

The patient wants to feel that they are making the decision about their own oral health care.

5 Options and alternatives


The patient wants to know what treatment options are available; clearly explaining the benefits and risks of all options thoroughly.

6 Information

The patient wants to know about fees and services but in a pertinent and time-sensitive manner.

the fundamentals of **patient relations**





Patients want to be treated as individuals, not numbers. Here are a few rules of thumb for patient relations, which you and your staff should be mindful of:

- The patient is never an interruption to your work — the patient is your work. Everything else can wait.
- Even if you are delegating a task to a member of your staff, a casual “How are you feeling” gesture while your colleague does the work will comfort your patient.
- Never argue with a patient. The patient is always right (in their own eyes). Be a good listener, agree with your patient where you can, and do what you can to make them happy.
- Never make the first point of contact with your patient about finances. Discuss money matters at the appropriate time — only after treatment options have been determined and fully explained to the patient.

Portrait of the ‘ideal’ dentist from the patient’s perspective:

Confident

The dentist’s confidence gives me confidence.

Empathetic

The dentist tries to understand what I am feeling and experiencing, and communicates that understanding to me.

Humane

The dentist is caring, compassionate and kind.

Personal

The dentist is interested in me, interacts with me, and remembers me as an individual.

Frank

The dentist tells me what I need to know in plain language and in a forthright manner.

Respectful

The dentist takes my input seriously and works with me.

Thorough

The dentist is conscientious and persistent.



Working Together to Create Healthy Workplaces

A working group that brings together three oral health professional organizations has created resources to empower dentists, dental hygienists, and dental assistants to establish safe, healthy, and respectful workplaces.

Why does a healthy workplace matter? People are generally more productive, have higher morale, and take fewer sick days when they feel safe, valued, respected and satisfied in their jobs. A healthy and respectful work environment helps to reduce workplace stress and conflict. It improves communication among colleagues and enhances teamwork.

In 2018, two national surveys on experiences with bullying, harassment, and abuse in the workplace—one of dental assistants and one of dental hygienists—revealed that a significant percentage of respondents were working or had worked in unhealthy environments. In response, the Healthy Workplace Working Group was formed, which consists of representatives from the Canadian Dental Assistants Association (CDAA), the Canadian Dental Hygienists Association (CDHA), and the Canadian Dental Association (CDA). Members recognized a need for resources to support oral health care professionals foster and maintain safe, healthy, and respectful workplaces.

The working group has curated and developed online resources, which launched in April 2021, to empower all members of the dental team (see “Healthy Workplace Matters Resources” p. 26). Three working group members shared what motivated them to contribute to the group and details of the work they’ve undertaken since its inception.

Why Healthy Workplaces Matter to Working Group Members

“A healthy workplace is important to me personally because it makes me feel happy and secure going to work each day,” says Heather Brownlee, a registered dental assistant, a representative from CDA and member of the working group. “I need to feel that my work and opinions are valued.” Brownlee says that during her 40-year career as a registered dental assistant in Manitoba she has witnessed conflict between dental assistants, dental hygienists, and dentists. She says that a working group that includes three oral health professional associations is an important first step in encouraging more respect and understanding in oral health workplaces.

“Dental hygienists, dental assistants and front desk staff are equally important in the success of a dental practice. Dental hygienists contribute both in terms of revenue and building long-lasting relationships with their clients,” says Donna Wells, a dental hygienist, a representative of CDHA and member of the working group. She says being a dental hygienist can be very rewarding, but dental hygiene can leave professionals feeling physically and emotionally drained. “Although there are many fantastic practice owners,” Wells says, “there are those who have shown they don’t value the dental hygienists’ role in the success of their practice.”

“Our ability to do good work is dependent on a structured, respectful environment because it enables us to concentrate on the work at hand and give all of our attention to patient care,” says Dr. Louise Hill, a dentist, a representative of CDA and member of the working group. She says the stress of performing oral health care is amplified by workplace dysfunction or disharmony. Patients are finely attuned to the environment and can easily tell if the dental team is a healthy team or not. “And this, in turn, affects their trust and comfort levels,” notes Dr. Hill. She believes that the COVID-19 pandemic has increased the stress levels of both patients and oral health care professionals, which reinforces the need for healthy, supportive work relationships.

The Characteristics of a Healthy Workplace

“A healthy workplace is one where every team member feels respected and appreciated, where there is a strong sense of collaboration, where each member feels like their well-being matters. Where, although productivity is high, team members all work together towards positive client outcomes,” says Wells.

Wells has experienced dental practices with healthy workplaces where the same team has worked together for years. “Because not only do they enjoy working together, but they feel valued by their employer,” Wells says. She adds that when she is giving advice to dental hygienists who are interviewing for a position, she recommends that they ask how long other staff members have been at the office. “Not just dental hygienists, but the dental assistants and the front desk,” Wells says. “If it hasn’t been long or if there is a lot of turnover, that’s a sign of a workplace that may not value its team.”



A healthy workplace is one where every team member feels respected and appreciated, where there is a strong sense of collaboration, where each member feels like their well-being matters.

“Every member of the team needs routines, clear and thorough protocols, the ability to access good, well-researched information, continued education and support, and acknowledgement of good teamwork,” says Dr. Hill.

Brownlee says that a healthy workplace has open lines of communication among staff. “As well, it should have clear definitions of the duties of each team member that are respected and followed,” she adds. “A healthy workplace is one that is respectful and enjoyable, with proper equipment and protection to complete your assigned duties.”



Healthy Workplace Matters Resources

The Healthy Workplace Matters webpage is now available on the CDA Oasis website. Resources include an office poster, short videos, and links to external sources of information to help employers and the dental team participate in building a healthier workplace. The working group will add new resources as necessary.

Resources provide information on:

- respectful communication in the workplace
- legal rights and related matters
- physical well-being in the workplace (physical activity and healthy nutrition)
- mental health and well-being in the workplace
- strategies on how to create a healthier workplace
- workplace safety and injury prevention

To access the resources, visit:

oasisdiscussions.ca/healthy-workplace-matters

The Resources and Why They Are Needed

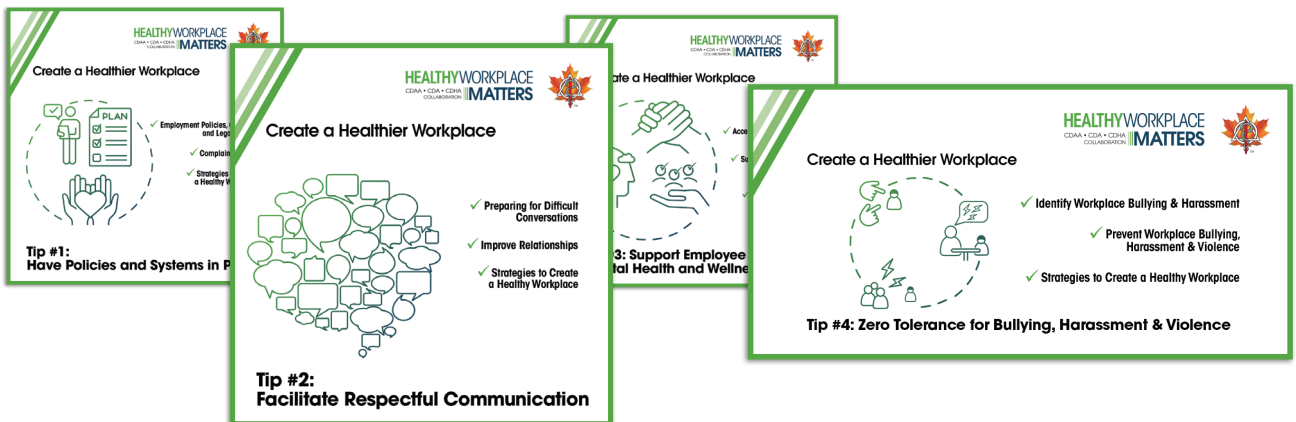
“The Healthy Workplace Matters website is meant to empower all members of the dental team to create a better work culture,” says Wells. “It provides resources to improve our knowledge, which allows us to effect positive change.”

Working group members agree that dental assistants, dental hygienists, and dentists need to have access to information about workplace health because a healthy workplace is co-created by every member of the oral health team. “When all team members have the information, we can build the infrastructure necessary for exemplary teamwork,” says Dr. Hill.



Having tools and supporting the effort to ensure a psychologically and physically safe workplace benefits everyone on the team.

“Dental offices are private businesses so much of the responsibility for designing workplace processes and procedures falls squarely on the dentists, as owners,” says Brownlee. She says that dental assistants sometimes leave the profession altogether because of unhealthy work environments. “Having tools and supporting the effort to ensure a psychologically and physically safe workplace benefits everyone on the team.”



Experience of the Working Group

“I have been impressed and buoyed by the passion of the working group. Individuals with great pride in their own organizations and members, and who very much want the process to work well for everyone, realize that teamwork and support of one another is the only path to success,” says Dr. Hill. “It is a joy to work with such committed working group members.”



The new website is meant to empower all members of the dental team to create a better work culture. It provides resources to improve our knowledge, which allows us to effect positive change.

“Working with the representatives from CDAA and CDA has been very positive,” says Wells. “It makes sense that a group that is focused on respect and good communication gets along well. From day one, each member’s thoughts, ideas, and opinions were valued by the others, regardless of their profession.”

The group has put their words into action. It seems that the respectful and supportive relationships of the working group members set an example for what a positive collaborative environment looks like. ➔



Members of the Healthy Workplace Working Group:

Heather Brownlee (CDAA)

Jane Sadler (CDAA)

Donna Wells (CDHA)

Angie D’Aoust (CDHA)

Dr. Louise Hill (CDA)

Dr. Peter Kearney (CDA)

Chiraz Gussaier, Manager of CDA Oasis

Past members:

Melanie Martin (CDHA)

Tammy Thomson (CDAA)



FOCUSING ON ORAL CANCER

Dr. Vimi Mutalik peers intently into the large microscope on her office desk.

It's the tool she uses to make a difference in the world.

“This is my favourite gadget,” says the assistant professor and division head of oral diagnosis at the Dr. Gerald Niznick College of Dentistry.

“People have their smartphones; I have my microscope.”

When Mutalik was growing up in India, her father taught her that she would be happy in life if she served others.

After becoming a dentist and an academic in India and Malaysia, she chose to specialize in oral pathology so she could detect and study benign, pre-cancerous and cancerous conditions of the mouth, jaws, throat, head and neck.

If she became an expert at diagnosis, and at teaching diagnostic skills to dentistry students, she thought, she could improve or save people's lives.

Mutalik's microscope became her tool for histopathology – the microscopic examination of pathologic tissues.

Her research publications include a study in the *Journal of Oral and Maxillofacial Pathology* on the histological presentations of rare tumours often associated with impacted teeth; a paper in *Head and Neck Pathology* on oral presentations of deep fungal infections; and a study in the *Journal of Applied Oral Science* on a biomarker of metastasis and recurrence in oral squamous cell carcinoma.

About five years ago, Mutalik recalls, she kept seeing patients with pre-cancer who were otherwise healthy and didn't have any obvious risk factors.

“There was always a question in my mind – if it's not smoking or smokeless tobacco or a lot of alcohol, then what is causing this type of change in a patient?” she says.

That led her to research the role of human papillomavirus (HPV) in oral pre-malignant disorders. While the incidence of tobacco and alcohol-related oral and oropharyngeal (throat) cancers

is decreasing, HPV infection in its oral form – which is sexually transmitted – is responsible for a soaring number of cancer cases.

Researchers reported in 2018 that HPV is present in five per cent of oral cavity cancers and 72 per cent of oropharyngeal cancers, the professor says.

Mutalik, who is one of two oral pathologists at the Dr. Gerald Niznick College of Dentistry, is planning a

research project to collect data on the prevalence of, and risk factors for, oral pre-cancerous and cancerous lesions in Winnipeg. She is currently diagnosing patients at her clinic, but doesn't know how widespread the problem is in the city.

The project will take the form of an oral cancer screening program. The resulting data will give her a baseline and help guide her future research.

Mutalik completed her postdoctoral

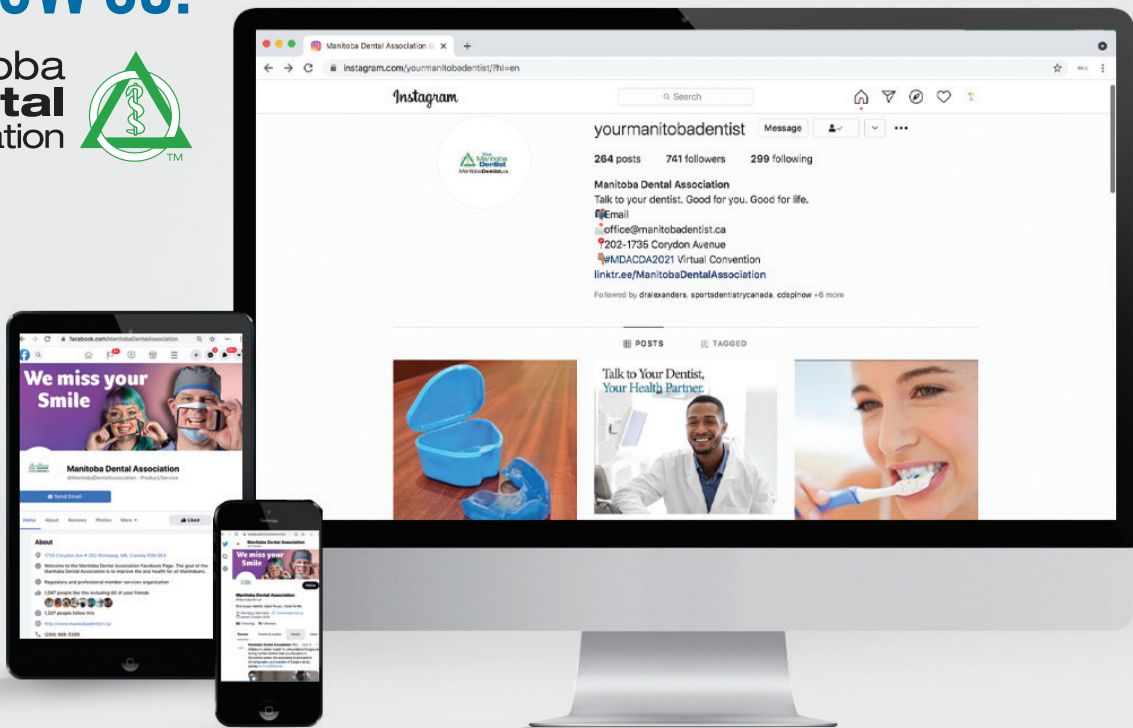
residency in oral pathology at Ohio State University in 2018. She joined UM the following year. If she had stayed in the United States, she says, she would have had to focus on either research, teaching or seeing patients. At UM and in her part-time practice in Winnipeg, she can do it all.

“The place is very cold, but I think the people are very warm,” she says about Winnipeg. “I think I made a good decision.”

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CONVERSATION ON CODES

Fee Estimates as Part of Informed Consent


Before starting dental treatment, it is a dentist's obligation (both ethical and legal) to obtain their patients' informed consent. Informed consent must include a detailed discussion of the proposed treatment, the expected outcome of treatment, possible complications that may arise during or after treatment, and the potential consequences of declining treatment. Many times, for routine treatment (a filling, for example), this process is simple.

When more complex treatment is planned, pre-treatment informed consent discussions should also include a discussion of treatment costs. The Manitoba Dental Association publishes

a suggested fee guide for Manitoba dentists. Most procedure codes listed therein have fees associated with them – this helps simplify the process of providing a fee estimate for your patients. The MDA suggested fee guide does not dictate fees, and all dentists have the latitude to charge more, the same as, or less than the published suggested fees. As part of informed consent, it is important that your patients understand treatment costs before agreeing to, and starting treatment. Especially in extensive or complex treatment cases, providing a written fee estimate would be wise.

Complex fee estimates should include the cost of any anticipated additional materials and laboratory fees, when applicable. As well, in complex cases,

situations may arise during treatment that necessitate additional treatment – the potential costs of any additional treatment ought to be included so your patients can make a properly informed decision before treatment is started. It would be important to note that a fee estimate is just that – an estimate. Despite your best efforts to anticipate all eventualities, sometimes circumstances arise that may increase (or decrease) the final cost slightly. Patients should know this ahead of time.

Having open, thorough and honest fee discussions with patients prior to commencing treatment will help mitigate fee-related complaints afterwards. 

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Practice Support

Canadian Dental Association benefits for Manitoba Dentists

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

On the Practice Support front, CDA has developed several tools to support dentists and facilitate the workflow in their offices. These resources include:

CDAnet and ITRANS

Services similar to CDAnet/ITRANS in the US cost about \$2,000 (USD) per year, per dentist.

CDAnet continues to be an enduring success of CDA and its Corporate Members for over 25 years now. More recently, the ITRANS Claims Service has led the way and set the standard for the secure transmission of dental benefit claims on the Internet. CDA is currently finalizing negotiations with insurance claims processors for a long-term continuation of the CDAnet service, ensuring that dentists will benefit from real-time claims processing, at no additional cost, for years to come. The ITRANS Claims Service is undergoing a significant update which will be launched later in 2018 as "ITRANS 2.0." This updated version will enhance the ITRANS services and provide opportunities for the automation of some routine insurance-related tasks.

CDA Secure Send

Canadian services similar to CDA Secure Send costs about \$500 per year, per dentist.

CDA Secure Send is a new member service providing an easy, simple-to-use system that allows dentists to exchange patient documents and referrals in a secure fashion. CDA Secure Send meets the legal obligation to safeguard the confidentiality of patient data when sending patient information (such as X-rays) electronically. Connected to CDA's directory of dentists, senders can search for dentists by name, specialty, or location. It's as simple and as quick as sending an email.

Canadian Life and Health Insurance Association CDA established a standard claim form with the Canadian Life and Health Insurance Association (CLHIA) and continues to work with CLHIA in determining the minimum acceptable information material that can be requested on all aspects of claims verification. CDA continues to represent dentists' interest when insurance companies introduce new services that impact the dental office workflow.



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