

MDA Bulletin



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advertising

Court Upholds Ontario College's Restrictions on Advertising

Kathryn Oviatt, B.A. LL.B.
Legal Counsel, Field LLP

In October of 2013, the Ontario Divisional Court confirmed that regulatory restrictions on advertising do not contravene the *Canadian Charter of Rights and Freedoms*. In *Yazdanfar v. College of Physicians and Surgeons of Ontario*¹, a physician appealed a decision of a hearing tribunal to the Ontario Divisional Court. The Hearing Tribunal found the physician was guilty of disgraceful, dishonourable and unprofessional conduct because of her online advertising.

The College had specific rules restricting advertising including banning testimonials or superlatives and false, misleading and deceptive advertising. Dr. Yazdanfar argued that due to the widespread use of testimonials and superlatives by other physicians, the mere use of testimonials and superlatives cannot be considered as sufficient to support a finding of unprofessional conduct. The hearing tribunal of the College rejected this argument and the Ontario Court agreed, particularly because Dr. Yazdanfar knew of the ban. The Ontario Court emphasized that an excuse of "everyone else is doing it" is not a proper defense to clear breaches of the College's advertising rules.

The Ontario Court then considered whether the ban on testimonials and superlatives was constitutional. The parties agreed that the restriction infringed Dr. Yazdanfar's freedom of expression, but the court concluded that the restriction was justified. In doing so, the court considered the following factors:

1. Advertising is commercial speech, and is not entitled to the same protection as political speech or self-expression.
2. The restrictions arise in the context of a self-governing profession where the ban is not a law of general application, but only applies to a member of the profession, a "volunteer who has elected to accept the substantial privileges and significant responsibilities of being a member of a self-governing profession."
3. Patients and potential patients are in a vulnerable position, particularly consumers of elective procedures.
4. The harm that is being addressed is not subject to scientific proof, so logic and common sense can be relied upon to show the harm or potential harm of advertising testimonials and superlatives. Deference should be shown to regulators.

The Ontario Court specifically addressed problems with advertising testimonials and concluded that testimonials are "inherently misleading" and that they are not objectively verifiable.

Restrictions on advertising by a College that prohibits misleading statements, claims of superiority, claims that are not objectively verifiable, claims that may lead to unreasonable expectations in patients, claims that are misleading about the professional's registration or specialization, or claims that tend to harm the dignity and honour of the profession, will likely be upheld by the courts as constitutional.



President's Message

DR. MIKE SULLIVAN, D.M.D.
PRESIDENT, MDA

As I write this I am not quite a month into my term as President of the Manitoba Dental Association and it is still cold outside. But the sun is shining and Canada is having a great Olympics! Having said that, I am truly honoured and excited to represent you, the members. I thought I should first introduce myself to those of you who may not know me. I graduated from The University of Manitoba with the illustrious class of 1983. I will be the fourth President from this class having been preceded by Dr. Jim Bonar, Dr. Sandy Mutchmor and Dr. Betty Dunsmore. I aspire to uphold the immeasurable work ethic and dedication of not only my former classmates but of all our previous Presidents. After graduation I moved and took an associate position in Portage la Prairie with Dr. Tony Davis. Over the years we have expanded the practice which now includes a third Dentist, Dr. Sanjeev Reddy. I have fallen in love with the community and I am proud to call this my home. A rural practice and the simplicity of the lifestyle here are very rewarding.

As I was being installed as President of the MDA, we were also saying goodbye to Dr. Allan Cogan. He has served our profession well having been on the board for the past 7 years. Allan will continue to assist us as the chair of the Office Assessment Committee. This made way for our newest member to the Board, Dr. Cory Sul representing District 1. I have observed his great work with the Winnipeg Dental Society and our highly successful Mentorship program. I look forward to working with Cory and all the other members of the Board of the Manitoba Dental Association. I would also be remiss if I did not thank our Past President Dr. Amarjit Rihal. His passion and dedication was unparalleled. Ammy lived and breathed MDA. I am very pleased that he will continue to help us not only provincially but on the national front as well.

The joint MDA-CDA convention was held January 23 through the 25. Again this year it was extremely well attended. It was great to connect with colleagues from across Canada that made the journey to our fair province. From ice fishing, to exhibitors and world class lectures, simply fabulous. This year saw the creation of an App for our convention. The App enabled registrants to not only keep track of their schedule, but also share messages, photos and obtain notes from the lectures they were not able to attend. We hope to expand on this in the future. The Friday evening social with Streethart was a huge success. Friends, great music, food and volleyball. A most enjoyable evening. As accolades pour in from across the country, I would like to thank Dr. Carla Cohn, Dr. Pat Kmet, the entire Annual Convention Committee and the staff of the MDA for all their hard work. Well done.

The Annual General Meeting was held during the convention. The discussion was lively and respectful with everyone having a chance to express their opinions. The MDA has once again demonstrated that it operates in an environment of openness and transparency.

The Regulated Health Professions Act was proclaimed on January 1 2014. The Speech Pathologists and Audiologists were the first health professions to be legislated under this Act. This means the evolution of the Manitoba Dental Association into the College of Dentists of Manitoba and member services organization that we have long thought would take 3 to 5 years to occur, will likely now occur in 3 to 5 years.

In preparation for this the MDA is continuing to review and revise our processes to meet current expectations for a self-regulated profession and allow a smooth transition. This has been the year of the bylaw as I am sure you all witnessed with the stack of papers that hit your desk. Bylaws for Dental Assistant Fees, Continuing Education, General, Dental Incorporation, Registration and Licensing and the Use of Botulinum Toxin were all ratified.

Along with recent changes to MDA bylaws and new registration and licence forms, increased structure for internal processes are being developed. On behalf of the MDA, I would like to thank members for their diligence and cooperation in adapting to these changes. I would also like to thank Dr. Van Woensel for his extraordinary work in these efforts. These are early steps and it is important for members to be aware and participate in these efforts.

As our registration document has taken on a new look, I would like to comment on one aspect of this; the new expectation and annual declaration for members to review our Code of Ethics. This bylaw was developed based on incorporating Beauchamp and Childress's four bioethical principles. 1- respect for autonomy (a norm of respecting the decision making capacities of autonomous persons) 2- non-maleficence (a norm of avoiding the causation of harm) 3- beneficence (a group of norms for providing benefits against risks and costs) and 4- justice (a group of norms for distributing benefits, risks and costs fairly). Our Code of Ethics accurately reflects these principles and lays the foundation for professional conduct for the delivery of dentistry in Manitoba.

Our new website was recently launched providing both the public and our membership easier and greater access to relevant information. This was accomplished while we enhanced security


measures for our membership. Other changes to our website will provide the statutory mandated registry information to the public. Significant efforts are being made to ensure all information is up-to-date and accurate.

To support the Office Assessments Bylaw, Dr. Rihal created the "MDA Office Assessment Resource Video". Within this video you will find various information and links to assist your office in preparation for the assessment. Please feel free to use this resource as it will help guide you through the process. A link to this resource will be available on the MDA website shortly.

I would also like to congratulate Walter Kulyk and Traffic Advertising on receiving both the Visionary and Leader Awards at the prestigious 2013 Summit Emerging Media Awards. These awards were presented for the creation of the "We Be Brushin" video for our Manitoba Dental Association. Walter has had a long and insightful history with the MDA and his continued efforts are greatly appreciated.

We are in the final stages of completing a new agreement with Employment Income Assistance. Discussions have been all encompassing and productive. There appears to be support for enhancements to this program so that we as a profession may improve the delivery of treatment for those on the EIA program.

Finally, the Canadian Dental Association has recently hosted a summit on access to care. As a priority one initiative The National Oral Health Action Plan was created. This multidisciplinary approach set a goal to assess the delivery and availability of oral health care services across Canada. This initial step was productive and vital in moving this initiative forward.

As issues arise we will keep the membership informed through this bulletin. If you have any concerns or questions, please feel free to contact me, other Board members or the staff of the MDA. We are all here to assist. Have a great day. 

Mike Sullivan, D.M.D.
President, Manitoba Dental Association

In Memoriam: Dr. Cameron Coutts Croll

Dr. Cameron Coutts Croll [born June 6, 1946] passed away on January 25, 2014 with family at his side after a brave battle with brain cancer. Cam is survived by his wife Juanita, a sister Heather, sons Dwayne (Michelle) and Brian (Abbi), grandchildren Anthony, Ashley, Cameron and Adrienne and great-grandson Kobe. Cam was a former Captain in the Canadian Armed Forces and then a talented dentist, but above all was the best dad, best grandparent and best friend. A memorial service was held in Victoria, BC. The family had asked that donations be considered to the BC Cancer Foundation in lieu of flowers.

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²Source: Sales Summary Report, October 31, 2013.
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Registrar's Message

DR. MARCEL VAN WOENSEL
REGISTRAR, MDA

Our very lives depend on the ethics of strangers, and most of us are always strangers to other people. ~Bill Moyers

The truth of the matter is that you always know the right thing to do. The hard part is doing it. ~Norman Schwarzkopf

The mid-nineteenth century saw the movement in urban centre of child delivery from home to large teaching hospitals. With this change came a perplexing increase in maternal mortality from childbed or puerperal fever. The cause of the disease was unknown at the time but it seemed to be epidemic in certain wards at certain times. Women who gave birth outside of the hospital clinics were rarely affected by the disease.

A young resident in a Viennese hospital, Ignaz Semmelweis methodically analyzed evidence. He correlated the outbreaks in wards with doctors participating in the birthing process after dissecting cadavers. He instituted a simple hand cleaning protocol for doctors and virtually eliminated deaths associated with the fever.

Unfortunately, this is not a story about the success of evidence based research finding a solution to a serious problem. The Viennese medical community did not accept Dr. Semmelweis evidence that doctors could have been the cause of these deaths. He faced professional ridicule, his protocols were rejected, and he lost his residency. He was eventually institutionalized and died after a beating by a staff member.

Shortly after Semmelweis' death, Dr. Louis Pasteur developed the germ theory and identified the cadaverous bacteria that were being transferred from the corpses during parturition. He confirmed simple hand cleaning protocols could eliminate the disease.

The evidence was irrefutable. The solution simple - yet rates of maternal death remained high in most Western countries unless government mandated change. It was only with the introduction of the antibiotic sulphonamide that deaths from puerperal fever were dramatically reduced.

It does not seem this is a unique historic situation. Current evidence suggests that hand cleaning only occurs about 50% of the time in health care institutions. In one Manitoba hospital, doctors cleaned their hands less than 20% of the time. Knowledge in itself is not a sufficient motivator to overcome our tendency to complacency. Hand hygiene is more than an act, it is a system. In developing your hand hygiene system there are four factors a dental office must incorporate to improve compliance - training, awareness, convenience and monitoring.

TRAINING

A standardized training programme must clearly identify your expectations and the professional responsibility of all office personnel. Information on the risks of communicable disease transmission and benefits to patients and themselves should be described.

While the existing methods (i.e. hand sanitizer, soap and water); appropriate techniques and required timing should be available to

office personnel in your office manual, training should be active and periodically reviewed. Testing to evaluate understanding of the system should be considered. You may wish to consider including online training and assessment programmes as part of your system.

AWARENESS

Awareness is a critical component for improving compliance. In a large American hospital, the simple use of picture of cultured hand bacteria on all screen savers improved hand hygiene by health professionals.

Written reminders of when and how to effectively clean hands should be appropriately located - hand wash stations, central processing area, staff room and restrooms.

Educational posters promoting the importance of hand hygiene should be visible to patients and personnel. Awareness posters should encourage patients to be active participants in your hand hygiene system. Entitling everyone - patients and personnel - to ask questions or give reminders about hand hygiene is a very effective way to encourage compliance.

CONVENIENCE


Practical access to appropriate forms of hand hygiene is essential for an effective system. With busy demanding schedules, any inconvenience will undermine the success of your system.

Hand wash sinks and hand sanitizer dispensers need to of sufficient number and near room entrances. Equipment and supplies should not block or limit access. Automatic wall mounted hand sanitizer dispensers can reduce potential of cross contamination and be located in easily accessible locations.

MONITORING

An effective system must be monitored to ensure compliance. Effective monitoring allows for early identification of lapses and emphasizes the continuing importance.

Initial conformity related to training and early enthusiasm can be lost without ongoing monitoring. It is often difficult for just one person to be responsible to enforce a system. All personnel should be authorized to ask if hand hygiene had been performed when they are uncertain. It would be prudent to provide training to personnel on how to communicate and respond on this issue to avoid undermining patient confidence. Positive, subtle and respectful encouragement will be more effective than condescending or punitive enforcement.

Benevolence or helping our patients is a fundamental role for health care professionals. Human nature and the rush of daily practice can make performing even the most necessary task challenging. It is our responsibility to create systems that overcome these challenges. 

With some hope for an early spring,

Marcel Van Woensel
Registrar, Manitoba Dental Association

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Canadian Dental Association's Message

DR. A. MUTCHMOR, D.M.D.
CDA BOARD REPRESENTATIVE

By the time you are reading this update, hopefully we will have finally broken free of winter's icy grasp and begun to have thoughts of spring and the summer to come. At CDA, Dr. Peter Doig will be completing his year as President, and Dr. Gary McDonald will be taking over the reigns. We have been very fortunate that Dr. Doig has been available to dedicate a tremendous amount of time and effort to CDA activities and I would like to use this opportunity to both congratulate and thank him for a job very well done.


Probably the most significant activity since my last Bulletin article is that on February 27, 2014, the CDA hosted the first symposium on developing a National Oral Health Action Plan. The purpose of this CDA initiative is to develop an action-oriented roadmap for optimal oral health in Canada by identifying the needs of Canadians in terms of oral health and assessing the delivery and availability of oral health care services across the country. This is to be done in a collaborative manner with the involvement of all of the relevant stakeholders including oral health providers,

dental health carriers, the dental industry, dental academia, government and related health professionals.

By my count, there were approximately 85 people in attendance at this one-day event. In addition to representation from all the Oral Health Professions, there were also participants from The Dental Industry Association of Canada, The Canadian Life and Health Insurance Association, The Canadian Medical Association, The Canadian Pharmacists Association, The Canadian Nurses Association, The Canadian Paediatric Society, The Canadian Association of Retired Persons, The Assembly of First Nations, and The Inuit Tapiriit Kanatami. There was a lot of good dialogue and it was very interesting to note that the non-dental delegates did not just sit back and listen, but rather chimed right in and participated at least equally in the discussions.

In the end, the symposium was successful in identifying three priority areas for initial collaboration: 1) a common position on community water fluoridation, 2) oral health standards in long-term care facilities and 3) oral health education programs for children.

It was also agreed that there was a need for a national clearinghouse for oral health initiatives across the country, and CDA is prepared to coordinate such a service. CDA is fully committed to continue its facilitation role for a common approach to maximize the efforts of the various stakeholder groups interested in the oral health of Canadians.

Next time, I'll report on the CDA AGM coming up in April. Until then, keep making smiles! 

Dr. A. Mutchmor, D.M.D.
CDA Board Representative

JASPER DENTAL CONGRESS 2014

Scientific Sessions

19 sessions will be held over four days which will provide up to 24 hours of continuing education credits

- Dr. Marty Jablow** - Restorative
- Dr. Warren Roberts** - Botulinum Toxin Type A
- Dr. Barbara Steinberg** - Oral Health
- Dr. Brian Rinehart** - Periodontics/Orthodontics
- Dr. Graeme Cunningham** - Addiction Diseases
- Dr. Saranjeev Lalh** - Dental Implants and Oral Radiology
- Dr. Darryl Smith** - Recordkeeping and Informed Consent
- Mr. Ron Haik and Ms. Reneta Williams** - Practice Management
- Dr. David Donaldson, Dr. Mark Donaldson, Dr. Fred Quarnstrom** - Sedation Modalities 2 & 3

Technology Fair

Exhibitors will showcase the latest industry developments.

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AND COLLEGE

Speakers and session topics are subject to change.

Social Activities

- Thursday Evening** - Welcome Event
- Friday Evening** - Flavours of the Orient
- Saturday Evening** - Saturday Night Cartoons

Golf Tournament

Challenge the award-winning course at the Fairmont Jasper Park Lodge.

Peak Experiences

A popular series of activities for delegate's partners and spouses including: Hike Through All Things Wild, Jasper Amazing Race, Oriental Cooking Demonstration, Painting, Yoga and Golf Clinic.

Youth Day Camps

On Friday and Saturday kids can participate in horseback riding, whitewater rafting, swimming and crafts.

War Canoe Races

Teams of ten rowers compete for supremacy on the waters of Lac Beauvert at the Fairmont Jasper Park Lodge.

Fun/Run Walk

Friday begins with a walk, jog or run around the picturesque trails at Lac Beauvert at the Fairmont Jasper Park Lodge.

Further information available at www.oralhealthalberta.com
or call the Alberta Dental Association and College - Phone: (780) 432-1012



BY LISA PHILP RDH, CMC
PRESIDENT, TRANSITIONS GROUP

Starting Employees on the Right track

Now that you have finished the recruiting process and have screened and researched candidates based on attitude, skills and synergy, the “Right Track” Process will set the foundation for an employee to adapt to your unique vision, purpose, culture and goals:

Right Track encompasses:

1. Offer of Employment
2. Confirmation Letter
3. Right Track Orientation.

1. OFFER OF EMPLOYMENT (NON LEGAL)

1. Make the offer as soon as you can, after the final interview.
2. Make the offer in writing and verbally and review it with the candidate
3. Make sure that they sign the offer, verifying that all is acceptable to them.
4. Be sure to provide all the job components and facts in your offer with the guide below.

- Legal Name
- Date of Employment
- Job Title
- Key Job Accountabilities
- Working Hours
- Holidays
- Personal/Wellness Days
- Salary amount, Terms
- Benefits, insurance, dental care
- Profit Sharing
- Uniforms
- Continuing Education
- Vacation scheduling
- Performance review criteria
- Pay increase structure
- any other information necessary for the candidate

Once the offer has been accepted, then it is appropriate to send a letter confirming employment.

2. CONFIRMATION LETTER

The Letter of Confirmation is a simple, clear, customized and gracious way to make sure both parties agree to all terms of the role. It will also show written expressed energy to welcome the new employee and encourage them to get off on the right foot.

The confirmation letter is a summary of key points from the offer with any uniqueness or individual amendments added or changed, personal to the employee.

Below is a sample of a Confirmation Letter:

Dear New Employee:

We are pleased that you have accepted the position of XXXXXXX at our practice beginning 0/0/00.

Your role accountabilities are as follows: (measurable outcomes)

i.e.

- Lead and oversee the Dr.'s schedule of 1536 hours per year
- Schedule the Dr.'s restorative schedule to 90% capacity
- Schedule the Dr.'s to \$xxx per day
- Monitor and Maintain the engineering of the schedule

Your role responsibilities may include:

i.e.

- General computer skills
- Attend and contribute at the Team Meetings
- Monitoring, tracking and reporting

Please note that these duties and responsibilities are not exhaustive and that you may be expected to perform other reasonable duties and responsibilities should the need arise.

Your working hours are from xxxxxxxx Monday through Friday with a 60-minute lunch break. You are entitled to xxx days of ordinary unpaid vacation per calendar year after your first year of employment.

Your starting salary is \$xxxxx /yr. You will be on probation for 12 weeks during which time we may terminate your employment at any time without notice or payment in lieu of notice.

Your performance and salary will be reviewed after a period of 90 days and one year from your start date.

The practice benefit package outlined in your offer letter will be outlined to you at your orientation visit along with your own copy of Personnel Manual.

We look forward to working with you. If you have any questions, please do not hesitate to contact me.

Yours truly,

3. RIGHT TRACK ORIENTATION—“WELCOME ABOARD”

This step is important to the overall integration of the new team member and is often overlooked. The new hire checklist provides a summary of the key areas that you should plan to cover during a new employee's orientation. If you have worked with a lawyer or employment agency to place this employee, remember to account for the financial obligation with them.

Below is the Right Track ORIENTATION checklist of all documents, tasks, topics and employment agreements which also serves as a new employee training guide for manager and employee to reevaluate regularly.

Right Track ORIENTATION checklist includes guidelines for personnel files, compensation meeting, personnel manual, workplace health, facility, and practice culture and team synergy.

HR PERSONELL FILES

- Full Legal Name
- Resume and/or Dental Employment Application on file.
- SIN number on file.
- Offer Letter
- Confirmation Letter
- Insurance application forms completed
- Licenses, if applicable.
- Have the new employee fill out any payroll information that will be necessary to complete your payroll reporting.
- Employee Information Record completed
- Employee's signed statement that he/she has read and understands the job
- Personnel Manual. Probationary employee information included
- Job description for new employee
- HIPPA/PIPEDA/Privacy Policy

FACILITY

- Security precautions explained (i.e. who can be admitted to the office)
- Key to office given to employee, accompanying form signed.
- Burglar alarm explained.
- Instructions given on opening and locking the office.
- Office tour completed.
- Gave them a map of the area showing major routes and public transportation.
- Location of storage for personal belongings explained.
- Location of time card or time clock explained.
- Location of parking area explained.
- Location of where to have lunch explained.

PERSONELL MANUAL/ COMPENSATION Meeting

- Job description for new employee and organization chart explained.
- Discussed Hours/Work schedule, pay rate, pay days, overtime
- Wellness Program
- Vacation requests
- Profit sharing and incentive plan reviewed.
- Rules of Attendance,
- Personal calls
- Internet /Social Media Policy
- Whom to notify (and when) in cases of absence and tardiness.
- Dress/Appearance/Uniforms discussed.
- Benefits explanation of details and when eligibility starts.
- Personnel Manual discussed with employee.
- Date set for employee performance appraisal.

WORKPLACE HEALTH

- Discussed immunizations, such as hepatitis vaccine
- Orientation to infection control policy and procedure discussed, if
- Orientation to infection control personal protective attire discussed,
- Information regarding blood borne diseases discussed.
- Order Radiation badge, if applicable.
- Personal use of equipment reviewed.

PRACTICE CULTURE

- Reviewed the owner, leader credentials and history
- Discussed the Vision and Mission
- Reviewed the Practice Values
- Reviewed the boundaries and agreements
- Reviewed the Goals and metrics of the practice

TEAM SNERGY

- Introductions made to co-workers including job titles of each.
- Inform other team members of the experience and background of the new employee.
- Select a Mentor on the team to support first 90 days
- Gave a written team list of all employees' names/positions.
- Explanation to employee of name doctor prefers to use when referring to or addressing the doctor in front of the patients.
- Introduce new employee to the team during team meeting

SYSTEMS/OPERATIONS PROTOCOL MANUAL

The practice protocol manual outlines the systems, procedures, processes and goals of the practice. It is a documented review of the “HOW” things are carried out as an operational method for admin, financial, clinical procedures, marketing, hygiene retention and technology.

The Administrative/ Business PROTOCOLS involve daily opening and closing, charts, telephone, scheduling and recall program. Along with Financial protocols of financial Policy, financial arrangements and adjustment categories, how to deal with insurance claims, pre-determination/estimates, accounts receivable and third party financing.

Another area for protocols is Patient Retention to increase the frequency that the patients revisit the practice. How you do pre scheduling, confirming, reminding and the cancellation policy as well as Treatment Management beginning with diagnosis, treatment planning, consultation, case presentation skills and overcoming resistance.

Marketing of the practice for growth involves the new patient experience, referral Policy, external and internal marketing using mail, electronic or internet.

Patient Clinical Management of flow between departments from Seat and Greet, Check Out, exams, hygiene visits, periodontal program and any other adjunctive Services. The Restorative Department set up, procedures, sterilization, radiography, lab and inventory. Technology/equipment protocols for clinical computer usage, photo Capture and storage, Intraoral Camera, Digital/Film based Radiography, Cad Cam etc...

Are some of the protocols that need to be documented for consistency, training and highest performance of the team members.

Lisa Philp is the President of Transitions Group North America, a full service coaching company for dentistry. She graduated from East Tennessee State University as a Registered Dental Hygienist in 1987. Her career began with clinical hygiene in United States and Canada to the creation of a periodontal disease management program in which she coached thousands of dental professionals. She is currently a leader, author, and coach and highly sought after North American speaker.

Lisa is committed to being an eternal student in the areas of personal growth, leadership, change management, human capital potential, adult learning, advanced training techniques and communication skills. Her mission is to make dentistry simple and fun allowing dental professionals to achieve personal and professional fulfillment in the workplace.

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Faculty Corner

DR. ANTHONY IACOPINO
DEAN OF DENTISTRY
UNIVERSITY OF MANITOBA

Who Will Be Next?

2014 entry into storied legend approaches

As we draw to the end of what has been nothing less than a most challenging winter season, the time has come to focus on future and what lies ahead for the rest of 2014 – of which there is a great deal.

First and foremost, I'd like to remind everyone that nominations are now open for our annual Alumni of Distinction award, co-presented by the Faculty and our University of Manitoba Dental Alumni Association. This award is amongst the most prestigious in all of oral health in Manitoba, as exemplified by the string of past recipients, all of whom have personified remarkable career achievement within the profession and the community. And it extends not only throughout our province but all across Canada and North America as we see what tremendous impact members of our alumni community have had not only on the profession itself but our society overall. As I mention in my column in the most recent edition of our own Alumni – Faculty Bulletin, it is truly remarkable how so many of our alumni have had such a positive and pronounced impact in so many diverse

areas like research, philanthropy, academia and administration along with community outreach.

It all began in 1999, with the inaugural award that was presented to our dear departed Dr. Taras Snihurowycz, a true renaissance man who excelled in so many areas but always kept the Faculty and profession closest to his heart. In retrospect, the selection of our beloved Dr. Sni was not only totally appropriate for the time, but for the entire award itself as it would set the tone for those who would follow in subsequent years. Since then, each recipient of this award was identified and confirmed for his own unique contribution, one that was unmistakably singular and distinct.

For starters, there was Dr. Lorne Golub and his research accomplishments: over 250 peer-reviewed papers published in various health-science journals; over 35 patents issued.

Another is Dr. Charles Baker. The long-serving dean of dentistry at the University of Saskatchewan was also president and founding member of the Canadian Academy of Oral Radiology in addition to holding the post of president for the Royal College of Dentists of Canada. Not to be outdone was sibling Dr. Robert 'Bob' Baker with his

tireless service in the fledgling years of the Canadian section of the Royal College of Dentists.

Then there are Drs. Jan Brown and Gene Solumndson, each with contributions from the provincial sporting arena: Dr. Brown as president of the Winnipeg Blue Bombers of the Canadian Football League and Dr. Solumndson as team dentist for the Winnipeg Jets and Manitoba Moose.

Dr. Marshall Peikoff was a gifted athlete who first made his mark on the gridiron and on the ice. He also starred as an instructor and section-head in endodontics here for many years. He would go on to serve as an examiner on the prestigious American Board of Endodontics among other positions internationally.

For close to two decades, Dr. Mike Suzuki served within our Department of Restorative Dentistry and, in 2006, was installed as the President of the International College of Dentists, Canadian Section.

Drs. Les Allen and Ralph Crawford: both were presidents of the Canadian Dental Association and both remain dedicated supporters of the Faculty, albeit in different capacities: Dr. Allen serving on many of our golden anniversary volunteer committees;

Dr. Crawford for his role as Faculty historian and curator.

Dr. Tom Breneman, yet another CDA president, is another loyal supporter of the Faculty, but also a long-time philanthropist in supporting the educational mission of Brandon University, among other causes.

Further west is Dr. Serge Vanry, a long-time, steadfast supporter of the Faculty, even though he has spent most of his career in B.C. Dr. Vanry also holds a Distinguished Service Award from the College of Dental Surgeons of BC.

In addition, Dr. Don McFarlane went on from senior stick of his graduation year to become very influential in BC organized dentistry where he was hugely involved in establishing third party computerized payment systems for the Canadian Dental Association – the CDA-net system.


From our inaugural class in 1962, Dr. Roy Thordarson would go on to receive a litany of awards and executive appointments including a term as Registrar of the College of Dental Surgeons of British Columbia.

Provincially, Dr. Mike Lasko was a fixture in the administration of the profession in Manitoba for decades.

Nationally, Dr. Phil Poon made his mark in the realm of outreach. His work has helped literally thousands of Canadians access care who would have otherwise have gone without.

Internationally, we have Dr. Gerald Niznick who, in spite of his tremendous success in the business world, still finds time and resources to devote to the institution and our colleagues. And most recently, we saw honours bestowed upon Drs. Frank Hechter and Barry Rayter whose combined efforts and activities in support of our profession, our institution, our students and colleagues are far too many to list in the space we have here. And so it is – this remarkable group of individuals, all of whom have established a legacy enshrined by the Alumni of Distinction designation. Who will be next in 2014?

All of this stands as the precursor to our annual Alumni of Distinction awards night, this year confirmed for Friday, September 19, once again at the stately Fort Garry Hotel. This annual gala has become firmly established as one of the most significant days on the oral health calendar in Manitoba. It truly is a defining event as it draws the many movers and shakers of our profession together in a collective celebration of excellence and dedication. It's an event that is not restricted only to the honourees of the evening, but one that belongs to our profession, our peers, our people.

I hope that you all will again embrace the occasion. Nominate a peer, attend the gala, be part of the celebration and take pride in being a member of a rare and special community. 

Grazie.

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BY SUSAN ROBERTS, BA, FLMI, ACS, AIAA, CHS
VICE PRESIDENT, INSURANCE ADVISORY SERVICES,
CDSPI ADVISORY SERVICES INC.

Reduce the Risk of Malpractice Lawsuits – Through Enhanced Communication

Some dentists who have been sued for malpractice say they felt shock, disbelief and even anger. Unfortunately, some dentists may find themselves in this situation at some point during their careers. In 2012 alone, nearly 370 malpractice insurance claims were filed by dentists with coverage through the Canadian Dentists' Insurance Program.

Even if a suit is without merit, it could have major financial consequences, damage your reputation and create a stressful experience for you. Fortunately, you can take steps to reduce that likelihood by enhancing communication practices in your office.

Although not comprehensive, the following suggestions are designed to help you avoid malpractice suits and prepare you to present evidence in your defence should you be named as a defendant in a civil action. This "best practices" information was provided by Aviva Insurance Company of Canada — the underwriter of the Malpractice Insurance plan (www.cdspi.com/malpractice) available through the Canadian Dentists' Insurance Program. If you have specific questions about your professional responsibilities and standards of care, contact your regulatory body or legal counsel.

Keep Lines of Communication Open with Your Staff

Your dental office team can provide valuable insights into your patients' health. For instance, a patient might tell your receptionist about a medical condition they have which could affect your treatment choices. Therefore, all of your staff should be aware that they must communicate relevant patient information directly to you. Ideally, any information obtained from the patient should be captured in the patient's record.

Maintain Complete Records

In court, if a patient makes a claim against you related to professional services you've rendered, your records are your chief way to defend yourself in response to their claim. The record should be a complete record of your assessment, diagnosis and recommendations for treatment. Include complete remarks on treatment in a legible and clearly understood manner.

Your records should describe all your treatment recommendations and the patient's responses to them. Include information about any medications you provide or prescribe, including the dosages and the conditions indicating their use. Note any discussions you had with your patient (including on the phone) regarding potential risks and side effects of the treatment.

Obtain Informed Consent

Informed consent is needed for any treatment plan which you develop for a patient. The form of consent may vary according to the nature or extent of the treatment and according to the particular patient's circumstances. (For specific guidelines relating to consent to treatment, contact your regulatory body.)

Obtaining informed consent involves:

1. Explaining the diagnosis, prognosis and reason for treatment.
2. Explaining the nature of the treatment in terms the patient can understand.
3. Explaining material risks and side effects.
4. Describing alternative procedures (if any) and explain their strengths and weaknesses.
5. Explaining the likely consequences of not having the treatment.
6. Answering all of the patient's questions.
7. Advising the patient that the procedure can be stopped at his or her direction.
8. Obtaining the patient's consent to proceed with the recommended treatment.

Ensure Patients Clearly Understand the Risks of Refusing Treatment

There can be times when a patient refuses to undergo non-elective treatment. By explaining to the patient the risks involved in refusing treatment, you can ensure he or she clearly understands these risks.

Make sure to write detailed notes in the patient's records about the advice you gave and consider giving or sending the patient a letter reiterating the risk of refusing treatment. The letter should indicate that the patient's refusal of treatment releases you from any future dental health care consequences that might occur. This documentation may provide valuable evidence if the patient alleges you did not give him or her sufficient information on which to base a decision about undergoing or refusing treatment. Again, ask a lawyer to assist you with the wording of such a letter or a Refusal to Consent to Treatment form or consult with your regulatory body.

For information about your Canadian Dentists' Insurance Program Malpractice Insurance coverage — or for planning assistance with other areas of your insurance portfolio — contact CDSPI Advisory Services Inc. at 1-877-293-9455, extension 5002. Our highly skilled and non-commissioned insurance advisors work exclusively for dental professionals and their families.

Note: Information in this article is not intended as legal advice. Readers should consult with their own legal counsel. Restrictions may apply to advisory services in certain jurisdictions.



FOR IMMEDIATE RELEASE

DIAC's Annual Future of Dentistry Survey now available on-line!

Toronto – February 20, 2014 - The Dental Industry of Canada (DIAC) is pleased to announce that its Future of Dentistry Survey (now in its 18th year) can now be completed on-line, as well as with the traditional print version. Just go to www.tinyurl.com/DIAC2014 and follow the on-screen instructions.

All those completing the survey on-line will be entered in the same draw as those completing the print version. Each survey respondent has chance to win \$1000 (or Ten Consolation prizes of \$100 each)*. The survey closes May 15th, 2014 so please consider completing it at your earliest convenience to make sure you're entered.

All individual responses are completely confidential. Only the overall merged results will be shared with our DIAC members.

* All winners will be determined by a draw from all completed surveys received by May 15, 2014.

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FOR FURTHER INFORMATION, CONTACT:

Mr. Bernie Teitelbaum, Executive Director
DIAC (Dental Industry Association of Canada)
Telephone: (905) 417-7462
Email: bernie@diac.ca

Mr. Eric Jones, President
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Dentists Receive a Preview of the Canadian Museum for Human Rights



Gail Asper, National Campaign Chair, Friends of the Canadian Museum for Human Rights

Across Canada and beyond, excitement is building for the Canadian Museum for Human Rights (CMHR) in Winnipeg, Manitoba, which opens its doors to the world on September 20, 2014. Nearly 1,400 dental professionals were treated to a special preview of the museum at a luncheon for the 130th Annual Manitoba Dental Association-Canadian Dental Association Meeting and Convention on Friday, January 24.

The presenter was none other than Gail Asper, national campaign chair of Friends of the Canadian Museum for Human Rights ("Friends"). Friends is the fundraising organization responsible for the museum's capital campaign. Special guests at the luncheon included His Honour, the Honourable Philip Lee, Lieutenant Governor of Manitoba, and Her Honour, Mrs. Lee.

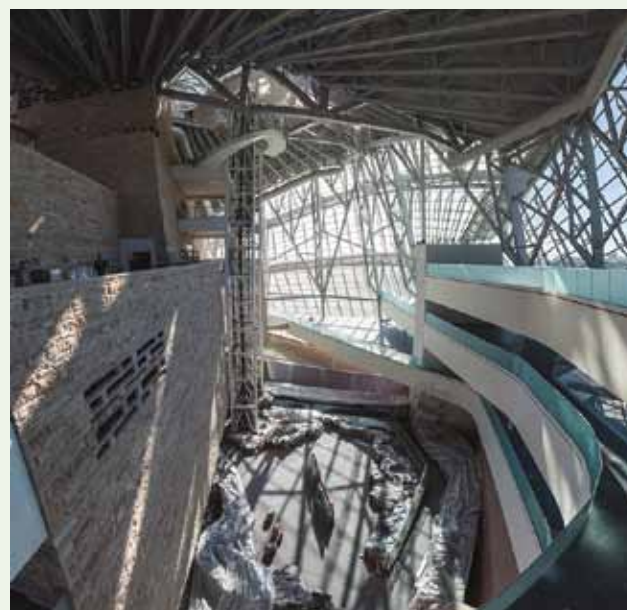
"When my dad, the late Dr. Israel Asper, penned his original vision for the Canadian Museum for Human Rights, with my mom right beside him, he expressed a hope that this museum would help 'eliminate intolerance worldwide through the recognition and celebration of human rights as the foundation of equality, dignity and freedom,'" Gail Asper explained, noting how fitting it was to build this museum in "warm and wonderful Winnipeg," a city known for its rich human rights history.



The Canadian Museum for Human Rights, Summer 2013

The Canadian Museum for Human Rights is the first museum dedicated to promoting and celebrating human rights from a uniquely Canadian perspective, and the first national museum built outside the National Capital region. Asper spoke of how the CMHR will inspire visitors – an estimated 250,000 a year – to not only "cherish and protect" our human rights, "but live them", primarily through educational programs and partnerships for students from across the country.

According to Asper, the museum's stunning architecture has already made believers out of many who have seen the iconic building first-hand. Designed by world-renowned architect Antoine Predock, "the building is meant to take you on a journey." Each element of the design reflects human rights ideas and ideals, including four massive Tyndall stone "roots" that link the building to the land and "represent our common humanity." The glass "cloud" enclosing the building's northern façade, modeled in the image of dove wings, "symbolizes peace". Constructing a building of such complex geometry required engineers to design a virtual 3-D computer model of the building – marking the first time a large-scale project was built this way in Canada.



Inside the Museum's glass "cloud"



Alabaster ramps connecting galleries and exhibits

Exhibits and galleries inside the CMHR will work in harmony with the architecture to "not only inspire, but transform" visitors into human rights champions, said Asper. Museum content would showcase human rights from many perspectives, including women's rights, the rights of people with disabilities, bullying, and many others. Exhibits will be "multidimensional", immersing visitors in multi-sensory environments and inviting them to participate.

Asper then offered a sneak peek at some of the Museum's major galleries. One of these explores the experiences of Canada's First Nations, Métis and Inuit peoples, and their ideas of peace and justice. This gallery features an amazing 360-degree "surround film". Other galleries explore what can be learned from past genocides, the Universal Declaration of Human Rights, and the role of grassroots movements in promoting human rights in Canada and around the world. And one of the museum's topmost galleries focus on ways visitors can take action to promote human rights in their own lives and communities.

"The literal pinnacle of your journey through the Canadian Museum for Human Rights is a visit to the Tower of Hope," said Asper. "Imagine stepping out of a glass elevator and into a space that appears to merge with the sky above. It's an exhilarating space – one that truly captures the sensation of ascending through gradually receding darkness to a place of light and hope. And that's how we hope all visitors will feel: inspired, hopeful, committed to making a positive change."

As the museum's opening date approaches, "a small army" is hard at work installing and testing exhibits, and developing tours and educational programs.

Friends of the Canadian Museum for Human Rights has already raised \$142 million of its capital campaign goal of \$150 million towards the museum's \$351 million project cost. Asper thanked dental professionals for supporting the capital campaign, including several major donors who are members of the Manitoba Dental Association. She urged all members to "spread the word about the impact this museum will have on the world. Let's protect our home and the rights of all who live here, let's be proud of Canada and what we stand for, let's be ready to welcome the world in September 2014!"

For more information about the Canadian Museum for Human Rights, visit www.friendsofcmhr.com.



The Tower of Hope



The CMHR's glass "cloud" lit up from within

THE FREE FIRST VISIT PROGRAM CONTINUES

Manitoba Dentists have offered a child's first dental visit (prior to the age of three) at no charge through a program introduced in the early nineties and renewed three years ago. **Research about the program conducted recently has shown it to be highly successful.** Most Manitoba dentists offer the Free First Visit and the profession is held in high regard by grateful parents as a result.



Significantly, public acceptance that a child's first dental visit should take place prior to their first birthday is growing. Old paradigms are changing. Parents are becoming aware of the benefits of establishing an early start to their child's professional dental care.

Based on encouraging research results and **the benefits to both the public and the profession, the program will continue.** In response to the research there will be emphasis on the recommendation that the first visit take place prior to the child's first birthday, even though it will be available for free until their third birthday. New creative materials to help you promote the program are in development.

All Manitoba dentists are encouraged to participate in this worthwhile program.

The Manitoba Dental Association maintains a database of dentists taking part in the Free First Visit Program as a reference for public enquiries. **Please let the MDA office know if you have chosen NOT to participate.** Your practice may not be child oriented or you may choose to not see children this young. If so, please remember that as with any other treatment or procedure that your patient might require but you do not offer, kindly arrange a referral to a colleague.

For more information on the program or to advise of opting out, please contact:

Linda Berg, Director of Public & Member Relations
Manitoba Dental Association
202 - 1735 Corydon Ave / Winnipeg, MB / R3N 0K4
Phone: 204-988-5300 Ext 3
Email: lberg@ManitobaDentist.ca
www.ManitobaDentist.ca

Join the Tooth Fairy for a fun-filled day and volunteer in your community!



The Manitoba Dental Association is once again a proud sponsor of the Winnipeg International Children's Festival. **"Tooth Fairy Saturday" takes place on Saturday, June 7, 2014** from 10:00 a.m. to 4:00 p.m. and we need your help!

Volunteers Required:

6-8 Dentists (GP or Specialist)
2 Orthodontists
8 Dental Assistants or Hygienists

The volunteer shifts are:

Set-up 9:00 a.m. - 10:00 a.m.
Morning 10:00 a.m. - 1:00 p.m.
Afternoon 1:00 p.m. - 4:00 p.m.

It's a fun day where the volunteer dentists perform a dental screening on children aged 6 months to 12 years, with Orthodontists on hand to offer a quick consult if needed. Every child receives a "goody" bag containing a toothbrush, floss & paste and a prize.

If you are interested in volunteering please contact Linda Berg, Director Of Public & Member Relations at 204.988.5300 Ext 3, or lberg@manitobadentist.ca **Before May 16, 2014**

Join the Tooth Fairy and educate kids about the importance of oral health!

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BY DALE WILLERTON and JEFF GRANDFIELD
THE LEASE COACH

Selling Your Practice? Commercial Lease Assignment Tips for Dentists

Are you planning to sell your dental practice? Whether you want to retire within the next year or the next five years, you must be mindful of the lease assignment process. A lease assignment is the process of transferring your lease agreement, sometimes to a dental associate who also buys your practice and takes over the existing location and patient load. To make the lease assignment process run smoothly, you must ensure that you have properly prepared in advance for this assignment to happen. Here are a few helpful tips from The Lease Coach:

1) Get your landlord's pre-approval. Before assigning your lease to another dentist, your landlord must consent in the form of a lease assignment document. The landlord may see you as a long-term, stable and wealthy dentist who is now selling the practice to a young associate with substantial debt having just come out of University. To the landlord, this is potentially risky. If the lease document says that the landlord can withhold consent if the assignee (the dentist who is going to buy your practice) is not of the same financial level as you, then this needs to be negotiated and changed.

2) Confirm that your renewal option term is transferrable to another dentist. Many landlords consider lease renewal option terms to be personal to the existing tenant. Therefore, if you sell your practice with three years left on the term with a five-year renewal option, the buyer may not be recognized by the landlord as being able to inherit the renewal option term. It is critical that the lease document specifically allows for a landlord-approved assignee to inherit the renewal option term.

3) Check your lease Use clause. It's not uncommon for a general dentist to venture into orthodontics or other specialty practices over time. The landlord is usually quite sticky about the Permitted Use clause and therefore the broader the Use clause, the more advantageous it will be for you when you are selling your practice to another dentist.

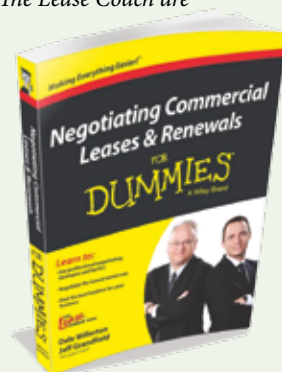
4) Maintain your exclusivity. If your lease agreement already gives you the dental use exclusivity for the property, don't assume this exclusivity is transferrable when you assign your lease agreement. Some landlords consider the exclusivity clause to be personal to the original tenant. Nothing may kill the sale of your practice faster than if the prospective buyer finds out that the landlord can lease space to another dentist in the same property.

5) Have your formal lease document professionally reviewed. The reason that so many dentists have a lawyer review their lease document is to ensure that is legal. Pretty much anything the tenant and the landlord agree to is legal, and that is not our greatest concern. Many clauses within the formal lease agreement can be negotiated and more favourably amended to the tenant's favour. Having a real estate professional, or more specifically a lease consultant, review your formal lease agreement would probably produce a different set of comments than from a lawyer.

It is important for dental tenants to know and understand how a commercial landlord can deliberately or creatively sabotage lease assignments. It could be that the landlord agrees to the assignment but wants a higher rental rate or a greater deposit or personal guarantee (or all of those things) from the assignee buying your practice. It is never too early to start planning for your lease assignment (and ultimately your retirement). Eliminating roadblocks in your lease agreement now will ensure a smooth transition when a buyer for your practice comes along.

For a copy of our free CD, *Leasing Do's & Don'ts for Dental Tenants*, please e-mail your request to: DaleWillerton@TheLeaseCoach.com.

Dale Willerton and Jeff Grandfield - The Lease Coach are Commercial Lease Consultants who work exclusively for tenants. Dale and Jeff are professional speakers and co-authors of Negotiating Commercial Leases & Renewals For Dummies (Wiley, 2013). Got a leasing question? Need help with your new lease or renewal? Call 1-800-738-9202, e-mail DaleWillerton@TheLeaseCoach.com or visit www.TheLeaseCoach.com.



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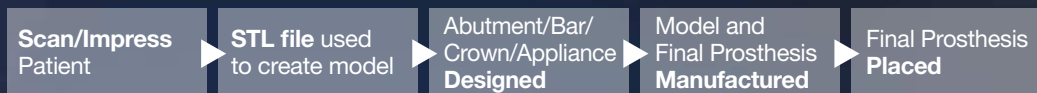
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