



COLLEGE OF
DENTAL HYGIENISTS
OF MANITOBA

CDHMNews

Winter 2019

Mark your Calendars!



CDHM Reminders & Updates

- 2020 Registration Renewal deadline December 31st, 2019.
- Criminal Record Check deadline (for practicing registrants) is March 1st, 2020.
- 2020 CCP submission deadline (for practicing registrants) is April 30th, 2020.
- Continuing Competency Program (CCP) forms for CCRs and PARS are now online fillable forms **and are live online and ready to use on December 17th, 2019**
- Deadline for registering a 2019/2020 Study Club and Journal Club is December 21st, 2019. Registration Forms are on the CDHM website: <https://cdhm.info/continuing-competency/> under 'Forms'.
- CDHM Office 610 Open House is January 15th, 2–4 PM 2020; check our website for details after the holidays!
- Watch for CDHM Facebook and Twitter launching in early January!
- The 2020 CDHM Annual General Meeting is October 17th, 2020

INSIDE THIS ISSUE

Page 2
Registrar's Message

Page 3
Deputy Registrar's Message

Page 4
CDHM President's Report

Page 5–7
Good to Know

Page 8
Competence Corner

Page 9–10
Council Meeting Highlights

Page 11
2019 AGM Photo Gallery

Page 12
*MDHA Executive
Director's Message*

CDHM 2019 Holiday Office Hours



December 24: 8:30 am–12:30 pm

December 25: Closed

December 26: Closed

December 27: Closed

December 30: 8:30 am–4:30 pm

December 31: 8:30 am–12:30 pm

January 1, 2020: Closed

January 2, 2020: 8:30 am–4:30 pm

*Happy Holidays
from us at CDHM!*

Registrar's Message

"The secret of change is to focus all of your energy not on fighting the old, but on building the new"

~ Socrates

Season's Greetings.

IT IS A BUSY TIME OF YEAR AND

time is precious, so thank-you for reading. Many of our energies at the College over this past year have been in direct response to changes in health profession regulation in the country. Regulation of health professions is on the cusp of major change. As your regulator, it has been important to follow these trends closely, and with this new information, evaluate how we are conducting business at CDHM.

Many of you may be aware of the 'Cayton Report', a recent influential document released to the public in April 2019. In March 2018, the Minister of Health in BC commissioned Harry Cayton, an expert in the field of regulation from the UK, to conduct an inquiry into the College of Dental Surgeons of British Columbia. (CDSBC) His report resulted in a number of recommendations and he was quick to point out these recommendations were not only for the CDSBC, but for all regulators. In response to this report a steering committee was created to explore the *Modernization of Health Professional Regulation in BC*

Some of the proposed changes are as follows:

Improved governance—to include fully appointed boards with equal public and health professional representation using a competency-based process to appoint board members

Size of Boards—8–12 members is the most effective

Compensation—Board and committee members, both professional and public should be compensated adequately

Reduction in the Number of Regulatory Colleges—(from 20 to 5 in BC) As health-care delivery shifts from solo professionals to team-based care, the regulatory framework must also evolve

Creation of an Oral Health Regulatory College—the four oral health regulators amalgamate and will include the: College of Dental Surgeons of BC, College of Denturist of BC, College of Dental Hygienists of BC and College of Dental Technicians of BC

Interdisciplinary Teams of Health-Care Professionals—to better serve the health-care needs of patients and families

Simplify the Complaints and Discipline process—to provide a clear focus on patient safety, public protection and increase public trust in regulation

New Adjudication Process—separate from regulatory colleges to make disciplinary decisions

I bring the results of this review to your attention because this report will most likely influence changes in health profession regulation in Manitoba.

Over the past year, CDHM has pro-actively made changes to comply with trending regulatory changes.

- **CDHM has 4 public representatives on a 10-member Council.**
- **Council members are compensated with an honorarium for their work on Council.**
- **CDHM has developed new criteria and responsibilities for public member representatives and they are posted on the Agencies Boards and Commissions website.**

- **Council has committed to creating competency-based criteria for applicants seeking nomination to Council.**



Arlynn Brodie

- **Three committees have been working hard to prepare an application to the Regulated Health Profession's Act (RHPA), positioning dental hygienists to contribute to interdisciplinary team-based healthcare both inside and outside the dental office.**
- **We moved the CDHM office to shared space with the College of Paramedics and the Manitoba Association of Radiation Technologists to realize efficiencies in operational costs which demonstrates fiduciary responsibility to government, registrants and all Manitobans.**

I will leave you with a quote that encourages us to keep moving ahead and to eagerly anticipate the future of dental hygiene in Manitoba.

"Change is the law of life, and those who look only to the past and present are certain to miss the future"

~ John F. Kennedy

Wishing you a joyous holiday season and a wonderful 2020!

Arlynn

Arlynn Brodie
Registrar, Executive Director

Deputy Registrar's Message

"Were there none who were discontented with what they have, the world would never reach anything better."

~ Florence Nightingale

"AS DENTAL HYGIENISTS

across Canada, we are united and bonded by one major, collective fear: The Continuing Competence, Quality Assurance auditing process." This is an excerpt from the November 2019 issue of Oral Hygiene magazine. I personally experience a mix of anxiety and annoyance throughout the CCP year; anxiety is my own doing as I tend to put off my write-up for as long as possible, and my annoyance is related to the time I have to spend on this process once I've left it to the last minute. But, oh the sense of accomplishment when I finish it! The article goes on to suggest that we adopt a mindset that embraces the continuing education process as an opportunity for growth and for chronicling just how much we have learned and how far we have come in our professional career.

I took a moment, recently, to look through the little "CCP" folder on my computer and there is an impressive amount of work in there—nearly 10 years worth. On reflection, each year when I complete my submission, I feel I know that topic inside and out. And the research tells me that I'm more likely to make a qualified and lasting change to my practice by writing out my intent to do so.

The "Entry to Practice" knowledge we have upon graduation reflects minimal, or baseline competence and is often quickly out of date in the current, ever-changing healthcare system. Sure, there is on-the-job learning and experience, but this is passive and often incomplete. The healthcare professions and professional responsibilities demand more than this.

"Best Practice" is not a static concept, it's a moving target in this fast-changing and evolving healthcare landscape. Best practice means consistently integrating the most current, highest quality, expert information into our practice. This is what we can't get from on-the-job experience alone.

I've spent a lot of time lately looking at the literature regarding continuing education

"Best Practice" is not a static concept, it's a moving target in this fast-changing and evolving healthcare landscape.

and quality improvement programs in the health professions. Three things stand out:

- It is very important to the public, and from public perspective, that practitioners be qualified, knowledgeable and current. Patients want safe and expert care. We can only be experts by intentionally seeking out new and changing information. An expert cannot be a passive learner.
- The number one reported barrier to participating in continuing professional development programs for practitioners, is time. Time to do the learning and time



Valerie Olivier

away from work and/or family. The second most reported barrier is cost—the cost of CE courses, time away from work and cost of childcare, in those situations where it is necessary.

- The end point for programs should be practice change and not just gain in knowledge and skills or satisfaction of accreditation and licencing mandates. It's often more difficult than we think it will be to make a lasting change to our practice. Real change is hard—ask anyone who has ever made a New Years Resolution, how long it lasted.

Professional development programming is 100% necessary for regulated health professions, and the safety of the public. It will only continue to be strengthened as a regulatory requirement and commitment, as those individuals receiving our care demand, and rightly so, an accounting of our professional qualifications and expertise. We must put the time in, there's no getting around that. For me, that means working on my time management and procrastination tendencies—I mean 365 days should be enough time, right? As far as cost of programming, the CDHM CCP was designed to have options for learning that do not solely rely on taking paid, or certificate courses. Certificate courses are one of many options for learning activities. And as for change, I suggest we don't settle for being content in our practice. As Florence observed, we must reach for better.

Happy Holidays and all the best to you and yours in the New Year!

Sincerely,

Valerie

Valerie Olivier
Deputy Registrar, CDHM

CDHM President's Report

AS WE LOOK FORWARD TO THE coming year, it is exciting and important to recognize we are a College with a vision to increase Manitobans' access to comprehensive oral health services provided by dental hygienists working in rural and urban areas and in primary health care.

In my role as Chair, it is my hope that together Council members can focus on the following 4 areas during this upcoming year:

- Foster an environment of open and transparent communication among Council members and advance their knowledge as a team;
- Maintain a positive and productive partnership between Council and staff through the Registrar/Executive Director;
- Further adapt an environment of enthusiastic involvement by all members of the College, and other partners with whom we can work in joint efforts;
- Reach out to members throughout the province seeking input and engagement.

As importantly, as we look ahead, it is time to address the future of the profession, in terms of other provincial, national and international trends. We need to take steps



Carol Hiscock

for leadership and mentorship within the profession.

“We need to take steps forward as we work in collaboration with other health care professionals”

I urge all members to seriously consider their role within the College, and our need for involvement. What lies ahead in The Future? It depends on each of us!

Carol Hiscock

forward as we work in collaboration with other health care professionals. We need to broaden our approaches in the areas of public, preventative and population health. We need to consider the opportunities



As of the recently held AGM, the Council is made up of 6 representatives from those registered as dental hygienists: Lezah Evan, Johanna Grant, Saima Klippenstein, Corinne Latozke (Vice Chair), Jennifer Miller, and Christine Ronceray, and 4 public representatives: Lucie Boutet, Carol Hiscock (Chair), Ernest Janzen (Director-HR), and Kathleen Reid. Each member brings a unique combination of leadership, commitment, and good humour!



Good To Know

Interim Stabilization Therapy (IST) and Atraumatic Restorative Therapy (ART): A Refresher

Valerie Olivier, Deputy Registrar

INTERIM STABILIZATION THERAPY

(IST) is a temporary restorative procedure which arrests dental decay through a therapeutic release of fluoride, leading to remineralization of the interface layer between the dentin and the temporary cement, thereby stabilizing the tooth structure until a permanent restoration can be placed. This procedure was adopted in 2010 by the Ontario Region First Nations Inuit Health Branch to arrest disease in children in high risk communities in Northern Ontario however it may have applicability in a much broader population of individuals with limited access to dental care, including adults and the frail or elderly.

IST can be distinguished from Atraumatic Restorative Therapy (ART) by the fact that IST does not call for the removal of sound tooth structure in order to recontour margins, whereas ART is characterized by using a hand chisel to remove enamel rods to roughly prepare the cavity. IST requires that any soft foreign material or debris be removed from the tooth prior to the placement of the temporary restorative resin (glass ionomer cement) in order to facilitate the bonding of the material to tooth structure.

According to the CDHM, the placement of temporary restorations is within the current scope of practice and Practice Competencies for Registered Dental Hygienists in Manitoba. However, removal of sound tooth structure is not within the dental hygiene scope of practice.

The therapy's stabilizing benefits are particularly beneficial to vulnerable populations, including the frail and elderly and those populations with limited access to dental care. Limited access to care could be due to a variety of reasons including financial limitation or inhabiting rural or remote communities where a dentist is not present. Dental hygienists practicing in traditional practice settings will be able to collaborate with dental practitioners to offer clients appropriate and permanent restorative treatments, thereby negating the applicability of IST as a necessary temporary measure.

To perform IST, dental hygienists must have completed appropriate, IST-specific education and comply with all CDHM Regulations,

Practice Standards and Competencies. While dental hygienists may not diagnose dental decay, an identification of the client's unmet needs according to the Human Needs Conceptual Model of Care supports the therapeutic intervention of IST where the unmet need of biologically sound dentition would be addressed by temporarily stabilizing the tooth. To ensure appropriate and comprehensive treatment is provided, IST must be performed as part of the Dental Hygiene Process of Care and prior to receiving this treatment, a client must agree to a written referral made to a dentist for follow-up.

By virtue of its primary function, IST is a temporary stabilizing therapy, which is intended

continued on next page >>>



Good To Know

IST and ART Refresher

»»continued from previous page

to provide the client with temporary relief and improved tooth integrity until a permanent restoration can be placed by a dentist. In order to obtain informed consent prior to performing IST, the dental hygienist must ensure that the client (or client's representative):

Understands the temporary nature of this intervention and the need to follow-up imminently with a dentist, and;

Agrees to have a written referral made directly to a dentist for follow-up care, **or** agrees to receive a written referral, which includes a list of dental contacts, and understands that it is the client's responsibility to follow up on the referral.

The CDHM encourages dental hygienists to exercise professional discretion in determining their competence and capability in applying a new skill to their dental hygiene practice.

Bibliography available upon request

Adapted with permission from CDHBC - Interim Stabilization Therapy (IST) CDHBC Position Statement, May 2018

How do I Make Decisions About Incorporating New Technology Into my Daily Practice?

AS A HEALTH PROFESSIONAL

you have professional values that guide your work behavior. One of the principles in our Code of Ethics speaks to Integrity, reminding us that 'dental hygienists maintain and advance their knowledge and skills in dental hygiene through lifelong learning' Dental hygienists are expected to remain current. As new or alternate technologies or practices become available, they are incorporated into dental hygiene practice after the dental hygienist has obtained the appropriate education. Appropriate education can be defined as 'acquisition of the knowledge and skills required to provide specific dental hygiene services' Appropriate education provides a **theoretical** and **practical** foundation for the registrant to practice in a competent, legal, ethical and professional manner. **It is incumbent upon the dental hygienist to determine, as a professional, whether they are adequately educated to incorporate the skill or procedure into their dental hygiene practice.**



If registrants are no longer able to provide a previously learned skill, or a new technology or practice, in a competent, legal, ethical and professional manner, they must abstain from providing that service to a client until appropriate education can be obtained.

As a health professional, we maintain competence by lifelong learning, which is a lifestyle and the backbone of continuing competency as a health care provider. Lifelong learning allows us to keep abreast of technological change, research and innovation.

Arlynn Brodie, Registrar, ED

Good To Know

Tooth Whitening

Does Tooth Whitening fall within the Scope of Practice of a registered dental hygienist under The Dental Hygienist's Act and Regulations in all circumstances?

Arlynn Brodie, Registrar, ED

YES, IN JURISDICTIONS WHERE

there have been legal inquiries, the courts maintained tooth whitening did constitute dental hygiene treatment as it involved the application of specific skills and knowledge by the dental hygienist to ensure patient safety and well-being. Under subsection 30(2) of the Dental Hygienist Regulation, every member of the College of Dental Hygienists of Manitoba (CDHM) must follow the CDHM Practice Standards and Practice Competencies in all activities and settings.

It is important to remember, under the CDHM Competencies, there are a number of assumptions stated, including an assumption that dental hygienists practice collaboratively

with clients, colleagues and other health care professionals; provide client-centered services to prevent and treat oral disease and promote wellness, and are legally, ethically, and professionally accountable for their practice and recognize personal limitations.

Dental hygienists must identify themselves as a dental hygienist when performing whitening services, regardless of site or setting, and the expected standard of care will be that of a dental hygienist

Note

- **Tooth whitening is an unregulated procedure**
- **Tooth whitening products are considered cosmetic under the Food and Drugs Act**



Competence Corner

You've Been Asking

Valerie Olivier, Deputy Registrar

The CCP Reviewers Edition

Registrants are encouraged to contact the College with any practice or CCP questions and concerns. In the spirit of shared learning we will bring common questions forward in the CDHM News. These questions come up regularly for the CCP Reviewers:

Question: How do I know if the activity I'm using for my CCR is 'good evidence'?

Be discerning. Show good judgement regarding the quality of the activity or evidence. Is the author or presenter an expert on the topic? How do you know? What are their qualifications and/or credentials? If it's a peer reviewed article in a professional journal, it's probably good. Just make sure it's appropriately related to your topic. You can try searching the author or presenters name and see what other work they have done. Also, is it current—from the last 5 years and not longer than 10 years old? Does the author have biases or a conflict of interest? Dentalcare.com advertises the conflict of interest declarations openly and includes a disclaimer that states, "Participants must always be aware of the hazards of using limited knowledge in integrating new techniques or procedures into their practice. Only sound evidence-based dentistry should be used in patient therapy." If you're watching a 'YouTube' video, this is 'supplemental' evidence. Use the author or presenters name to find the source of their information, and you may decide to use that. Good sources include, but are not limited to:

Cochrane Group

www.cochrane.org

Pub Med

www.ncbi.nlm.nih.gov/pubmed

CDHA / MDHA

www.cdha.ca/www.mdha.ca

ADHA

www.adha.org

Google Scholar

www.scholar.google.com

University of Manitoba Continuing Professional Development

http://umanitoba.ca/faculties/health_sciences/dentistry/cpd-dent.html

Medical practitioners use a vetting process called "Credentialing". Credentialing is the process of establishing the qualifications of licensed medical professionals and assessing their background and legitimacy. Adopt a "credentialing mindset" when you are searching the evidence. Be discerning when you interpret the research you find. Additionally, be wary of sales and marketing presentations—these are also 'supplemental'—use what you learn to guide your own information search. And finally, ask yourself if you would be satisfied if your health care practitioner, such as your physician, used this source of evidence.

It's not easy, and it's not meant to be, but it is the professional responsibility of all health-care providers. To that end, this is where Study Clubs and Journal Clubs are useful—you can all share in the time spent researching.

Question: Do Journal Clubs and Study Clubs need to be re-registered each year?

Yes. Clubs need to be re-registered and an updated member list provided to the College,

annually. Visit www.cdhm.info, under the 'Continuing Competency' heading to find a guide for Study/Journal Clubs. Research has shown these clubs to be some of the most effective supports in continuing professional development. Although we may think of ourselves as practicing autonomously, we do not practice in isolation. We practice in teams of oral health professionals and other health professionals, not to mention the clients themselves are on the team. 'Collaborative care' is one of the latest catchphrases for healthcare. Why not learn collaboratively? Time spent sorting through the research and looking for courses and other activities is significantly reduced. The potential for learning something new, from someone else's experience or perspective, increases exponentially.

Question: How do I know what is relevant when I'm trying to develop a goal?

If you are having trouble developing a goal, an idea might be to reflect on your practice—have there been patient questions, new products or procedures, have you heard about something new from a friend or colleague? Another good way to reflect on your practice is to review the Practice Standards, Competencies and Code of Ethics; this can help focus on the DH scope of practice. Another idea is to read current issues of professional DH magazines or publications to see what is current in dental hygiene. Once you have an idea, use the SMART goal format to help focus and specify your topic. There is a useful video on developing SMART goals on the CDHM website under Continuing Competency. If you are still having difficulty formulating a goal, please give us a call at the CDHM office and we will be happy to provide some additional guidance.

Council Meeting Highlights

September 20th, October 24th & November 22nd

Sept. 20th, 2019

Summary:

The new CDHM office space lease is finalized.

The by-law review and proposed changes are complete and are being reviewed by the lawyer.

Waiting for a response from the Minister regarding re-appointment of public reps, Ernest Janzen and Carol Hiscock.

CCP changes, include software-based submissions and reviews (paperless), ongoing calibration of reviewers, transfer of forms to online fillable forms, and succession planning with two new reviewers; Alyson Candline and Alyssa Duszak.

Mentoring will begin in the upcoming months.

Two Board of Assessors—Heather Sirkovsky and Shannon Fenner-Nichol have been recruited; orientation will begin in October.

The CDHM posting on the MB government's Affiliations, Boards and Committees site has been updated with new criteria.

The BC Ministry of Health is proposing changes to scope for dental hygiene, including, removal of '365-day rule', administration of x-rays and local anesthetic without a dentist being on site, and the deregulation of mouthguards for sporting activities.

Two council members and one staff member will be attending "An Introduction to Regulatory Governance" presentation by a CLEAR educator, through MAHRC, on October 18th, 2019.

Much work of the FDHRC is around Part B of the NDHCB exam. Ontario is currently unsupportive of its implementation. There is ongoing discussion around logistics; meetings are planned with the DH educators to collaborate on the roll-out.

Policy writer and strategist, Liz Ambrose, Mickey Wener and Arlynn Brodie have been preparing the Reserved Acts for submission and a survey has been developed for distribution to registrants in November 2019. The results are required to validate CDHMs application to government.

CDHM moved into the new office space on August 28th

The Manitoba Dental Association, IPC Committee is finalizing a draft of the manual; Arlynn Brodie contributed the "Hand Hygiene" section.

The NDHCB has created a short list for Executive Director candidates. Initial Discussions have occurred around the proposed merger of the NDHCB and the Federation of Dental Hygiene Regulators.

CDHM moved into the new office space on August 28th.

Arlynn, as a member of the MAHRC Truth and Reconciliation sub-committee, is establishing a baseline regarding what Colleges are doing around this mandate.

CDHM was represented by deputy registrar, Valerie Olivier, at May and July meetings of MIPS Patient Safety Reporting and Learning Committee.

The CDHM Student Award was presented in May at the graduation dinner to Madeline Lischka, by Jennifer Miller. Madeline wrote a letter of thanks to Karina Hiebert, for the award.

Report from Registrar's environmental scan

Regulatory colleges are trending towards risk-based approach; in US, Council on Dental Accreditation now has requirement for all dental schools to train students in managing treatment of patients with intellectual and developmental disabilities.

Also trending is intentional council composition, succession planning, longer terms for Chair, no Robert's Rules; there is a growing public perception of self-interest with regulatory bodies; currently there is a perception of siloed approach to regulation by public.

Jennifer Miller provided an update on the RHPA expenses to date and projected costs for the total process. Estimates that our Reserved Act application is 1/3 complete.

Kathleen and Lucie updated Council on the recent Ownership Linkage (OL) surveys.

The OL committee surveyed Physical Education teachers on oral health education; they received 58 responses. They also surveyed DHs on oral health education. Two RDHs, Amber Anderson and Amanda Bridge will be joining the O/L Committee.

Lucie will co-chair the Ownership Linkage committee with Kathleen.

continued on next page >>>

Council Meeting Highlights

Oct. 24th, 2019

(post AGM)

Summary:

Committee Chairs were appointed:

Corinne Latozke, Chair of Inquiry Committee; Lezah Evan, Chair of Interpretation Guidelines Committee; Lucie Boutet, Chair of Complaints Committee; Saima Klippenstein, Chair of Nominations Committee; Jennifer Miller, Chair of RHPA Committee; and Kathleen Reid and Lucie Boutet, Co-Chairs of Ownership Linkage Committee Corinne Latozke provided information regarding Article 9, Conflict of Interest. It was explained that If a potential conflict of interest is suspected, it's better to disclose and have council vote on it. It will likely be determined that there is no conflict, but it is better to disclose early. If it is voted on, and the person is found to be in conflict, then that person does not participate in votes.

Carol Hiscock, Chair, provided a copy of the table of contents from the CLEAR Conference attended by Carol, Corinne Latozke and Valerie Olivier. A full update and review will be provided, at a future meeting.

Policy governance training will be on-going.

Council reviewed training needs which they identified to include:

ethics; financials; diversity, issues and challenges with culture and gender;

future trends and legalities; public health, population health and oral health;

regulatory and policy governance; CLEAR training;

management relationships.

Nov. 22nd, 2019

Summary:

NDHCB will be amalgamated with the Federation, NDHCB to be an arm, under Federation umbrella.

RHPA RA survey has been sent to the psychometrician, for validation.

Website will have new photos of council. Adding Twitter and Facebook as additional communication tools.

Registration Renewal is going well, new Alinity interface is user-friendly.

Deputy registrar Valerie Olivier provided an update on the work of the Manitoba Institute for Patient Safety.

Discussion occurred around opportunities



Are You Interested in Serving on Council?

The CDHM Council members serve elected terms of 3 years or join by appointment from Council. We are always looking to strengthen skills and diversity in the CDHM Council and subsidiary committees. If you have any interest or questions about involvement with the CDHM and Council, contact cdhm@cdhm.info

We will be happy to hear from you!

CDHM Council

for involvement during Dental Hygienist's week and if there could be a joint initiative with MDHA.

Committee Chairs provided updates on committee activities.

Based on the accountant's information, it was decided to move funds into a legal and RHPA reserve fund.



2019/2020 CDHM Council (from L to R back row): Ernest Janzen, Carol Hiscock, Johanna Grant, Lucie Boutet, Corinne Latozke, and Christine Ronceray (from L to R front row): Jennifer Miller, Lezah Evan, Saima Klippenstein, and Kathleen Reid

AGM 2019 Highlights



*Thank-you
to everyone
who joined
us for a great
meeting and
presentations
from our
colleagues!*



MDHA Executive Director's Message

WINTER IS DEFINITELY HERE! I

hope that everyone has enjoyed the start to the season and is enjoying preparing for the holidays.

The MDHA has had a busy fall which included a great start to our PD Offerings for the 2019–20 year. On November 13th, the MDHA hosted a sold-out Ultrasonics Workshop, supported by Dentsply. The evening was a great opportunity for the attendees to upgrade their skills, learn new techniques and share ideas with fellow dental hygienists.

On November 20th, the MDHA classroom offerings began with the 1st of 3 opportunities to Come learn with us! The first offering highlight Jamie Falk, BScPharm, PharmD and his presentation on “Drugs & Oral Health: the good, the bad and the ugly”. Over 35 members were in attendance to learn about common medications that can negatively affect oral health, why these drugs have this effect, how common it is and what we as dental hygienists can do about it.

There are two more classroom opportunities scheduled for 2020 to come learn with

“the MDHA hosted a sold-out Ultrasonics Workshop, supported by Dentsply. The evening was a great opportunity for the attendees to upgrade their skills, learn new techniques and share ideas with fellow dental hygienists”

us. Visit the Professional Development tab on the MDHA website to learn more and to register!

Looking forward to 2020, the MDHA is excited to continue to plan for the MDHA contributions to the MDA/CDA Convention in April including our annual Mix & Mingle—stay tuned for more information.

May each and every one of you have the opportunity to slow down, enjoy time with friends and family and recharge for an exciting 2020!

Happy Holidays!

Lee Hurton
MDHA Executive Director



Lee Hurton

