CDHM Connections

COLLEGE OF DENTAL HYGIENISTS OF MANITOBA

Ensuring the public has access to safe, competent dental hygiene care and expertise that contributes to improved oral and overall health.

Issue 11 **November 2012**

Inside this issue:

Library Workshops

Janet Rothney will be conducting 2 library sessions in the computer lab at the Neil John Maclean Library, which holds 15 people. She will go over how to get access to the University of Manitoba Library resources and basic searching in PubMed. If you plan to attend these sessions, please contact her by email or phone to reserve your spot.

Searching for the Evidence

Saturday January 12, 2013 10:00-11:00am
Saturday February 9, 2013 10:00-11:00am
Saturday March 2, 2013 10:00-11:00am

Janet Rothney
Dentistry Librarian
Neil John Maclean Health Sciences Library
University of Manitoba
789-3656
Janet_Rothney@umanitoba.ca
http://libguides.lib.umanitoba.ca/health/

Council and Staff at the College of Dental Hygienists of Manitoba
5th Annual General Meeting

Registrar's Report - Stephanie Gordon

The Reputation of a Regulatory Body

Recently, I've been giving careful consideration to how health regulatory bodies across Canada are being perceived and how, in the same vein, I would like our College to be viewed by its registrants, the public, Manitoba Health, other regulatory bodies and community stakeholders. I would like to start with the notion that health regulatory bodies exist for one purpose, the mandate of "protecting the public's rights to competent health care." Many principles come to mind when I try to envision how the CDHM must function to ensure this mandate is met.

Firstly, I endeavour to establish that the College is seen as a professional organization that enables registrants to exemplify the principles of professionalism and integrity which is defined in further detail in the *Dental Hygienists Act* and the *CDHA's Code of Ethics*.

Equally important, I strive to ensure that the College is seen as an approachable organization. If the public, registrants, dentists or other stakeholders have concerns about the practice of a Registered Dental Hygienist or have questions regarding operational or strategic issues of the College, I believe that the CDHM is viewed as an accessible body that manages inquiries, complaints and questions in a responsive and diligent manner.

The Council, the Complaints Committee, the Board of Assessors, the Continuing Competency Coordinator and I take complaints very seriously. We make every effort to listen to the concerns of the complainant and follow through with an objective decision making process. The due course of action involved in these situations is consistently managed in a fair and equitable manner. The committees and staff of the College are held accountable for the decisions they generate. Many aspects of these committees are kept confidential so as to meet our legal requirements regarding confidentiality which is outlined in the *CDHA's Code of Ethics*. When permitted through the legislation, the College endeavours to have a transparent approach. The Annual Report that the CDHM produces, including the financial review, is an example of transparency at an operational and strategic level.

Above all, the principles noted support the College in being viewed as a reputable and credible regulatory body.

Therefore, I ask you, as a health care professional, what are the principles that you adhere to? And what is the reputation you envision for yourself?

UPCOMING MEETINGS

MANITOBA ALLIANCE OF HEALTH REGULATORY COLLEGES MEETING:
DECEMBER 13, 2012

ORAL HEALTH ORGANIZATIONS WORKING GROUP:
NOVEMBER 28, 2012

Sincerely,
Stephanie
Stephanie Gordon BA, RDH
CDHM Registrar/Executive Director

Tis the season for renewals…CDHM working diligently to process your registration documents.

"It takes 20 years to build a reputation and five minutes to ruin it. If you think about that, you'll do things differently." Warren Buffett

Chair's Message - Patti Hawthorn

At this time I would like to thank all of those who took time out of their busy schedules to participate in our Annual General Meeting this past October. There was and unprecedented number of hygienists attending that morning, and I must say that it was somewhat overwhelming to stand there before that many of my peers. It is encouraging to see everyone join together and use this occasion to interact outside of their workplace.

Year by year the College reflects on past experiences as we continue to strive to conduct our AGM as professionally as possible. Each year our AGM has grown and there are many people within the College who have worked diligently to make this happen. I offer my sincere thanks to all those who played a part in the many facets of bringing this AGM together. We are very fortunate to have such talent and dedication among us. I had an opportunity this past fall to experience the role of Interim Registrar and have developed a true appreciation of the complexities of the position of Registrar. I was very well supported by our new employee/Administrative Assistant, Ms. Donna Dowie, Ms. Sheryl Sloshower and the CDHM Council.

UPCOMING MEETINGS

COUNCIL:
NOVEMBER 26,2012
FEBRUARY 25, 2013
MAY 27, 2013
AUGUST 26, 2013

ANNUAL GENERAL MEETING:
OCTOBER 19, 2013

Our Council has once again been elected and Terry Phillips and I are continuing for another 3 year term. Ms. Tess Newton will join us as the newly appointed Public Representative by the Minister of Health. Ms. Newton is a Financial Advisor at Sun Life Financial and comes to us with 30 years of experience working within the Pilipino community assisting immigrants settle in Manitoba. She is the former President of the Bicol Association of Manitoba, representing Manitobans from the Bicol Region of the Philippines and is also the Past President of the Philippine Association of Manitoba. She has special interests in gardening, jazz music, and promoting art and music in the Filipino community. The College looks forward to having Ms. Newton join us as she brings her expertise and cultural diversity to the Council meetings.

Each year brings a new face to Council and each AGM has brought a new face. This year's guest speaker was Mr. Wilf Falk, Chief Statistician for the province of Manitoba. He brought us the "demographic face" of Manitoba's past and what is to come. The key thread to his message was the "change" that is to come and the impact that change will bring to us as dental health practitioners. That change can instill some fear, but we are not to be frozen by that fear of change. His message was one of growth and the need to keep changing with that growth. That change can be a good thing, but change requires action.

Mickey Wener and Betty Ann Zegarac provided us with and activity which led us to reflect on the "big picture" - how we see ourselves evolving amidst these changes and the other stakeholders.

Some of us may have seen themselves a bit "frozen" in our ways as "dental auxiliaries" in the past under the legislation of the MDA. Now, as legislated dental health professionals, we have now stepped out into a new realm. We are called to be directly accountable in many new areas and to take action from registration to continuing competency. These new practices may be foreign to some and not coming as easily as for others (I am one of the latter). Trust that we can work through and come out of the other side of "change" and see that it affects not only ourselves as dental hygienists , but many others as we strive to achieve access to care for potential or under served clients here in Manitoba.

Sincerely,
Patti
Patti Hawthorn, RDH
CDHM Council Chair

CDHM AGM 2012

Continuing Competency Program (CCP) Update

Sheryl Sloshower, CCP Coordinator

Knowing is not enough; we must apply.
Willing is not enough; we must do.
Johann Wolfgang von Goethe

I would like to take this opportunity to commend those of you who actively sought many remarkable evidence-based learning opportunities and shared this newfound, pertinent information with your dental team members and your clients, collectively advancing the professional knowledge, judgment and skills of your dental hygiene practice and the quality of care of your clients. The CDHM will be featuring some of these inspirational personal learning journeys in this newsletter as well as upcoming issues.

I am pleased to report that the 2012 CCP statistics convey the achievement of the registrants, and the effectiveness of the program. Of the 101 assessed registrants, 90% were successful on the first attempt. The 10% who were deficient were given corrective feedback and were given one month to resubmit their forms. As of October 31, 2012 all the assessed registrants have met the continuing competency guidelines.

At this time, I would like to address some of your concerns expressed at the AGM on October 20th:

The corrective feedback is based on the complete process and how one is able to translate the knowledge, evaluate it and apply it to one's practice. It is not based on how well one can write. The CDHM is here to facilitate and encourage learning not to discipline. I am willing to meet with any registrant for clarification of the process or to answer any questions that you may have during the CCP year.

All activities carried out within 24 months of the reporting deadline (April 30) will be considered eligible. This applies to both the CCR and PAR. **Notably, each PAR activity may only be used once.**

A tremendous amount of evidence, research, work and thought went into the development of our program, involving consultation with an expert in the field of continuing competency, as well as a 2 year process of development with the Continuing Competency Committee, the CDHM Council Chair and Council.

Continuing professional development (CPD) is an ongoing, non-prescriptive, self-directed, outcome-focused cycle of learning and personal improvement. It is a framework that has been adopted worldwide by many self-regulated allied professionals such as nursing, medicine, occupational therapy and physical therapy. Research has repeatedly shown that imposing mandatory hours of CE is **not** an effective method of advancing knowledge or translating knowledge into practice, which is the ultimate aim and purpose of professional development. While mandating CE hours has defined continuing education programs of the past, dental hygiene and other progressive professions look forward, with insight and evidence, to newer and more effective methods to advance their knowledge and skills.

The dental hygienist is able to direct his/her own learning to maintain and further develop their professional practice capabilities. The CDHM CCP allows you the flexibility to choose your area of interest/need, which is not imposed upon you as in other jurisdictions. Additional benefits of the program are that the personal learning plan is individualized to meet the specific need of each dental hygienist, and the activities one chooses are relevant to his/her learning style, time and resources. **Thus, one is able to take ownership of his/her own learning.**

The CPD cycle has specific purposes:

Self-directed assessment involves reflection, which is a complex and deliberate process of thinking and interpreting an experience in order to learn from it. In self-directed seeking activities, one should include the opinions of others (peers, clients and employers) to fully assess one's skills and knowledge, and to identify learning gaps/potential areas of enhancement.

Learning goals are action oriented to bring about a change to one's practice. Goals must be specific, measurable, achievable, relevant to one's profession and time-based. **For guideline hours, the CDHM recommends 10-15 hours per goal.**

Continued on Page 6…….

Extended Practice Update

Mickey Wener, Extended Practice Coordinator

CDHM-MDHA Access to Care Support & Study Club: The final two sessions of the study club were held in the Fall of 2012. The September session facilitated by Mary Bertone and Mickey Wener focused on strategies for training caregivers in long-term and home-care. As most front-line caregivers have received very little training in oral health and providing daily mouth care, providing them with 'WHY' mouth care is important, the 'HOW' to provide it and 'WHAT' products to use is valuable background information before proceeding to hands-on practice. The group held its wrap-up session in November which was a time of reflection, evaluation and celebration of participant successes.

Liaison: The EPC Coordinator on behalf of the CDHM continues to network and consult within the public and private sectors of long -term care (LTC) providers in order to support access to quality oral care for residents. Within the Winnipeg Regional Health Authority, developing 'Operational Procedures' for promoting oral health is the current focus of the WRHA Oral Hygiene Working Group. WRHA LTC Dieticians are getting up-to-speed on how to incorporate oral issues into their nutritional dietary planning. Revera Living is in the process of developing a pilot program to incorporate a dental hygienist as the 'oral health champion' in one of their facilities. As a member of an interprofessional LTC team, this dental hygienist's role will be to assess residents' oral health, refer problems, plan their daily mouth care and train caregivers. An exciting opportunity! Also on the LTC fore-front, the Manitoba Dental Association is gathering stakeholders together to discuss how best to promote oral health for residents. The poor oral health of frail dependent adults and its impact upon overall health and wellness is an issue of concern for all.

Interested in providing care to homebound clients? Registered dental hygienists with their Extended Practice designation (RDH-EP) who are working in a dental private practice can provide their full scope of clinical care for clients in their homes. These could be longstanding or new clients of the dentist's practice who are unable or find it difficult to come to the dental office. In addition to assessment and clinical care, devising a daily mouth care plan, selecting appropriate products and training family and other caregivers how to help with oral care provides much needed guidance at a critical time. Working collaboratively with their dentist employers, dental hygienists are beginning to take advantage of this practice opportunity to promote access to care.

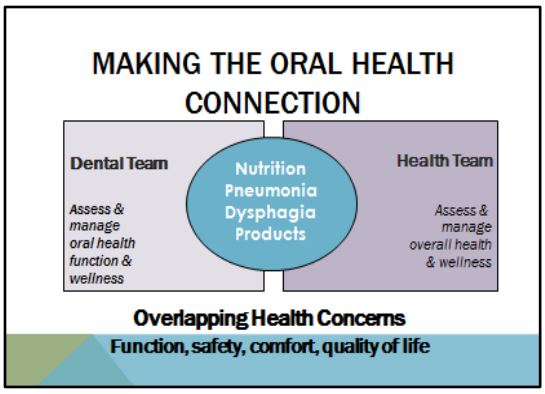
In accordance with the legislation, other opportunities could exist for providing home-based care if the RDH-EP is referred clients by a collaborating dentist, or is working with a government, municipal or university affiliated home care program. If the care does not include debridement/scaling or local anaesthesia, practising RDHs, regardless of the Extended Practice designation or program affiliation can autonomously provide less invasive services such as those focused on assessment, referral, preventive therapies and educational strategies. Think about how you might be able to extend your practice to help someone who is homebound.

Are you interested in REACHING OUT in any of the settings allowed by current legislation? For more information, go on-line to the February 2011 Connections, issue #6: *Extended Practice Update: Information Regarding Legalities of Practice*. And, please feel free to contact me with your questions or comments at mewener@shaw.ca.

Sincerely,

Mickey

Mickey Emmons Wener, RDH, MEd
CDHM Extended Practice Coordinator



Mouthcare for Caregivers Training Slide
Wener, Bertone, Yakiwchuk

CDHM Complaints Committee Update

The Complaints Committee of the CDHM did not address any complaints lodged in the 2011/2012 fiscal year. However, the committee is currently managing two unresolved complaints received over the summer of 2012. We would like to direct CDHM members attention to the revised version of the CDHA Code of Ethics that the complaints committee refers to when making decisions, this is available online at the CDHA website for those who are CDHA/MDHA members.

We would also like to direct CDHM registrants to the article written by C. Isaak-Ploegman on managing complaints in the CDHM Connections July 2012 Issue 10 pages 7 and 10, titled, "Summary of COTM (College of Occupational Therapists of Manitoba) Investigation and Inquiry Orientation 2012 held May 17, 2012 at Centro Caboto Centre."

It is worth reiterating that the College's role is to protect the public and not to penalize members, protect the profession, nor to act as a forum for labor disputes. Our decisions are forwarded to the executive director of the CDHM and formed in collaboration with the College's legal counsel.

Sincerely,
Cindy
Cindy Isaak-Ploegman, RDH, BA, MEd., Chair CDHM Complaints Committee
On behalf of committee members Lisa Grayson and Edith Daniels

CCP Update Continued……..

Activities should demonstrate a mixture of learning relevant to the goal; and current or future practice. **The activities one uses to achieve each goal are motivated by the desire to learn rather than to meet a credit/hour requirement.** Our program allows you autonomy, to choose varied mechanisms that suit your personal learning style, finances and time. While traditional CE can be one of them, it is not mandatory. CE alone has limits. As stated previously, CE generally does not translate what is learned into practice and may not enhance specific skills. The evidence demonstrates the same for testing and exams.

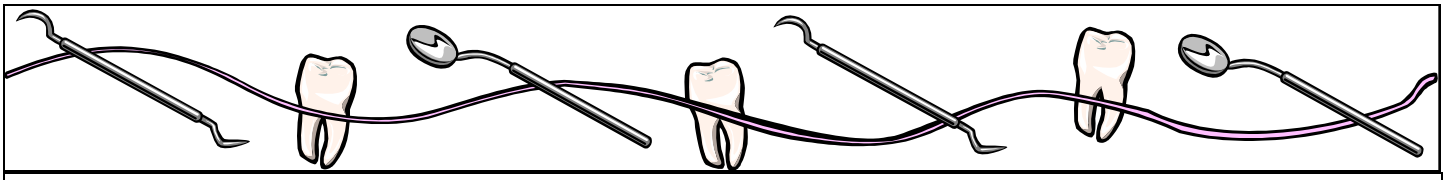
Outcome evaluation and application are the final steps, whereby you reflect on the learning evaluating the progress and the effectiveness of the learning, and implement the new knowledge or skill into practice to enhance the practice and quality of care to the client.

In summary, the research evidence states professionals who practice CPD:

1. Actively seek learning opportunities that are more pertinent to improving their professional knowledge and skills.
2. Evaluate how they specifically can apply what they learn in their practice.
3. Improve the quality of care by implementing the new knowledge, skills and judgment.

Sincerely,
Sheryl
Sheryl Sloshower, BSc(DH), RDH
CDHM Continuing Competency Program Coordinator

Professional Activity Record PAR Example



Professional Activity Record (PAR): May 1, 2011_ to April 30, 2012_ CDHM#_____

Activity participated in: *(please check all that apply)*

☐ **Attended professional meetings**

X CDHM ☐ MDHA **X** Other ___CDHA_____ Date and location of meeting:_ October 22, 2011. Canad Inns Transcona / October 1, 2011 . The Fairmont Winnipeg

☐ **Served on professional boards, councils, or committees**

Name of Board, Council or Committee: _____

Date(s) of Meetings: _____

☐ **Provided information sessions/ workshops/ courses/programs (professional or community related)**

Name of session/workshop/course: _____

Date(s) of Session:_____

☐ **Served as dental hygiene mentor (approved by the CDHM)**

☐ MDHA/U of M ☐ Other

_____

_____

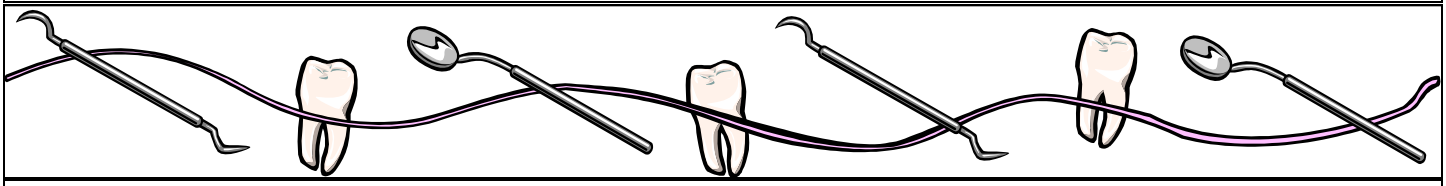
☐ **Involvement in a community outreach programs**

Name/Type of Program: _____

Date(s) of Activity: _____

☐ **Other: (Please Specify)**

_____



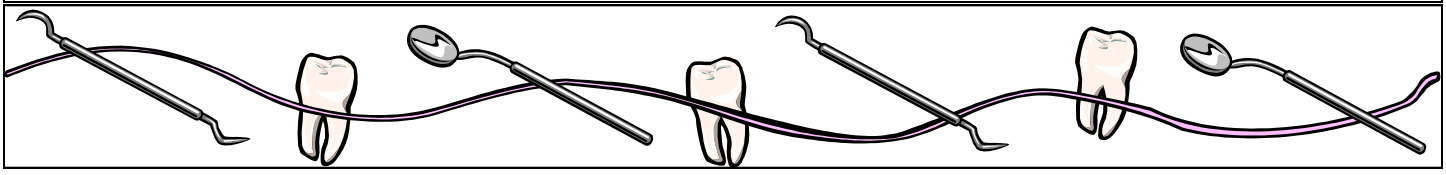
Please describe the ***Professional Activity*** you participated in or were involved with:

CDHM:

I attended the meeting and participated in the voting for council members. There was also group participation sessions and a questionnaire regarding the scope of dental hygiene practice such as barriers that we encounter and where and what direction that we would like to see dental hygiene go as a profession. I was able to write my ideas down and hand it in to aid the college. My suggestions included topics such as the ability to do referrals and prescriptions. As well I suggested that dental hygiene as a profession should get more involved in advocating or putting out ads so that the general population become more aware of the link between general health issues and oral health. The meeting also included education on how to do Goals for CCP and how to do PICO researching as well as searching through databases such as Cochrane, PubMed and CINAHL which was very informative and resourceful.

CDHA:

Two very informative presentations were given, The first one was regarding oral cancer and the second on lasers in the dental hygiene practice. There was also a presentation from dental hygienists who have broadened their practice and are working outside of the traditional dental hygiene practice. It was very enlightening to get personal perspectives of their experiences and will hopefully lead more hygienists into those areas. Afterwards there was the Annual General Meeting. The previous minutes were approved and other reports were presented such as the Financial Statements. It was nice to be made aware of how the association's money and funds are being allocated increasing my knowledge of how many aspects are involved in the dental hygiene association.



Continuing Competency Record Example

Self-directed Assessment

How did you determine your professional need?

Practice problems and reflection, previous year's courses

Goals Development and Activity Planning

There is more information and research coming to light that oral cancer is increasing. The importance of oral cancer screening in the dental office is emphasized lately in courses over the years that I have attended. As well, for my last CCR which I did on the thyroid, one of the things that I learned is the necessity for complete extra and intraoral examinations. During my career I have been mainly focusing on periodontal disease, oral hygiene education, gingivitis, calculus deposits and caries detection. From the courses to the present research available, I feel that it is necessary that I incorporate oral cancer screenings into my practice. I have felt lacking in knowledge and practice of oral cancer screening regarding the steps and I think it necessary to enhance my practice to find out the risk factors and get an evidence base knowledge of the reasons for the importance of oral cancer screening in a dental office so that I can provide my clients with well rounded care and help inform them to be more conscientious of their own mouths.

CONTINUING COMPETENCY GOAL #1:

Prior to the middle of April 2012, I will educate myself and my clients regarding oral cancer screening and perform, with confidence and knowledge of evidence based research, intraoral and extraoral cancer screenings into my daily dental hygiene practice.

CONTINUING COMPETENCY ACTIVITIES:

1. October 1/ 2011 CDHA presentation-Oral Cancer: An Emerging Pandemic / Jo-Anne Jones 1 **hour**
2. Oct 2011-April 2012 CDHA video-Oral Cancer Awareness - 4 Life Saving Minutes
3. March 31, 2012 Library Workshop-Searching for the Evidence / Janet Rothney **1.5 hour**
4. Oct 2011-April 2012 BC Cancer Agency Guidelines-BC Cancer Agency / Guideline for the Early Detection of Oral Cancer in British Colombia 2008
5. Oct 2011-April 2012 Professional Journal Reading:

- Seoane J, Corral-Lizana C, González-Mosquera A, Cerero R, Esparza G, Sanz-Cuesta T, Varela-Centelles P. The use of clinical guidelines for referral of patients with lesions suspicious for oral cancer may ease early diagnosis and improve education of healthcare professionals. Med Oral Patol Oral Cir Bucal. 2011 Nov 1;16(7):e864-9.
- Laronde DM, Hislop TG, Elwood JM, Rosin MP. Oral Cancer: Just the facts. J Can Dent Assoc. 2008 Apr;74(3):269-72.
- Yu T, Wood R, Tenenbaum H. Delays in Diagnosis of the Head and Neck Cancers. J Can Dent Assoc. 2008 Feb;74(1):61.
- van der Waal I, de Bree R, Brakenhoff R, Coebergh JW. Early diagnosis in primary oral cancer: is it possible? Med Oral Patol Oral Cir Bucal. 2011 May 1;16(3):e300-5.
- Laronde DM, Bottorff JL, Hislop TG, Poh CY, Currie B, Williams PM, Rosin MP. Voices from the community--experiences from the dental office: initiating oral cancer screening. J Can Dent Assoc. 2008 Apr;74(3):239-41
- Messadi DV, Wilder-Smith P, Wolinsky L. Improving oral cancer survival: the role of dental providers. J Calif Dent Assoc. 2009 Nov;37(11):789-98
- Poh C, Williams P, Zhang L, Rosin M. Heads Up!-A call for dentists to screen for oral cancer. J Can Dent Assoc. 2006 Jun;72 (5):413-6
- Kumaraswamy KL, Vidhya M. Human papilloma virus and oral infections: an update. J Cancer Res Ther. 2011Apr-Jun;7 (2):120-7

6. Oct 2011-April 2012 Ontario Dental Hygienists' Association reading-Dental Hygiene Facts – Oral Cancer Screening
7. Oct 2011-April 2012 Textbook reading-Darby M, Walsh M. Dental hygiene : Theory and Practice *3rd ed.*

What was the total approximate time spent participating in these activities?

The approximate time spent is 35 hours over the period of a year. I took a course and watched a video. I also did a literature research including a library workshop to broaden my searches. The literature researching took many hours since it took a long time to read through a textbook section, numerous journals and information and guidelines provided by what I gathered at BC Cancer Agency to find what was most relevant and recent for me to accomplish my goal. I also took many hours to read and re-read what I had to be able to interpret and learn and practice my goal.

Did these activities assist you in meeting your Continuing Competency Goal? (Met.)

The CDHA lecture provided me with current information on oral cancer and enforced the reasons why it should be performed. It provided a good understanding of some of the risk factors for oral cancer such as HPV. The CDHA video was very useful and

Continued on Page 9…….

Continuing Competency Record Example continued……

friendly. I watched it several times to familiarize myself with the steps. It aided me to be able visually see how to do it correctly by observing the correct procedures and landmarks and provided me with systematic steps to follow.

To further increase my knowledge of oral cancer I also researched the PubMed database for journals, articles and reviews and also read a section of a textbook. I also attended a library workshop at the U of M Library to ensure that I was using PubMed to the maximum capacity. The articles provided me with current knowledge and encouragement to perform examinations. It supplied me with a good base to know what to look for during examinations and it also provided me with solutions to potential problems or obstacles that I may encounter when starting to implement oral cancer screenings into my clinical setting.

Please describe the information/skills gained from these activities?
I learned that oral cancer is the 13th most common cancer in Canada and 6th in the world. The 5 year survival rate is 63% which is a lower survival rate than cervical cancer which is surprising since most people have heard more regarding cervical cancer than oral cancer. It was emphasized during the research the importance of early detection and how a late diagnosis influences the high mortality rate. The delay to early detection can be due to patient delay, the time it takes for the patient to seek help, and also can be caused by diagnosis delay, the time it takes for the patient to be referred. Dental professionals have the opportunity to perform oral cancer screening since we come in contact with clients on a daily basis. I learned the importance of organized clinical guidelines/protocols for referrals to reduce delays to increase survival rates and the importance of noting size, colour and texture of lesions.

Oral cancer screenings consist not only of visually looking at the head and neck and interior of the mouth but also tactile as well. I learned that an oral cancer screening also consists of obtaining a complete medical history and assessing a client's risk factors. I learned the risk factors for oral cancer such as the strong association with smoking and alcohol, especially when they are used in combination with each other. Oral cancer used to be considered for elderly male smokers but there is a rise in younger adults getting oral cancer. One of the reason is HPV especially HPV#16 and #18. Therefore it is increasingly important to screen all adults. It was shocking to learn that HPV could be transmitted through open mouth kissing. I was also surprised to learn that an immunosuppressed client due to medications, bone marrow transplants or disease, for example, was also a high risk factor. Other risk factors include diets with low fruit and vegetable intake and also prolonged sun exposure. I learned that it is very important to pay attention to the lips. The lips are poorly protected against the effects of the UV rays from the sun. I was surprised to learn that it can take 10-30 years from the time there is damage to the time that lip cancer is clinically visible.

It was very helpful learning the signs and symptoms of oral cancer such as mouth sores that easily bleed and won't heal, teeth that become suddenly loose, pain or difficulty swallowing and a persistent earache to name a few. It was a good guide to learn that lesions should not take greater than 2 weeks to heal and 3 weeks after the possible causative factor of the lesion is removed. It helped me identify what is acceptable or not.

It has been noted that oral cancer occurs primarily in the surface oral epithelium and can potentially be seen and palpated. It was surprising that as a dental profession, we can detect many cases of oral cancer only furthering the importance of oral cancer screening in the dental profession to catch cancerous lesions in an earlier stage thereby increasing survival rates.

How will this new knowledge/skills enhance your area of dental hygiene practice?
As a result of the research and continuing education activities I have been able to provide a better and complete care for my clients. It has also increased not only my knowledge but that of my clients through education and to be more aware of the full overall picture of oral health of not only the teeth but of the soft tissue, palate, lips, glands, lymph nodes, colour changes, and growths.

By performing oral cancer screening on a regular basis in my practice I have found that I am improving at distinguishing deviations or variations from what I normally see or feel. Previously that was an issue that prevented me from wanting to perform an intra\extraoral screening examination but now I am more alert to deviations or variations of normal that occur and feel more comfortable with the whole process.

Did you implement these changes into your dental hygiene practice? (Yes.)
I have become more knowledgeable and familiar with the process of oral cancer. I have implemented performing extra/intraoral screening with knowledge and with greater confidence. I have also introduced and implemented in the office where I work a lesion tracking sheet for better continuity and clarity (see attachment for lesion tracking sheet). The lesion tracking sheet that I introduced has been well received in the office and a dialogue about lesions or deviations has been established. With all the knowledge that I gained I have been able to discuss and explain with clients regarding oral cancer, its risk factors, signs and symptoms to be aware of and all within keeping it simple for the clients to understand. It has increased opportunities for clients to

Continued on Page 10…….

Continuing Competency Record Example continued…..

approach me in discussing oral cancer and certain risk factors and has opened up a comfort level that my clients have in me. This allowed me to learn more about their medical histories and family members that have had oral cancer histories which I would have not necessarily previously have found out. Now that I am performing intra/extraoral oral cancer screenings I am now providing my clients with a more complete service of care.

Were there any constraints you encountered in implementing this change? (Yes)
I found it difficult to find local information such as CancerCare Manitoba directly regarding oral cancer screening and there were no guidelines provided by them that I could find. I was however able to find clear and well organized guidelines from BC Cancer Agency.

In the clinical setting, there were questions by clients of the 'new' procedures being introduced. In some of the articles, there were suggestions of how to approach the situation. It suggested setting up a predetermined way of explaining the procedure to facilitate informing clients making it easier to describe to clients in a concise, consistent and clear manner. There was the suggestion in the readings to introduce the procedure as a "lumps and bumps check" which ended up facilitating the process. Overall I found the clients to be very receptive and appreciative of the intra/extraoral cancer screenings.

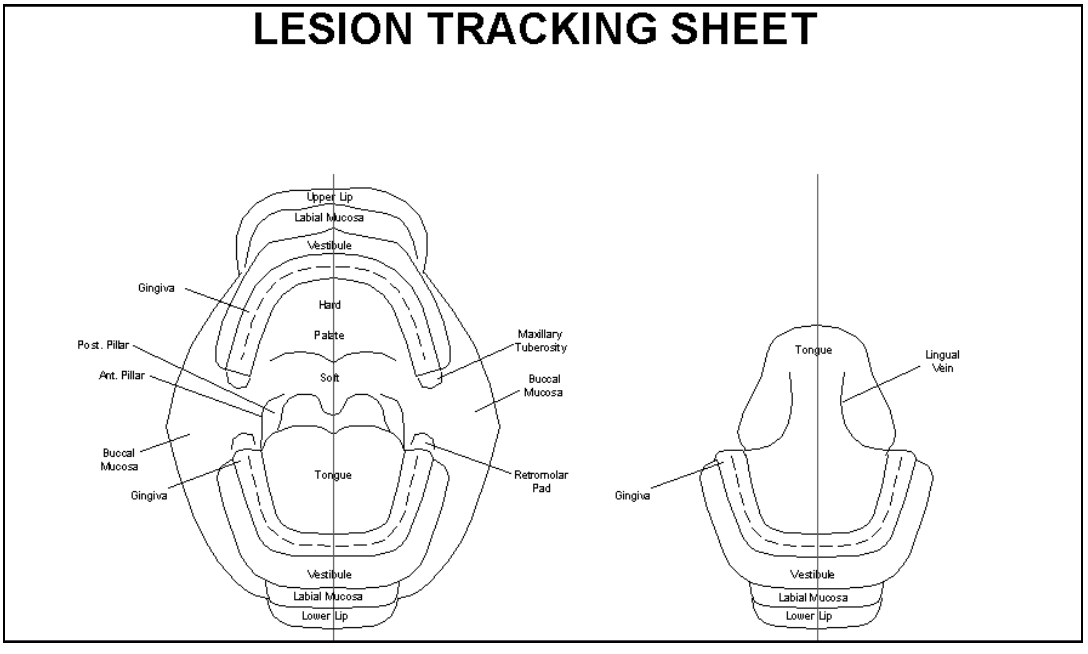
Another constraint was time management. It was one more procedure to do albeit a very important one. It took a little time to get a system in place that is time efficient. I was able to get into doing things in a sequence of order to aid myself getting into a pattern and familiarize myself with the steps of the screening.

I did find it difficult to know if certain redness/whiteness was within the norm or if I was able to feel if lymph nodes were present or not. It did help when I did more and more research and seeing pictures of what is abnormal. It is an on-going process to be able to identify by palpation and visually what is out of the norm taking into account colour, consistency, texture and size. With time and repetition, I hope to be able to be more aware in my ability to detect abnormalities.

Knowing HPV related oral cancers can predominately occur on the tonsillar area, base of tongue and oropharynx, it is crucial to view these areas for detection however it is very difficult to view and gain clear access to observe without making the client gag or resist with their tongue. In time, I hope to find a better technique of assessing the tonsillar area.

Please list additional professional learning activities that you participated in that did not directly relate to the Continuing Competency Goal (optional)

1. October 1, 2011 Lasers in Dental Hygiene Practice: Investigating the Evidence **1 hour**
2. January 27, 2012 Manitoba Dental Convention-Neck, Back & Beyond: Preventing Pain for Peak Productivity by Bethany Valachi **3 hours**
3. January 27, 2012 Manitoba Dental Convention-Emerging Infection Control Issues and Update by Marie T. Fluent **3 hours**



Snapshots from the College of Dental Hygienists of Manitoba 5th Annual General Meeting, October 20, 2012

Besting the National Standard

School of Dental Hygiene Students Ace National Exams

Students at the Faculty of Dentistry's School of Dental Hygiene topped the national average in board exams this spring. It's the second consecutive year that students at the University of Manitoba school outperformed in every category of the National Dental Hygiene Certification Examination.

"We are delighted to confirm these outstanding results realized by our students of the Class of 2012," said Dr. Joanna Asadoorian, director of the School of Dental Hygiene, located on the Bannatyne Campus of the University of Manitoba. "These results are a validation of their hard work throughout their time at the school and their drive to become the best they can be in our profession."

The exam is administered by the National Dental Hygiene Certification Board (NDHCB) and is based on national practice and education standards to assess a candidate's readiness to enter practice. The University of Manitoba students placed ahead of the national average in all categories of the test including course content and competency in addition to overall performance.

"The fact that this is the second straight year our students have done so well is truly a remarkable achievement," said Dr. Anthony Iacopino, Dean of Dentistry at the University of Manitoba. "Their success also reflects well upon our instructors at the school who should also be commended for their continued dedication to our student body.'

School of Dental Hygiene students placed ahead of the average performance of all candidates who wrote the examination in every subcategory of the test, exceeding 80 per cent in seven of nine areas. Categories ranged from biological and dental sciences to assessment, diagnosis and planning in addition to overall performance.

The NDHCB offers a credential that enables the holder to obtain registration or licensure to practice in virtually all provinces in Canada upon successful completion of the exam.

The success of the students of the School of Dental Hygiene mirrors that of their colleagues in dentistry who had also topped the national average in board exams the past two years running.

"We are particularly pleased to see all of our students enjoy this level of achievement," said Dr. Doug Brothwell, Associate Dean (Academic). "Substantial effort has been directed towards improving our educational methodologies and our teaching practices. Results like these show that we are on the right track."

FACULTY OF DENTISTRY
SCHOOL OF DENTAL HYGIENE
Traditions of Excellence, Horizons of Change

First Year Dental Hygiene Awards 2011-2012

Awards Night:
Faculty of Dentistry, School of Dental Hygiene
University of Manitoba
October 3, 2012

Dr. Bonnie J. Trodden Scholarship in Dental Hygiene	Laura Allain
Ronda Schwartz Memorial Prize in Dental Hygiene	Laura Allain
Sigma Phi Alpha Award in Dental Hygiene	Larissa Bubnowicz
Manitoba Dental Hygienists Association Award for Excellence in First Year	Chelsea Hagen
Endowment Fund Scholarship in Dental Hygiene	Hoa Luong
M.D.A. Scholarship	Tricia Mabb
Basic Science Prize in Dental Hygiene	Teagan Siemens

CDHM wishes to congratulate Ms. Diane Girardin, recipient of the 2012 Alumni of Distinction award, School of Dental Hygiene, University of Manitoba!

Pictured from left to right: Signe Jewett, 2011 recipient of the Alumni of Distinction award and Diane Girardin

Well done ladies!

MDHA Update

It was nice to see so many people turn out to attend the College of Dental Hygienists' of Manitoba annual general meeting on October 20th, 2012. It proves that Dental Hygienists in Manitoba are taking an active role in their profession.

The Manitoba Dental Hygienists Association would like to welcome all MDHA members to attend the second annual *Business with Breakfast* meeting at this years' MDA convention on January 25th, 2013. This is a great opportunity to catch up with classmates and colleagues. We hope to see you there.

Our MDHA sponsored speaker will be Rebecca S. Wilder, BSDH, MS. The title of her presentation "Hot Topics in Periodontology" will be focusing on many important topics regarding evidence based practice for periodontal patients.

MDHA is once again putting on Santa Hats to help out the Christmas Cheer Board. We will be donating food and toys for "Feed a Family" as well as volunteering to deliver hampers to families in our city. This is always a wonderful time of year to give back to the community. If you are interested in volunteering on behalf of MDHA please contact us at info@mdha.ca.

MDHA welcomes its members to be actively involved in our association. We are currently looking for members who would like to volunteer their time - big or small- on our board, chairing a committee, or at any one of our oral health related events throughout the year. Please contact MDHA if you are interested in volunteering. We hope to hear from you!

Sincerely,
Shauna
Shauna McGregor
MDHA President

Top 5 Reasons to Join the

Manitoba Dental Hygienists Association

Find out more!
www.mdha.ca
email: info@mdha.ca
www.cdha.ca

1. **Reduced Fees on CE courses**
2. **Professional Updates & Communications**
3. **Membership has it's Benefits***
4. **Stay Connected with Alumni**
5. **Give back to your Profession & Community**

*Members have access to a comprehensive insurance program, designed specifically for hygienists, plus our growing partner discount with savings on technology, uniforms, personal & auto insurance and much more!

A Warm Welcome to a New Employee at the CDHM

I would like to welcome Ms. Donna Dowie to the permanent position of Administrative Assistant to the Registrar. We are very fortunate to have Donna at the CDHM as she has a broad skill set which will benefit the College's strategic plan. These skills includes: human resources management, writing and implementing policies and procedures, client services and project management. Donna has recently obtained a Diploma in Professional Human Resources Management from the University of Winnipeg. Donna has been with the CDHM since January 3, 2012 as a temporary employee and was hired in a fulltime capacity as of September 21, 2012. She continues to provide top quality support to the College in many facets. Please give her a warm welcome when you visit the CDHM.

To All Practising and Non Practising Dental Hygienists of Manitoba:
Please ***remember*** that all accurately completed 2013 Renewal of Registration forms must be postmarked or received by the **December 1, 2012 deadline.**

Please note: A late penalty fee will be imposed on renewal forms postmarked or received after December 1, 2012.
For your convenience, the office will be open on November 30, 2012 from 9am to 4pm to receive renewal of registration forms.

To CDSPI Practising Registrants that ascertain liability insurance through CDSPI for the 2013 Renewal Year:
As per the 2013 Renewal Guide, please fax, send via regular mail or provide to the office in person a copy of your CDSPI liability insurance by January 14, 2013. An invoice of payment is not valid evidence of insurance being in place for the 2013 renewal year.

Please note: if the College does not receive proof of CDSPI liability insurance by January 14, 2013 then you **will be unable to practice as a dental hygienist in the Province of Manitoba as of January 15, 2013,** as this is the start date of the 2013 renewal year.

To CDHA Members for the 2013 Renewal Year:
As per the 2013 Renewal Guide, please have a copy of a current CDHA membership card or a copy of an Errors & Omissions Insurance Form submitted as proof of liability insurance.

Please note: Receipts of payment for your CDHA Membership is not valid proof of insurance liability.

Annual Renewal of CPR Certification /Re-certification for the 2013 Renewal Year:
Due to a system change at the Heart and Stroke Foundation during this 2013 registration season, submitting a copy of your CPR card, a letter from the CPR instructor indicating completion of Level "C" CPR course or a document from the Heart and Stroke Foundation with your name and the date of completion of the course would be considered acceptable evidence of completion.

Please note: Receipts of payment for the CPR course will not be accepted as evidence.

Please call the CDHM office at **204-219-2678** or email cdhm@cdhm.info if you have questions or concerns about the content of the registration form.

THE UNIVERSITY OF MANITOBA SCHOOL OF DENTAL HYGIENE ALUMNI ASSOCIATION

IS PLEASED TO WELCOME ALL ORAL HEALTH PROFESSIONALS TO OUR INAUGURAL

CONTINUING DENTAL EDUCATION EVENT

LOCATION:
FREDRIC GASPARD THEATRE
(FORMERLY THEATRE A)
BASIC MEDICAL SCIENCES BUILDING
BANNATYNE CAMPUS,
UNIVERSITY OF MANITOBA

FUTURE ORAL HEALTH ISSUES FACING

BABY BOOMERS

SATURDAY, APRIL 13, 2013
11AM –12:00 & 1PM – 2:00 PM

$15 REGISTRATION FEE FOR UMSDHAA MEMBERS
$40 FOR NON-MEMBERS

FEATURING
DR. ANTHONY IACOPINO
DEAN OF DENTISTRY,
UNIVERSITY OF MANITOBA
DIRECTOR OF THE INTERNATIONAL CENTRE
FOR ORAL-SYSTEMIC HEALTH
FORMER DIRECTOR,
WISCONSIN GERIATRIC EDUCATION CENTRE

ALSO FEATURING
PROF. SALME LAVIGNE
PROFESSOR, UNIVERSITY OF MANITOBA
FORMER DIRECTOR, SCHOOL OF DENTAL HYGIENE

LUNCH WILL BE PROVIDED FOR ALL COURSE PARTICIPANTS

FOR MORE INFORMATION TO OR REGISTER CONTACT: **SIGNE JEWETT,** UMSDHAA MEMBERSHIP CHAIR: SBJEWETT@MYMTS.NET
UMSHDAA ANNUAL MEMBERSHIP DUES ARE AVAILABLE FOR $20 ($10 FOR STUDENTS)
CHEQUES FOR MEMBERSHIP DUES AND/OR REGISTRATION FEES CAN BE MADE OUT TO **UMSDHAA** WITH YOUR REGISTRATION FORM MAILED TO:
LORRAINE GLASSFORD, UMSDHAA TREASURER D212-780 BANNATYNE WPG, MB. R3E OW2

ASA Classification

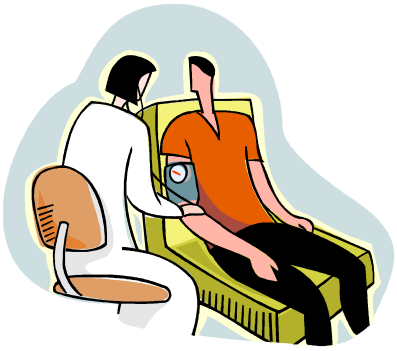
ASA PS	Definition	Example	Treatment Recommendations
1	Healthy patient	—	No special precautions
2	Patient with mild systemic disease	Pregnancy, well-controlled type 2 diabetes, epilepsy, asthma, thyroid dysfunction, BP 140-159/90-94 mm Hg	Elective care okay; consider treatment modification
3	Patient with severe systemic disease that limits activity but is not incapacitating	Stable angina pectoris, post myocardial infarction >6 months, post CVA >6 months, exercise-induced asthma, type 1 diabetes (controlled), epilepsy (less well controlled), symptomatic thyroid dysfunction, BP 160-199/95-114 mm Hg	Elective care okay; serious consideration of treatment modification
4	Patient with an incapacitating systemic disease that is a constant threat to life	Unstable angina pectoris, post myocardial infarction <6 months, uncontrolled seizures, BP >200/>115 mm Hg	Elective care contraindicated; emergency care: noninvasive (e.g., drugs) or in a controlled environment
5	Moribund patient not expected to survive 24 hours without operation	End-stage cancer, end-stage infectious disease, end-stage cardiovascular disease, end-stage hepatic dysfunction	Palliative care

Modified from Malamed SF: Knowing your patient, J Am Dent Assoc 141:3S–7S, 2010.
BP, Blood pressure; *CVA*, cerebrovascular accident; *mm Hg*, millimeters of mercury.

The table is from the American Society of Anesthesiologists and taken from the Handbook of Local Anesthesia, 6th edition by Stanley Malamed. ASA 3 and 4 discuss dental treatment protocols related to heart and stoke.

ASA 3. **If dental care is indicated, stress reduction protocol and other treatment modifications are indicated. This classification represents a "yellow flag" for treatment. Examples: history of angina pectoris, myocardial infarction, or cerebrovascular accident, congestive heart failure over six months ago**, slight chronic obstructive pulmonary disease, and controlled insulin dependent diabetes or hypertension. **Elective dental care is okay.**

ASA 4. Patients have severe systemic disease that limits activity and is a constant threat to life. Patients pose significant risk since patients in this category have a severe medical problem of greater importance to the patient than the planned dental treatment. **Whenever possible, elective dental care should be postponed until such time as the patient's medical condition has improved to at least an ASA 3 classification. This classification represents a "red flag" a warning flag indicating that the risk involved in treating the patient is too great to allow elective care to proceed. Examples: history of unstable angina pectoris, myocardial infarction or cerebrovascular accident within the last six months,** severe congestive heart failure, moderate to severe chronic obstructive pulmonary disease, and uncontrolled diabetes, hypertension, epilepsy, or thyroid condition. If emergency treatment is needed, medical consultation is indicated.

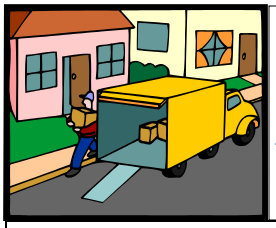


CDHM VELScope® Position Statement:

"While the use of adjunctive tools such as direct fluorescence visualization (VELScope®) or toluidine blue is within the DH Scope of Practice, these tools remain complementary to a comprehensive health history review and the fundamental visual and tactile means of intra-oral and extra-oral examination. In order to use these tools, dental hygienists must acquire adequate training to be competent in their application."

From all of us at The College of Dental Hygienists of Manitoba; We wish you and your family a wonderfully warm holiday season and a healthy and happy new year!

Notice of Office Closure: Please note the CDHM office will be closed on the following days: December 21, 2012-January 1, 2013 inclusive. (Regular business hours resume January 2nd, 2013: open: Monday-Thursday 9:00-4:00, closed: Fridays)



Are you moving??

Change of Address Notification

It is imperative that registrants of the College of Dental Hygienists of Manitoba (CDHM) ensure that their mailing address is always current. Incorrect or out of date addresses can lead to missed mailings which may include important notices and documents. Address changes must be submitted in writing, fax or by email ***within 30 days of changes*** as per by-law 2.1and *must include the following information:*

Name (in full)	***CDHM Reg. Number***
Old Address	
New Address	***Home Phone*** ***Email***
Effective Date	***Signature***

Registrants are welcome to copy or cut out this address change card and use it to submit an address change. Please contact the CDHM if you require further information.

College of Dental Hygienists of Manitoba
109 - 420 Des Meurons St.
Winnipeg. MB R2H2N9
Phone: 204-219-2678
Fax: 204-219-2679

Email: cdhm@cdhm.info
Website: www.cdhm.info
Office Hours:
Monday-Thursday, 9:00am-4:00pm