



# 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 17

September 2014

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### Notice of the CDHM Annual General Meeting October 25, 2014

**All members on the practising, non-practising and student registers are invited to attend the Annual General Meeting**

**Date:** Saturday, October 25, 2014

**Time:** 10:00 am-12:30 pm

**Registration starts at 9:30 am-meeting will start promptly at 10:00 am**

**Location:** CENTRO CABOTO CENTRE  
1055 Wilkes Avenue, Winnipeg  
P: 204-488-2055

Free on-site lot parking

Please remember to bring your membership (wallet) card or personal identification to register.

**Please RSVP by Friday, October 10, 2014 at [cdhm@cdhm.info](mailto:cdhm@cdhm.info) or 204-219-2678**





## Registrar's Report - Stephanie Gordon

### Connecting to You

I recently attended a workshop offered through the Crown Corporation Council of Manitoba regarding financial management in public sector organizations. This included training on balance sheets, income statements and financial notes. What I found quite interesting about this session was that even though the content was specifically crafted around financial administration, the workshop specifically highlighted that the organization's annual report is one of the best ways to connect and communicate with the membership and the public. This year's Annual Report focuses on making connections to the membership, the public and the stakeholders. This theme is quite similar to our newsletter, *Connections*, in that it is a way to reach out to anyone and everyone who is interested in learning about the College of Dental Hygienists of Manitoba (CDHM). I encourage all of you to spend some time reviewing the 2013/2014 CDHM Annual Report and sending any questions you may have regarding this publication to me and/or the CDHM Council. I truly look forward to hearing your thoughts on this report.

#### UPCOMING MEETINGS

**MANITOBA ALLIANCE  
OF HEALTH  
REGULATORY  
COLLEGES:  
OCTOBER 2, 2014**

**OFFICE OF THE  
MANITOBA FAIRNESS  
COMMISSIONER  
MEETING:  
OCTOBER 3, 2014**

**ORAL HEALTH  
ORGANIZATIONS  
WORKING GROUP:  
OCTOBER 8, 2014**

Over the past year, I have been giving considerable thought about how best to connect with the dental hygiene membership of the college. With that in mind, I have focused on a few strategies that I feel, have strengthened the relationship that the staff at the CDHM has with its registrants. Some approaches that I have implemented include presenting a minimum of two times per year to the University of Manitoba (U of M), School of Dental Hygiene students where the current dental hygiene legislation is reviewed with the students and the law governing their profession is further distilled. Furthermore, I have met, in person, with at least 95% of all new applicants of the College (including the U of M new graduates) in the past 18 months. This process provides an opportunity for me to review with new applicants the legislation of the CDHM, specifically including a highlight of certain sections of the by-laws. This opportunity assists me in building relationships, on an individual basis, with the registrants and also helps to foster an appreciation that the staff of the CDHM are here to support registrants in their transitions from student/new applicant to dental hygiene professionals in Manitoba.

Subsequently, you may have noticed, the College staff has also set a priority of promptly answering any and all emails/phone calls/voicemails that are received at the College. We try our best to answer any phone calls immediately at the office, however, in some circumstances this is not always possible. We kindly ask that if your phone call is not answered immediately to please wait until the system goes to voicemail and then leave a message on our voicemail system.

I also feel it is very important that if a registrant/new applicant/dentist/member of the public has inquiries or questions about the CDHM, or its processes, that the staff of the College provide that person our undivided attention to ensure his/her questions are being addressed, this includes focusing on the nature and detail of the inquiry. This significant commitment to each inquiry entails that the College staff are attentive and engaged in each of these inquiries. That being said, when you call the CDHM office with inquiries, we are more than happy to answer them to the best of our ability, however, in some circumstances a 'quick question' may not derive a quick answer or solution. In these particular situations, it is best if one of the College staff meet with the person who is making the inquiry at a set meeting date and time.

With a membership of approximately 750 practising and non-practising registrants of the CDHM there are many benefits to managing a smaller regulatory body. I truly feel that the best benefit of a smaller organization is that I will get to meet and know all of you (and you will get to know me) on a one-to-one basis. Looking forward to seeing and speaking with each of you at our AGM in October.

Sincerely,

*Stephanie*

Stephanie Gordon, BA, RDH  
CDHM Registrar/Executive Director



## Chair's Message - Terry Phillips

Self Regulation – the Registered Dental Hygienists in Manitoba are self regulated through their College of Dental Hygienists of Manitoba (CDHM).

What does it mean to be “Self-Regulated”?

The dental hygienists of Manitoba have been a self–regulated health profession for six years now. But do we all completely understand what this designation means to each of us individually and to our profession as a whole?

Self-regulation is an agreement that a profession has made with the government to regulate its members, to ensure the safety of the public and the standards of its members. The regulatory body must develop, implement and enforce the rules. These rules include the entry requirements, standards of practice, and rules pertaining to discipline and removal of designation. A self-regulatory body must have in place a complaints and discipline system. This allows the public a means to raise concerns about a member of the profession. The profession must set up an ongoing competency program to ensure the safety of the public.

Being self-regulated prohibits other professions from imposing requirements on the profession. With self-regulation of a profession, the title designation is protected. The public can identify the professional as having a certain set of skills, for example, RDH.

It informs society that we are a group of professionals with a defined expertise. The members have control over their future and that of the profession.

It is a great responsibility to be a member of a self-regulated profession. Each member is responsible for maintaining the standards of their profession, to assure the protection of the public.

“The College of Dental Hygienists of Manitoba exists so the public will have safe, competent dental hygiene care and expertise that contributes to oral and overall health using cost effective stewardship of resources.”

This is the CDHM “Mega–End” in our policy governance. Everyone at the College of Dental Hygienists of Manitoba understands the great responsibility we have to ensure that our “End” is met. It is the very definition of self-regulation.

Sincerely,

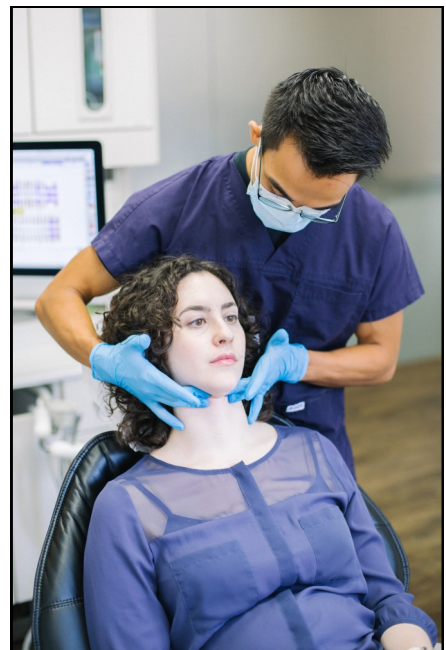
*Terry*

Terry Phillips, RDH  
CDHM Council Chair

### UPCOMING MEETINGS

**ANNUAL GENERAL  
MEETING:  
OCTOBER 25, 2014**

**COUNCIL:  
NOVEMBER 24, 2014**



## Message from the President of the Manitoba Dental Hygienists Association

As dental hygienists practicing in the province of Manitoba, we are privileged to be a self-regulated primary health care profession. With this legislative stature, we are participants in the health policy community. Hence, the existence of both a strong College and Association is imperative to the success of our profession.

The College of Dental Hygienists of Manitoba (CDHM) is mandated to govern all dental hygienists from across the province, in a manner that serves and protects the public interest. This ensures that we, as oral health care professionals, are educated and competent to provide safe and adequate services, according to specific guidelines and practice standards.

The Manitoba Dental Hygienists Association (MDHA) acts as the collective voice and advocacy body for dental hygienists practicing in Manitoba. We provide members with opportunities for health promotion, education and community outreach, and offer support in lifelong learning, evidence-based practice and professional development.

Distinction is essential. **Separately**, we have different responsibilities. **Together**, we encourage continued growth and advancement of the profession, and empower our collective for global betterment.

The CDHM and MDHA share a rich tradition of intra-professional collaboration, partnership and history of teamwork, all of which is fundamental and integral to the existence of quality client-centered care within our communities. Through our combined knowledge and complementary skills, and based on mutual trust, respect and understanding, a powerful foundation is created to enhance the health of our population.

The Continuing Competency Program (CCP) of the CDHM is strong, effective and uniquely designed to ensure ongoing competence of all dental hygienists in Manitoba. It demonstrates the essential and compulsory requirements for the advancement of dental hygiene as a fundamental primary health care profession. As oral health care professionals, it holds each of us **accountable** for initiating, pursuing and implementing lifelong and evidence-based learning into our daily practice. As oral health care professionals, the CCP ensures that each of us is **accountable** to the public. The MDHA commends and strongly supports the CDHM in this endeavor.

In support of the CDHM Continuing Competency Program, the MDHA offers a number of quality educational events throughout the year. For information on upcoming MDHA Professional Development Events for 2014/15, visit our website, <http://mdha.ca/professionalDevelopment.html>.

The MDHA and the CDHM continue to work together to ensure that both the advocacy and regulatory bodies remain strong and continue to flourish. It is through the combined developments and innovations that you, the dental hygienists of Manitoba, are provided with ongoing guidance, evidence-based competence and the endless support that is necessary to best serve the oral health needs of our population.

It is said that your Professional Identity begins with joining your Professional Association. When you become a member of your Professional Association you will have the opportunity to connect with those who have chosen the same career path and will have access to educational resources, knowledge and opportunities that will ensure your professional development and secure the future of your career. A Professional Association is a synergistic collection of individuals and its success lies with the members. If you are not yet a member of the MDHA, we strongly encourage you to acquire your membership. When you become a MDHA member you also become a member of the Canadian Dental Hygienists Association, which provides many additional benefits.

The MDHA is here to support you as you progress through your dental hygiene careers and we genuinely look forward to getting to know each of you, personally and as an oral health care professional. The MDHA urges you, our membership owners, to become actively involved and to participate in the activities of your association. As a volunteer based organization, we welcome your contribution in whichever way possible.

Ultimately, the MDHA is **your** professional association, and its continued success lies with each of **you** and **your** meaningful contribution to our professional community.

For information on MDHA membership or how you can become involved, please contact the MDHA, [info@mdha.ca](mailto:info@mdha.ca). We look forward to hearing from you!

Larissa Bubnowicz, BSc, Dip.DH, RDH  
President – Manitoba Dental Hygienists Association



## Continuing Competency Program (CCP) Update

Sheryl Slosower, CCP Coordinator

I would like to congratulate the registrants who were audited for the 2013-14 CCP year. This year, as in previous years, there were exemplary CCR and PAR submissions. Moreover, I would like to acknowledge the admirable effort put forth by all the registrants. Over the next couple of months, I will be seeking permission to have some of the CCP submissions published in the January *CDHM Connections Newsletter*. In addition, I will be asking registrants to share their experiences. In this newsletter, I am pleased that Joan Todd, RDH has written an article sharing her CCP experience.

I would also like to extend my gratitude to the CCP Reviewers for their hard work and for completing the assessments in a timely fashion.

In order to assist you with future CCP submissions, items 1-8 are common omissions/errors that the CCP Reviewers and I have documented.

1. The goal is not defined in one sentence. Please define the goal in one sentence with a subject, timeline, verb and measurable outcome. Please refer to the CCP package (pages 13-14). A goal must also be SMART.
2. Please make sure you read the CCP Directives before filling out any of the CCP forms. <http://www.cdhm.info/quality-care/ccp-directives/>. **There is pertinent information on this page regarding SMART Goals, Acceptable Continuing Competency Activities as well as Activities not to Include.**
3. Group discussions with co-workers, colleagues and sales representatives are not acceptable activities. However, if you are in a registered study group, the discussions within the study group are acceptable when it is related to the presented evidence and the Continuing Competency Goal.
4. Question 2, in the CCR form asking you to describe the new knowledge gained is often lacking in detail. The description is often very vague. Please highlight the important details of your learning in paragraph or in note formation. One or two sentences is insufficient.
5. Ergonomics is extremely important to our profession. Please use acceptable Continuing Competency Activities and **relate the learning to the care of the client and the quality of care as stated in the CCP Directives**. Personal wellness, yoga, massage therapy, physiotherapy and chiropractic care are not acceptable activities as they are too personal. If one has an occupational therapist assess the workplace, the learning in conjunction with the supporting evidence would be acceptable.
6. Please see the acceptable PAR activities listed in the CCP package on page 18. These are called *Professional Activities* which are different from the *Continuing Competency Activities* listed on page 15.
7. The PAR is an important part of the continuing professional development process. Peer networks and professional connectedness are integral to maintaining competence. Moreover, engagement provides a valuable social aspect to the process. **However, one must provide a synopsis and reflect on the Professional Activity including the benefits to you and /or the recipient of the Professional Activity. This paragraph is often missing.**
8. There is a rumour circulating that you cannot do the same PAR activity every year. This is not true. As long as you fill out the synopsis paragraph and do not claim the hours as practising and/or or use them in your CCR such as Janet Rothney's workshop, you may use the same activity yearly.

Subsequently, I will be discussing professionalism, communication, integrity and accountability as it relates to your regulatory body. Since there have been several instances of unprofessional communication, I must inform you that the communication that one displays is to be of a professional and a respectful nature towards the CDHM. In the event that it is not, under clause 22(1)(b) of *The Dental Hygienists Act*, the CDHM Registrar can consider whether such conduct should be referred to the CDHM Complaints Committee for review. Professionalism and integrity are expected at all times. This encompasses the use of respectful communication.

Furthermore, it is imperative to be aware that when you sign the CCP declaration on your *CDHM Renewal of Registration*, you are certifying that you are keeping up with your yearly CCP requirements due on April 30. Hence, when registrants state, "How am I supposed to remember what took place 3 years ago?" and "Registrants are listing citations of resources they have never even looked at, just in order to meet the requirements," they are committing fraud. This has serious consequences, which may result in a referral to the CDHM Complaints Committee.

Continued on page 8



## Extended Practice Update

Mickey Wener, Extended Practice Coordinator



### A SNAPSHOT OF INDEPENDENT DENTAL HYGIENE PRACTICE IN CANADA

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In the true sense of the word, independent practice means being able to open a store-front dental hygiene practice. However, where there are other opportunities for non-traditional dental hygiene practice outside of a dentist-owned office such as within long-term care or hospitals, both autonomy and access to care are fostered.

Want to know how Manitoba compares to the other provinces regarding independent practice? From West to East, the following information describes requirements for independent practice in addition to the basic registration requirements for active practice. Note that in some provinces, unsupervised practice is called 'self-initiation'. The self-initiation course/module mentioned is available through CDHA or, as required, in provincially adapted versions.

The following information has been confirmed with each of the provincial regulatory bodies.

**BRITISH COLUMBIA** (College of Dental Hygienists of British Columbia; <http://www.cdhbc.com/>): Since 1995, registered dental hygienists in BC have been able to practice independently, albeit within the '365 Day Rule'. This rule requires that in order to be treated by an RDH, a client must have had a dental exam within the previous 365 days. In 2012, the inception of a new registration category (365 Day Rule Exempt) now allows registrants with additional baccalaureate education and/or specific practice experience, in addition to 3500 clinical practice hours in the 5 years prior to registration, to practice independently. Seven additional streams are available that recognize a registrant's unique education and practice experience. All those with the 365 Day Rule Exemption must maintain current CPR for health care practitioners.

**ALBERTA** (College of Registered Dental Hygienists of Alberta; <http://www.crdha.ca/>): Once successfully registered, an RDH can practice independently. Five or more years of dental hygiene practice is recommended prior to opening an independent practice. RDHs must notify the CRDHA of the name, phone number and address of the independent practice and the CRDHA will conduct an inspection of the practice prior to opening.

**SASKATCHEWAN** (Saskatchewan Dental Hygienists' Association; <http://www.sdha.ca/>): RDHs may practice independently provided that they are employed by or practice under contract with an employer that has established a formal referral or consultation process with a dentist, or a dentist themselves. A completed and signed Verification of Contract form is required by the SDHA prior to practising independently.

**MANITOBA** (College of Dental Hygienists of Manitoba; <http://www.cdhm.info/>): With Extended Practice status (3000 hours of practice), a dental hygienist can scale, debride, root plane and provide oral anaesthesia independently, without supervision, in approved facilities (long-term care, hospitals, psychiatric facilities) and oral health programs (government or University of Manitoba settings), or in a facility/program approved by the Minister of Health. Note that no other procedures have supervision requirements, except orthodontics and restorative (not temporaries).

**ONTARIO** (College of Dental Hygienists of Ontario; <http://www.cdho.org/>): RDHs can practice independently. The ability to self-initiate the scaling and root planing of teeth, including curetting surrounding tissue, requires authorization by the CDHO. There are 3 different streams to achieve self-initiation. Stream one includes 3200 hours of practice within the last 2 years and 1) practising under a 'standing order'; or 2) successfully completing a CDHO approved refresher course or the CDHA self-initiation course; or 3) previous practice in AB or BC. This stream also includes current self-initiation status in NS or having a certificate of conditional authorization for at least six months while in a mentorship contract with a CDHO approved mentor along with meeting any other CDHO requirements. The second stream provides additional options for those who don't meet stream one requirements: successful completion of either a CDHO approved refresher course or the CDHA self-initiation course combined with being in a mentorship contract with a CDHO approved mentor. Stream three is available to graduates from an accredited program who graduated after January 1, 2013 and who are in a mentorship contract with a CDHO approved mentor.

**NEW BRUNSWICK** (New Brunswick College of Dental Hygienists; <http://nbcdh.ca/>): RDHs can practice independently (self-initiate) following proof of successful completion of a Council-approved module or equivalent.

**QUEBEC** (Ordre des hygiénistes dentaires du Québec; <http://www.ohdq.com/>): Although the first province to have their own legislation, RDHs cannot practice independently and have strict supervision requirements.

**NOVA SCOTIA** (College of Dental Hygienists of Nova Scotia; <http://www.cdhns.ca/>): RDHs can practice independently. Registrants must apply to the regulatory body to be authorized to practice unsupervised and have successfully completed the CDHNS self-initiation module, or have equivalent education or experience to that provided by the self-initiation module. All registrants are required to be authorized to self-initiate dental hygiene care within two years of being registered. Most new registrants take the module and are self-initiated at the time of registration.

**PRINCE EDWARD ISLAND** (Dental Council of Prince Edward Island): Dental hygienists do not have their own legislation in this province and must work under contract of a dentist or an employer that has a formal referral or consultation process with a dentist.

**NEWFOUNDLAND/LABRADOR** (Newfoundland and Labrador College of Dental Hygienists Inc.; <http://www.nlcdh.com/>): RDHs can practice independently. The regulations state that dental hygienists have no provision for supervision, practice categories or standing orders, and are able to practice dental hygiene within the full scope of practice set by the NLCDH. Prior to independent practice, the regulatory body recommends 3000 hours of practice and the CDHA self-initiation course. The only exceptions regarding supervision are orthodontic and restorative skills which must be practiced according to the dentist practitioner's treatment plan.

In a nutshell, with much variation in requirements and restrictions, seven of the ten provinces (BC, AB, ON, NB, NS, NL/L) allow independent stand-alone practices, SK requires collaboration with a dentist, MB allows independence in designated settings and programs, and two provinces (QC, PEI) still require supervision by a dentist. For additional specifics, see the provincial regulatory authority of interest. For those interested in practice in the territories, the regulatory website for Nunavut is [bharvey@gov.nu.ca](mailto:bharvey@gov.nu.ca) and for the Yukon, <http://www.community.gov.yk.ca/consumer/pl.html>.

Note that although independent practice may be allowed there are restrictions according to each province's scope of practice, such as additional modules or courses for specific practices, and some of these may or may not be allowed to be practiced independently. For example, regarding local anaesthesia, RDHs in AB, MB, NL/L can administer LA without supervision, whereas in ON, RDHs can apply topical, but are unable to administer local anaesthesia in any setting. In Alberta, RDHs can prescribe drugs, including antibiotics, following a rigorous post-grad module. In BC, AB, NS and NB, RDHs can order radiographs. There is much variation across the country!

As the provinces sought to have their own legislation, typically more leeway was allowed regarding scope of practice. It would be ideal if one day all the provinces had similar legislated requirements and scope that allowed dental hygienists to easily move between provinces and work to the maximum of their abilities and education in order to provide much needed care for all members of the public.

Here's to moving our profession forward through legislative change!

Sincerely,

*Mickey*

Mickey Emmons Wener, RDH, MEd  
Extended Practice Coordinator



## CCP Update Continued...

I urge you to review, the *CDHM Practice Standards on Professional Responsibility*, the *CDHA Code of Ethics*, *Principles of Accountability and Integrity*, and the *CDHA National Competencies and Standards for Canadian Dental Hygienists on Professionalism and Professional Relationships*.

I realize that it is very stressful to receive a letter from the CDHM outlining your deficiencies. However, the reviewers and I work very hard at providing you with detailed corrective feedback. It is important to reflect on the feedback and to learn from it. Like you, I feel a strong desire to quickly forget mistakes that I have made. Doing so, however, removes valuable learning opportunities. I have learned so much, if not more, about teaching from the mistakes I have made than from my successes. Reflective learning requires more time and effort but the rewards are well worth it. Please keep in mind that I strive to facilitate learning. Most importantly, I encourage questioning and individual growth that result from the joys of learning and the pleasure of knowing. In this way, I hope to make you feel capable of achievement, in addition to fostering the success of the CCP.

I would like to reiterate that the CCP Package has been updated and revised as of July 2014. Please read the *General Policies* section paying close attention to pages 7-10. In addition, the CCR and PAR forms, and the sample forms have been revised. You may access the full document on line at: [http://cdhm.info/qualityCare/CDHM\\_CCPpackage\\_Full.pdf](http://cdhm.info/qualityCare/CDHM_CCPpackage_Full.pdf)

**“BY THREE METHODS WE MAY LEARN WISDOM: FIRST, BY REFLECTION, WHICH IS NOBLEST; SECOND, BY IMITATION, WHICH IS EASIEST; AND THIRD BY EXPERIENCE, WHICH IS THE BITTEREST.” CONFUCIUS**

Sincerely,

*Sheryl*

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

Parboosingh IJ, Reed VA, Caldwell Palmer J, Bernstein HH. Enhancing practice improvement by facilitating practitioner interactivity: new roles for providers of continuing medical education. *J Contin Educ Health Prof* 2011 Spring;31(2):122-127.





## **The Continuing Competency Program From A Different Perspective**

I am writing this to review my experience with my CCP audit. I received my official audit notice at the end of March 2014. Initially, I was stressed, but after sitting down and making sure that all my research and my professional meetings were recorded and saved on my computer, I felt much better and confident that I had completed the requirements as requested.

I submitted my CCR and PAR for the previous three years. I submitted them with a deep breath as I have been out of university and in private practice for 30 years. I spent hours compiling my research and spent almost as many hours in lectures. I was confident that my PAR component was complete. I submitted my CCP package in time for the April 30, 2014 deadline.

On August 15, I received a registered letter that contained a full written report from the CCP Reviewers. It indicated that I needed to redo portions of the three years of the CCR submissions and two years of the PAR submissions. Initially, I was very upset. As dental hygienists, we tend to be high achievers and I was not happy with the feedback. I took a couple of days to digest and mull it over. Once I calmed down, I realized that the errors I made were consistent in all three years of reporting and frankly easy to rectify. I sent an email to the CCP Coordinator explaining that I noticed a consistency with my CCR errors as well as an issue with my PAR. I felt that volunteer activities outside the certified PAR activities should be recognized. Keeping that in mind, I had met all the PAR requirements. I also noticed a discrepancy between my PAR activity and the comments from the CCP Reviewers.

I was very pleased to get a call back from the coordinator of the CCP program. Sheryl indicated that the errors I had made in the CCR submission were very common and that my research indicated that I had completed my CCR to the best of my ability but had perhaps not completely followed instructions and filled in the forms correctly. In regards to my PAR component, I simply removed my outside volunteer activities and streamlined my approved PAR activities. We also cleared up the inconsistency between the CCP Reviewers' comments and my actual participation in the PAR activities. I explained to her that I had been out of university for 30 years and this is a HUGE learning curve for me. Sheryl was very understanding and acknowledged that she was aware of that fact and was very pleased with the effort I put forward. I was very satisfied as we went through my submission and I made the necessary changes. I felt much better after our phone conversation.

I realized that the CDHM staff members are very open to the members' calls and questions and that they are there to help and educate the members. I was very satisfied with the whole process in the end though it did cause me a great deal of stress during the process. I think those of us in the trenches have to realize that the staff at the CDHM are really there to help and educate us. I feel that sometimes we do not acknowledge this. I truly hope that as we move forward, we can continue to build the respect between the members, the CDHM staff and Council. Though this process for me has not been easy, I am a better dental hygienist because of it and I truly believe that if everyone cooperates and communicates, our profession will continue to grow and flourish.

Respectfully submitted,  
Joan Todd, RDH

## **“KNOW THE ACT, TO KNOW HOW TO ACT” - SOON TO BE VOICED ON POWERPOINT**

As a follow-up to the CDHM Legislation Update, *Know the Act* held in April 2014, an on-line version of the PowerPoint was made available on the CDHM website (see Legislation and Resources). In order to make the content more fully accessible to practising and student dental hygienists, as well as others with an interest in our legislation, a voiced component is being added. The script is under development, along with accessing the needed technology. So, if you were on the waiting list, or think this could be of interest to you, look for an email announcing its availability this fall.





## HR Corner - Donna Dowie

### *Registration of Renewal in the "Fast Lane"... guaranteed to cause you grief!*

"I never could have done what I have done without the habits of punctuality, order, and diligence, without the determination to concentrate myself on one subject at a time..." Charles Dickens

The registration of new graduates these past months has brought bright and enthusiastic talent into the profession of dental hygiene! The summer has now drawn to an end and the leaves are starting to fall, as a new autumn schedule begins with back to school and work endeavors.

The CDHM Council are planning the agenda for the Annual General Meeting for the morning of October 25<sup>th</sup> and the college staff are preparing for the 2015 Renewal of Registration period. This time of the year seems to bring some anxiety to the CDHM registrants. I would like to share some tips on how to successfully fill out your forms for this upcoming renewal time *without any grief*.

In my experience, I've noticed quite a few errors that could have been avoided if only some attention and focus was used in completing the forms. Some examples of simple yet avoidable errors are: omitted and/or wrong dates, not signing the declaration(s) and not completing the required sections. These forms are legal documents. Unfortunately, when these types of mistakes are made, the renewal forms must be mailed back for correction. Submitting correctly filled out forms will avoid delays with registration approval and will eliminate the potential for unexpected late fees. Here are some suggestions that will help assist you when filling out your forms:

- **Structure Your Environment and Cut off the Noise:** separate yourself from people and technologies by choosing a quiet, isolated place to fill out your forms. Having the television blaring and your cell phone buzzing will only distract you from your paperwork.
- **Be Patient:** take time to check over each section. It is amazing what the human eye misses and catches the second or third time around. If you complete it correctly, then you will not have to take the additional time to resend the renewal back to the CDHM office with the possibility of a late fee. ***Please refer to the CDHM Renewal of Registration Guide for direction.***
- **Set a Deadline:** the deadline for the renewal forms is on December 1, 2014 .The thought that all is in order is so worth setting a substantial amount of time to ***mail in or drop off your forms early!***
- **Healthy Body, Sharper Mind:** As health care professionals, you already realize the importance of oral care and the link to overall health. Don't forget that moderate exercise, ample sleep and proper nutrition will not only keep you less irritable but it will also improve your focus.

When your registration forms are filled out correctly and completely, the process becomes less stressful. Please don't hesitate to drop off your renewal of registration forms, with all supporting documents, at the CDHM office during regular office hours. The Registrar or I will check over your forms for accuracy as it may save you time and frustration at a later date.

Have a Happy Thanksgiving! I hope to see you at the CDHM Annual General Meeting!


Sincerely,

*Donna*

Donna Dowie

Administrative Assistant to the Registrar

— THE UNIVERSITY OF MANITOBA SCHOOL OF DENTAL HYGIENE ALUMNI ASSOCIATION —



INVITES YOU TO JOIN US FOR OUR NEXT PROFESSIONAL DEVELOPMENT SESSION

# ERGONOMICS FOR DENTAL PRACTICE

**SATURDAY, JANUARY 24, 2015**  
11 AM – 12:00 & 1 PM – 2:00 PM  
**AMBASSADOR ROOM A**  
**CANAD INN, HEALTH SCIENCE CENTRE**

FEATURING

<b>LESLIE JOHNSON</b> OCCUPATIONAL THERAPIST, SCHOOL OF MEDICAL REHABILITATION, UNIVERSITY OF MANITOBA	<b>PROF. LAURA MacDONALD</b> SCHOOL OF DENTAL HYGIENE UNIVERSITY OF MANITOBA
<b>JULIE SCARLETT</b> PHYSIOTHERAPIST, CERTIFIED HAND THERAPIST, PAN-AM CLINIC	<b>BRENDA KULIK-MACAULAY</b> 2010 MANITOBA FITNESS INSTRUCTOR OF THE YEAR

— LUNCH BUFFET FOR ALL PARTICIPANTS —  
FOR MORE INFORMATION, TO REGISTER, OR TO SIGN ON WITH THE **UMSDHAA**  
CONTACT US VIA EMAIL AT: [UMSDHAA@OUTLOOK.COM](mailto:UMSDHAA@OUTLOOK.COM)

REGISTRATION & MEMBERSHIPS:

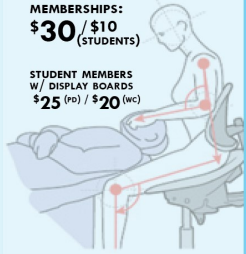
**ERGONOMIC SESSIONS:**  
\$50 / \$70  
(NON MEMBERS)

**WINE & CHEESE:**  
\$30 / \$40  
(NON MEMBERS)

**\$70 FOR BOTH EVENTS**  
(MEMBERS)

**MEMBERSHIPS:**  
\$30 / \$10  
(STUDENTS)

**STUDENT MEMBERS**  
W/ DISPLAY BOARDS  
\$25 (pd) / \$20 (wc)



The University of Manitoba School of Dental Hygiene Alumni Association is very grateful for the support shown to us by the CDHM. Our PD and AGM events have been approved as PAR. We are also excited about our Diploma and Baccalaureate student poster presentation Scholarship that has not only reached its \$500 goal, but we are also \$250 ahead for our goal for next year's allotment. Once Senate has approved our scholarship, dental hygiene students will be able to apply for this funding toward presenting at conferences for networking and exposure to professional and academic communities.


Do you know of a graduate from the School of Dental Hygiene you think has made a considerable contribution to the dental hygiene community, community at large, of distinguished themselves in a meaningful way? Consider placing a submission for the Alumni of Distinction for 2015 by emailing the [UMSDHAA@outlook.com](mailto:UMSDHAA@outlook.com) for a nomination form. Then plan to attend the Alumni of Distinction Gala next fall.

Submitted by Cindy Isaak-Ploegman, President UMSDHAA executive committee


**THE UNIVERSITY OF MANITOBA SCHOOL OF DENTAL HYGIENE ALUMNI ASSOCIATION**

Invites you to join us at our

## WINE & CHEESE EVENING



**Friday, January 23, 2015**  
7-10 pm • Ambassador Room A • CanadInn. HSC



REGISTRATION & MEMBERSHIPS:

**WINE & CHEESE:**  
\$30 / \$40  
(NON MEMBERS)

**ERGONOMIC SESSIONS:**  
\$50 / \$70  
(NON MEMBERS)

**\$70 FOR BOTH EVENTS**  
(MEMBERS)

**MEMBERSHIPS:**  
\$30 / \$10  
(STUDENTS)

**STUDENT MEMBERS**  
W/ DISPLAY BOARDS  
\$25 (pd) / \$20 (wc)

TO REGISTER OR SIGN ON WITH  
THE UMSDHAA, EMAIL  
[UMSDHAA@OUTLOOK.COM](mailto:UMSDHAA@OUTLOOK.COM)

## **CDHM Complaints Committee Update**

### **Notice of Censure**

On June 27, 2014 and August 29, 2014 the Complaints Committee of the CDHM censured two members with regard to their failure to apply for registration on the Oral Anaesthetic Roster prior to administering oral anaesthetic.

Two Registered Dental Hygienists (RDHs) completed the Local Anesthesia Continuing Education Course offered by the Faculty of Dentistry, School of Dental Hygiene on May 5, 2013, but failed to apply to the CDHM to register their names on the oral anaesthetic roster prior to administering oral anaesthetic. This information was discovered when the 2 RDHs applied for renewal for the 2014 registration year. Once notified of this, the Registrar/Executive Director referred the 2 registrants to the Complaints Committee.

The Complaints Committee found both registered dental hygienists were in breach of Section 2 of the Dental Hygienists Regulation and the CDHA Code of Ethics (2012).

Section 2 of *The Dental Hygienists Act* provides that the practice of dental hygiene includes administering oral anaesthetic. The Dental Hygienists Regulation, provides under 2(2);

Administration of Oral Anaesthetic

2(2) A dental hygienist may administer oral anaesthetic only if his or her name is listed on the oral anaesthetic roster. Under definitions;

“oral anaesthetic roster” means a list of names maintained by the registrar that indicates which members are authorized to administer oral anaesthetic.

In addition, the CDHM New Applicant Registration Guide, Appendix 1: Included Practices Provisions, A. Scaling, Root planning, Debridement (a,b) and Local Anaesthesia (c) states;

A dental hygienist may only administer oral anaesthesia if he/she has taken and shown evidence of completion of an approved course/module and has been entered on the roster for oral anaesthesia.

The Complaints Committee also referred to the Application for Registration form which under “Applicant’s Declaration” states, “If granted registration, I agree to abide by The Dental Hygienists Act, Regulations and By-laws of the College of Dental Hygienists of Manitoba”. This must be signed by the applicant. In addition, the Registration Renewal form states under the “Declaration” section that “As a Registered Dental Hygienist I agree to adhere to the College of Dental Hygienists of Manitoba’s established Competencies, Practices, Standards, Code of Ethics and the Continuing Competency Program”. This must as well be signed by the applicant.

Finally, the CDHA Code of Ethics (2012) Principles of Accountability were relied upon in the decision of the Complaints Committee. The Code states;

- 1) Dental hygienists accept responsibility for knowing and acting consistently with the principles, practice standards, laws and regulations under which they are accountable
- 2) Dental hygienists practice within the bounds of their competence, scope of practice, personal and/or professional limitations

By administering oral anaesthetic between May 5, 2013 and November 2013, without being registered on the Oral Anaesthetic Roster, these 2 registered dental hygienists were in direct contravention of *The Dental Hygienists Act*, the *Dental Hygienists Regulation* and the Code of Ethics.

The Complaints Committee decided the appropriate disposition of this matter is that both registrants be censured. A member can be censured under 24 (1) (d) of the Act if the member has agreed to accept the censure. As required under the Act, both registrants agreed to the censure and met with the chair of the Complaints Committee to accept the censure.

A Censure forms part of a member’s disciplinary record, and under subsection 45(2) of the Act, a past censure may be taken into account by any future inquiry panel.

# College of Dental Hygienists of Manitoba Practice Guideline for the Administration of Oral Anaesthetic

## Practice Guideline

Any dental hygienist who is not on the Oral Anaesthetic Roster is not permitted to administer oral anaesthetic in topical or injectable form.

Administration of oral anaesthetic is an activity which carries a significant risk of harm to the public and must be performed only by a trained professional. Dental hygienists who wish to be on the Oral Anaesthetic Roster must complete a College of Dental Hygienists of Manitoba (CDHM) approved oral anaesthetic education program. Approved education programs teach the safe administration of oral anaesthetic, including the use of injectable and topical anaesthetic agents. In order to appear on the Oral Anaesthetic Roster an application must be submitted to the CDHM along with any supporting documentation and evidence required by the Board of Assessors. The application must be accepted and approved by the CDHM prior to practising this procedure. A registered member must not administer oral anaesthetic until they have been notified in writing that his/her application has been approved and his/her name has been added to the CDHM's Roster of dental hygienists who have been authorized to administer oral anaesthetic. Members who are authorized to administer oral anaesthetic will receive a new wall certificate and wallet card that confirms their addition to the roster.

## Legislative Reference

Section 2(2) of the Dental Hygienists Regulation authorizes practising dental hygienists in Manitoba to administer oral anaesthetic only if his/her name is listed on the Oral Anaesthetic Roster. Further detail on supervision requirements while administering oral anaesthetic can be found in section 3 of the Regulation.

Section 3(2) of the Dental Hygienists Regulation provides that a dental hygienist may perform an included practice listed in clause 2(2)(c) of the Act (administering oral anaesthetic) without the supervision of a dentist, if section 3(2) Regulation requirements are met.

This practice guideline reflects current knowledge and is subject to periodic review and revisions with on-going research.

## LOCAL ANESTHESIA TECHNIQUE FOR DENTAL HYGIENISTS



### INSTRUCTOR



**Diane Girardin, R.D.H.**  
College of Dentistry  
Faculty of Health Sciences  
University of Manitoba

**Friday, Saturday & Sunday, November 7, 8 & 9, 2014**  
D404 Lecture Theatre & Dental Clinic  
Winnipeg, Manitoba, Canada

### OVERVIEW

This course will prepare dental hygienists to become competent in the administration of both block and infiltration local anesthesia. Emphasis is placed on the mechanisms of pain and a thorough understanding of the pharmacology of drugs used in dentistry and their interactions with the patient's current medical conditions and medications. The course consists of a minimum of 6 weeks of self-study prior to the 3-day workshop. Following a review of information included in the self-study materials, participants will complete a pre-clinical examination which has a passing grade of 70%. During days 2 and 3, participants will receive over-the-shoulder coaching in administering local anaesthesia on each other. This course is recognized by the following provincial licensing authorities: BC, AB, SK, MB, NS, NB. *Course is limited to 24 participants. The University of Manitoba reserves the right to cancel the course with less than 10 participants.*

**THIS PROGRAM WILL BE OF INTEREST TO:** Dental Hygienists

**FEES:** Lectures & Hands-on Workshops: \$ 985

**REGISTRATION:** [https://events.cpdmmanitoba.ca/startup/new\\_recovery/CDHE-Nov14](https://events.cpdmmanitoba.ca/startup/new_recovery/CDHE-Nov14)

**STUDY CREDITS:** This course is designated for 45 hours of Continuing Dental Education Credits



**UNIVERSITY  
OF MANITOBA**

**Faculty of Medicine  
Faculty of Dentistry**

Division of Continuing Professional Development



## College of Dental Hygienists of Manitoba Practice Guideline for the Removal of Implant Supported Crowns and/or Fixed Dentures

### Practice Guideline

The College of Registered Dental Hygienists of Manitoba (CDHM) does not permit the removal of an implant supported crown or the removal of an implant supported fixed denture.

This decision is based on legislation and the lack of comprehensive educational instruction.

There are a wide range of implant assisted therapies which require a series of instruments to remove and re-attach. Improper manipulation could affect the future function and stability of the underlying implant. Therefore, the removal of a crown or fixed denture supported by an implant must be removed solely by a dentist or prosthodontist.

Practising dental hygienists are permitted to remove the button type over-dentures.

To date, there is insufficient didactic and clinical training for the removal of implant supported crowns or fixed dentures for dental hygienists. Accordingly, their removal is currently not in the scope of practice for registered dental hygienists in Manitoba.

### Legislative Reference

According to the Dental Hygienists Regulation Standards of Practice 30(1), "The standards of practice for a dental hygienist are the practice standards and practice competencies set out in the latest editions of the following documents, published by the college:

- (a) College of Dental Hygienists of Manitoba Practice Standards;
- (b) College of Dental Hygienists of Manitoba Practice Competencies."

As stated on page 11 of the College of Dental Hygienist of Manitoba Competencies 2007:

The dental hygienist:

#38: applies appropriate debridement techniques for dental implants and related oral structures.

#39: removes deposits from fixed and removable prostheses and appliances.

#72: places, condenses and carves direct restorative materials (e.g. amalgams, composites, etc.) (in collaboration with a dentist).

None of these competencies permit removal of implant supported crowns and/or fixed dentures.

This practice guideline reflects current knowledge and is subject to periodic review and revisions with on-going research.

## CDHM Practice Guideline Links

**\*\*NEW\*\*** Vital Tooth Whitening Guideline can be found under the following link:

<http://www.cdhm.info/legislation-resources/practice-guidelines/>

**\*\*NEW\*\*** The Removal of Implant Supported Crowns Guideline can be found under the following link:

<http://www.cdhm.info/legislation-resources/practice-guidelines/>

**\*\*NEW\*\*** The Administration of Oral Anaesthetic Guideline can be found under the following link:

<http://www.cdhm.info/legislation-resources/practice-guidelines/>

**\*\*REVISED\*\*** The Supervision Practice Guideline has been revised and can be found under the following link:

<http://www.cdhm.info/legislation-resources/practice-guidelines/>

## MDHA Update

### MDHA Lecture Series

#### Lecture #1 – Pregnancy and Oral Care

Dr. Robert J. Schroth, DMD, MSc, PhD

October 20, 2014 from 7 – 9 p.m., Schwartz Lecture Theatre, College of Dentistry

#### Lecture #2 – Oral Candidiasis

Dr. John B. Perry, DMD, MSc, FRD(C)

November 18, 2014 from 7 – 9 p.m., Schwartz Lecture Theatre, College of Dentistry

#### Lecture #3 – Oral Considerations at End of Life

Mickey Wener, RDH, MEd and Professor Mary Bertone, RDH, BSc(DH)

February 3, 2015 from 7 – 9 p.m., Schwartz Lecture Theatre, College of Dentistry

#### Lecture #4 – Eating Disorders and Oral Health: an eclipse of the mind and oral systemic health

Laura MacDonald, RDH, BSc(DH), MEd

March 18, 2015 from 7 – 9 p.m., Schwartz Lecture Theatre, College of Dentistry

### MDHA Workshops and Courses

#### Part II – Contemporary Ultrasonic Instrumentation – Expanding Your Clinical Confidence

November 3, 2014 from 6 – 9 p.m., Room D404, College of Dentistry

LIMITED ATTENDANCE, PRE-REQUISITE REQUIRED

### MDA Convention

#### “The Dental Hygiene Process of Care. Is Your Practice on Track?”

Jo-Anne Jones, DH, President of RDH Connections Inc.

April 17, 2015, The Keystone Centre, Brandon Manitoba

#### “Shift Happens! Changing Paradigms in Oral Health Risk Assessment”

Jo-Anne Jones, DH, President of RDH Connections Inc.

April 17, 2015, The Keystone Centre, Brandon Manitoba



### Top 5 Reasons to Join the

## Manitoba Dental Hygienists Association



Find out more!

[www.mdha.ca](http://www.mdha.ca)

email: [info@mdha.ca](mailto:info@mdha.ca)

[www.cdha.ca](http://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!

## 2014 Alumni of Distinction Gala

From left to right: Sheryl Sloshower, Stephanie Gordon, Janice Johnson and Natasha Kravstov



The College of Dental Hygienists of Manitoba wish to extend their congratulations to Ms. Mary Bertone, the new Director of the School of Dental Hygiene, University of Manitoba. We look forward to continuing our strong commitment in working with the School of Dental Hygiene to ensure the students have a clear understanding of the dental hygiene legislation in the province of Manitoba.

### CDHM Voice Messaging System

When trying to reach our office, please leave a voicemail for the appropriate person/department.

We have 3 options in our voicemail system:

- General Mailbox-General inquiries and registration questions
- Registrar/Executive Director-Stephanie Gordon
- Continuing Competency Program Coordinator-Sheryl Sloshower



**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](mailto:cdhm@cdhm.info)**  
**Website: [www.cdhm.info](http://www.cdhm.info)**  
**Office Hours:**  
**Monday-Thursday, 9:00am-4:00pm**