



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 18

January 2015

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2015 Registration and Renewal

The 2015 registration and renewal session is now closed. Watch your home mailboxes in mid-February for your new practice documents. Your registration package will include your wall certificate, wallet card and tax receipt for fees paid that can be found on the bottom of the registration granted letter. Your current wall certificate should be displayed at all times.

See page 12 for important information regarding the **2016 registration requirements for malpractice insurance.**

Council Members and Staff at the 2014 CDHM Annual General Meeting



From left to right: Donna Dowie, Patti Hathworn, Terri Archibald, Terry Phillips, Janice Johnson, Kelly Tye Vallis, Ken Chapman, Stephanie Gordon, Karina Hiebert, Alayna Gelley and Betty Ann Zegarac



Registrar's Report - Stephanie Gordon

Trust in Your Health Care Professional and Regulatory Body

Trust is an ethical principal that is abstract in nature. However, it is defined as a “firm belief in the integrity, ability, or character of a person or thing; confidence or reliance.” Health care professionals are held to a higher level of trust than the general population. There are many reasons for this entrustment. Clients need to feel that the information they provide to their health care provider, for example, medical information, will remain confidential, secure and that intimate details will not be disclosed. As well, clients entrust their health care professional to provide the most appropriate treatment based on individual need and not for profitability. Furthermore, health care providers have the responsibility of beneficence. As per the Canadian Dental Hygienists Association, Code of Ethics, Revised June 2012, beneficence involves “putting the needs, values and interests of the clients first.” Trust in one’s health care professional is essential for effective health care. Trusting relationships are built over time (trust is earned), however, loss of trust can happen in a blink of an eye.

UPCOMING MEETINGS

**CDHM/MDHA
MEETING:
FEBRUARY 12, 2015**

**MANITOBA FAIRNESS
COMMISSIONER
MEETING:
MARCH 5, 2015**

It is important for members to think about their own personal trusting relationships and how these differ or have similarities to the trusting relationships that are created on a professional level. Trust in personal relationships is usually a two way interface. While in professional relationships with clients, health care professionals do not provide to their clients the same amount of personal information that they receive from their clients. This creates a power imbalance. Trust in personal relations tend to be earned through shared experiences and over time, however, there is a definite inherent trust for a client to expose intimate details of his/her life that is necessary to the health care providers’ treatment decisions.

The College of Dental Hygienists of Manitoba (CDHM) has created an environment whereby the membership, stakeholders and the public trust that we are following our mandate of “ensuring that the public will have safe, competent dental hygiene care and expertise that contributes to oral and overall health.” Trust in one’s regulatory body, at a macro level, is as equally as important as healthcare provider/patient relationships, at a micro level.

The CDHM values the trusting relationships it has established with all stakeholders. It has maintained this relationship by being transparent while maintaining confidential information; this aids in building confidence. The CDHM’s annual report provides in-depth information about the College. This transparency informs all who review it to have a greater understanding of the financials of the College as well as the structure and processes.

If you have any questions about the relationship the College has built with its members or stakeholders since its inception, I would be more than willing to discuss these with you.

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





Chair's Message - Terry Phillips

Lifelong Learning

"The illiterate of the 21st century will not be those who cannot read and write, but those who cannot learn, unlearn and relearn." (Alvin Toffler)

Technology and science, are always changing, always progressing. None of us live in a stagnant world. Sometimes it seems impossible to keep up with the changes in science and technology.

New research causes us all to rethink the methods we have been utilizing for years. As it says in the quote from Alvin Toffler we will need to "unlearn and relearn" in the 21st century. Are there changes occurring in your dental hygiene practice? Are you capable of researching these new ideas and finding a way to adapt it to your professional life?

Registered Dental Hygienists are being acknowledged as health professionals in their own right. With that comes the responsibility to be able to make sound, informed decisions about our patient care. Dental hygienists are asked to collaborate with their peers to contribute to the care of the patients overall health. Is there research you could do that would benefit your ability to make these decisions?

The Continuing Competency Program creates an environment for dental hygienists to demonstrate self motivation. The ability to "unlearn and relearn" as new research changes our approach to overall health for our patients.

For many of us the Continuing Competency Program comes with great anxiety and apprehension. It has been some time since we have had to challenge ourselves, evaluate and assess our performance in our profession, to reflect on our strengths and weaknesses. We have had to learn new computer and research skills. It is the hope of all of us at the College that the benefits of the yearly CCP have become more apparent to those who find it challenging.

UPCOMING MEETINGS

**COUNCIL:
FEBRUARY 23, 2015**

**ANNUAL GENERAL
MEETING:
OCTOBER 24, 2015**

Sincerely,

Terry

Terry Phillips, RDH
CDHM Council Chair





Continuing Competency Program (CCP) Update

Enjoy the little things in life because one day you will look back and realise they were the big things. (Robert Brault)

A new year brings a new approach. Have you made your 2015 resolutions yet? Now is a great time to reflect and to identify some ways to be your best self. However, it is time to quit looking at your new year's resolution as a single, unscalable mountain, but rather several small hills that you will cross one at a time in order to get to your destination. Most significantly, life is a collection of small moments, choices and actions. Achieving a dozen small specific goals outweighs tackling a giant unspecified one. We tend to set lofty, unattainable goals that eventually make us cringe, when retrospectively, we look back at them unfulfilled.

Achieving SMART goals not only applies to us but also to our clients. As dental hygiene professionals, we are responsible in aiding our clients make small attainable goals when it comes to changing behaviours such as daily oral hygiene practices and smoking cessation. Whether personal or professional, it is always best to write the SMART goals down, make a plan and reflect upon them as you achieve them.

One of my goals for 2015 was to compile the 2014 CDHM library workshop evaluations from Janet Rothney and subsequently, to report the findings to the registrants on the advancement of their evidence based searching in the *CDHM Connections Newsletter*.

To assist the registrants with the implementation of the CCP, commencing in January 2012, library workshops have been conducted by the University of Manitoba Dental Librarian, Janet Rothney. Evidence-base practice requires understanding new concepts and developing new skills. Hence, the College aided the members by gaining accessibility to the University library for all its registrants where the librarian conducts yearly workshops on evidence-base searching. Several workshops are held yearly.

In 2014, Janet Rothney conducted three library sessions in the computer lab at the Neil John Maclean Health Sciences Library to assist the CDHM registrants with conducting research for their CCP submissions. All sessions were fully booked with 15 attendees. Janet provided 2 sessions of Searching for the Evidence – Basic. These sessions were 90 minutes in duration and covered how to access the University of Manitoba Library resources, basic searching in PubMed and methods to gather articles from online journals. These sessions spend more time on the technical steps – accessing PubMed, getting to PDFs and saving them.

New in 2014 was the introduction of Searching for the Evidence - Advanced. This session was 90 minutes in duration and focused on how to improve PubMed searches by choosing appropriate search terms, combining terms effectively and developing a strong search question. The advanced session focuses on building a good search. It requires a working understanding of the technical aspects of using the library resources. The advanced session is indicative that some of the CDHM registrants have developed basic searching skills and are now ready to progress to a more advanced level. The College is encouraged by the advancement of the searching skills of the registrants. Furthermore, Janet affirms the new features in the advanced session were well-received.

Each registrant is provided with a handout specific to each session. In addition, Janet continues to provide the handouts to the many members who come to see her individually (those who could not make the sessions, did not get a seat reserved in time, or were not ready for the workshops in Feb/March). At the end of each session, the participant fills out an evaluation of the session.

Janet states from her perspective, the most interesting factor that comes out of the 2014 results occurs from the question: **What one thing did you learn that you will be applying to your future?** She indicates that every participant gets something different out of these sessions, which she finds extremely rewarding. In addition, it reflects the broad range of skills that the members come to the sessions with that can sometimes make for a tumultuous session. However, Janet reports that luckily everyone gets through the sessions attaining valuable and useful information.

Janet conveys that the registrants have evolved since the implementation of the CCP. Her sense is that they are slowly improving. She hears better research questions, better understanding of what types of literature they might find on a topic of interest, and the technological questions are building on the new skills acquired yearly. All that said, Janet acknowledges the fact that many members continue to need very basic computer assistance (downloading and saving PDFs, accessing a webmail account) and are frustrated by both the lack of available information on their chosen topics and the process of continuing professional development.

Extended Practice Update



“KNOW THE ACT, TO KNOW HOW TO ACT” Voiced PowerPoint Launch

The CDHM Legislation Update, “Know the Act” held in April 2014, is now available on the CDHM website as a voiced PowerPoint presentation provided by the presenter, Mickey Wener. The CDHM invites you to view and listen to this user-friendly presentation that walks you through the complexities of our legislation. Your feedback is welcomed! Find the link to the presentation on the main page of the CDHM website.



WRHA Long-Term Care (LTC) Oral Health Working Group Initiatives

As the CDHM’s representative on the Winnipeg Regional Health Authority LTC Oral Health Working Group, I am pleased to report on several initiatives. With input from a variety of perspectives, this group developed the *Mouth Care is Important* poster to target families and friends as they visit their loved ones in LTC. To promote oral health administratively, the group spearheaded the development of the *Oral Care Operational Directive*. This Directive’s purpose is: 1) to promote and ensure resident-centered oral care for all LTC residents, 2) to promote evidence-informed practices in attaining optimal oral health care outcomes for LTC residents, and 3) to support the resident’s health and quality of life by reducing negative health outcomes associated with compromised oral and overall health. In collaboration with the University of Manitoba’s Centre for Community Oral Health, two accompanying forms were adapted for WRHA use, the *Oral Health Assessment Worksheet* and an *Activities of Daily (ADL) Living Mouth Care Plan*. These initiatives to promote oral health are now strongly supported by Manitoba Health’s recent decision to introduce *Standard 24.28* that requires LTC facilities to provide education on oral health at a minimum of every three years. These initiatives are a positive sign that the mouth is being reconnected to the body in Long-Term Care!

MOUTH CARE IS IMPORTANT!

FAMILIES & FRIENDS:
Make the Mouth - Body - Health Connection!

MOUTH CARE FACTS

A DAILY MOUTH CARE ROUTINE:

- Helps prevent painful teeth and bleeding gums
- Makes for a healthy smile with fresh breath

A PAIN-FREE MOIST MOUTH:

- Improves chewing ability and food choices
- Reduces risk of tooth decay, gum disease, mouth sores & infections

A DRY MOUTH BENEFITS FROM:

- Mouth moisturizer, special toothpaste, alcohol-free rinses & fluoride
- Frequent sips of water, ice chips, sugar free treats & drinks

A CARED FOR MOUTH NEEDS:

- A mouth care plan with the right products
- Regular dental check-ups, for those with or without teeth

Ask how YOU can help

HELPFUL PRODUCTS

BASICS FOR TEETH & MOUTH TISSUES:

- toothbrush with soft bristles, small head & large handle
- toothpaste with fluoride
- water-based lip moisturizer

BASICS FOR DENTURE WEARERS:

- hard bristled, 2-headed brush for dentures
- liquid hand or dish soap for dentures
- denture cup & disinfecting denture tablets
- toothbrush with soft bristles for mouth tissues
- water-based lip moisturizer

OPTIONS AS NEEDED:

- floss & floss holder, proxabrush, or end tuft brush to clean between teeth
- tongue cleaner
- mouth rest or 2nd brush for propping
- 3-sided time-saving toothbrush
- powered toothbrush
- small clasp brush for partial dentures
- professionally recommended products

Check the PRODUCT Handout

DID YOU KNOW?

Mouth infections can enter the blood stream and affect overall health

Infected gums can equal a hidden sore the size of the palm of your hand

Mouth sores that do not heal could be oral cancer

GOOD ORAL CARE CAN:

- Reduce the risk of pneumonia
- Help control blood sugar levels
- Help prevent heart attack & stroke

Winnipeg Regional Health Authority Oral Hygiene Working Group • University of Manitoba Centre for Community Oral Health and School of Dental Hygiene • Alzheimer Society of Manitoba

Available at: http://umanitoba.ca/dentistry/ccoh/ccoh_longTermCareFacts.html

Sincerely,
Mickey

Mickey Emmons Wener, RDH, ME
CDHM Extended Practice Coordinator

CCP Update Continued...

The CDHM would like to thank Janet for her continued support and aid in advancing the evidence base searching skills of our registrants. The College can confidently deduce from these results that the library workshops are extremely valuable. **Janet will be on leave until July 2, 2015. Consequently, this winter, there will not be any library workshops.** In her absence, Janet has made sure the library handouts will still be available for those who require assistance. She has also advised me that the staff will be happy to help troubleshoot in a limited capacity. The handouts will also be available on the CDHM website under [Resources](http://www.cdhm.info/quality-care/resources/) found at: <http://www.cdhm.info/quality-care/resources/>

New on the CDHM website under [CCP Activity News and Tips](http://www.cdhm.info/quality-care/activities-news-and-tips/) are Personal Health Information Act (PHIA) online training programs primarily for private practitioners and their staff, and a list of continuing professional development websites. These resources can be accessed at: www.cdhm.info/quality-care/activities-news-and-tips/

Following the CCP update, you will read a very inspirational journey submitted by Geraldine Spence, BSc, RDH. I hope you enjoy reading the article as much as I did. Happy New Year to all of you!

Sincerely,

Sheryl

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

2014 CDHM Library Workshop Evaluations

The following are some of the questions and responses, and some of the evaluation data from the 2014 library evaluation:

Question: What did you like most about the seminar?

Responses:

- Appreciate Janet respecting our questions
- Janet
- Use filters in search article types. Display settings
- Review was good
- She was respectful and helpful
- Janet
- Janet is very patient with all questions
- Informative
- Janet went slowly and clearly explained each step
- Everything
- How helpful Janet (and patient!) is with us unskilled on the computer

Question: What one thing did you learn that you will be applying in the future?

Responses:

- Refining search
- Using quotations, emailing citations from home, emailing search history
- PubMed
- All of the above
- Searching for article
- Using asterisk to find more info
- Able to search more efficiently
- How to search PubMed
- Simplifies way to understand

2014 Library Workshop Evaluations Continued...

- Downloading to flash drive
- Feeling more comfortable about PubMed
- Filtering searches
- That not all computers have the same set up and what I can access from where

Other comments or suggestions? Or, do you have any suggestions for seminars you would like to see?

Responses:

- Thanks for your patience.
- Thanks for your patience.
- Thanks you for continuing with these seminars
- Very informative
- Always learn something. Janet is so helpful in relation to dental/hygiene searching. Just keep having these as it take a while for me to catch up.

Please provide feedback on each of the following: (highest value is a 5).

Answer Options	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A	Rating Average
This topic was of interest to me.	0	0	1	5	9	0	4.53
The presentation was clear and easy to understand.	0	0	0	6	9	0	4.60
The level of information was appropriate to my needs.	0	0	0	3	11	0	4.79
The seminar met the stated objectives.	0	0	1	3	11	0	4.67
The audiovisuals were clear and helped me understand the presentation.	0	0	0	5	10	0	4.67
The handouts were clear and helped me to understand the topic.	0	0	2	4	9	0	4.47
I learned new and valuable information.	0	0	0	4	11	0	4.73
The speaker answered questions satisfactorily.	0	0	0	2	13	0	4.87

Creating healthy smiles.....Scaling into Dental Hygiene in the North

Imagine working with a population that never knew the kind of care that a dental hygienist could provide. Working with clients who never knew that it was possible to keep their teeth for life, or clients who see a dentist 15-20 years after childhood, and then, only for pain or extractions. This is my world as a dental hygienist in the North. Since moving back to Northern Manitoba, my passion for the profession has grown. It has been very overwhelming to hear the gratitude my clients have for the services I provide. As my practice started to grow, I noticed more clients returning for continuing care. When clients typically would visit the dentist every 5-20 years were coming back for 3 or 6 month recalls, I knew I was making a difference and changing behaviours. I never imagined I would make such a significant impact. It's been quite a rewarding feeling being able to help people who have never had dental hygiene services and hearing the appreciation they have for providing them with dental hygiene knowledge and care.

My CCP goals and several of my PAR activities were focused on First Nations people. Being First Nations myself and growing up in a community that didn't have access to proper dental care unless you were age 4 or older, I can empathize with the lack of understanding that First Nations people have for the importance of good oral hygiene beginning at an early age. Lucky for me, I built a close relationship with the dental therapist and was able to access dental care and learn the values of good oral hygiene at a very young age. Some First Nations communities are not as fortunate and don't have a dentist, dental hygienist, or dental therapist in their communities. Some parents don't enrol their children into the dental program because of lack of knowledge and its benefits.

Growing up in the North, I realized that there was a lack of proper dental services for First Nations and they had numerous oral health concerns. This is the reason I chose a career in the dental field. I wanted to give back to my community and provide an essential service to underserved populations such as First Nations. As I mentioned, the only access I had as a child to dental care was the government funded dental therapy program. After 12 years of age there are no services and it's up to your parents to ensure you access dental care from a dentist outside of the school. This is where I believe some of the disparities among First Nations occur. Before preschool and after 12 years of age, children are not accessing or receiving care. Not because they are non-compliant, but because they lack the knowledge and importance of good oral hygiene that is needed throughout life. I had several First Nations clients tell me that I was the first oral health professional to take the time to teach them good oral hygiene instructions. They all seemed surprised that it was possible to have their teeth for life, and they had wished someone told them this information. This prompted me to want to learn about how to start addressing some of the oral health issues concerning aboriginal people. I felt that a great start would be to learn more about addressing the underlying issues related to early childhood caries (ECC).

My target population was prenatal/postnatal parents. I didn't have a strong knowledge base of what strategies were currently in place to address the problem, and if they have been successful. This is where my research began. In developing my CPP goal, I wanted to learn about existing strategies/ materials to provide education on preventing ECC and other related oral health issues. I also wanted to establish a partnership with the aboriginal representative in hopes to establish practical strategies to help their communities address their oral health needs.

I had limited struggles in making connections with other health care providers in the Norman region. I was able to collaborate with different health care workers to help me achieve my goals. From my research, I decided to pick Nisichawayasihk Cree Nation (Nelson House), as my target community. Not only is it a First Nations community, but it's my hometown. Liaising with other health care stakeholders proved to be very educational and beneficial in helping me achieve my goals. I was able to do a needs assessment and connect with the dental therapist, early childhood educators, nurses, and other community health representatives. They assisted with recruiting participants, arranging venues, and scheduling times that accommodated my specific target demographic. They had a better understanding of the level of education and knowledge base of the participants due to their familiarity with the people of the community. My presentation was a success! From the onset, I had my participants engaged and as a result they all learned very important information on oral health for their families.

The same day I did this presentation, I went to the local school to help the dental therapist apply fluoride varnish and do oral health assessments on 4-5 year old children. I spoke with several parents providing them with useful oral health tips. These outreach activities may not solve all the dental health issues, but it's a step in the right direction for families to begin planning a healthy start for their children by learning and preventing ECC. This also inspired me to further research dental public health programs. It is apparent that it is very much needed in the North. I am not aware of any regional health authorities that have any existing programs to help address the oral health issues in many of our First Nations communities.

One of my PAR activities included working with aboriginal youth. I was invited to Nelson House to be a keynote speaker for a youth conference. I was there to talk about my successes and accomplishments encouraging aboriginal youth of the importance of getting an education, and a subsequent profession. Even though I was there to speak about my university journey, I felt that it was

a good opportunity to promote oral health. On another occasion, I was invited to a career fair at the high school to discuss my career as a dental hygienist. I set up a few displays. Fortunately, I was able to obtain a couple displays from the University of Manitoba, CCOH that provided information on the School of Dental Hygiene and the other displays were specifically on oral health. My colleague and I handed out tooth brushes and other oral health information. I found that during both of these opportunities, I was able to reach out to approximately 300 aboriginal youth who knew very little and learned a significant amount about the importance of oral health.

The CCP allowed me to learn a great deal about the oral health issues plaguing First Nations communities and strategies to address them. From my research and endeavours ventured, I have accumulated knowledge and confidence in my profession. Moreover, I have a clearer understanding of how I can help address the issues of our First Nations communities. Consequently, I will continue to find new ways to improve the oral health issues afflicting the North.

Sincerely,

Geraldine Spence, BSc, RDH



Snapshots from the College of Dental Hygienists of Manitoba Annual General Meeting, October 25, 2014





January 23 and 24th we hosted our Wine and Cheese event and our professional development courses on "Ergonomics in Dental Practice". The Friday evening wine and cheese was a roaring success with over 50 participants including the DH 3 student body class who showcased their poster displays for the WISH as part of their community health course requirements. The dental hygiene students impressed us with their scholarly creativity, and interest in engaging with the DH community at large. The sustainability of our organization hinges on our student membership so we are proud of the fact that the dental hygiene student body is so supportive. This is due largely to the influence of our student representatives: last year David Forde, and this year Florna Atienza and Kali Parry. We also wish to thank our guest speakers: Professor Mary Bertone, Director of the School of Dental Hygiene, Stephanie Gordon, Registrar/Executive Director of the CDHM, and Larissa Bubnowicz, President of the MDHA who made the

evening special. Thank you to all who supported us our attending our event and our executive committee members without whose help this event wouldn't happen. We would also like to thank our guest speakers at the Saturday PD event: occupational therapy instructor from University of Manitoba, Leslie Johnson and physiotherapist from PanAm Clinic, Julie Scarlett and Professor Laura Macdonald from the School of Dental Hygiene and fitness instructor Brenda Kulik Macaulay. Feedback from participants was that they enjoyed the sessions immensely and thought it was the most fun PD they had attended. We are grateful to our sponsors for this evening, Unimor uniform representative Brenda Wolfe and Andrea Moore O'Connor of Dentsply who provided the door prizes of Nupro Gold whitening kits, Diane Girardin for her donation of the two early bird draw gifts and Christel Andree leClair of Saule Massage located at 4-118 Sherbrook who donated her massage therapy services during our in lieu of payment in order for our association to raise money to cover DH3 student costs towards their poster display boards.

Please join us at our booth at the MDA convention April 19th in Brandon at the Cornerstone convention centre. And also plan to attend our AGM Thursday May 7th at the Schwarz lecture theatre at the College of Dentistry where we will be featuring research presentations from two of our alumni: Gladys Stewart recently retired from her position on faculty in medical education at the College of Medicine and Deanna MacKay a graduate student in the Department of Community Health, College of Medicine. This event is free to our members and our membership fees are \$30 for active, supporting and affiliate members and only \$10 for students. Contact us at UMSDHAA@outlook.com for more information.

We are excited to announce our scholarship has now been approved by Senate. This scholarship is a commitment by our committee to provide \$500 annually to students to travel to present a poster at a conference. So far we have managed to raise \$1650 to cover this award for nearly 3 years already. If you wish to support this please email us for a pledge form for an income tax deductible donation. Also, we ask that you plan to join us at our alumni of distinction Gala next October 9th, where we will celebrate the alumnus chosen to be honored for 2015. If you wish to nominate someone who has distinguished themselves in the DH community, please complete a nomination form available by emailing us and return the completed form to the address listed by the first week of April or send electronically. We will also be celebrating at the AOD Gala the 50th anniversary of the SDH class of 1965 so it should prove to be a fun weekend.

Cindy Isaak-Ploegman
On behalf of the UMSDHAA executive committee

Malpractice Insurance Memo to All Registrants

The following is a list of the issues the CDHM office had with processing the insurance carrier, CDSPI, during the renewal of registration period of 2015.

1. CDSPI informing its member that the CDSPI memorandum will be faxed to the CDHM office and the CDHM office doesn't receive it.
2. CDSPI staff sending the memorandum by email on behalf of the registrant but sending it to the wrong organization. (eg. **MDHA**).
3. CDSPI staff or CDSPI member faxing the invoice receipt instead of the memorandum, therefore not meeting the documentation requirements for registration.
4. Delays with the processing of the registration because the board of assessors do not receive the renewals to review and approve/deny until the middle of January. Therefore we cannot print the registrants' wall certificates and wallet cards nor cash the cheques in a timely fashion.
5. Duplicate copies of CDSPI Malpractice memorandums are being sent causing confusion and wasting resources.

Therefore, as of December 1, 2015, **ALL** practising registrants will be required to provide their memorandum of malpractice insurance (with the other CDHM renewal documents) that states they are covered by their insurance carrier from January 1, 2016 to December 31, 2016. The CDHM is more than happy to accept CDSPI as an insurance carrier however, the timeframes mentioned above are non-negotiable. If a registrant does not provide his/her CDHM 2016 renewal forms with all documents included by the December 1, 2015 deadline, s/he will be charged \$120 late fee.

The CDHM will be streamlining registration processes for the 2016 registration season. Therefore, as this memo is coming to you at least 10 months in advance of the December 1, 2015 deadline, this notice will give you enough time to make decisions as to your choice of malpractice insurance carrier.

The information noted above has been provided to CDSPI.

Please contact the CDHM office if you have any further questions about this memo.

CDHM Complaints Committee Update

The Complaints Committee has been busy over the last few months. Final decisions have been made on two complaints prior to the holiday season. The committee became aware of two new complaints in December 2014 and are in the process of drafting final decisions on them both. Two new complaints were forwarded to the complaints committee at the beginning of January 2015 and are currently being investigated.

Sincerely,

Lisa

Lisa Grayson, RDH
Chair of the Complaints Committee





MDHA Update

WATCH YOUR MOUTH!

Did that catch your attention?! That's the response that Jim Evanchuk, Executive Director of ALCOA-MB (Active Living Coalition for Older Adults in Manitoba) is hoping for. MDHA is pleased to announce that we have partnered with ALCOA-MB after hearing a presentation by Jim along with Mickey Wener, RDH, BS(DH), MEd, a dental hygienist consultant with a focus on oral health promotion and advocacy for older adults. This new initiative, titled "Watch Your Mouth", related to oral health promotion to the 55+ segment of the population, will launch in January 2015. As Jim puts it, a fortuitous meeting with Mickey at an Oral Health Care Panel at the Center on Aging in December 2013 got the ball rolling on this project. He said "the take home for me from that session was that *this is really important!*"

Our new partnership will see "experienced" and possibly retired hygienists making the "Watch Your Mouth" presentation to the 55+ community on the importance of oral health. The presentation includes a power point slide show about oral health changes, concerns and considerations associated with getting older, time for Q&A, as well as a take-away information sheet that covers the main components of the presentation. Criteria for being a MDHA presenter is that the hygienist be a "peer" to ensure that the 55+ community can relate to the presenter and will feel comfortable having candid discussions. The goal of ALCOA-MB and the MDHA is to elevate the importance of oral health in the priorities of the older population, which will also benefit their overall well being.

As we all know, oral health for older adults is a real concern and if we can provide education to the "Boomers" now, it can only have positive results for the future of oral health in this demographic. As Jim said "It's about you, people you care about, and the people you're caring for".



**Jim Evanchuk and Heather Sirkovsky, RDH,
MDHA President Elect**

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!



HR Corner - Donna Dowie

*Social Media: To Post or not to Post,
that is the question...*



'Don't say anything online that you wouldn't want plastered on a billboard with your face on it.'
(Erin Bury)

The 2015 registration of renewal period is coming to a close at the College of Dental Hygienists of Manitoba (CDHM). I would like to congratulate all those who were compliant with the CDHM guidelines and had their 2015 registration granted.

In the last few years, every renewal period that I have experienced, has had both some contentment along with challenges. This year, a highlight for me was meeting the new and longstanding dental hygienists that dropped by the office with their registration renewal forms. This is a great way to ensure that the renewal form, with supporting documents, are on time and accurate. A shortcoming, this renewal period, was the miscommunication and the frustration that was brought by not knowing the processes of the registration requirements as it ensures that all registrants are treated in a fair manner. The CDHM issues a renewal of registration guide and we always encourage phone calls or emails to answer all inquiries.

It seems at times, along with all other woes in life, this frustration can be easily be dispensed through social media posts and tweets. Complaining over social media is a poor move because a prospective work mate, or employer might see such remarks. It could potentially be future career sabotage.

The following are some considerations to think about before posting comments regarding your profession, on the internet, for all to see.

Consideration 1: Not keeping professional separate and posting remarks that are tasteless can make you appear rude, or insensitive. This is not a personality trait that employers are looking for. It's also key to remember that social media errors can land your resume in the "not for hire pile" for the ideal position or office you have always wanted to work in.

Consideration 2: Don't post words when you are angry. It is amazing how different things look when you get a little perspective. Take time to calm down before typing any comments. Waiting for a day will help the situation look different. Therefore, take a deep breath before harsh words are directed at someone as it will only be a regretful move for all in involved.

Consideration 3: Don't assume an answer in a situation and ask questions for clarity. Sometimes you think you are right, but upon further investigation, you may discover that you contributed to the problem and made it worse. Admitting the mistake and asking for forgiveness can rebuild relationships and this leads to a solution.

Only you have the choice on how to voice an opinion or to communicate to colleagues as well as friends online. If you are dealing with an inquiry, consider a face to face meeting or a phone call to find out answers or to voice a frustration but do it in a professional manner. This method can only lead to a positive outcome and not a professional misconduct.

Have a Happy 2015!

Sincerely,

Donna

Donna Dowie

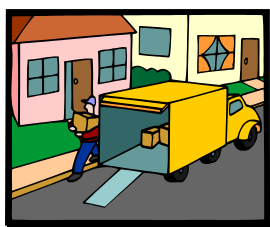
Administrative Assistant to the Registrar

Snapshots from the College of Dental Hygienists of Manitoba Annual General Meeting, October 25, 2014



*New Council
Members for
2014-2017*

*Pictured from left
to right: Lisa
Grayson, Karina
Hiebert, and
Alayna Gelley*



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 2.1 and 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.

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