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 19 **June 2015**

Inside this issue:

CDHM Council Positions Now Available

The CDHM is extending a Call for Nominations for three (3) Registered Dental Hygienists who are interested in serving on the CDHM Council for a three (3) year term (2015-2018) as indicated in By-Law 6.1. The election to fill the Council vacancies will occur at the Annual General Meeting (AGM) planned for October 24, 2015.

Nomination and Biography Forms are available on our website at www.cdhm.info.

Completed forms can be mailed, faxed or emailed and must be received by midnight on Friday, July 31, 2015.

ROSTER, ROSTER READ ALL ABOUT IT!!!

As per Section 2 of the Dental Hygienists Regulations, it is a requirement that all members of the College of Dental Hygienists of Manitoba apply to be added to rosters and register with their regulatory body if the RDH has completed approved additional courses/modules. It is not sufficient for a member to just complete the approved additional courses/modules; s/he must apply to be approved on the applicable rosters with the CDHM. This is specific to: oral anaesthetic, orthodontic and restorative modules. Members who practice any of these new skill and who are not on the applicable rosters with the CDHM will be referred to the **Complaints Committee.**

Also, once a member reaches 3000 practice hours s/he may apply to be on the extended practice roster. However, an RDH is not permitted to practice in an alternative practice setting unless s/he is approved to be added to the extended practice roster by the Board of Assessors.

All additional courses'/modules' declarations are reviewed by the Board of Assessors (BOAs). If the BOAs deems that the member has met the requirements to be on the roster that s/he applied for, this skill will be approved by the BOAs and will then be added to the member's CDHM file as well as being added to the register located on the CDHM website at:
http://www.cdhm.info/college-registers/register-of-dental-hygienists-practising/

Please refer to our website at:
http://www.cdhm.info/registrationrenewal/declarations/ for a description on how to apply to these rosters.

Registrar's Report

Financial Stability of an Organization

The financial stability and condition of an organization is paramount to the success of this organization.

It might come as a surprise to some, however probably not to the College of Dental Hygienists of Manitoba's (CDHM) Council, but I constantly think about the financial well-being of the CDHM. When I first began my employment with the CDHM I had a strong background in creating, managing and balancing a budget as I had been the Manager of the Dental Program at the Niagara Region Public Health Department. During these four years I had managed a combined budget of approximately $4 million annually. In my current role at the CDHM I now oversee a smaller budget of approximately $320,000. To my surprise, in the first year (2010) of managing the CDHM budget, I realized that managing a smaller budget was significantly more challenging than managing a larger one. Each and every purchase was given careful consideration as I was aware that the CDHM budget needed to be managed meticulously. So, during our first financial audit by the firm of Olafson & Jones, CGA, in June 2013, I was quite perplexed to learn that we were slightly out of alignment with generally accepted accounting standards for not-for-profit organizations. This was specific to the deferred revenue processes that we did not have in place regarding registration fees. With this new information, I felt it was necessary for me to gain a further knowledge in some more intermediate accounting principles so that I would be better equipped to administer the CDHM's budget. Hence, this goal became part of my 2014/2015 Continuing Competency Program professional development component.

Through taking financial accounting courses, attending seminars and reading textbooks, I have gained further insight into budget development and oversight. Furthermore, I understand the need to consider the internal and external economic conditions specific to the CDHM. One of the key concepts I learned through this process was internal controls, such as fraud prevention and external controls, such as the financial audit process. Moreover, I learned that transparency through disclosure and confirming the integrity of financial reporting are factors that significantly affect the public's trust and the registrants' trust and confidence in an organization. Most importantly, I am cognizant that public sector organizations cannot afford suspicions about the quality of its financial reporting or accounting processes.

With financial consideration in mind and the review of the financial position of the CDHM by Olafson & Jones, CGA, I am elated to announce that the CDHM Council has approved the purchase of a Computer Management System. This new system will enable the renewal of registration process to be smooth and effective. Please keep an eye out for further notifications on this new system.

Technology is the future and I know all of us want to be best prepared for it!

Sincerely,

Stephanie

Stephanie Gordon BA, RDH
CDHM Registrar/ED

Manitoba Alliance of Health Regulatory Authorities (MAHRC) Registrars supporting the Apology Act

Chair's Message

The Annual General Meeting of the College of Dental Hygienists of Manitoba (CDHM) is on October 24th at the Caboto Center. This AGM will mark the 6th anniversary of my being on the Council of the CDHM and I will be stepping down from Council after the AGM.

I have had the privilege to work with a dedicated group of volunteers that make up the Council of the CDHM. The Council has seven dental hygiene representatives and four public representatives.

The dental hygiene representatives to Council are elected from the nomination submissions at the AGM. Once nominated, the term on Council is for three years and can be nominated for a further three years. Dental hygiene representatives may serve a maximum of six consecutive years on Council.

Our dental hygiene representatives are Alayna Gelley- Vice Chair, Patricia Hawthorn- Past Chair, Lisa Grayson- Complaints Committee Chair, Janice Johnson-Chair of the Ownership Linkage Committee, and Karina Hiebert and Terri Archibald, both on the Professional Practice Committee.

UPCOMING MEETINGS

COUNCIL:
AUGUST 24, 2015

ANNUAL GENERAL MEETING:
OCTOBER 24, 2015

The public representatives are appointed to Council by the Minister of Health for a three year term and can be reappointed for two more full terms. Public representatives may serve a maximum of nine consecutive years on Council.

The public representatives are Betty Ann Zegarac- Chair of the RHPA Committee, Jan Malanowich- also on the RHPA Committee, Ken Chapman -Chair of the AGM Committee and Kelly Tye Vallis- on the Ownership Linkage Committee.

Each of these Council members brings a variety of life experience, wisdom and knowledge to every council meeting. Countless volunteer hours are spent by all the members of Council and I wanted to acknowledge their hard work and dedication.

I volunteered to let my name stand for nomination on the Council six years ago because I felt a real need to give back to my profession. It has been a rewarding experience made better by all the volunteers I have had the privilege to work with.

There will be three openings for Council this year. If you are interested in volunteering we would love to hear from you.

Sincerely,
Terry
Terry Phillips, RDH
CDHM Council Chair

Newly Appointed Deputy Registrar

I am very pleased to announce that Ms. Sheryl Sloshower is the successful candidate for the newly created Deputy Registrar position. Sheryl is a committed, passionate dental hygienist with forty years of clinical, academic and leadership experience. She has built her professional career within a variety of roles and responsibilities. In 2012, Sheryl graduated from the University of Manitoba Baccalaureate in Dental Hygiene.

From its inception, Sheryl was a key member of the Continuing Competency Program Committee of the College of Dental Hygienists of Manitoba (CDHM), which established the Continuing Competency Program (CCP). She has served as the CDHM CCP coordinator for the past 5 years leading the program from its infancy ensuring its success.

Sheryl is a University of Manitoba (UM) faculty member with the College of Dentistry, School of Dental Hygiene (SDH). Her talents as an educator are enjoyed by students in the curricula areas of clinical patient care, interprofessional education and health promotion. In 2012, Sheryl was honoured by the students with a UM teaching excellence award. Her work has been presented at conferences such as the American Dental Educators Association, Canadian Dental Hygienists Association and the Canadian Association of Continuing Health Education. Sheryl volunteers her time by serving on CDHM, SDH and Sigma Phi Alpha committees.

Please help me in welcoming Sheryl to her new role as Deputy Registrar.

Thank you,
Stephanie
Stephanie Gordon RDH BA
Registrar/Executive Director

MAHRC Educational Campaign

As you may know, the CDHM has collaborated with other health regulators in the province to create an awareness campaign regarding regulated health professions.

Website
The design provides clear navigation with easy-to-understand content, written for all Manitobans. The site features a list of all health regulators in the province as well as other useful information, such as the RHPA www.mahrc.net

TV Commercial
The commercial was produced to appeal to adult Manitobans https://vimeo.com/116365940?utm_source=email&utm_medium=clip-transcode_complete-finished-20120100&utm_campaign=7701&email_id=Y2xpcF90cmFuc2NvZGVkfGMzYmM0MWQ5YjhkNjZlN

Deputy Registrar's Report

I would like to introduce myself as the newly appointed Deputy Registrar of the CDHM. Many of you already know me as the CCP Coordinator. In this article, I would like to share my vision for our profession. To begin, I am a registered dental hygienist with 40 years of clinical, academic and leadership experience. I have built my career within a variety of roles and responsibilities.

In 2008, I volunteered to be a member of the CDHM Continuing Competency Program Committee. At that time, I was a University of Manitoba dental hygiene graduate with 30 years of clinical experience. I felt it was important that this committee had an experienced clinical dental hygiene perspective. From that time forward my professional career evolved into an academic position with the University of Manitoba, and in 2010, I became the CCP Coordinator. I am telling you this because I want you to know I try to have the clinical dental hygienists' best interests at heart in my decision-making at the College.

The dental hygiene profession is dynamic with change occurring across all facets of care. A central theme that has emerged is the need to provide care to diverse populations in a variety of innovative and non-traditional settings. One of my key visions is that dental hygienists assume roles as interdisciplinary and intersectoral primary care professionals within the broad system of primary health care. For this to happen, dental hygienists must recognize and respect themselves as primary care oral health professionals. We must demonstrate respect for and commitment to the continued advancement of the profession by improving our competence and quality of practice.

Dental hygienists are in a position to become leaders and vital members of a professional team promoting and integrating oral care as part of overall health. Consequently, we must strengthen and expand our leadership roles. We must realize that we are all leaders within our profession and in our daily lives. Dental hygienists are leaders in facilitating prevention and wellness beyond oral health. Many clients see a dental hygienist more frequently than any other professional. Hence, we are often the ones who observe signs and symptoms attributed to systemic disorders and diseases. Such findings allow us to make referrals to other health care professionals for further evaluation and management. To meet the demands of the future, dental hygienists must be prepared to be part of a broad based team by obtaining additional education/knowledge, skills and attitudes in order to function within these different environments. By embracing these collaborative opportunities, we are poised to become valuable interprofessional members and leaders within the evolving primary care reform.

It is imperative that the dental hygiene profession address and embrace the changing health care environment so that we improve the oral health and the access to care of the public we serve. At the College, we are working on defining our scope of practice under the Regulated Health Professions Act by addressing the emerging needs of the public and the transformative change of the dental hygiene profession.

Lastly, I would like to extend a warm welcome to our new graduates. I want you to always feel free to contact me with any concerns, questions or suggestions as you enter into your new world as registered dental hygienists.

Sincerely,

Sheryl

Sheryl Sloshower, RDH, BSc(DH)
CDHM Deputy Registrar

Continuing Competency Program Assessment Process

With the passing of the final May 31st deadline, the review process is underway. Please be mindful that the CCP Reviewers are volunteering their time and are reviewing the submissions in their spare time.

The assessment will be conducted by the CCP Reviewers and will fall into one of the following categories:

i) CCP Assessment Guidelines have been met whereby the registrant will receive an assessment letter indicating that the CCP assessment is complete and the guidelines have been met. The completed assessment/audit letter will be provided to the registrants in a mail out in the fall.

ii) CCP Assessment Guidelines have been met whereby the registrant is a new applicant, a registrant that has transferred back to the Practising register or needs future guidance. These registrants will receive an assessment letter with the CCP Reviewer's feedback indicating that the CCP assessment is complete and the guidelines have been met. The completed assessment/audit letter and the CCP Reviewer feedback will be provided to the registrants in a mail out in the fall.

iii) CCP Assessment Guidelines have not been met whereby additional information/documentation/evidence is needed for the CCP assessment guidelines to be met. The registrant will receive an assessment letter with the CCP Reviewer's feedback identifying deficiencies in the CCR/documents. This letter will be sent via registered mail as soon as the CCP Reviewer has submitted the assessment. A timeline of one month will be given to correct the deficiencies and to resubmit the CCR or the required section/s. When the guidelines have been met a completed assessment/audit letter with the CCP Reviewer's feedback will be provided to the registrants in the fall.

The following steps will be taken in the case of inadequate CCP submissions:

1. Inadequate CCP submissions are automatically submitted to a 2nd CCP Reviewer for an independent reassessment. CCP Reviewers are not provided with the results of other reviewers.

2. Additional information/documentation/evidence may be requested by the CDHM to be provided by a member within specified timelines when the assessment has not met the CCP guidelines.

3. Members may formally request reconsideration regarding the assessment of CCP submissions by contacting the CDHM Deputy Registrar in writing within 2 weeks of receiving the assessment report. The CDHM CCP Reviewers will meet as a committee to review the reconsideration. The member will be notified in writing the final decision of the CDHM CCP Reviewers.

4. After the member has been given opportunities to provide additional materials, and the reconsideration process is complete, where the CCP submission is considered by the CDHM CCP Reviewer Committee to inadequately support a member's competency, the CDHM will refer the member to the Board of Assessors.

As soon as all the assessments have been completed by the CCP Reviewers, a mass email will be sent to the registrants indicating the assessments are complete. If the registrant has not received a letter from the CDHM indicating the CCP guidelines have NOT been met, this email will serve to let the audited registrants know that all the CCP guidelines have been met. The official letter indicating success will be mailed as described earlier in this article.

All registrants are encouraged to contact me at any time during the review process if further clarification is needed and/or when encountering challenges.

Sincerely,

Sheryl

Sheryl Sloshower, RDH, BSc(DH)
CDHM Deputy Registrar

Regulated Health Professions Act Working Group Update

The RHPA committee members worked on creating a smaller more efficient committee to complete the transition from a working group to a "committee of Council". The School of Dental Hygiene and the Manitoba Dental Hygienists Association were invited to send a representative. Both organizations accepted. All members of the RHPA committee and subcommittees (the worker bees) will sign oaths of confidentiality.

The priority work this year will be the research and writing of the Reserved Acts, that is, those processes and procedures within the scope of the professional practice of dental hygiene. Council reviewed the first two documents at the May 2015 Council meeting.

The Reserved Acts will include the present scope of practice.

Other work on subcommittee tasks continues. If you would like to volunteer for RHPA subcommittee work, please contact the CDHM to discuss your interests.

Sincerely,
Betty Ann
Betty Ann Zegarac, BN,MA, D.ed

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. (e.g. MDHA).

3. CDSPI staff or CDSPI member faxes 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 a substantial late fee.

The CDHM will be streamlining registration processes for the 2016 registration season. Therefore, as this memo is coming to you well 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

Notice of Censure

On May 29, 2015 the Complaints Committee of the CDHM censured a member with regard to their failure to apply for registration on the Oral Anaesthetic Roster prior to administering oral anaesthetic. The Registered Dental Hygienist (RDH) completed the Local Anesthesia Continuing Education Course offered by the Faculty of Dentistry, School of Dental Hygiene but failed to apply to the CDHM to register their name on the oral anaesthetic roster prior to administering oral anaesthetic. This information was discovered when the RDH applied for renewal for the 2015 registration year. Once notified of this, the Registrar/Executive Director referred the registrant to the Complaints Committee.

The Complaints Committee found the Registered Dental Hygienist 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 planing, 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 without being registered on the Oral Anaesthetic Roster, the Registered Dental Hygienist was 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 the registrant 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, the registrant 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.

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CDHM Complaints Committee Update Continued...

Notice of Censure

On May 29, 2015 the Complaints Committee of the CDHM censured one member with regard to their failure to apply for registration on the Extended Practice Roster prior to practicing included practices in an alternative practice setting. This information was discovered when the member applied for renewal for the 2015 registration year. The Registrar/Executive Director then referred the registrant to the Complaints Committee.

Section 2 of *The Dental Hygienists Act* under Included Practices states:

2(2) Subject to the regulations, the practice of dental hygiene includes but is not limited to

(a) Scaling and root planing above and below the gumline;
(b) Performing debridement and curettage below the gumline;
(c) Administering oral anaesthetic;
(d) Using oral therapeutic agents;
(e) Applying dental sealants; and
(f) Performing orthodontic and restorative procedures

The *Dental Hygienists Act* and Dental Hygienists Regulation Included Practices states;

3(2) A dental hygienist may perform an included practice listed in clause 2(2)(a) to (c) of the Act without supervision by a dentist, but only if

(a) After reviewing the patient's health record, the dental hygienist determines that the patient

(i) Does not have an oral health or other medical condition that could affect the appropriateness or safety of the procedure, and

(ii) is not taking a drug or combination of drugs with which the dental hygienist is unfamiliar, or which could affect the appropriateness or safety of the procedure, and

(b) the dental hygienist has practiced dental hygiene for not less than 3,000 hours.

Under definitions;

"extended practice roster" means a list of names maintained by the registrar that indicates which members have met the practice hour requirements of clause 3(2)(b).

The CDHM New Applicant Registration Guide, Application Form Detail, X. Included Practices Provisions/Extended Practice Roster states;

– Dental hygienists may perform the "Included Practices" (a), (b), and (c), as described in the regulations if they have practiced dental hygiene for not less than 3000 career hours.

The CDHA Code of Ethics (2012) under Principles of Accountability 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

In order to appear on the Extended Practice 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 practicing an included practice without supervision by a dentist. Once the registrant has 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 the member is able to practice an included practice in an alternative practice setting without supervision by a dentist.

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CDHM Complaints Committee Update Continued...

The Complaints Committee has one more complaint which is still waiting to be finalized. In the past, we have dealt with similar complaints which have led to censures regarding practicing oral anaesthetics without being registered on the appropriate roster. The September 2014 Newsletter had a notice of censure article regarding oral anaesthetics and encouraged our members to be aware of their professional responsibilities regarding any new competencies they may acquire.

Each new complaint we deal with requires hours of research, discussion and writing not to mention the need for review by legal counsel and the costs of these services. In appropriate circumstances, where the Complaints Committee censures a member, the Complaints Committee may publish the name of a member, and it may also order a member who is censured to pay all or part of the costs of the investigation. We cannot stress enough it is the responsibility of you, our members, as professional Registered Dental Hygienists to be aware of The *Dental Hygienists Act*/Regulations and Code of Ethics.

The CDHM is mandated by the Provincial Government under The *Dental Hygienists Act* to carry out its activities and govern its members in a manner that serves and protects the public interest. By doing so, the CDHM does help to protect its members as well. As an example if a member was being pursued legally with malpractice arising out of the performance of a skill such as administering oral anaesthetic while not registered to practice that act under a Dental Hygiene Roster listed in the *Dental Hygienists Act*/Regulations, that member's malpractice insurance may be impacted. Generally, most malpractice insurance policies require that a health care professional not carry out acts which they are not registered for.

Perhaps some food for thought!

Sincerely,
Lisa
Lisa Grayson, RDH
Chair CDHM Complaints Committee

New Member on the Board of Assessors

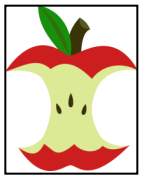
Congratulations and welcome to Ms. May De Guzman, who is the newest member of the Board of Assessors (BOA).

The College is very fortunate to hire this fabulous dental hygienist who has a varied background in the dental field as a dental assistant and as a clinical dental hygienist. Ms. De Guzman will be a definite asset to this important committee. May started in the dental field as a dental assistant in 2001. She enjoyed working with people and helping other's achieve confidence through their smile. She loved the team aspect of a dental office and how each facet relied on the other in order to function. May was encouraged by a dentist to go back to school and after some thought, took on the challenge. She was accepted into University of Manitoba's School of Dental Hygiene and graduated in 2006. May is currently working part time as a dental hygienist and when she is not working she is enjoying raising her 3 beautiful children.

With the guidance and mentorship of our experienced BOA's, Ms. Janis Gojda, Ms. Kristin Holt and Ms. Natasha Kravtsov a BOA orientation session will be held for Ms. De Guzman shortly.

At this time I would like to personally thank all of the Board of Assessors who have made a strong commitment to their Regulatory Body, specifically Ms. Lila Jorheim MacInnes who has now completed her term with the Board of Assessors. Ms. MacInnes has been a Board of Assessor since the creation of the CDHM. She has worked tirelessly in this role and I cannot thank her enough for her passion and commitment to the CDHM.

HR Corner



Right Down to the Core!

"Your beliefs become your thoughts. Your thoughts become your words. Your words become your actions. Your actions become your habits. Your habits become your values. Your values become your destiny." **Mahatma Ghandi**

Congratulations to all the newest graduates of dental hygiene in 2015. May your career, in the profession of dental hygiene, be a fulfilling and rewarding one!

As you enter the field of health care, you are obligated to practice your profession with the highest standards of professionalism. Actions, behaviors and attitudes will all contribute to the success of your career. An individual's highest priorities, guiding principles, and essential motivating forces within are called your **"core values".**

The following are a few examples of core values to live by as an up-and-coming or a seasoned health care provider. By following these guidelines, it ensures you are providing the best quality of care for all persons involved.

1. **Respect for Others:** Everyone has the right to be treated with respect. All patients have the right to "informed consent" prior to treatment. Clients have the right to have full disclosure of all information related to their condition so as to make knowledgeable choices about treatment decisions.

2. **Equality:** Everyone should have the right to high quality oral healthcare regardless of ethnic group, race, ancestry, age or disability**. All** clients should be served without discrimination and judgment. For those with physical or mental disabilities, treatment plans may need to be altered on an individual basis due to the patient's level of functioning, but the overall goal should be comprehensive care. For clients with specific needs, referrals can be made to other oral health professionals who have expert knowledge as a solution for medical and oral conditions that call for specialized care.

3. **Confidentiality:** All of a client's medical and dental history is confidential. Develop respectable communication with your patient. Permission from the patient must be given before releasing any medical information to a referring dentist, physician or agency.

4. **Public Trust:** Realize the importance of client trust and to serve as an advocate for the well-being of clients. There is an obligation to tell the truth and to be honest. This will ensure others will do the same. To provide services and to maintain a work environment that protects and reduces harm to the public.

5. **Learning:** Contribute time and talent to support the profession of dental hygiene. Improve your professional competencies through continuous learning and develop relationships to increase lifelong professional development.

There are many principles that are not mentioned, that can be contributed to the list of ethical values. Please browse the CDHM website link, the Code of Ethics, to review your responsibilities as a dental hygienist:
http://www.cdhm.info/legislation-resources/code-of-ethics/

With exceptional oral dental services being provided throughout Manitoba, the newest graduates are fortunate to have such hygiene frontrunners who display essential "**core values"** on a daily basis.

To all, have a safe and memorable summer!

Sincerely,
Donna
Donna Dowie
Administrative Assistant to the Registrar

CPR Knowledge Retention and Skill Decay

The yearly renewal of CPR skills is not only a requirement for registration as a dental hygienist in Manitoba, it is also a yearly requirement for registration with all other dental hygiene regulatory bodies across Canada. Regulatory bodies are mandated by the government to protect the safety of the public seeking health care and, as health care professionals, dental hygienists have both an ethical and legal obligation to provide relevant, timely, and knowledgeable care to their clients. To fulfill this responsibility, all practitioners must continually revisit and renew the knowledge and skills required to provide competent care. The scientific evidence is quite clear that a substantial loss of trained knowledge and skills will occur with non-use or non-practice over a period of time. [1]

While researching the regulatory issue of mandatory practice hours, I was able to investigate the literature addressing the area of skill decay with assistance from Janet Rothney, our dental librarian, and input from Dr. Marla Nayer, an educational assessment consultant from the University of Toronto. Skill decay refers to the "loss of trained or acquired skills (or knowledge) after a period of non-use."[1] Research as early as the 1880s by German psychologist Hermann Ebbinghaus established the Ebbinghaus Curve of Forgetting which depicts the exponential pattern of memory loss. These findings have been replicated and supported by more recent studies which have also found that only ⅔ to ¾ of knowledge (both general and scientific) may be retained after one year of non-use and ½ of knowledge may be retained after 2 years of non-use. Smaller, incremental losses of knowledge and skills have been shown to continue to occur over time until age-related memory loss becomes apparent.[2, 3]

A 1998 quantitative literature review and meta-analysis of the extant skill retention and decay data[1] found that study participants performed at less than 92% of their prior level of ability after 365 days of non-use. This review also found that there are numerous factors that influence skill decay over a period of time, with the context of learning and retrieval determined to be one of the variables with the most effect on skill memory. There is more likely to be a loss of skill retention when the situation in which a skill is retrieved is markedly different from the conditions in which it is learned. [1] This is definitely applicable to the simulated circumstances in which CPR is learned and the stressful atmosphere in which CPR knowledge and skills would be recalled.

The scientific literature specific to the decay of first aid and CPR skills has determined that there is a reduction in either skill level or knowledge, and in most cases a loss of both, over time even among healthcare professionals in occupational and healthcare settings.[4] "Despite rigorous knowledge and skills training and initial demonstration of competence, poor quality resuscitation is commonly observed in actual cardiac arrests."[4]

A 2012 systematic review of the literature on the retention of adult advanced life support knowledge and skills in healthcare providers found that the available evidence suggests a decay of CPR knowledge and skills within 6 months to 1 year after training or retraining.[4] Some studies have determined that CPR skills may demonstrate a decline as early as 30 days after learning, whereas theoretical CPR knowledge may be retained longer.[4] This finding is consistent with study results that have shown that study subjects at 12 months post-training were unable to meet the standard passing performance criteria when performing CPR, even though their theoretical knowledge remained relatively intact.[5] A longer retention of technical knowledge compared to skill level may mislead healthcare practitioners to believe that they could competently perform CPR after an extended period of time since retraining, when in reality their performance may demonstrate otherwise. The scientific literature has proposed that repetition may be the key to the retention of CPR skills and that high-frequency "refreshing" of CPR, possibly every 90 days, may increase retention. [5]

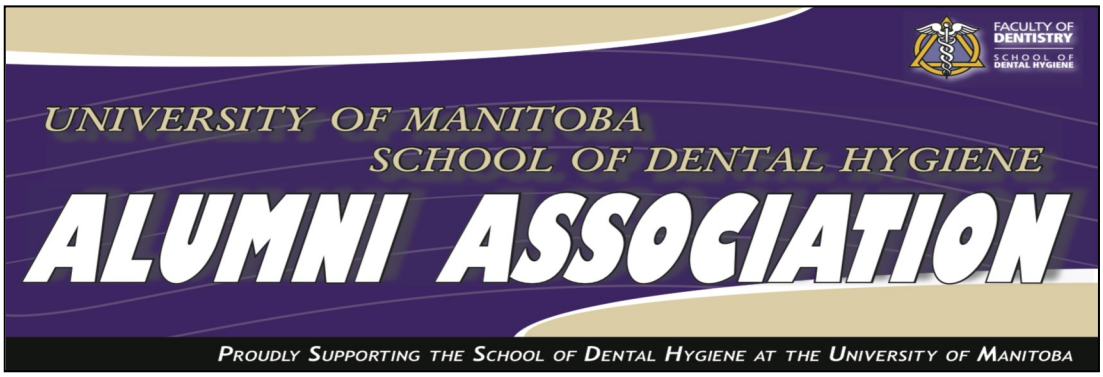
CPR protocols have also gone through an evolution over the years due to the continual evaluation and analysis of the evidence by resuscitation scientists and experts.[6] For healthcare practitioners to meet their professional obligation to remain current in their knowledge and skills requires that they also stay abreast of the changes in both the concepts and practice of CPR.

In summary, successful intervention during a medical emergency requires both a knowledge base and a skill set. However, specific CPR skills are not used or reinforced during regular dental hygiene practice so they are subject to skill decay. Since situations requiring the use of CPR are usually tense and may involve an element of panic, it is important that CPR skills be consciously reviewed and renewed regularly so that, when needed, they will be recalled quickly, effectively, and entirely. As health care practitioners, dental hygienists have a professional obligation to provide capable and competent care, including emergency intervention, to those who put their trust in our hands. Our clients deserve nothing less than this.
References available upon request.

Sincerely,
Alayna
Alayna Gelley RDH, BScDH
CDHM Council Vice-Chair

CPR Grace Period

The College understands that sometimes it is challenging to renew CPR Level C or HCP requirements prior to the 365 day period of when the CPR course was last taken. Therefore, the CDHM has decided to grant a thirty (30) day grace period to all registrants with regard to the CPR requirement. This grace period is in alignment with the Heart and Stroke Foundation Standards of renewal. That being said, all renewal documents, including proof of CPR Level C or HCP, taken between January 15, 2015 and November 30, 2015 are still due December 1, 2015. Therefore, if a registrant takes his/her CPR Level C or HCP course after the December 1, 2015 renewal deadline the registrant will be charged a substantial late fee as she/he will have not met the complete renewal requirements. Please feel free to contact the CDHM office for further clarification.



The University of Manitoba School of Dental Hygiene Alumni Association has had a wonderful year. We had the privilege of hosting two events at the end of January: a wine and cheese event featuring the School of Dental Hygiene's graduating class of 2015 which included table displays for their Community Health course requirements for the WISH clinic; and a double header professional development course on Ergonomics for the dental professional including a Fit to Sit session featuring Professor Laura MacDonald, Brenda Kulik Macaulay, Julie Scarlett and Leslie Johnson. We had a wonderful turn out at both events as well as at our Annual General Meeting on May 7th where two guest speakers alumni, Deanna Mackay and Gladys Stewart, featured their research. We are very grateful for the support of our sponsors at our events: Brenda Wolfe of Unimor healthcare wear, Christel-Andree LeClair of Saule Massage, and Andrea Moore O'Connor of Dentsply. We are also grateful for the support of the CDHM, MDHA and the School of Dental Hygiene; it is appreciated.

Our fundraiser event for this year was held on June 9th at Rumors Comedy Club featuring Greg Warren. Thank you to all those how have supported us throughout the year with their membership fees and attending our events.

Congratulations to all the SDH graduates of 2015! We hope to have your input into our upcoming plans where we will continue to provide networking opportunities with alumni and the School of Dental Hygiene, provide support to the faculty and student body of the School of Dental Hygiene, and celebrate alumni's achievements. We are proud to announce that Gladys Stewart, alumni 1970, is our Alumni of Distinction for 2015. Gladys is truly a worthy recipient of this honor as a researcher, educator at the School of Dental Hygiene, the College of Dentistry and the College of Medicine, clinician in periodontic, pedodontics and general practices, and her noteworthy contributions to community service. Please consider celebrating with her Friday October 2nd 2015 at Fort Garry Hotel at the Alumni of Distinction Gala.

We are also excited to announce we have raised a total of $1,500 towards the UMSDHAA Baccalaureate student travel scholarship. Overall a successful year! Your support to us is with your $30 annual membership fees ($10 for students). You can contact us at UMSDHAA@outlook.com for payment options and like us on Facebook. Watch for notices of our upcoming events for 2016.

Have a restful summer,
Cindy Isaak-Ploegman
On behalf of the UMSDHAA executive committee

MANITOBA HAS AN APOLOGY ACT – LEARN MORE ABOUT IT!

THE IMPORTANCE AND IMPACT OF AN APOLOGY
An Information Sheet from the Manitoba Institute for Patient Safety and the Manitoba Alliance of Health Regulatory Colleges

Patients[a] and their families expect to be told when something has happened that has harmed them or had the potential to harm them. Patients have a right to know this information. Informing them honestly and fully is the right thing to do.

Disclosing and apologizing go hand in hand.

After advising a patient of a harmful event, including a critical incident[b], it is natural to follow with a sincere and honest expression of regret (an apology).

Why patients need to hear an apology.

An apology, given sincerely, can help lessen the emotional impact of the harm, be therapeutic for the patient and health professional as well as lead to healing, regaining trust, and a greater possibility of reconciliation[2,3]. Apologizing – demonstrating our humanity and the concern we feel makes it possible for the patient and family to forgive.

By apologizing am I admitting liability?

No. An apology can't be admitted as evidence of fault or legal liability. The majority of Canadian Provinces and Territories, including Manitoba[4], have enacted apology legislation which prohibits apologies from being used in court.

Why do we have Apology Legislation?

A significant number of patients want a sincere apology for what has happened to them. Health professionals may be afraid that apologizing to a patient will create legal liability, or will negatively affect their malpractice insurance coverage. This is not the case in Manitoba. The Apology Act allays these fears and concerns. Allowing health professionals to apologize freely, without creating liability, provides an opportunity to begin making amends.

Why apologizing can also heal the practitioners involved.

After a patient is harmed, health professionals often feel fear, remorse, guilt, shame, self-anger and depression for what has happened. They "are the second victims, devastated by having been the unwitting instrument that seriously harmed another"[5]. Apologizing, expressing remorse, and a desire to make amends, can lead to forgiveness and healing for health professionals as well.

How to apologize / What you can do.

Talk with your team about who will apologize and how the apology should occur. The words "I'm sorry" should be part of any apology[2]. Apologize as soon as possible. Be compassionate, honest and sincere in your apology. An apology will not be as easy to accept if the patient feels you are forced to apologize or are not genuine in your apology[2,3,6]. The following may take place over several meetings. These are guidelines. Check your organizational policies for further information.

- Acknowledge that something (e.g. a critical incident) has happened.
- Explain the facts of what has happened without accepting or assigning blame.
- Explain how the incident will affect the health of the patient.
- Make a genuine apology for the incident that shows remorse, humility and compassion. Consider using words like "I feel badly for what happened." "We are sorry." "We know that what happened has caused you unnecessary pain/anguish/health complications…."
- Explain what can happen to help remedy the situation.
- Document the conversation with the patient and family.
- If possible, explain what will change so this same situation is less likely to happen to other patients in the future. People usually want to know that some good may come about as a result of the situation that has caused them emotional or physical pain.
- Once the event has been reviewed, follow-up with the patient to see how they are doing and advise them on what progress has taken place to reduce the likelihood that it does not happen again to others.

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[a] The term "patient" includes any recipient of care by a health professional in any setting

[b] A critical incident[1] is an unintended event that occurs when health services are provided to an individual that result in serious and undesired effects such as death, disability, injury, harm, an unplanned admission to hospital, or an extension of care in hospital. The unintended event is not as a result of the patient's illness or the risk in treating the illness, but from the healthcare provided.

Under Manitoba's Apology Legislation[4]...

- apologizing does not create legal liability
- an apology does not void, impair or affect your malpractice or liability insurance coverage
- an apology is not admissible in court, including "a tribunal, an arbitrator and any other person who is acting in a judicial or quasi-judicial capacity"[4] such as disciplinary and grievance hearings, and civil litigation
- it does not apply to criminal offences, such as sexual or physical assault, which fall under federal jurisdiction

Where can I get reliable, confidential advice about apologizing?

Review your regional health authority or health facility policies and procedures or consult the regulatory body governing your profession. You may also consult your professional insurer or protective association.

References

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3. College of Occupational Therapists of Ontario (COTO). *Guide to the Apology Act (2009).* Toronto, ON: COTO; 2011. http://www.coto.org/pdf/guide_to_the_apology_act.pdf
4. Government of Manitoba. The Apology Act. http://web2.gov.mb.ca/laws/statutes/ccsm/a098e.php
5. Leape LL. Full disclosure and apology--an idea whose time has come. *Physician Executive.* 2006 Mar; 32 (2): 16-18.
6. Lazare A. *On apology.* New York, NY: Oxford University Press; 2004.

Download MIPS' resource *"The Facts about Critical Incidents and their Disclosure: Frequently Asked Questions for Healthcare Providers"* at www.mips.ca

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College of Audiologists and Speech-Language Pathologists of Manitoba

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MANITOBA INSTITUTE FOR PATIENT SAFETY

www.mips.ca www.safetoask.ca

The Manitoba Institute for Patient Safety promotes, coordinates and facilitates activities that have a positive impact on patient safety throughout Manitoba.

MAHRC

MANITOBA ALLIANCE OF HEALTH REGULATORY COLLEGES

Protecting your right to safe and ethical care.

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Congratulations to the University of Manitoba School of Dental Hygiene Class of 2015!

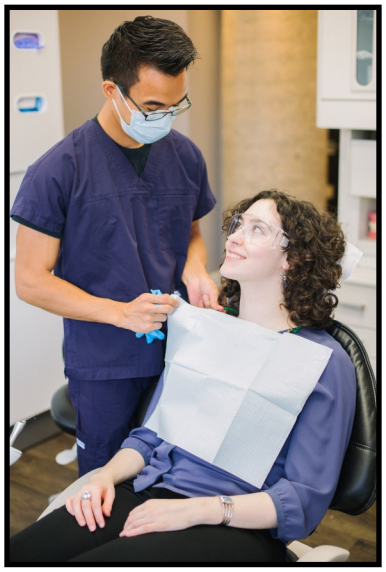
Internationally Educated Applicants

The College had recently updated the website with regard to registration processes for Internationally Educated Applicants.

If you are an internationally educated dental hygienist and you wish to practice in Manitoba, you will be required to obtain practising registration with the College of Dental Hygienists of Manitoba (CDHM) before beginning any type of dental hygiene practice.

The following link provides internationally educated dental hygienists with the steps they need to help guide them through the registration process to practice in Manitoba: http://www.cdhm.info/international-applicants/

Please email cdhm@cdhm.info for further assistance.



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