



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

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Two CDHM Council Positions Now Available!

The CDHM is extending a Call for Nominations for two (2) Registered Dental Hygienists who are interested in serving on the CDHM Council for a three (3) year term (2016-2019) as indicated in By-Law 6.1. The election to fill the Council vacancies will occur at the 6th Annual General Meeting (AGM) planned for October 22, 2016.

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 22, 2016.

Hold the Date for the 2016 CDHM AGM

All members on the practising, non-practising and student registers are invited to attend the 2016 CDHM Annual General Meeting

Date: Saturday, October 22, 2016

Location: Canads Inn Polo Park
1405 St. Matthews Ave, Winnipeg

Free limited on-site lot parking (car sharing is encouraged)



New Practice Guidelines recently adopted by the College of Dental Hygienists of Manitoba

All Registrants should have received an email in mid-April containing the CDHM's Practice Guidelines on Radiographs and Temporary Restorations. Please see pages 6, 7 and 10 for the full Practice Guideline documents.



Registrar's Report - Stephanie Gordon

The Privilege to Represent

The triennial conference of the International Federation of Dental Hygienists (IFDH) is being held in Basel, Switzerland from June 23-25 2016 and I have the privilege of representing the College of Dental Hygienists of Manitoba at this event. I will be presenting on the topic, *Canada's Journey towards Self-Regulation and National Standards*, with my colleagues Kellie Watson, Registrar of the Saskatchewan Dental Hygienists' Association and Stacy Bryan-Mackie, Deputy Registrar of the College of Registered Dental Hygienists of Alberta. The presentation will provide information on how, through the process of self-regulation, dental hygienists are now considered primary health care providers who provide treatment in a variety of independent settings across Canada. It will also highlight the processes dental hygiene applicants must undertake that will potentially permit them to practice dental hygiene in Canada; this includes testing mechanisms and meeting particular registration requirements. Furthermore, the presentation will emphasize the labour mobility agreement and specifically how this legislation has facilitated more efficient movement for dental hygienists across the provinces. Attendees will glean meaningful knowledge on the multitude of stakeholders involved in the creation of self-regulation and the current regulation processes.

At a national level, I am the current President of the National Dental Hygiene Certification Board (NDHCB) which 'acts in the public interest to ensure high quality standards for Dental Hygienists in Canada by providing a reliable testing mechanism for dental hygiene competencies to support Canadian regulatory bodies'. This role requires that I attend various conferences to present and further my knowledge on good board governance as well as have a comprehensive knowledge on exam creation and administration best practices.

I am also on the Federation of Dental Hygiene Regulatory Authorities (FDHRA) whereby membership is granted to the Registrar/Executive Director of each Canadian dental hygiene regulatory authority. The FDHRA was established as a forum of Canadian dental hygiene regulators to: share information and collaborate on regulatory issues; monitor and address issues related to the mutual recognition of practitioners; and mentor dental hygiene organizations in jurisdictions seeking self-regulation.

I am privileged to represent all of these organizations. I believe in the importance of ensuring that I am putting forward my best efforts with these organizations and at these conferences.

I am proud to say that I am a Canadian Dental Hygienist and feel honoured to be representing the CDHM, the NDHCB, the FDHRA and of course, Manitoba while I am in Basel, Switzerland.

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

What's better than to
represent your country doing
the thing you love?

- irene

UPCOMING MEETINGS

**OFFICE OF THE
MANITOBA FAIRNESS
COMMISSIONER
MEETING:
SEPTEMBER 22, 2016**

**FLUORIDATION
STRATEGY COMMITTEE
MEETING:
JUNE 15, 2016**



Chair's Message - Karina Hiebert

Greetings all, I hope you have been enjoying the warm weather as summer is finally upon us. I write to you as acting chair, while our chairperson Alayna Gelley is on a temporary leave of absence.

I would like to start by congratulating the 2016 graduating class of the University of Manitoba, School of Dental Hygiene! On behalf of the College of Dental Hygienists of Manitoba, I welcome you to the profession, and wish you all the best as you step into your role as health care providers.

When I graduated with my diploma in 2003 from the University of Manitoba, I was excited about my profession, and I still am! Dental Hygiene continues to evolve within Canada and internationally, as an established, evidence-based, independent profession, contributing our expertise as an essential member of a team of health care providers. I am so appreciative of all the inspirational leaders I have encountered in my career, from my own dental hygienist who encouraged and mentored me during my pre-requisite year, to "Kindness In Action"; a volunteer dental organization which took me to Nicaragua, Belize, and Guatemala, to all of my professors and instructors at the University of Manitoba, and most recently to everyone who I have encountered through CDHM, MDHA, and beyond. Dental Hygiene has brought me so many wonderful experiences and people!

My decision to complete the baccalaureate degree in dental hygiene at the U of M was what brought me back to Manitoba in January 2012, after working in my home province of B.C. for 9 years. It was a pleasure to find myself back with some of the same amazing professors for my degree program as I had during my diploma program, namely Salme Lavigne and Laura MacDonald. During this final year of my degree completion, I took a teaching practicum course, an evidence-based decision making course, and did an in-depth literature review on the topic of oral health in nursing homes. Coinciding with this, I was given the opportunity to work with Salme Lavigne as the research assistant for her PhD work, "The effects of daily power tooth brushing on caregiver compliance and oral and systemic Inflammation in a nursing home population". I worked with study participants at the Deer Lodge Centre who met specific study requirements, measuring baseline and outcome data for inflammation (MGI), bleeding (PBS), and plaque (TQHPI). I feel I have benefitted from my baccalaureate courses, and from those who taught me; not only by gaining a broader knowledge base, but also by experiencing a variety of dental hygiene work settings and interacting with the larger community of dental hygienists in Manitoba.

I attended my first CDHM council meeting in November 2013, after being tapped on the shoulder by my fellow BScDH classmate Alayna Gelley. Since then I have learned much about the Regulated Health Professions Act (RHPA), self-regulation in Manitoba, and policy governance. I have also been involved in creating practice guidelines, and now the role of the chairperson. Previous to the CDHM, I had never been on a council, so I had a lot to learn. I would like to thank all council members and staff who have made this a fulfilling, positive experience. I would also encourage our registrants to consider the CDHM council as a great opportunity to get more involved with the growth of dental hygiene in Manitoba! Volunteers are welcome to apply to be official council members, or to help on council committees without being on council. Wishing everyone a great summer!

Sincerely,
Karina
Karina Hiebert RDH, BSc (DH)
CDHM Council Chair





Deputy Registrar's Update

Recently, I attended the Manitoba Dental Association Graduation Breakfast for the Dentistry and Dental Hygiene classes of 2016. It is indeed an exciting day for all the new graduating oral health professionals! I listened as they eagerly recited the professional oath declaring commitment and acceptance of their professional obligations.

In light of all I hold sacred, in the presence of my family, friends and colleagues

I herewith solemnly declare that:

I will practice my profession with conscience and dignity.

My first consideration will be the health and well-being of my patient.

I will abide by the practice standards and Code of Ethics of the profession.

I will strive towards improving my knowledge and skills to the benefit of my patients.

I will respect the confidence of my patients and will not improperly divulge them.

I will strive to be a worthy member of the oral health professions.

I will uphold the name of my university and promote its welfare.

All health care professionals are granted special rights and responsibilities when they choose to enter a profession. Society recognizes that health care professionals by virtue of their education and special skills are held to a higher standard. Most importantly, society believes that the members of the health professions understand their own profession and trust that the regulatory authorities will develop programs to monitor the education, practice standards, continuing competence, and level of care their members provide to the public. Self-regulation is a privilege, which only truly exists in Canada. It is a model admired and aspired to globally.

Now that dental hygienists are self-regulated through the College of Dental Hygienists of Manitoba, we as registered dental hygienists, are part of a recognized health profession and are oral health professionals.

What does it mean to be a professional?

The ethicist Laurence McCullough has stated that two virtues are required in a professional person:

1. The first is self-effacement, which means putting aside all notions of self as a better educated, socially superior, or more economically well off and focusing strictly on the needs of the client
2. Self-sacrifice or putting aside or giving up one's own interests and concerns

We are trusted to do things right, and do the right things. Furthermore, we must make good and consistent decisions acting always and only in the public interest.

Being a professional means that:

- You are dedicated to serving the healthcare needs of the public
- The welfare of the client and respect for the dignity of the individual is paramount at all times
- You protect the confidentiality of all client information
- You are aware of the laws and regulations governing the profession and apply them in the practise of your profession
- You practise within the scope of your professional competence
- You endeavour to maintain and improve your knowledge, skills and judgement, and keep current with scientific advances

- You uphold integrity in all matters by being honest and having strong moral principles
- You share knowledge with colleagues and promote learning
- You promote the image and status of your profession by maintaining high standards in your professional practice and through active support of your professional bodies
- You act in a manner that demonstrates exemplary professional conduct and take responsibility for your actions
- You collaborate with other health care professionals to provide effective client care
- You practise safe work procedures at all times to ensure the safety of clients, yourself and colleagues



It is very important for a professional to pass one's knowledge on to the new generation of professionals. Whenever possible, be a mentor to a new graduate entering the profession. They are the future of our profession! Professionals help their peers and are respected for it. You are a professional, be proud of it! Do not diminish the importance of what you do.

In closing, I would like to extend a warm welcome to all the new graduates. Please know that you are always welcome to contact me with any questions, concerns or suggestions as you enter the profession as a registered dental hygienist. To all, have a fantastic summer!

Sincerely,

Sheryl

Sheryl Slosower, RDH, BSc(DH)

CDHM Deputy Registrar

The Ethical Professional - A Report from the CDHM Complaints Committee

Each year, the first few months are generally quite busy for the CDHM and the Complaints Committee. As registrations are reviewed, frequent errors are found. Some may be very slight unintentional mistakes, while other mistakes appear to be intentionally misleading. Many of the complaints we receive are related to errors in information or the omission of information being provided by members in applications for registration. These issues are often referred to the Complaints Committee as a result of the CDHM review process.

The primary responsibility of the CDHM is the ongoing safety of the public. As per The Dental Hygienists' Code of Ethics June 2012 edition, "Dental Hygienists use the Code of Ethics in conjunction with professional standards, workplace policies, and laws and regulations that guide practices and behaviours. In achieving these requirements, they fulfill their contract with society to meet a high standard of ethical practice."

Some may say how can filling out a form improperly put the public at risk? Perhaps a member checked off the local anesthetic competency without being registered on the roster. Or perhaps a member was operating in an extended practice setting without being on the required roster. In both such cases, those members would be operating outside the laws and regulations that guide these practices and without the oversight of the registration requirements and processes. In doing so, they are violating the signed declaration on their registration and possibly affecting their malpractice insurance.

The CDHM strives to maintain a high standard of practice to ensure our commitment to public safety and confidence. Some forms of professional misconduct could lead to your registration being suspended or cancelled. Part of meeting that high standard of ethical practice is not only how you interact with your clients and employers but also how you interact with your governing body. In some cases, it appears members are not taking the latter interaction very seriously.

As a result, countless hours are wasted trying to right what some may consider minor wrongs. Those hours consequently cost the CDHM legal fees and committee fees which all get passed on to the general membership. Part of being an ethical professional is also being accountable "for one's actions and omissions in light of relevant principles, standards, laws and regulations". Some may consider your professional interaction with your governing body a reflection of how you may interact with others, including the public, in your workplace setting. A second look when filling out your registration could save countless hours and fees. A quick call to the CDHM for an answer to a question could save your registration. It only takes a small amount of time and consideration.

I am often heard preaching to my clients..."time and technique". That little phrase is so very relevant in many aspects of life!

Sincerely,

Lisa

Lisa Grayson, RDH

Chair CDHM Complaints Committee

College of Dental Hygienists of Manitoba Practice Guideline: Dental Radiography

This practice guideline is to inform registrants of the College of Dental Hygienists of Manitoba (CDHM) about the current regulations on prescribing and exposing dental radiographs, and protecting clients during radiographic imaging.

Prescribing and Exposing Dental Radiographs

The *Dental Hygienists Act* does not provide any legislative authority to registered dental hygienists to prescribe radiographs on an independent basis. A client-specific prescription by a dentist must be obtained before the registered dental hygienist may expose any necessary dental radiographs. Registered dental hygienists are required to determine in collaboration with a dentist if a radiographic examination is necessary and/or appropriate based upon the individual client's needs.

According to the *CDHM Competencies*, registrants of the CDHM have the ability to:

- Assess the need for radiographs for oral health care¹
- Assess the quality of dental radiographs (e.g. cone cut, overlap, poor developing, presence of artifacts, etc.)²
- Interpret dental radiographs for the purpose of dental hygiene diagnosis³
- Expose and process intra and extra-oral radiographs⁴

The following requirements must be met:

- The radiographs are performed with the principle ALARA (As Low As Reasonably Achievable), consistent with current requirements.⁵
- The radiographs are of sufficient quality to enable an accurate clinical assessment.⁶
- The radiographs are interpreted correctly.³

Registered dental hygienists should provide the following written evidence of the radiographic prescription and exposure in the client's chart:

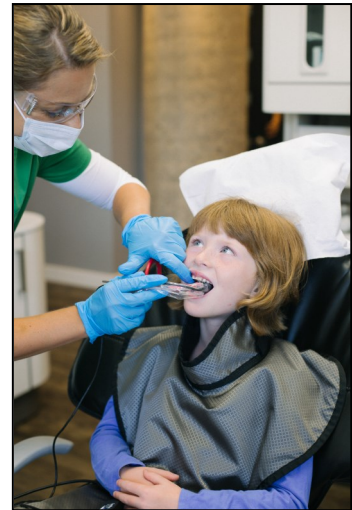
- Informed consent or refusal to radiographs by the client
- Date of treatment
- Type of radiographs (e.g. PA or BW) exposed
- Number of radiographs exposed
- Provider of radiographic prescription

Radiation Protection for the Client

Evidence-based research indicates that dental radiographs pose a low risk to clients when best practices are followed. However, radiation of any amount poses a risk of damaging healthy human cells and tissues. The effects of radiation are cumulative; therefore even low amounts may be a potential risk to human health over time.⁵

As noted above, it is a requirement for registered dental hygienists to use the ALARA principle when exposing radiographs. Therefore, all registered dental hygienists are required to use a lead apron with a thyroid collar when exposing clients to radiation during the use of radiographic equipment.⁵

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



College of Dental Hygienists of Manitoba Practice Guideline: Placement of Temporary Restorations



This practice guideline is to inform registrants of the College of Dental Hygienists of Manitoba (CDHM) about the current regulations for the placement of temporary restorations.

Performing restorative procedures of a temporary nature is part of the scope of practice for all registrants. The decision to place temporary restorations is dependent upon the needs of the client and the competence of the dental hygienist.

According to the *CDHM Competencies*, registrants of the CDHM have the ability to:

- Assess intraoral hard tissues (e.g. discoloration of teeth, possible caries, tori, etc.).¹
- Select evidence-based clinical interventions options based on the assessment data.²
- Assess the need for consultation and referrals within the health care delivery system.³
- Place temporary restorations.⁴
- Use materials and equipment according to manufacturers' specifications.⁵
- Act as a client advocate (assisting the client to find treatment, communicating the client's needs to other health professionals, etc.).⁶

The dental hygienist must possess the competence to perform temporary restorative procedures safely and effectively. If a dental hygienist has not acquired the skills necessary for the competent placement of temporary restorations, the dental hygienist must undertake further education prior to performing these procedures.

The primary reasons that a dental hygienist would consider the insertion of a temporary restoration are to free the client from pain and to reduce the possibility of further damage to the tooth until the client is able to see a dentist.

Included practices in *The Dental Hygienists Act*⁷ and the *Dental Hygienists Regulation*⁸ do not allow dental hygienists to remove tooth structure when performing the placement of restorative materials. Dental hygienists may remove soft debris, plaque and/or food particles. Dental hygienists must inform their client that the restoration is temporary and immediately refer the client to a dentist for further examination and/or treatment.^{3,6}

Placement of temporary restorations may be performed by the dental hygienist with or without a dentist on site:

- **When a dentist is on site:** the dental hygienist must collaborate with the dentist to determine the caries diagnosis and confirm the need to place the temporary restoration.
- **When a dentist is not on site:** the dental hygienist must contact the supervising dentist and in collaboration with that dentist determine the caries diagnosis and confirm the need to place the temporary restoration.

Temporary restorations may be placed in either primary or permanent teeth as a preventive measure when:

- Access to a permanent restoration is not immediate or practical.
- There is a reasonable risk of further damage to the tooth structure.
- The pulp is not exposed.
- The client is in discomfort or is experiencing difficulty eating.
- The discomfort is due to recent trauma, fracture, or lost dental restoration.
- The client has not received any medical/dental advice that would contraindicate placing a temporary restoration.
- The client consents to the treatment and it is in the client's best interest to proceed.
- There are no medical contraindications to the restorative material.

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



HR Corner - Donna Dowie



The Lucky 13!

Health is a state of body. Wellness is a state of being. ~J. Stanford

Congratulations to all the new graduates of dental hygiene! I wish you all an ambitious and extensive career. If you are new to the workforce or have already been employed for a while, the topic of health and wellness in the workplace is one that is very significant. To the new graduates entering the profession, keep in mind that it is not only about your salary or hours of practice but also about the quality of your working life, the support you receive from your employer and your overall state of wellbeing (health and contentment) that are important considerations.

"There are thirteen psychosocial risk (PSR) factors that have been identified by researchers at Simon Fraser University based on extensive research and review of empirical data from national and international best practices. The factors were also determined based on existing and emerging Canadian case law and legislation." ¹

Here is an overview of those factors and what they mean to an employee and the employer in regards to their workplace relationship:

1. **Psychological Support:** Employees that sense they have psychological support have better job participation, confident work moods, and loyalty to the organization.
2. **Organizational Culture:** A place of work defined by trust, honesty and fairness. A culture of "profit at all costs" and continuous confused urgency can generate an atmosphere in which burnout is common.
3. **Clear Leadership & Expectations:** Effective governance increases employee self-esteem, trust and engagement and decreases employee frustration, lack of confidence and conflict.
4. **Civility & Respect:** A workplace that lacks civility and respect can lead to responsive fatigue amongst staff, Resulting in job withdrawal. A work environment that is uncivil and disrespectful also exposes organizations to the threat of more complaints and legal possibilities.
5. **Psychological Job Fit:** A good job fit is associated with: fewer health illnesses, lesser levels of depression, greater self-confidence and increased employee retention.
6. **Growth & Development:** Employees who are not challenged by their work will be uninterested, and their well-being will suffer. When staff do not have chances to learn and improve their social and mental abilities, the result can be a disconnection to the organization.
7. **Recognition & Reward:** By having a workplace that acknowledges employees' efforts in a reasonable and timely manner, this includes suitable and regular monetary compensation as well as employee or team celebrations, the result is an increase in productivity and loyalty to the organization.
8. **Involvement & Influence:** When employees feel they have significant contribution into their work they are more likely to be engaged in their effort.
9. **Workload Management:** Most employees work hard and feel work is satisfying and gratifying. Tired individuals have a diminished sense of personal achievement with a highly demanding workload. By asking for help, this helps reduce the stress and pressure of the responsibilities.
10. **Engagement:** Engaged employees feel associated to their work because they can communicate to, and are dedicated to, the overall success and mission of the organization.

11. **Balance:** When work-family role conflict occurs, health and well-being are challenged by adding both home and job stress. This imbalance can lead to: persistent fatigue, failure to progress and anger management issues. Seek support from your employer, a physician and family or friends.
12. **Psychological Protection:** Workplace psychological safety is proved when employees feel able to ask inquiries, seek advice, report errors and difficulties, or suggest a new idea without fearing negative concerns to themselves.
13. **Protection of Physical Safety:** By incorporating procedures, training, and proper reactions to circumstances that are dangerous will ensure that employees feel that their employer is concerned for their overall wellbeing and general safety.

As you start your career, find ideas to develop effective approaches to promoting a healthy work environment, and discover resources and tools to help get you there. In the big picture, the reward of having a fulfilling career is ideal but work should NOT cost you your health and happiness.

To all CDHM registrants, have a safe and happy summer!

Sincerely,

Donna

Donna Dowie

Executive Assistant to the Registrar/Executive Director

1. http://www.ccohs.ca/oshanswers/psychosocial/mentalhealth_risk.html

University of Manitoba School of Dental Hygiene Alumni Association Update

The UMSDHAA would like to thank all those who supported us by attending our Annual General Meeting May 5th. We had a record attendance and appreciated hearing research presentations by our two speakers Pf. Mary Bertone and Deanna Mackay. Our members' support also helped us to fundraise at our two events this past year and put us in a position to make plans for this upcoming year.

We are hoping to host another fundraising event tentatively late fall and hopefully another Wine and Cheese event in the winter months of 2017 where we can network with faculty and current student body at the School of Dental Hygiene. Our Wine and Cheese event of 2015 was a roaring success. Please contact us by email at umsdhaa@outlook.ca for further information, visit our Facebook page, or stay tuned for further details.

We encourage our members to designate their online tax-deductible donations to "Smiles for Miles" at <https://give.umanitoba.ca/> or to the "University of Manitoba School of Dental Hygiene Alumni Association Diploma and Bachelor of Science in Dental Hygiene Award".

This September 23 at the Ft Garry Hotel we plan to celebrate our SDH Alumni of Distinction for 2016, Ms. Arna Shefrin (class of 1970) so please plan to join us. Ms. Shefrin is a truly worthy recipient whose career path includes both professional and artistic endeavors.

We are excited about our current working towards a collaborative agreement with the MDHA and we looking forward to another fruitful year.

Florna Atienza and Cindy Isaak-Ploegman, UMSDHAA co-president

CDHM Practice Guidelines: Dental Radiography Continued...

References

1. CDHM Dental Hygiene Competencies, (Assessment) #24, page 5.
2. CDHM Dental Hygiene Competencies, (Assessment) #25, page 5.
3. CDHM Dental Hygiene Competencies, (Assessment) #26, page 5
4. CDHM Dental Hygiene Competencies, (Implementation) #27, page 10.
5. Health Canada. Radiation protection in dentistry: recommended safety procedures for the use of dental x-ray equipment. Environmental Health Directorate, Health Protection Branch; 2000
6. Canadian Dental Association. CDA Position Statement on: Control of x-radiation in dentistry. 2005 February. Available from https://www.cda-adc.ca/_files/position_statements/xradiation.pdf

Bibliography available upon request.

CDHM Practice Guidelines: Placement of Temporary Restorations Continued...

References

1. CDHM Dental Hygiene Competencies, (Assessment) #31, page 5.
2. CDHM Dental Hygiene Competencies, (Planning) #6, page 8.
3. CDHM Dental Hygiene Competencies, (Assessment) #54, page 6.
4. CDHM Dental Hygiene Competencies (Implementation) #46, page 11.
5. CDHM Dental Hygiene Competencies, (Implementation) #64, page 12.
6. CDHM Dental hygiene Competencies (Implementation) #54, page 11.
7. The Dental Hygienists Act, Included practices 2(2)(f), page 3.
8. Dental Hygienists Regulation 3(1), page 4.

Acknowledgement

The CDHM would like to acknowledge the College of Dental Hygienists of Ontario and the College of Registered Dental Hygienists of Alberta for granting the CDHM permission to adapt their practice guidelines.

Bibliography available upon request.





Membership Has It's Privileges - A Message from the Manitoba Dental Hygienists Association

Another busy MDHA year is coming to a close and we're all looking forward to the pleasures of summer. The MDHA's recent Annual General Meeting was a big success: business attended to, opportunities for networking and visiting with colleagues, great guest speakers, and the celebration of MDHA's 50th anniversary.

The MDHA is such a great organization and it is a challenge for me to understand why a hygienist in Manitoba would not want to be a part of it. Firstly, for one annual fee you get membership in two associations, the CDHA and the MDHA, and can take advantage of the benefits offered by both organizations. These benefits include: financial services, group rates for a variety of personal insurances, resources for oral health presentations and initiatives, nearly 50% off Goodlife Fitness membership and many other discounts. The MDHA's annual lecture series provides high calibre professional development and MDHA members benefit from a reduced registration fee for the MDA's annual convention. The E-CPS (electronic Compendium of Pharmaceuticals and Specialties) is a benefit available only to CDHA/MDHA members. The BMS individual liability insurance is by far the best liability insurance available to hygienists in Canada - that alone is worth the cost of membership!

I would like to quote Rhonda Lorch who gave the most compelling reason to be a member of the MDHA at our recent AGM: "... the number one reason for being a member of your professional association is just that – you are a professional and being a member strengthens that assertion. Almost every practicing professional in Canada in any sector or field belongs to an association that supports and advocates for its members. An association is a synergistic group, meaning that the effect of a collection of people is greater than just one person. You spend every moment of your working day pouring your heart and soul into your work. Your association helps to make that matter to the public, to your patients, to government, and to other members of the oral health care team.

Your association encourages you to celebrate your role as a professional health care team member by encouraging you to embrace your profession and believe that you are more than a person who cleans teeth – you educate and empower Canadians to embrace their oral health for better overall health and well-being. Your membership association helps you to elevate your profession and to promote dental hygienists as valued primary oral health care providers."

So you can see, MDHA membership is so much more than all the benefits and discounts - it is about pride in our profession, making our value known to all Canadians, and gaining respect as primary health care providers.

For more information about membership please go to www.cdha.ca and for more information about the MDHA please visit: www.mdha.ca

Sincerely,
Heather

Heather Sirkovsky, RDH
Vice-President—Manitoba Dental Hygienists Association

Top 5 Reasons to Join the

Manitoba Dental Hygienists Association

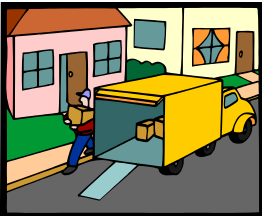


Find out more!
www.mdha.ca
email: info@mdha.ca
www.cdha.ca

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!

**Congratulations to the University of Manitoba
School of Dental Hygiene Class of 2016!**



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 and emailing addresses are 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 our new online system **within 30 days of changes** as per by-law 2.1.*



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