



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 3

January 2010

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Continuing Competency Program Feedback Session

As we strive to complete the development of the CDHM Continuing Competency Program (CCP), we would like to invite you to join us at an **Open Forum Feedback Session**. The purpose of the session is to introduce the CCP to the membership and allow members the opportunity to ask questions, discuss its components and provide feedback. The discussion and feedback portion of the meeting will be conducted by an outside facilitator.

WHEN: Saturday, February 6, 2010
9:00 am to 12:00 pm

WHERE: The Fairmont Winnipeg, Wellington Ballroom

WHY:

1. To provide information on the trends of Continuing Competency programs in North America and the rationale for what has been developed by the CDHM.
2. To provide an overview of the CCP and the manner in which it will be implemented.
3. To provide information on the documents and forms that will support the CCP. This will entail a walk-through of the CCP Package and the related forms.
4. To gather feedback from the membership on the program, documents and forms.

In order to allow members from outside Winnipeg to attend the session without traveling, we are attempting to arrange web conferencing for the event. Out of town participants will need access to a computer with internet capabilities and a telephone. Please contact us as soon as possible if you are interested in attending the session by this means.

We would respectfully request that all participants RSVP by phone or email to the CDHM at 204-219-2678 or cdhm@cdhm.info prior to January 26th.

We look forward to seeing you. If you have any questions, feel free to contact the CDHM office.

The WISH Clinic: Looking for Volunteers

Kyle Conrad, Second Year DH student at the School of Dental Hygiene, University of Manitoba

The WISH clinic is a student operated and organized interdisciplinary health clinic. Housed within the Mount Carmel Clinic, it is a great opportunity to collaborate with other health care professionals, showcasing our profession in a self initiated practice setting. We are very close to having the dental hygiene clinic up and running. However, we need a few more volunteers. Supervision of second year students by registered dental hygienists holding their extended practice designation, with 3000+ practicing hours is required. WISH operates Sunday afternoons from 1 pm to 5 pm. Please visit the WISH website at wish.med.umanitoba.ca for more information. If you are interested in pursuing this unique and exciting opportunity contact one of the WISH clinic dental hygiene representatives, Kyle Conrad umconrak@cc.umanitoba.ca, or Lorraine Roberts umrobe27@cc.umanitoba.ca.



**LOCAL ANESTHESIA
CONTINUING EDUCATION PROGRAM**

**SCHOOL OF DENTAL HYGIENE
UNIVERSITY OF MANITOBA**

**March 19 - 21, 2010
AND
May 14 - 16, 2010**



**FACULTY OF
DENTISTRY**
**SCHOOL OF
DENTAL HYGIENE**

Traditions of Excellence, Horizons of Change

Course Description:

This course will prepare the dental hygienist to become competent in the administration of both block and infiltration local anesthesia. Emphasis is placed on the mechanisms of pain and a thorough understanding of the pharmacology of dental drugs and their interactions with the client's current conditions and medications. The course consists of a minimum of 6 weeks of self-study prior to the 3-day workshop. Examination of didactic material will occur on the first day of the workshop following a review of didactic materials. The 2nd and 3rd days of the workshop will consist of the clinical administration of anesthesia on each other.

This course is recognized by the following provincial licensing authorities: BC, AB, SK, MB.

Duration: Minimum 6 weeks self-study
24 hours course attendance
(Friday, Saturday, Sunday)

Course Requirements:

Participants must be graduates of an accredited Dental Hygiene Program and hold current licensure in their province or state of residence. Participants must also hold a current certification in CPR (Basic Rescuer Level), and hold current malpractice insurance.

Proof of all the above credentials must accompany the registration form.

Medical History:

A medical history needs to be completed as all participants will be required to sit as clients for each other during labs. If contraindicating medical conditions exist, you will be required to make alternate arrangements.

Registration Information:

Workshop Fee: \$950.00 (payable to the University of Manitoba). Payment in full must accompany registration form.

Registration: Full amount due by:

- February 5, 2010 for March 2010 Course
- April 2, 2010 for May 2010 Course

After registration, if withdrawal from the workshop becomes necessary, a \$200.00 deposit will be retained by the School of Dental Hygiene and \$725.00 will be returned.

For further information, you may contact Lisa Chrusch at the School of Dental Hygiene (204) 272-3062.

Chair's Message, Mickey Emmons Wener



I am taking this opportunity to include highlights of the written feedback provided by those attending the AGM in September. Thank you for your valuable input!

Winds of Change

Many themes emerged during the discussion of what is in the air for the dental hygiene profession. Establishing our credibility, the importance of reaching out, economic issues that influence practice, keeping up with technology for both clinical care and learning, incorporating science and research into practice, education and manpower issues – were all put on the table as food for thought.

CDHM Outcomes

In response to the individual outcome statements related both to our goals for the public and for dental hygienists, it was reassuring to discover that there was overwhelming support for the direction Council is taking. All outcomes support our overall purpose, which is: *The CDHM exists so that the public will have safe, competent dental hygiene care and expertise that contributes to oral and overall health.*

Meeting Proceedings

Based on your feedback, it was unanimously decided by Council at our November meeting that when voting in new Council members it is preferable and more transparent to vote on individuals rather than voting on several individuals together as part of a group ballot. On a lighter note, there was a suggestion that we hold our AGM in Las Vegas next year. With the weather we have been having, this sounds like a very good idea, but something tells me you shouldn't hold your breath on that plan!

Continuing Competency Opportunity

Regarding what we can do for support, you have indicated many resources that would be helpful to you, especially workshops to prepare you for the Continuing Competency Program (CCP). Many indicated they would appreciate further opportunity to discuss and ask questions regarding the proposed program. The College is in the process of developing an open forum feedback session in February prior to finalizing the program and

documents. I strongly encourage you to come out and participate as the purpose will be to get your input – this is your chance!

A Practice Question Posed

Can a dental hygienist provide clinical care for a client in a hospital setting if the client cannot get to a dental office? What factors need to be considered legally and professionally?

The key factors to initially consider include:

1. The hospital must be considered a 'facility' under our legislation.
2. If you are providing 'included practices' which are the higher risk procedures of scaling, root planing, debridement, or local anaesthesia, you must be a Registered Dental Hygienist – Extended Practice (recognized by the CDHM as having 3000 career hours of practice).
3. If you are employed by a dentist to provide care for one of their hospitalized clients, you must work collaboratively with the dentist, the hospital administration and health professionals, the family and the client.
4. If you are accessing the client directly, you must work collaboratively with the hospital administration and health professionals, the family and the client.
5. The client must have no medical or pharmacological contraindications to treatment.
6. You must practice according to the CDHM Practice Standards and Competencies.

Resignation

Barbara Belcher resigned as a Council member in November, 2009. Thank you Barb, for your service on the CDHM's inaugural Council. In accordance with the by-laws, Council will appoint a replacement at our February 1, 2010 meeting.

On behalf of Council, I hope everyone had a wonderful holiday season celebrating with family and friends all the traditions that we hold dear. All the best for a happy and healthy 2010!

Mickey

Mickey Emmons Wener
CDHM Council Chair

UPCOMING MEETING DATES:

COUNCIL:

FEBRUARY 1, 2010

OPEN FORUM FEEDBACK SESSION

FEBRUARY 6, 2010

THE FAIRMONT WINNIPEG
WELLINGTON BALLROOM



CDHM Office News

OPEN HOUSE:

We would like to sincerely thank everyone who attended the CDHM Open House on Monday, November 9, 2009. Dental hygienists, CDHM Council & Committee members, MB government representatives and members from related health organizations, including the MDHA, MDA and Siloam Mission were in attendance that evening. It was a great opportunity for everyone to come together to meet and share in the celebrations. We were also happy to be able to donate the left over food from the event to Siloam Mission.



We would also like to thank our accountant, Bob Yamishita and the MDHA for the beautiful floral arrangements sent, and an anonymous dental hygienist for the fabulous cake! It even had our logo on it.

THANK YOU!!!

CONTACT INFORMATION:

Please update your records and send correspondence to:

**109 - 420 Des Meurons St.
Winnipeg, MB R2H2N9
Phone: 204-219-2678
Fax: 204-219-2679
Email: cdhm@cdhm.info**

OFFICE HOURS:

Regular office hours have been established at the CDHM office. Please feel free to contact us during these times: **Monday to Thursday - 9:00am to 4:00pm.**

EMAIL NOTICES:

Throughout the year, the CDHM plans to email members with announcements and notices.

This method of communication provides the CDHM with a quick and inexpensive method of informing members of upcoming events or providing information.

If you have an email address and have not yet subscribed to be on the CDHM email list, please do so by visiting :

<http://cdhm.info/contactUs.html>

The University of Manitoba finally launches the “Bachelor of Science in Dental Hygiene” Degree (BScDH)

Salme E Lavigne, Dip DH, BA, MS(DH), Director, School of Dental Hygiene, University of Manitoba

After almost 40 years of pursuit of a degree program for dental hygienists in the province of Manitoba, the dream has now become a reality!

In the early 1970's, Professor Marnie Forgay, founding Director of the School of Dental Hygiene, began a quest to initiate a bachelor's degree in dental hygiene. Little did she realize at the time that it would take several decades to accomplish! There was a close call in 1993 under the leadership of Professor Ellen Brownstone, when a BDH degree was approved by the University Grants Commission. However, no funding was available and the program was not initiated.

In 1999, the School once again began to prepare the necessary proposals for the initiation of a BScDH degree which was ultimately approved in 2001 by the University's Board of Governor's. However, it was not supported by the government and was once again aborted. Numerous revisions to the documentation were submitted to the Council on Post Secondary Education (COPSE) between 2002 and 2007, none of which met with any success. In the fall of 2008, a last attempt was made by the School, this time, resubmitting the proposal once again through all the university committees as well as the Senate and the Board of Governors which ultimately gave approval to the degree completion program. The proposal was again submitted to COPSE, however this time, COPSE notified the University in late October that they had approved the implementation of the BScDH degree completion program!

Now the real work begins!! Dean Iacopino and I were anxious to implement the program as soon as possible and sought permission from the Vice-President Academic to launch a pilot intake of 5 students in January of 2010. Dr. Kesselman granted approval and the first five BScDH students will be enrolled in mid-January.

Recent graduates who have completed a pre-professional year prior to entry into the diploma program will be required to complete only 21 credit hours and for those who graduated in 2007 and beyond, 19 credit hours. (2 additional credit hours were added to the diploma curriculum in 2007). Graduates prior to the addition of the pre-professional year will be required to complete 45 credit hours of study.

Required pre-requisite courses are Statistics and Research Methods which will not be offered within the degree completion program. Additionally, for those requiring the 45 credit hours for the degree, free choice electives can be taken as

pre-requisite coursework prior to entry into the degree completion program. The core program will be comprised of approximately 26 credit hours of coursework that students can choose from in order to customize their studies. A minimum of 12 credit hours must be obtained from the core courses.

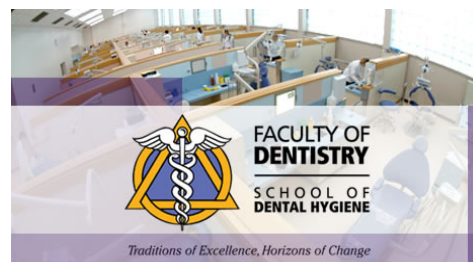
To date, the courses that are available are:

- Independent Study I
- Advanced Independent Study II
- Teaching Practicum I
- Teaching Practicum II
- Community Health Practicum I
- Practice Management
- Pain Management ** (required if the student has not previously taken it)

Plans are underway to add other course options to the list in order to broaden the selection and enable students to choose courses that they are interested in. Currently, an internationally focused distance education course based out of Dalarna University in Sweden, will be available as an option for either the Independent Study I or Community Health I courses. This is a very exciting partnership as our students will have the opportunity to study with students from around the world including: Dalarna University (Sweden); InHolland University (Amsterdam); Turku University (Finland); University of Oslo (Norway); New York University and University of Adelaide (Australia). Three of the five pilot students are enrolled in this international course beginning in mid-January.

We are at the threshold of a new era that will surely benefit the growth of our profession. Dental hygienists will now be able to continue their professional education at the bachelor's level and beyond if they so choose. This will present new career opportunities that will surely change the face of dental hygiene in this new decade!

* Please note: Further information on the BScDH Program and admissions will be available within the next few months on the School of Dental Hygiene website as we develop the program.



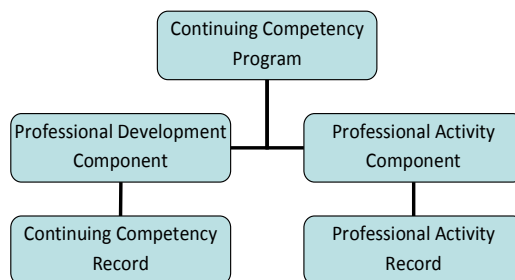
Continuing Competency Program (CCP)

The Continuing Competency Program (CCP) is in its final stages of development. However, before an official manual/package is sent to all members, we would like to invite you to an **Open Forum Feedback Session** geared at gathering feedback and suggestions from the membership (see the front page of this issue for more details). The session will be held at The Fairmont Winnipeg, in the Wellington Ballroom on Saturday, February 6, 2010 from 9:00 am to 12:00pm. Efforts are being made to offer web conferencing for those rural members who cannot travel to attend the event. Please RSVP by calling or emailing the CDHM office. RSVPs will be accepted until January 26, 2010.

Developments in health care research and technology provide a continual source of new knowledge and skills on which dental hygienists are able to base their oral health services. More specifically, research is continually generated that improves understanding of disease progression and treatment, patient care, technology and the development of new clinical procedures, which accentuate the need for health professionals to remain current and engaged in their profession.

The public, policy makers, and healthcare reform groups expect that all health professionals, including dental hygienists, are accountable in remaining competent in the skills and knowledge needed for providing safe quality health care services to the people of Manitoba. Dental Hygiene in Manitoba, with the achievement of self-regulation, has shifted from an occupation to a regulated health profession. To formalize its commitment to continued competence and to meet the mandate of the *Dental Hygienists Act* and the *Regulated Health Professions Act (RHPA)*, the College has established a Continuing Competency Program (CCP) with requirements related to registration.

There are two main components of the CCP and two corresponding records/reports required for documentation and submission by every practising member at the end of each reporting period (April 30th). These records/reports are brief and concise, to allow for simple and straightforward documentation.



The CDHM has developed the CCP with the philosophy that maintaining continuous professional competency is most effective when individuals recognize their own professional deficiencies and competency needs and subsequently develop corresponding goals and personalized activity and implementation plans. **It is not a CE credit system, where you track hours or points.** In the CCP, Manitoba dental hygienists are able to customize their continuing competency activities to their specific practice needs and to suit their unique situation and resources.

We are conscious of and sensitive to the fact that this is new for everyone. The information provided to members thus far has been simply an overview of the framework of the CCP. Please be assured that after the **Open Forum Feedback Session**, more information by means of a Continuing Competency Program Package/Manual and Information Sessions will be provided. The primary aim of the CDHM is to ensure the ongoing competence of individual members and to improve the performance of the profession overall. Therefore, we are committed to ensuring that all members have access to adequate information and training in order to achieve this goal.

General Comments:

- The CCP year will run from May 1 to April 30 each year with the first *Reporting Period Deadline* being April 30, 2011.
- All members on the Practising Register as of April 30th must satisfy the two required components of the CCP, with the following forms/documents being submitted by the reporting period deadline:
 - Continuing Competency Record (CCR) including a minimum of two (2) continuing competency goals documented;
 - Professional Activity Record (PAR) describing participation in one (1) professional activity
- Although the CCP will not officially begin until May 1, 2010, activities attended or participated in from January 2010 will be eligible for the CCP year, May 2010 to April 2011.
- The first year (2010-11) of the CCP will be a 'learning year' for both the CDHM and its members. Assessment and feedback will be provided for every member based on the CCR's and PAR's submitted.

126th MDA Annual Meeting & Convention - January 29, 2010
Manitoba Dental Hygienist Association Presents
Ms. Betsy Reynolds, RDH



Session 1: 9:30 am to 12:00 pm: Microbial Considerations in Rendering Periodontal Treatment

This course is designed to provide the practicing hygienist with current, ground breaking strategies relevant to today's comprehensive patient care approach to periodontal therapy. Amazing research will provide the course participant with a newer understanding of microbial and immunological considerations for preventive care and maintenance treatment planning. Audience members are encouraged to come fully prepared for an interactive, entertaining program designed to enhance current treatment options available.

Following the course, the participant will be able to:

- Understand how microbial concepts have evolved in order to identify the role bacteria play in periodontal disease processes
- Identify challenges in rendering comprehensive periodontal therapy based on immune function and bacterial interaction
- Relate how oral inflammation affects systemic health
- Define the concept of 'biofilm' in periodontal diseases
- Develop home care strategies based on current understanding of the periodontal disease process

Session 2: 2:00 pm to 4:30 pm: Inflammatory Remarks: The Role of Inflammation in Oral and Systemic Health

This course will provide participants with an in-depth look at recent research supporting oral inflammation as a main contributory factor in development of cardiac disease. An understanding of how microbial biofilm impacts treatment of the periodontically challenged patient will be provided. Treatment options and appropriate home care recommendations will be explored. Also included in this interactive, informative course will be ideas on how to establish important links to the medical community and provide primary health care providers with resources for recognition and referral of patients presenting with intraoral inflammation. Come prepared to share ideas and clinical experiences with your colleagues in a relaxed forum.

Following this course, participants will be able to:

- Understand the role of inflammation in cardiac risk assessment
- Define 'biofilm' as it relates to plaque development, maturation and control
- Develop in-office and at-home strategies for controlling biofilm
- Interact with members of the medical community to develop appropriate recognition and referral techniques for oral inflammation

MDHA Professional Development 2010 Calendar

January 29, 2010	MDA 126th Annual Mid-Winter Convention , - Ms. Betsy Reynolds, RDH, MS
March 1, 2010	The Influence of Vitamin D on Early Childhood Oral Health - Dr. Robert Schroth, DMD, MSc Faculty of Dentistry, Schwartz Theatre, 7:00pm—9:00pm
March 13, 2010	Hands-On Workshop ~ Concepts in Ultrasonics Faculty of Dentistry, RM S112, 9:00 a.m.-12:00 p.m. or 1:00 p.m. - 4:00 p.m. (if needed)
April 10, 2010	Local Anesthetic Refresher Part 1 - Prof. Salme Lavigne, Dip.DH, RDH, BA, MS(DH) Schwartz Theatre, 9:00am to 1:00pm
April 12, 2010	Topic and Speaker TBA (Chosen by you)



Implications of Poor Oral Health in Personal Care Homes: A New Role for Dental Hygienists?

Salme E Lavigne, RDH, BA, MS(DH)

Dental Hygienists in general tend to be employed in traditional dental practice settings across Canada. With the growing numbers of dental hygienists in both Canada and Manitoba, perhaps it is time to rethink our roles and put our expertise to use in other more non-traditional settings. With the passing of the Dental Hygienists Act of Manitoba in April, 2008, dental hygienists were given the freedom to practice in institutionalized settings throughout the province. However few if any dental hygienists have taken advantage of this option. This is an amazing opportunity for dental hygienists to change the way health care is delivered in this province and in turn, contribute to the eradication of an important public health crisis.

It is a well-recognized fact that the number of seniors worldwide is on the rise. Predictions speculate that by the year 2020, 20% of the population will be 65 years or older and will triple that figure by 2041.¹ Along with this exponential rise in the number of older adults, is a documented rise in chronic diseases as well as an increased demand for personal care homes.² Currie & DeCoster reported 70% of seniors in personal care homes having at least 2 or more chronic diseases.² In addition, the rising costs of health care have been attributed to the high cost of chronic diseases such as diabetes, cardiovascular disease, stroke, and respiratory diseases.^{3,4,5,6,7}

Considerable research has been conducted over the past decade establishing potential links between periodontal disease and numerous chronic systemic inflammatory diseases such as cardiovascular disease, stroke, respiratory disease, diabetes and more recently Alzheimer's and arthritis, suggestive of plausible causal linkages.^{8,9} The common denominator in all these diseases including periodontal disease, appears to be the presence of chronic inflammation and the cascade of inflammatory biomarkers that accompany all inflammatory diseases. Periodontal disease is a chronic inflammatory disease that affects a large portion of the world population with higher prevalence reported in older adults¹ Periodontal disease is characterized by subgingivally-located plaque accumulations residing in a dense sticky biofilm complex that is difficult to remove due to its location and composition. Over 500 species of bacteria have thus far been identified in oral plaque biofilms, with some being more aggressive than others.^{10,11} These bacteria trigger a powerful immune response that results in a cascade of immunological events that involve both the innate and adaptive immune systems. This precedes the development of chronic inflammation along with a plethora of systemic inflammatory biomarkers such as C-Reactive protein which is one of the major markers present in atherosclerotic heart disease.^{12,13}

These recent oral-systemic inflammatory linkages have provided plausible explanations for the development of atheromas in cardiovascular disease and ischemic stroke, strengthened by the concept of metabolic syndrome which now also includes both obesity and periodontal inflammation, as well as posing a lot of other questions in relation to numerous chronic inflammatory systemic diseases. Given the vast extent of periodontal disease worldwide particularly in older adult populations, this group of individuals is more vulnerable to these suggested systemic sequelae. Oral health services have not typically been covered by either the Canadian Health Care System or provincial health authorities, with the exception of a few children's programs and programs for First Nations and Inuit populations. Thirty percent of the Canadian population does not have dental insurance and must pay out of pocket for dental care.¹⁴ Unfortunately, this 30% of the population is comprised primarily of the elderly and the indigent. The majority of Canadians have health insurance through their employers, however once they retire, insurance benefits for most, are discontinued leaving them to carry the burden individually at a time when their income is the lowest.

Without adequate public coverage for the prevention and/or control of periodontal disease, the systemic burden of inflammation will increase in these individuals and elevate their risk for the development of more serious inflammatory diseases. This in turn may increase the burden of cost on the health care system as a whole particularly when those conditions result in lengthy hospitalization. Residents of long term care facilities/nursing homes, have been shown to be particularly vulnerable as the majority do not have dental insurance and evidence suggests that caregivers who are responsible for their daily oral hygiene care, do not perform these tasks regularly and often never.^{15,16} Furthermore, access to routine professional oral health services for these individuals is often limited due not only to lack of insurance and finances but also to numerous other barriers such as lack of mobility; uncooperativeness; aggression etc.¹⁶

One of the most notable barriers to oral care for the institutionalized elderly is the lack of governmental and regulatory mandates. Attempts have been made by numerous governmental and professional groups to develop such guidelines, however none have been put to action as of yet.^{17,18} With the rising costs of health care to treat the chronic diseases that affect this population group, along with the evidence that periodontal disease is both preventable and treatable, it will be imperative to develop and implement effective, non-invasive, cost-effective oral health interventions that are targeted for elimination of the oral -

Implications of Poor Oral Health in Personal Care Homes: A New Role for Dental Hygienists? - Continued...

inflammatory burden for this vulnerable group of individuals. These interventions must be non-invasive, lack compliance issues and be easy to implement, preferably by nursing home staff. Several new non-invasive oral interventions have recently been developed to control the oral microbial load and lower inflammatory markers systemically such as antimicrobial varnishes, rinses and enzyme suppressive agents. Most of these interventions however, have not been tested in an institutionalized older adult population.

Reduction of oral inflammation must become a primary “point of care” within all personal care homes utilizing a comprehensive “risk reduction” approach to health and wellness.¹⁹ Although challenging, this approach presents multiple opportunities to work within well-structured interprofessional teams utilizing a syndemic approach to combat this serious situation within personal care homes. Dental Hygienists are primary candidates for taking a leadership role in the development of these proposed interprofessional teams. Ideally, every personal care home in Manitoba, should have a dental hygienist on staff to develop and guide daily oral programming for the residents in order to control their inflammatory burdens and help combat this alarming public health crisis.

The rewards of such an approach will be numerous and will have far-reaching public health implications in the reduction of systemically-related health care costs and at the same time improving the quality of life of this older adult population.

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Renewal of Registration - 2010

With the institution of the December 1st renewal due date this year, it certainly gave the CDHM office more time to review and process the renewal applications and documents. Thank you for your compliance. Although many applications and requirements remain outstanding, we were able to issue certificates and cards much earlier than in past years. Please find them enclosed with this newsletter.

Please note:

- **Wall certificates** are issued to **Practising** dental hygienists only. We encourage you to proudly display the wall certificate in your place of practice. Certificates of registration are common in all professions. They confirm to patients and dental team members, that you are a Registered Dental Hygienist and that you have met the high standards of our profession.
- **Wallet Cards/Income Tax Receipts** are issued to both **Practising** and **Non-Practising** dental hygienists. Both the wallet card and tax receipt portions are perforated and can be detached for their respective purposes.
- **Changes to Contact Information:** If there are changes to your contact information during the year, please submit these in writing (by mail or by email). Changes will not be accepted by phone.
- **Rosters:** For those individuals that complete additional dental hygiene skills training (Local Anaesthetic, Orthodontic, Restorative) or reach the 3000 minimum practice hours, and wish to be included on the appropriate roster, please contact us or visit www.cdhm.info. A declaration and the certificate of completion, if applicable, will need to be submitted.
- **2011 Renewal Documents:** You can expect registration renewal documents for 2011 to be mailed to you by the beginning of October 2010. Although the expiry date for your current registration is January 14, 2011, a renewal due date of December 1st will be utilized so that the CDHM office can review and process 2011 registrations prior to the expiry date.
 - **Practice Hours:** It is important for you to continually track your practice hours. In order to meet the practice hour requirement for the Register of Dental Hygienists - Practising, minimum practice hours will be totaled for the 3 years immediately preceding the renewal year. For 2011, hours worked in 2008, 2009 and 2010 will be totaled. Minimum practice hours are as follows:
 - Graduated between January 15, 2010 and January 14, 2011 - no minimum practice hours are required
 - Graduated between January 15, 2009 and January 14, 2010 - 400 practice hours are required
 - Graduated before January 15, 2009 - 600 practice hours are required
 - **CPR Requirements:** Completion of a Basic Rescuer (Level C or HCP) Cardiopulmonary Resuscitation Course (CPR) will be required **annually** to ensure dental hygienists' are adequately prepared to respond in an emergency. Evidence of CPR course completion within 12 months prior to renewal of your CDHM registration will be required. Plan to complete a CPR course between January and November 2010 for 2011 renewal.

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!

DVD Quarterly



A Distance Learning Option for Manitoba's Dental Hygienists

The intent of the *DVD Quarterly* is to complement the continuing education materials provided through conferences, meetings and the Internet while expanding distance learning practice-related options.

"I particularly appreciate being able to view and re-view this CE at my convenience", reports prairie hygienist Lois Stobbe, RDH, who has been in practice for 23 years. "As well, the quality of the *Quarterly's* programming is consistently high."

Founded in partnership with the Canadian Dental Hygienists Association in 2005 to respond to the dental hygienists' requirement for high-quality CE to maintain professional standing, the *DVD Quarterly* now has over 2500 subscribers in Canada and internationally. Today's dental hygienists require flexible distance education options that respond to busy practitioner needs for relevant convenient programming.

As a CE vehicle, the concept of offering 5 or 6 short 30-45 minute "stand-alone" clinical presentations on each 3-hour DVD has been positively received by hygienists everywhere, as most dental concepts and procedures are widely practiced. An interactive component provides multiple-choice questions based on each educational segment. Any incorrect answer is automatically followed by a short review by the presenter, explaining again the specific point being addressed. Four certificates of participation are made available after each DVD.

One additional 'at-home' feature which is proving popular is the full service web-site. At www.dvdquarterly.com dental hygienists may subscribe, renew their subscriptions, take Q&A tests and receive their certificates of participation, all on-line.

In assessing the *DVD Quarterly of Dental Hygiene's* contribution, Lois Stobbe concludes that continuing education is a key to maintaining professional standards in this changing field. "With the dental hygienists' increasing responsibilities, up-to-date CE is critical. I value my *Quarterly* library of DVD's to provide this on-going learning support."

For more information or to subscribe to the *DVD Quarterly of Dental Hygiene*, visit www.dvdquarterly.com or call toll-free 1 866 999 2999.

MOVING?? Change of Name and Address Notification

It is essential that members 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. Name and address changes must be submitted in writing, or by email and should include the following information:

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

Registrants are welcome to copy or cut out this name/address change card and use it to submit a name change or address change. Please contact the CDHM if you require further information. Telephone: 204-219-2678 Fax: 204-219-2679 or email: cdhm@cdhm.info