



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 5

September 2010

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CDHM Annual General Meeting—October 23, 2010

All members on the practising, non-practising and student registers are invited to attend the Annual General Meeting. Here is your chance to learn about the activities of the College in the past year as well as meet our new Registrar/Executive Director, Stephanie Gordon.

PLAN TO ATTEND THE AGM

Date: Saturday, October 23, 2010

Time: 9:00 am-12:00 pm

- Registration starts at 8:30 am-meeting will start promptly at 9:00
- A light Continental breakfast will be served

Location: Canad Inns Destination Centre, Fort Garry
1824 Pembina Highway, Winnipeg
P: 204-261-7450
F: 204-275-2187

If you require overnight accommodations, please contact the hotel directly and mention College of Dental Hygienists of Manitoba (CDHM) for your special reserved rate.

Come meet your new Registrar/Executive Director and newest Council members at the AGM!

There are presently two CDHM Council positions that will be filled at this year's Annual General Meeting on October 23, 2010.

Council members play an important role in governing the College of Dental Hygienists of Manitoba, helping to shape dental hygiene practice province-wide. As we are a young College, now more than ever, we need dental hygienists of character and a willingness to serve.

Various committees require volunteers throughout the year. If you are interested, please contact the CDHM office at (204)-219-2678 or cdhm@cdhm.info.



Registrar's Report - Stephanie Gordon

The Winds of Change

As the new Registrar/Executive Director of the College of Dental Hygienists of Manitoba I feel very fortunate to have received such a warm welcome from the dental hygiene community in the brief time that I have been in Winnipeg. I have had an opportunity to connect with colleagues at the University of Manitoba, School of Dental Hygiene and also with many new registrants beginning their career in this well respected profession.

Some of you may have noticed on the CDHM website that I am a Registered Dental Hygienist with over 10 years experience in both the private and public sector. Also, I am originally from Ontario where the topic of access to care has been a huge focus for me in my previous role as the president of the Ontario Association of Public Health Dentistry. I believe that the profession of dental hygiene plays a significant part in social justice and equity and feel that every Canadian has a right to optimal oral health. On a personal note, my husband and daughter are very thrilled to be moving to a new province and the three of us are eager to experience the many distinctive qualities of this vibrant community.

Through the past 3 weeks I have discovered that the length of history of the College's self-regulation is brief, however, quite extensive. With a strong desire and relentless passion the dental hygienists in Manitoba have successfully lobbied to achieve the goal of self-regulation, which is imperative to ensuring public safety. As I have recently learned, there is much reading I need to accomplish regarding by-laws, scope of practice, practice standards and competencies etc. that will help to fully inform the decisions that I will be making in accordance with the Council in my new role as Registrar/Executive Director.

I have also had the opportunity to meet the staff and the Council of the CDHM and feel very fortunate to be part of a strong group of professionals who have a wealth of experience in clinical practice, the political realm and educational institutions. I am always genuinely interested in meeting the registrants of the CDHM who are the daily face and voice of the profession, so I invite you to drop by the College, the doors are always open (figuratively, of course) and if we don't meet shortly I'm sure our paths will cross at the AGM on October 23, 2010.

I am proud to be a dental hygienist and am delighted to see the robust and long standing relationships that the College has established with the Manitoba Dental Hygienists Association (MDHA) and the University of Manitoba, School of Dental Hygiene. Collaboration is essential to advancing the Scope of Practice of dental hygienists and with the creation and implementation of National Dental Hygiene Entry-to-Practice Competencies we have a solid foundation that outlines necessary criteria that must be met by practicing dental hygienists throughout Canada. With this in mind, I truly look forward to representing the college on various national and provincial committees such as the National Dental Hygiene Certification Board (NDHCB) and the Federation of Dental Hygiene Regulatory Authorities (FDHRA), to name just a few.

And, last but not least, it is with heartfelt words that I would like to thank all of you who have made my first little bit with the College a terrific experience, I truly look forward to the challenges ahead. True to its motto, Manitoba is a Friendly place to be.

Sincerely,

Stephanie

Stephanie Gordon BA, RDH
CDHM Registrar/Executive Director



Chair's Message - Mickey Emmons Wener

I have been proud of the professionalism displayed by all as we have moved through the transition of bidding Kellie Hildebrandt goodbye and welcoming Stephanie Gordon as our new Registrar/Executive Director.

There are many well deserved *thank-you's*:

- To Council, who helped develop the competencies our new Registrar would need and for providing us with the capable leadership of Patti Hawthorn as Interim Registrar.
- To Patti, for all that you have done to keep the CDHM successfully operating over the summer - job well done!
- To the Selection Committee that worked closely with Legacy Bowes to ultimately develop an employment offer for our new Registrar/ED. Good work!
- To Virginia Bagshaw, CDHM's Registration and Program Coordinator, who although has been with us only 6 months has ably manned the ship in many ways from handling the daily business of the College to working closely with Stephanie as she learns the ropes.
- To Kellie who in her last few days of work helped to orient Stephanie, and to Stephanie who initially moved to Winnipeg without her family to ensure that the CDHM could continue functioning under her capable leadership.
- To all the CDHM registrants who have been patient with us as we move forward in many exciting directions.
- Thank you to Council members who will be leaving their positions as of the AGM in October: Salme Lavigne (see box) and Christine Ronceray. Christine gave generously of her time while serving as an appointed Council member to fill a position created by a resignation.

UPCOMING MEETINGS

AGM:

OCTOBER 23, 2010

COUNCIL:

NOVEMBER 22, 2010

FEBRUARY 7, 2011

MAY 16, 2011

A sincere THANK YOU to Salme Lavigne for more than ten years of service beginning with serving on the MDHA Legislation Committee, then as member of the Transitional Council, and finally as an inaugural Council member of the CDHM. Her vision and leadership have helped to shape dental hygiene in Manitoba. We wish her a wonderful sabbatical year and the best of luck in the future.

National Meetings in Winnipeg: Council will be participating in valuable meetings and important networking with dental hygiene leaders from across the country in late September as Manitoba welcomes to Winnipeg the National Dental Hygiene Board and the Federation of Dental Hygiene Regulatory Authorities.

Study Club: The first meeting of the CDHM Study Club focused on Alternative Practice was held in June. Many interesting ideas were exchanged and plans were laid for the next meeting. Thanks to all participants for their interest and to Andrea Fruehm, BScDH student, who is serving as a research assistant for this learning endeavour.

Continuing Competency: On a personal note, remember to be thinking about your learning goal or professional activity as we gear up for our first continuing competency reporting period the end of April 2011. See the CDHM website for a wide variety of educational resources for your use. Thank you to Sheryl Slosower for your organized efforts in this regard. I certainly look forward to hearing of everyone's accomplishments!

Refresher & Assessment: In the same vein, significant time and effort is being expended to ensure that we have an excellent refresher and assessment program in place for those who need to re-qualify or who choose to upgrade their skills for practice. Although a requirement for some and a possible choice for others, I have no doubt it will be a well-planned, positive learning experience with capable instructors.

AGM: Definitely make plans to attend our 3rd Annual General Meeting on October 23rd at the Canad Inns on Pembina as we will be voting in two new Council members and discussing important issues that impact upon you and your practice.

And, last, but certainly not least, join me in welcoming Stephanie Gordon, RDH to the CDHM. Stephanie brings to us her many skills acquired through practising, managing the Dental Program at Niagara Region Public Health and serving as President of the Ontario Association of Public Health Dentistry. Stephanie is a strong proponent of ensuring the public has access to quality oral health care, and on top of that, she is a lovely person that you will enjoy getting to know. Stephanie and family, please accept our warm welcome to Winnipeg! P.S. You will need it this winter.

Sincerely,

Mickey

Mickey Emmons Wener, RDH, MEd
CDHM Chair

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Email: cdhm@cdhm.info
Website: www.cdhm.info
Monday-Thursday
9:00am-4:00pm

CDHM Office News



Pictured from left to right: Salme Lavigne, Mickey Wener, Kellie and Brooke Hildebrandt, Joanna Asadoorian

Kellie Hildebrandt's Farewell Reception on June 16th at the CDHM office was the perfect combination of collegiality, good food and drink, and fond farewells. Kellie's significant contribution and dedication to the CDHM was recognized as she was given heart-felt best wishes as she left for Saskatoon. Good luck, Kellie!

Renewal of Registration – 2011

This is a reminder that renewal forms and **ALL supporting documents must be postmarked by December 1st. Forms and documents postmarked after this date are considered late and subject to a late fee. Renewal documents will be mailed to members at a later date.**

How do I transition from a non-practising to a practising registrant of the CDHM?

- A non-practising registrant may transfer to the Register of Dental Hygienists (Practicing) at any time during the membership year.
- In order to transfer, you must satisfy all requirements of registration, including practice hours, completion of CPR-Level C, possession of liability insurance coverage, evidence of good standing in any other jurisdictions you have been licensed or registered in as well as requirements of the Continuing Competency Program (CCP)
- Applicants who do not meet the practice hour requirement will be reviewed on an individual basis and may require additional competency assessment, including completion of a pre-approved re-entry program
- If you choose to return to practice after 3 or more consecutive years of not practising, you may be required to complete a Refresher Program/Competency Assessment
- You must submit a completed, signed and dated Application for Transfer form which can be found on our website, <http://www.cdhm.info/registration-renewal/transfer-to-the-register-of-dental-hygienists-practising/>
- The remainder of the registration fee of \$200 must accompany the application form

What should I do if I plan on taking a year off from practicing dental hygiene and I am already registered with the CDHM?

If you are registering for the first time with the College; a \$75 application fee, \$150 non-practising membership fee, will apply along with the regular requirements of registration. If you are already registered as a practising registrant of the CDHM, then it will depend on the time of year. First you must notify the CDHM in writing that you will be switching rosters. You will not receive a refund to do so. However, if you are on the non-practising register on or before April 30th 2011, you will not have to submit CCP forms at that time. If you are still planning on being on the non-practising register at the start of the January 2012-January 2013 registration period, you will register as a non-practising registrant. The required membership fee will be \$150 for non-practising registrants (subject to change). When it is time to return to the practicing register; the additional \$200 (subject to change) will apply. If you are on the practicing register of the CDHM on or before April 30th, 2013, you must satisfy the CCP requirements as noted in the CCP FAQ section on our website. If you switch to the practicing register after April 30th, 2013, you will not have to satisfy any CCP requirements until April 30th, 2014.

Detailed registration information can be found on the website, <http://www.cdhm.info>. Please contact the CDHM directly by phone or email if you have further questions regarding registration.



Continuing Competency Program (CCP)

Sheryl Slosower, CCP Coordinator

The launching of the Continuing Competency Program (CCP) involved three successful CCP general information sessions detailing the program. Joanna Asadoorian presented two sessions of Navigating the Dental Hygiene Competency Program. I would like to extend a special thank you to Kellie Hildebrandt and Joanna Asadoorian who have contributed significant time and energy to the development and advancement of the CCP, and the College cannot express enough how much it appreciates their contribution. All of the sessions were well received and attended. I would like to take this opportunity to thank everyone for his or her interest, support and participation in these sessions.

I encourage everyone to visit the Quality Care page on the CDHM website at <http://www.cdhm.info/quality-care/> which contains the CCP package, the power point presentation from the general information sessions and a summary from Navigating the Dental Hygiene Competency Program. Additionally, there are FAQ, a checklist for submission, wonderful resources, activity news and practice tips. The CCR, PAR and External Feedback forms are available in MS Word format. This will allow the member to type into the document, to print and mail the forms, or to save and email the forms to ccp@cdhm.info.

When emailing the documents it is imperative that they be saved as a PDF file prior to emailing. In keeping with anonymity, please do NOT fill out the declaration at the bottom of the CCR. We will be mailing out a separate declaration in January 2011 that will need to be sent with your completed CCR by April 30, 2011.

The **Winnipeg Interprofessional Student-Run Health Clinic –WISH** located in the Mount Caramel Clinic is looking for dental hygiene mentors. The dental clinic is set to start on September 19, 2010. If you are interested in volunteering your time as a mentor, please contact Kyle Conrad – WISH DH Clinic Manager at wish.dentalhygiene@gmail.com

The School of Dental Hygiene, in conjunction with the Manitoba Dental Hygienists Association and the College of Dental Hygienists of Manitoba are banding together in hopes of establishing an alumni association for dental hygiene graduates from the University of Manitoba. Anyone interested in learning more or joining the alumni association is encouraged to contact the CDHM, MDHA or the School of Dental Hygiene.

As emphasized in the Professional Participation Component, participating in activities that define a profession are important. "These include giving back to society and communities, participating in educational activities and one's alma mater and networking with others." Becoming a Wish Clinic mentor and being involved with the alumni association will contribute substantially towards the community, dental hygiene in Manitoba, interprofessional practice, interprofessional education and the School of Dental Hygiene. These are excellent, altruistic opportunities for the CDHM Professional Activity Record.

I look forward to feedback, questions, and suggestions. Please contact me at www.ccp@cdhm.info or at 204-219-2678, ext.202.



Practicing Dental Hygiene Registrants: Watch for your invitation to participate in an independent Provincial Dental Hygiene Survey in early October 2010! The electronic survey will be available on the CDHM website and mailed out via the list serve. Please consider participating.

It's Not as Pretty as You Think-A Guide for Your Nails

Tara Kinchen, RDH, BSc

In 2002, the Centers for Disease Control and Prevention published guidelines recommending that healthcare workers “not wear artificial fingernails when having direct contact with patients at high risk.” Since that time, further research has been carried out and more organizations have taken the stance that artificial fingernails should not be worn in a health care setting.

The area beneath the fingernail (subungual) contains high numbers of bacteria; including gram-negative rods, coagulase-negative staphylococci and yeasts. These bacteria have been associated with blood infections, skin disease and can also lead to potentially life-threatening illness in immunocompromised persons.

Despite careful handwashing techniques, numerous studies have found that health care workers who wear artificial nails harbour substantial amounts of these potential pathogens in the subungual spaces. This amount exceeds the amount of bacteria found under natural fingernails.

Healthcare workers wearing artificial nails as well as long natural nails have been epidemiologically implicated in *Pseudomonas aeruginosa*, gram negative bacilli and yeast outbreaks in hospital settings.

Further studies are needed to determine if artificial nails contribute to transmission of health-care associated infections as well as if the length of a natural or artificial nail is a substantial risk factor in these types of infections. However, the World Health Organization guidelines on hand hygiene (2005) state that wearing artificial acrylic nails can contribute to hands remaining contaminated with pathogens even after the use of soap or alcohol based hand gel.

Nail polish has also been under investigation in recent history. Studies have demonstrated that chipped nail polish may support growth of organisms on fingernails. Both nail polish and artificial nails trap moisture resulting in fungi to grow and thrive in a damp and dark environment. Artificial nails have been found to have fungal growth more frequently than natural nails.

Most recommendations on nail safety originate from research undertaken by various nursing organizations around the globe in an effort to reduce the likelihood of future infectious outbreaks. Many of these recommendations are applicable to dental hygienists practicing in a clinic setting and are as follows:

- Fingernails should be kept short (tips less than 0.5 cm long), neat, clean and healthy.
- Long fingernails require extra effort to clean subungual areas.
- Long fingernails may cause gloves to tear posing a risk to both healthcare worker and patient
- If using nail polish, it should not be chipped
- If nail polish is worn, it should not be worn for more than 4 days. Nail polish should be removed at the end of 4 days and freshly reapplied if desired.
- Artificial nails should NOT be worn when having direct contact with patients as this increases the number of bacteria found under artificial nails despite proper handwashing techniques.

The evidence provided thus far indicates that wearing artificial nails may increase the likelihood that harmful bacteria may be transmitted to patients. Despite the need for additional studies, we can conclude that wearing artificial nails and possibly long natural nails does pose a very real infection hazard.



References

1. Boyce JM, Pittet D. Guidelines for hand hygiene in health-care settings. *MMWR Recomm Rep.* 2002;51:1-44.
2. Rothrock JC. Current Guidelines About Wearing Artificial Nails and Nail Polish in the Healthcare Setting. Available at <http://www.medscape.com/viewarticle/547793> Accessed August 31, 2010.
3. World Health Organization. Guidelines on Hand Hygiene in Health Care. Geneva:World Health Organization: 2005. Available at http://www.who.int/patientsafety/events/05/HH_en.pdf Accessed August 31, 2010.

Deer Lodge Centre Student Compiled Medication List

*University of Manitoba School of Dental Hygiene Class of 2009,
Carol Yakiwchuk, Dip. DH, BSc (DH), RDH, RCR and Marcia Rushka, RDH*



Beginning in the fall of 2008, under the supervision and mentorship of Carol Yakiwchuk, senior students from the School of Dental Hygiene began a more comprehensive long term care externship. Students attended the Deer Lodge Centre on a weekly basis for the entire school year. The students took part in a heads-up meeting prior to the start of each clinical day and were responsible for presenting their client care experience to each other and their externship coordinator, Carol. The students found that many residents at Deer Lodge were taking the same medications. As we all know, medical histories can be quite extensive and researching properties of different medications can be quite time consuming. As a result, the DLC Compiled Medication List was created to help students recall the medication information while not taking time away from the care of the resident. Each student researched a different medication to be compiled by the instructor and made available during the externship. At the end of the year, each student received a copy of this list for use in their future clinical practice. Marcia Rushka, the new externship coordinator, was kind enough to share this list with the CDHM. CDHM Connections will be featuring sections of this list in each newsletter for members to use. I am sure you will all find this list quite handy and I encourage you to clip it out for easy access in your practice!

Medication	Drug Function	Treatment Considerations
Acetaminophen	<ul style="list-style-type: none"> • Non-narcotic analgesic (mild-moderate pain, fever) • Also in combination with other ingredients including Opioids) 	<ul style="list-style-type: none"> • Closely monitor INR values • Avoid prolonged use with aspirin containing products or NSAID's • Determine why patient is taking drug • Question patient about use of other drug products, including OTC b/c of overdose risk
Acetylsalicylic Acid	<ul style="list-style-type: none"> • analgesic 	<ul style="list-style-type: none"> • Bleeding, poor healing, blood dyscrasia, susceptible to infection, not used for 7 days after oral surgery, evaluate allergic reaction
Alendronate Sodium	<ul style="list-style-type: none"> • Increase bone mineral density • Reverses the progression of osteoporosis 	<ul style="list-style-type: none"> • Consider semi supine position • Consider short appts
Allopurinol	<ul style="list-style-type: none"> • Reduces uric acid concentrations in both serum and urine • Anti-gout 	<ul style="list-style-type: none"> • Increased risk of blood dyscrasias (infection, bleeding, poor healing) • Avoid mouth rinse with high alcohol content
Amitriptyline HCL	<ul style="list-style-type: none"> • Tricyclic anti-depressant 	<ul style="list-style-type: none"> • Monitor vitals • Assess saliva flow • After supine, let client sit for 2 minutes • Use vasoconstrictors in low doses and with careful aspiration • Place on frequent recall



Deer Lodge Centre Student Compiled Medication List continued.....

Medication	Drug Function	Treatment Considerations
Baclofen	<ul style="list-style-type: none"> Skeletal muscle relaxant; central acting 	<ul style="list-style-type: none"> Limited in activity Susceptible to infection and delayed wound healing Monitor vitals at every appt. Asses saliva flow After supine position allow pt to sit upright for 2 minutes Examine for oral manifestations
Benztropine Mesylate	<ul style="list-style-type: none"> Anti-parkinson agent that selectively blocks central cholinergic receptors 	<ul style="list-style-type: none"> Monitor vitals Assess saliva flow Avoid light in eyes After supine, sit for 2min. Frequent recall
Betamethasone	<ul style="list-style-type: none"> Anti-inflammatory Treatment of psoriasis, eczema, dermatitis, pruritis, oral lesions, ulcerative colitis 	<ul style="list-style-type: none"> Monitor vitals at each appt. Rarely blood dyscrasias Place on frequent recalls to evaluate healing response
Bisacodyl	<ul style="list-style-type: none"> Promotes fluid and ion accumulation in the colon, increasing peristalsis and producing a laxative effect 	<ul style="list-style-type: none"> Semi-supine position for patient comfort if GI side effects occur
Bupropion HCL	<ul style="list-style-type: none"> Antidepressant 	<ul style="list-style-type: none"> Assess saliva flow Short appts and decrease stress for anxious patients
Celebrex	<ul style="list-style-type: none"> Non-steroidal anti-inflammatory (NSAID) 	<ul style="list-style-type: none"> Assess saliva flow Semi-supine Advise use on products for xerostomia if it occurs
Celexa	<ul style="list-style-type: none"> Antidepressant that relieves major depression associated with mood disorders 	<ul style="list-style-type: none"> Monitor vitals at every appt. After supine have patient sit up for 2 minutes to avoid orthostatic hypotension Can produce xerostomia Light sensitivity Limit use of epinephrine and other vasoconstrictors in absence of data regarding interaction between the two

2010 Grads Attend International Symposium on Dental Hygiene

Lorraine Roberts, BSc, RDH with contributions from Michael Alvermere

Three students from the University of Manitoba School of Dental Hygiene, Michael Alvermere, Kyle Conrad and Lorraine Roberts, attended the International Symposium on Dental Hygiene (ISDH) this past July in Glasgow, Scotland.

A poster entitled “From Congo to Canada: Bringing Along a Smile” by Michael Alvermere and Minxia Zeng was accepted, as well as an abstract for a fifteen-minute presentation entitled “A WISH for Access to Care: The Winnipeg Interprofessional Student-run Health Clinic” by Kyle Conrad, Lorraine Roberts, Mickey Wener, Kellie Hildebrandt, and Laura MacDonald.

“From the Congo to Canada: Bringing Along a Smile” highlighted the situation facing refugee immigrants in Canada: arriving with the hope of improving their lives, but with very limited resources initially. Michael indicated that “As a result, they receive little in the way of formal oral healthcare before arriving, and are dismayed when they come to realize how little government support exists with regard to dental care and dental hygiene.” The poster’s intention was to shed light on this situation, and call for changes to the system as it exists today.

The oral presentation outlined the work accomplished to get the student-run dental hygiene WISH clinic up and running. As some of you may already know, the WISH Clinic provides holistic health care to under-served residents of Winnipeg. The thinking was that a sustainable dental hygiene clinic would not only provide access to much-needed clinical care to those in need, but also promote and educate clients and other professionals on the ever-growing evidence connecting oral health with overall health. It also provides a learning experience for students in health care professions regarding the important role dental hygienists play in health, setting the stage for future Interprofessional collaboration.

The theme of the conference was “Oral health – New concepts for the new millennium: new technology for preventing and treating diseases , including alternative treatments”. All of the abstracts submitted were reviewed, and only 20 were chosen for either a 15 or 30 minute oral presentation. From a personal standpoint, I know that Kyle would agree that it was a great honour to be the only students chosen for an oral presentation.

It was a challenge to include everything we had accomplished, and hoped to accomplish, in less than 300 words. Kyle and I had to discuss the objectives, methods, results and conclusions of our research, which was a little difficult since trying to start up a student-run dental hygiene clinic is more of a project: a project whose real, tangible results and conclusions would be best measured after the clinic was operational.

Following much preparation before we left and hours of practice the night before, our presentation went smoothly and was well-received. Some audience members even mentioned that they would love to hear how the clinic is doing at the next ISDH in South Africa in 2013 which was also very encouraging. Overall, we were very pleased with the positive feedback.

On the Saturday evening of the Conference, we all had the opportunity of attending a Ceilidh (pronounced Kayleigh), a traditional Scottish dinner and dance. Of course, Haggis, neeps and tatties (which I would describe as spicy sheep meatloaf, mashed yellow turnips, and mashed potatoes respectively) were on the menu, and we all tried learning a few folk dances, with some of us catching on a little quicker than others!

With such a strong Canadian student presence at the ISDH this past July, it is our hope to inspire other Canadian dental hygienists (and international dental hygienists alike) to participate in future oral health research. We would also like to encourage dental hygienists to seek out opportunities that will advance the expansion of access to oral health care for all.



Many thanks to the people who supported us and allowed us to make our attendance at the Conference possible. It was truly the opportunity of a lifetime. As the only students presenting, and one of the few with a poster, it was an honor to represent Canada and to have our participation sponsored by the University of Manitoba School of Dental Hygiene, and the CDHM. Thank you!

Pictured from left to right: Lorraine Roberts, Kyle Conrad, Michael Alvermere



MDHA Update

MDHA Professional Development 2010-2011 Calendar

- September 21, 2010 Manitoba Dental Hygienist Lecture Series
Attrition/Abrasion/Erosion of Tooth Structure and Oral Candidiasis
Featured Speaker: Dr. John Perry, DMD, MSc, FRCD (C)
Faculty of Dentistry, Schwartz Theatre, 7:00pm—9:00pm
- November 15, 2010 Manitoba Dental Hygienist Lecture Series
“The Bug Lady” Back by Popular Demand
Featured Speaker: Ms. Monique Liarakos, BA, RN, BN
Faculty of Dentistry, Schwartz Theatre, 7:00pm—9:00pm
- November 27, 2010 MDHA Workshops
How to search for the answers.....
Speaker TBA
Faculty of Dentistry, Schwartz Theatre, 9:00am—1:00pm
- January 28, 2011 **MDA Annual Mid-Winter Convention**
Featured Speaker: Ms. Betsy Reynolds, RDH, MS
Winnipeg Convention Centre, 9:30am—4:30pm
- February 28, 2011 Manitoba Dental Hygienist Lecture Series
Tools of the Trade!
Featured Speaker: Linda MacEachern, Regional Account Manager, Hu-Friedy
Faculty of Dentistry, Schwartz Theatre, 7:00pm—9:00pm
- March 12, 2011 MDHA Workshops
Fluoride Update and Tobacco Cessation for your Client
Featured Speaker: Dr. Doug Brothwell, DMD, Bed, DDPH, MSc, Cert QM
Faculty of Dentistry, Schwartz Theatre, 9:00am—1:00pm
- April 14, 2011 Manitoba Dental Hygienist Lecture Series
Topic and Speaker TBA (Chosen by you)

The MDHA lecture series will provide professional development and networking opportunities. The series showcases local leaders in the dental & health fields to speak on topics relevant to the care that dental hygienists provide. Only open to MDHA members and cost is \$120 for the four session series. If interested send your name and CDHA number to info@mdha.ca

MDHA Half Day Sessions: MDHA Members \$60, Non-members \$100

Keep checking the MDHA website at www.mdha.ca for more updates on Professional Development.

Interested/Questions call us at 981-7327 or send an email to info@mdha.ca

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!

UPDATE: CDSPI Malpractice Coverage for Manitoba Dental Hygienists

It is the CDHM’s responsibility to ensure that all registrants have adequate malpractice insurance in order to practice dental hygiene in Manitoba.

Please be advised that the CDHM has recently received documents that outline the CDSPI malpractice coverage for dental hygienists under the Canadian Dentists’ Insurance Program.

The content of the information we received states:

“Please note that under our contract “directed or supervised by a dentist” does not mean that the dentist must be on the premises all the time. As long as the hygienist is not working independently (setting up their own practice) and is working within the scope of their license, our plan will respond in a claim situation, subject to the terms and conditions of the policy.”

Also included in these documents were the pages of the insurance contract corresponding to Eligibility for Malpractice Insurance (Section 11 a) (i) (2)).

11. ELIGIBILITY FOR INSURANCE

Individuals may be eligible for Practising Status coverage or may qualify for Extended Coverage under this Mater Policy Agreement.

(i) Practising Status Coverage

An individual is eligible for Practising Status coverage if he or she is one of the following categories:

- (1) a **DENTIST** who is licensed or possesses a certificate to practice **DENTISTRY** in a province or territory of Canada;
- (2) a dental hygienist or certified dental assistant, or dental nurse, who is employed by, or under contract to, a **DENTIST** described in Category 1;

Therefore, it is CDHM’s understanding that CDSPI policies would fulfill the requirement of having a minimum \$3 million liability insurance coverage for registration on the roster as a Practising Dental Hygienist employed/under contract in a private dental practice. However, the responsibility remains with the registrant to ensure that they have adequate insurance for their particular practice situation. For dental hygienists practising independently within their scope of practice in alternative practice settings, CDHA’s insurance plan would provide complete coverage.

**EXPLORING OPPORTUNITIES FOR
ALTERNATIVE DENTAL HYGIENE PRACTICE SETTINGS
CDHM - MDHA Support and Study Group**

The College of Dental Hygienists of Manitoba and the Manitoba Dental Hygienists Association are pleased to announce their partnership in the continued offering of the support and study group focused on exploring alternative practice settings. This collaboration will allow the study group to better meet the learning needs of the participants as the CDHM will focus on legislation, access to care and public safety, while the MDHA will focus on the entrepreneurial aspect of practice.

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