



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 8

October 2011

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CDHM Annual General Meeting—October 22, 2011

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

Date: Saturday, October 22, 2011

Time: 9:00 am-12:00 pm

- Registration starts at 8:30 am-meeting will start promptly at 9:00 am

Location: Canad Inns Destination Centre, Transcona
826 Regent Avenue West, Winnipeg
P: 1-888-332-2623 or 204-224-1681

If you require overnight accommodations, please contact the hotel directly and quote the group number - 139822 at the special reduced rate of \$109 + taxes by Friday, October 7.

Please RSVP by Wednesday, October 12, 2011 at cdhm@cdhm.info or 219-2678.

University of Manitoba Dental Alumni Association Alumni of Distinction Awards Gala in honour of the 2011 award recipient, Signe Jewett. Congratulations Signe!



Pictured from left to right: Stephanie Gordon, Registrar/Executive Director CDHM, Tracy Harder, RDH, Marcia Rushka, CDHM Continuing Competency Committee, Christine Ronceray, Past CDHM Council Member.



Registrar's Report - Stephanie Gordon

Getting Involved!

What an absolutely glorious summer that has just passed. Unfortunately it is time to move out of summer vacation mode and back into the fall season that typically consists of full work and school days, being involved in extracurricular activities and attending conferences, meetings and workshops. Even though our schedules are filled with many tasks I encourage all members to get involved with the dental hygiene profession. Being involved in the profession can take on many different shapes. Whether you are a member of a dental hygiene board or committee, are participating on a working group or mentoring dental hygiene students any of these activities are valuable contributions to the profession.

Some advantages of joining a dental hygiene organization include:

- Further development of one's dental hygiene knowledge base
- Esteemed organizational connections
- Access to leadership in the industry
- Professional networking at a local level
- Strengthening the dental hygiene community
- Opportunity to attend regional, provincial and national conferences

As you can see there are many advantages to participating in a professional organization. The true impact of membership comes with your contribution to, and involvement with, the organization. You'll get out as much as you are willing to put into it. Get involved! Once you've made the decision to join the organization make a personal commitment to helping the organization flourish. By supporting the organization in achieving its goals you will immediately begin to see the results of your efforts.

'Getting involved' also means more than simply attending meetings. It encompasses active participation, where your ideas, beliefs and actions will influence the profession as a whole.

In the past few months I have had the privilege of representing the College at the 2011 CDHA Conference in Halifax; the Federation of Dental Hygiene Regulatory Authorities and National Dental Hygiene Certification Board meetings in Ottawa, The International Policy Governance Conference in Calgary and the University of Manitoba Dental Alumni Association Alumni of Distinction Awards Gala. However, the event that I truly felt was one of the most rewarding experiences since I've been in my role as Registrar of the CDHM was participating as an MDHA member in the Canadian Breast Cancer Foundation, CIBC, *Run for the Cure*, in Winnipeg on October 2 2011. I was genuinely impressed by the camaraderie of the dental hygienists that were involved in this event and was delighted to be part of a such a dedicated group of professionals that were both passionate about their profession and eager to support their community.

I am sincerely proud to be a dental hygienist and am delighted to see that the altruistic ideals held by dental hygienists are being represented in a positive light in the interest of the public. Please know that your enthusiasm and commitment will always be appreciated!

Sincerely,

Stephanie

Stephanie Gordon BA, RDH
CDHM Registrar/Executive Director

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has." -Margaret Mead

UPCOMING MEETINGS

REGULATED HEALTH PROFESSIONS ACT WORKING GROUP SUBCOMMITTEE

MEETING: TBD ON
EITHER NOVEMBER 7 OR
8, 2011

REGULATED HEALTH PROFESSIONS ACT MEETING:

NOVEMBER 16, 2011

ORAL HEALTH ORGANIZATIONS WORKING GROUP

OCTOBER 13, 2011
7:00 PM



Chair's Message - Patti Hawthorn

"The College of Dental Hygienists of Manitoba exists so that the public will have safe, competent dental hygiene care and expertise that contributes to oral and overall health using cost effective stewardship resources."

This is the mission statement the CDHM uses to direct it's purpose.

The years I have served on the CDHM Council have enlightened me to the growing complexity and challenges that have come to face the College. It has taken me out of my comfort zone and into a new reality - the need to be an even more responsible dental health professional, to accept changes and to go forward with vision.

Dental hygienists have been entrusted with the health care of others and must do our very best to create this environment in the delivery of our services. Regulation of our own profession by being a College, gives us the medium by which this can be accomplished. Being a "Registered Dental Hygienist" allows one to solely own the privilege of presenting themselves as a professional in that field and acquire employment in it.

The CDHM is the newest regulated profession in Manitoba which not only has the responsibility of ensuring that registrants meet licensing criteria, but also requires the College to represent the profession of dental hygiene on numerous committees and boards on both provincial and national levels, as well as being accountable to government through the department of Manitoba Health.

In a few short years the College has accomplished much in their endeavor to meet their mission statement. The Continuing Competency Program has been developed to engage practicing dental hygienists in a commitment to professional development - a mechanism to enhance our knowledge and keep current with technology so that we are better prepared for the changes that are happening around us.

The Extended Practice Program's goal is the promotion of dental hygiene practice in alternative/non-traditional practice settings. This involves educating other health care providers and facilities of the importance and benefits of dental hygiene care to improve overall health. This awareness is key to the acceptance of dental hygiene services to the public in these settings and creation of new working environments for our registrants.

The Regulated Health Profession's Act (RHPA) is a huge initiative by government to incorporate 22 health professions under one legislation. This will impact and dictate exactly what duties, or "reserved acts", Manitoba dental hygienists will be able to perform in the future. The RHPA Subcommittee volunteer representatives have been spending countless hours researching and advocating on your behalf to acquire as broad a scope of practice as possible to keep Manitoba hygienists in line with provinces Canada wide. Without these initiatives our profession, as we know it, will be left behind and job saturation is imminent.

We are experiencing "growing pains" as we go forward in developing the College and a number of obstacles have put us to the test. Fortunately, the CDHM has very qualified, dedicated staff and volunteers who have the firm resolve to represent the College in the best way they know how, while at the same time, continue to meet the challenges of balancing all the tasks at hand with limited financial resources. We are all in a learning process of one kind or another, and it is my hope that we can continue to have your support and perhaps even some of your energy so we can continue to move forward. Can you roll up your sleeves and pitch in? I assure you it will be worth your while!

Sincerely,

Patti

Patti Hawthorn
CDHM Council Chair

UPCOMING MEETINGS

COUNCIL:

NOVEMBER 21, 2011
FEBRUARY 27, 2012
MAY 28, 2012
AUGUST 27, 2012

ANNUAL GENERAL MEETING:

OCTOBER 22, 2011



Registration Coordinator's Message

Virginia Bagshaw

Renewal of Registration - 2012

As the hot summer days start to die down, so does the new student graduate applications coming in. Welcome to all our new Registered Dental Hygienists in Manitoba!

The College's registration focus now turns to the annual renewal for 2012. Recently the 2012 renewal forms were mailed out to all Practising and Non-practising registrants. There have been some changes to the Renewal Form and accompanying Guide this year, so please read through them carefully.

When filling out the form please pay special attention to the following dates and deadlines:

- All accurately completed renewal forms must be postmarked or received by the December 1, 2011 deadline. A late penalty fee will be imposed on accurately completed renewal forms postmarked or received after **December 1, 2011**.
- A late penalty fee will be imposed on renewal forms that are *incomplete*, have errors or have missing documents, whereby the college must return the renewal form to the registrant for completion and thus preventing the renewal form to be returned in its completed state by the deadline date of December 1, 2011. Therefore, the incomplete renewal forms will be treated as late and will be charged a late fee if they are received or postmarked after **November 14, 2011**.
- A single cheque may be postdated to **January 14, 2012**. (Multiple post-dated cheques will not be accepted.) The College will endeavor to deposit cheques as close to the date as possible but due to the level of processing during this busy time, there may be some delay.

The CDHM is in its early years as a Regulatory body, and as it grows the College's processes are developing and growing with it. Among some of the other changes made this year, one I'd like to highlight is evidence of having successfully completed a Health Care Provider or Level C CPR Course.

In past years we received feedback that this was interpreted in different ways and therefore when inputting the dates of subsequent CPR cards, it was realized that more than 12 months could pass from year to year depending on when the course was taken. For the 2012 renewal we thought it would be important to clarify that the annual certification/re-certification encompasses that there is to be no lapse or expiry between dates of certification. However, for this year, as this is a new clarification in practice we understand that there might be a lapse in time for the 2012 renewal period. Therefore, for the 2013 renewal process the College will require no lapse or expiry between dates of certification.

For the 2013 renewal year the CPR card must display a date from January 15, 2012 to November 30, 2012, and re-certification must occur within 12 months of the previous year's course taken. For example, if you took a CPR course on May 19, 2012; you must recertify on or before May 18, 2013.

This past year the CDHM has experienced a lot of growth and change and I feel the same way going into my second year as Registration Coordinator. I have enjoyed meeting many registrants this past year and look forward to meeting many more in 2012.

Sincerely,

Virginia

Virginia Bagshaw
CDHM Registration Coordinator



**Don't forget to register for the
CDHM Annual General Meeting
October 22, 2011
RSVP by October 12, 2011 at
cdhm@cdhm.info or 219-2678**



Continuing Competency Program (CCP)

Sheryl Slosower, CCP Coordinator

I am thrilled to report that the “learning year” was very successful! I would like to take this opportunity to commend the registrants who actively sought many remarkable evidence based learning opportunities that were pertinent to improving his/her professional knowledge, judgment and skills. The CDHM will be featuring some of the exemplary CCRs in the CDHM newsletters as well as at the CDHM AGM. Continuing professional development is an essential component to the learning and development of all dental hygienists in Manitoba to assure the public that the dental hygiene care they receive is safe, ethical, effective and of high quality.

The following are steps one needs to consider for the completion of the CDHM CCP Process of Continuing Professional Development:

- Think of it as a cycle
 - Reflect on your practice
 - Consider opinions of others (peers, clients and employers)
 - Assess skills and knowledge to identify learning needs
- Establish a goal
 - Motivated by desire to learn
 - Action oriented to bring about a change to one’s practice
 - In **one sentence** define a goal that captures your area of need/interest
 - Include a subject, action, timeline and measurable outcome
 - The goal should be SMART
 - Specific: What exactly will you accomplish?
 - Measurable: How will you know when you have reached your goal?
 - Achievable: Is achieving this goal realistic with effort and commitment? Have you the resources to achieve this goal? If not how will you attain them?
 - Realistic and relevant to one’s profession and future: Is this goal significant to your professional development?
 - Time-based: When will the goal be reached?
 - See pages 12-13 of the CCP Package
- Create a personal learning plan
 - Maintains and further develops professional practice skills, knowledge and judgment
 - Activities fit the specific needs of each professional
 - Activities/resources demonstrate a mixture of learning activities relevant to the goal; and current or future practice
 - **One piece of evidence is not sufficient** in order to make an informed evidence-based clinical decision
- Implement the learning plan
- Evaluate the progress and the effectiveness of the learning
 - Outcome described is linked to the goal
 - Outcome indicates reflection on practice
 - Outcome indicates new knowledge or skill that will be implemented into practice to enhance the practice and quality of care to the client
- Document

The following are topics that need clarification for the upcoming 2011-2012 CCP Year:

1. Cetacaine and Oraqix can only be administered if you are on the Local Anaesthetic Roster.

CDHM Position

In the best interest of client safety, **only registered dental hygienists with local anaesthetic education that are included on the Local Anaesthetic Roster may use oral anaesthetic mixtures that are inserted into the dental sulcus, such as Oraqix and Cetacaine.** As with any new product, dental hygienists may be incorporating into their practice, the dental hygienist must ensure that she/he is competent in the appropriate administration techniques and has carefully reviewed the complete product information including mechanism of action, potential indications and contraindications for use, common side effects, etc. Additionally, the dental hygienist must know how to effectively manage adverse reactions to these products. Dental hygienists are expected to make evidence-based decisions regarding when it is appropriate to use such products for a client. Each case is client-specific.

Extended Practice Update—Progress Is Being Made!!!

Mickey Wener, *Extended Practice Coordinator*

Exploring Alternative Practice Settings: CDHM-MDHA Support and Study Club

With the purpose of ensuring that dental hygienists understand the legislation governing their practice and to fulfill one of the goals of the new legislation, enabling access to care for underserved populations, I am pleased to report that progress is being made! With a stronger knowledge base and growing confidence, several members of the study club are embracing practice in personal care homes. There is definitely a practical approach being taken, with most choosing this type of practice on a part-time basis while remaining in private practice.

Our group is looking forward to hearing Arlynn Brodie when she is in Winnipeg on October 1st as part of the CDHA *Shining a New Light on Dental Hygiene Practice* as she has extensive experience and expertise in long-term care. The study club program for 2011-12 will culminate in April with Cindy Kleiman, RDH from the USA coming to broaden our horizons for evaluating and treating medically compromised individuals. This will be open to the dental hygiene population at large, so I encourage you to take advantage of hearing from someone with extensive practice in challenging settings.

Interested in discussions on 'special care' dental hygiene? Register to be a member of Hygienetown at www.hygienetown.com. To find the special care forum, click on "Message Boards" in the right side menu, then "Special Care". There you will find two topic areas: General Special Care and Hygiene for ICU Patients. Click on either of these topics for ongoing discussions. Under General Special Care, the first message board is entitled International Connections.

Collaborative Practice

Nothing is truer than the adage, *no one is an island*. In the same vein, no one can truly practice independently. There is strong evidence to support that our clients' health improves as we work collegially together with others. With this goal in mind, I am serving on behalf of the CDHM on several interdisciplinary working groups that are striving to improve oral health in personal care homes (PCHs). The University of Manitoba Centre for Community Oral Health and the Alzheimer's Society have worked with the Winnipeg Regional Health Authority to develop a new poster and accompanying fact sheet, MOUTH CARE IS IMPORTANT, for circulation in Winnipeg PCHs.

Check it out at: http://umanitoba.ca/dentistry/ccoh/ccoh_longTermCareFacts.html

Practice Question: Can I provide dental hygiene care in someone's home?

These are the types of questions our study group is tackling as it requires an understanding and interpretation of the legislation. The answer is yes, and no.

Yes, if: 1) The client is the patient of a dentist and you are collaborating with that dentist. 2) You provide this care, for example, as part of a government program, an oral health program, or in conjunction with a municipality. 3) You receive permission from the Minister of Health.

No, if: You approach home-bound clients directly without a collaborative relationship with any of the above, or permission from the Minister of Health.

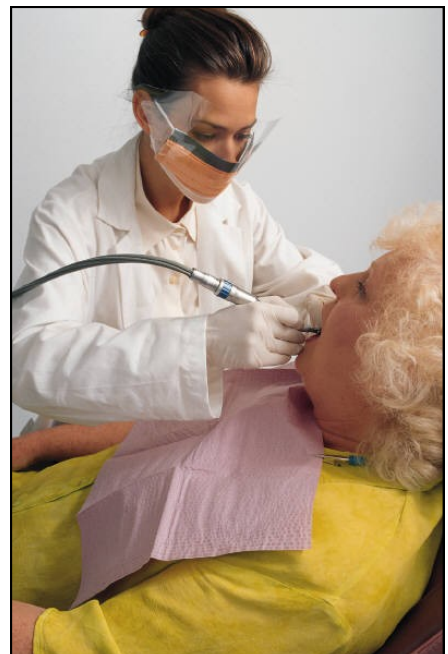
The time is ripe for contemplating exploring non-traditional practice settings?
Have you?

Sincerely,

Mickey

Mickey Wener

Extended Practice Coordinator



Continuing Competency Program Update continued.....

2. Be precise and accurate when listing and classifying continuing competency activities {i.e. educational courses/seminars and professional journals/ articles}. List all journal articles in detail including the correct title, authors and publication dates. Please submit all article abstracts.
3. Please register all study groups with the CCP Coordinator. The CDHM encourages group learning and study clubs. However, the CCR is a self-directed learning process which means your personal learning experience must be in your own words.
4. The evidence should be as current as possible. The suggested timeframe is within the last 5 years and no more than 10 years old.
5. When writing about ergonomics, please link it to the CDHM competency, client care and quality of care. Do not make it personal.
6. **Activities not to include in the CCR: conversations with colleagues, employers and sales representatives (i.e. lunch and learn meetings) are opinion based; yoga, fitness and/or stress reduction classes, massage therapy, and physiotherapy; self-study from nonprofessional magazines, books or journals; reading books related to personal wellness, weight loss and stress reduction; CPR certification.**
7. PAR activities are those that encourage the members to be engaged in the profession. These include giving back to the profession, society and communities. The upcoming CDHM AGM is a potential professional activities for the PAR. The MDHA breakfast business meeting prior to the start of the MDA Midwinter convention is also a potential professional activity for the PAR as well as the MDHA AGM. Educational professional courses and seminars are activities that may be incorporated into the CCR if they are relevant to the CCR goal. For PAR information see the website at: <http://www.cdhm.info/quality-care/professional-participation-component/>

In closing, I would like to thank the CCP reviewers for their dedication and hard work! We set out a timeline and completed the onerous task of reviewing 600 CCRs in a timely manner. I encourage all of you to attend the upcoming CDHM AGM. We have an excellent speaker, Janet Rothney, the dental librarian who will be speaking about evidence based research as well as several valuable workshops.

Sincerely,

Sheryl

Sheryl Sloshower

CDHM Continuing Competency Program Coordinator

Getting Involved-Patti Hawthorn, CDHM Council Chairperson and Stephanie Gordon, CDHM Registrar/Executive Director posing for a picture after getting their Highlight for Hope at the CDHA AGM in support of MDHA's team, Brush for the Cure at the Canadian Breast Cancer Foundation CIBC Run for the Cure.



Continuing Competency Program Regulations for May 1 2011 and Onward

- All members on the Practising Register as of April 30th must complete the required components of the CCP for year May 1, 2011 and onward, option 1 or option 2.
- **Only a predetermined randomly selected proportion of members will undergo a full assessment/audit.**
- **The members who have been randomly selected for the full assessment/audit will be contacted by mail one month prior to the reporting period deadline defined as April 30th for the current CCP year**
- **Only those members will have to submit their CCP documents**
- **Members who are audited in:**
 - **2012 will have to submit CCP documents for the year 2012**
 - **2013 will have to submit CCP documents for 2012 and 2013**
 - **2014 and onward will have to submit CCP documents for the 3 year period (2012, 2013 and 2014)**
- **All members must keep a personal copy of the forms/documents**
- The CCP declaration will be included with the registration renewal forms for the year 2012
- The CCP declaration of honest reporting must be completed. Providing false or misleading information will be considered misconduct and may be subject to a Complaints/Disciplinary Committee Review
- Assessment and feedback of CCP submissions will be conducted by trained CDHM Continuing Competency Assessors and provided to members:
 - Additional information/documentation/evidence may be requested by the CDHM to be provided by a member within specified timelines
 - Subsequent to opportunities to provide additional materials, where the CCP submission is considered to inadequately support a member's competency, the CDHM may, at their discretion, impose additional requirements for registration and/or limits to registration
 - Members may formally appeal decisions regarding the assessment of CCP submissions by contacting the CDHM in writing within 2 weeks of receiving the assessment report
 - Members are encouraged to contact the CDHM at any time during the reporting period and/or subsequent to receiving assessment reports for assistance in completing CCP requirements and/or when encountering continuing competency challenges
- **Random assessments/audits may be conducted to validate the information provided by members**

Getting Involved!

Tara Kinchen, CDHM
Newsletter Editor and Board
of Assessor and Stephanie
Gordon, CDHM Registrar/
Executive Director at the
Canadian Dental Hygienists
Association National
Conference 2011, Advancing
Dental Hygiene Practice held
in Halifax, June 9-11, 2011.



Self-Directed Assessment Example

Self-directed Assessment

How did you determine your professional need?

Using the CDHM Competencies/Practice Standards/Code of Ethics

Goals, Development, and Activity Planning

Please describe the professional need perceived:

I need to re-educate myself on evidence based research about oral cancer. I've been too focused on treating periodontal disease and helping the dentist detect decay. That is obviously a very important part of my job but it is not all, that my career consists of. The link between our oral health and overall health and wellness is so strongly connected according to the latest evidence based research. As a dental hygienist who sees directly inside a person's mouth 1 to 2 times per year, I have the ability to help find oral cancer in its earliest stages and possibly save a life.

CONTINUING COMPETENCY GOAL #1:

Within 3 months I will start educating myself and my patients on oral cancer and incorporate oral cancer exams into my daily dental hygiene routine to help discover any suspicious oral lesions and ensure referral to an oral pathologist if needed, based on the most current evidence available.

Did these activities assist you in meeting your Continuing Competency Goal? (YES, Met)

The webinar and the DVD on oral cancer were very educational. They taught me some good, recent statistics to help me inform my patients. They were also a good refresher for proper dental terminology and anatomical landmarks that I don't use every day. I use a lot of layman's terms when talking to patients. They both slightly touched on the newest and fastest growing trend in oral cancer, the HPV virus.

The on-line course on oral cancer was much more in depth than the webinar and the DVD. I definitely gained a lot of knowledge about oral cancer with the help of this course. The presenter listed all of the many website links, resources and references that were used. One of the websites she referred to a couple of times was the oralcancerfoundation.org. This boosted my self esteem in researching information because I had spent a lot of time reading and learning on this website prior to taking this course. I felt confident that I had been researching the right information. This course is all based on North American data (mainly Canadian data). The data was reviewed by 3 different specialists and the course was piloted across Canada by 5 dental hygienists. I strongly believe I've learned good, sound, evidence-based information in this course. The journal article I read was not very helpful. The information in it did not pertain to my goal.

Please describe the information/skills gained from these activities?

- How to effectively perform an extra oral and an intra oral exam.
- Oral cancer is the 13th most popular cancer in Canada and the mortality rate is 3 times higher than that of cervical cancer. I found that interesting because I certainly hear more about cervical cancer than oral cancer.
- I've learned not to "assume" it's the older, male patient who abuses tobacco and alcohol to be the one to get oral cancer. An extra oral and an intra oral exam should be performed on every patient. The newest and fastest growing trend in oral cancer is the Human Papilloma Virus (HPV). HPV #16 and HPV #18 are causing cancerous lesions in the oral cavity (mainly the posterior regions). HPV #16 is responsible for 95% of all cervical cancers. This occurs in the younger, sexually active population.
- Smoking cigarettes increase the risk of oral cancer. But smoking cigars and using smokeless tobacco greatly increase the risk. Smokeless tobacco has 28 known carcinogens and the nicotine is 2 to 3 times more addictive. Again, the younger population is using more smokeless tobacco and cigars than they used to and consume both alcohol and tobacco products at the same time. This is much more dangerous than using solely tobacco and alcohol products on their own.
- I've learned how squamous cell carcinoma develops in the epithelium. It starts beneath the surface cells of the epithelium in the basal cells and works its way up to the surface. This is why early detection is so important! The infected cells are there before we can see a lesion with the naked eye.
- I've learned the characteristics of many self-induced oral lesions such as frictional keratosis, nicotine stomatitis, linea alba, irritation fibroma etc.
- I've learned about immunity related lesions such as minor, major and herpetiform aphthous ulcers.
- I've learned the characteristics of lichen planus, lupus erythematosus, pemphigus vulgaris, hairy leukoplakia, HPV, and HIV/Aids.
- It's important to educate the patient to contact an oral health care professional if an abnormal finding hasn't gone away within 14 days. Lesions of various color, size and texture, hoarseness in their voice or a unilateral earache are just a few examples.

Self-Directed Assessment Example continued.....

- There are many different types of adjunctive oral mucosal screening methods that can be used in the dental office: Oral Exfoliative Cytology, Oral Brush Biopsy, Vital Staining, Direct Tissue Fluorescence Visualization (VELscope), Chemiluminescence and Salivary Diagnostics. I've learned how each one of these tests work.
- I've learned how to properly communicate abnormal findings to a patient without causing too much anxiety or panic and to answer difficult questions such as, "Why haven't I had an extra oral and intra oral exam done before?" "Do you think I have cancer?" "What will happen to me?"

What changes do you intend to make in your area of dental hygiene practice as a result of these activities?

- An oral cancer awareness poster is supposed to be available soon through the CDHA website. I intend to order it and post it in my operatory where patients can easily see it. It may promote questions or concerns from the patient.
- I'm proud to say that I passed my 7 hour on-line course with a 93 percent! I will frame my certificate of completion and post in on my operatory wall as well. It may promote feelings of reassurance and confidence in their dental hygienist knowing that she is "on top of things" in the cancer department. We all know that cancer in one of our #1 most feared things in life.
- I plan to perform an oral cancer exam on every patient and provide the proper information and education specific to each patient (smokeless tobacco user, HPV infections in young adults, a patient with ill-fitting dentures etc.)
- I will look into the availability and the cost of the different types of oral cancer screening techniques and discuss with my employer if one of them would be suitable for our dental practice.
- I plan to use the communication techniques that I've learned in my on-line course on how to discuss abnormal findings and answer difficult questions.
- I will encourage the rest of the dental hygienists that I work with to start performing regular oral cancer exams on their patients as well. I will also offer to order them an oral cancer awareness poster for each of their operatories.

Did you implement these changes into your dental hygiene practice? (In-Process)

I am definitely well on my way to accomplishing my goal. I have performed more oral cancer exams in the last 3 months than I've done since I've graduated from the School of Dental Hygiene! I've had many discussions with patients about oral cancer and its signs, symptoms and risk factors. The other dental hygienists in our office have agreed to start incorporating regular oral cancer exams on their patients and want to learn more about oral cancer in general. We definitely make a stronger practice when we are all on the same wavelength on specific topics. My certificate of completion of the oral cancer awareness course will be displayed in my operatory next week and I'm still waiting to purchase the posters, they are not available yet.

If a change was made, did it help improve your dental hygiene practice? (Yes)

Absolutely. My patients have been very receptive to the oral cancer exams and all the information that I've shared with them. They seem to be really impressed and I feel that they have confidence in me as a competent dental hygienist. That means the world to me and makes me want to keep learning and keep impressing them in the years to come.

Were there any constraints you encountered in implementing this change? (Yes)

I would say the time constraint is the biggest constraint I've encountered. Trying to fit it all in! Every minute is precious. It's coming along. I'm still adjusting to the change in my daily routine. I plan to take a time management course someday to learn skills and techniques on using my time most effectively.

The other constraint I was concerned about was making the other dental hygienists in the office feel incompetent if the patient sees them next and they don't perform an oral cancer exam. I don't want them to have to deal with the uncomfortable question of "Why didn't you check me for oral cancer, the last hygienist did?" They all know I'm doing this with my patients and have shown interest in adding the oral cancer exams to their routines as well. I don't think this will be a problem in our office.

Getting Involved-DH II students, Andrea Driedger, Charissa Jacinto and Stephanie Champagne not only attended their first CDHA Annual General Meeting but they also took time out to get a Highlight for Hope in support of MDHA's team, Brush for the Cure at the Canadian Breast Cancer Foundation CIBC Run for the Cure. Keep up the great work ladies!



Regulated Health Professions Act

Betty Ann Zegarac, Co-Chair of the RHPA Working Group

The government of Manitoba has decided to place all regulated health professions under one piece of legislation, the Regulated Health Professions Act (RHPA), with the same general provisions for everyone. Changes in legislation create an opportunity to clarify sections of the existing legislation or create clauses to define the scope of practice. This opportunity occurs rarely in the history of a profession. All the regulated health professions have been invited to participate in the development process.

Due to the tremendous and successful work by dental hygienists in the last few years to obtain regulated status, the College of Dental Hygienists of Manitoba will be included in this new legislative process. On May 19, 2010 the CDHM Registrar and Council chair met with representatives from the Manitoba Health Legislative Unit to request our participation and to discuss the implications of the new legislation.

Subsequently your council created a Working Group for this activity. Council determined that the profession would best be served if the working group included formal representation from the Manitoba Dental Hygienists Association (MDHA) and the University of Manitoba, School of Dental Hygiene. Co-chairs were selected from the CDHM Council, Mickey Wener and Betty Ann Zegarac.

CDHM hosted a Strategic Planning Workshop with Dr. Ginette Rodger on June 10, 2010. The outcome included recommendations for a list of activities and plans for carrying out these activities. The Working Group began by conducting a comprehensive scan of dental hygiene legislation, regulations and scope of practice in all provinces and territories in Canada. From this task, provinces and territories with relatively recent and comparable legislation with self regulation were selected as the focus of the remaining work.

The working group has been divided into subcommittees to commence work on the following activities:

- Develop a Scope of Practice Statement
- Review registration categories and requirements
- Evaluate practice requirements and relationship to entry to practice education
- Determine Reserved Acts
- Develop a glossary to ensure consistent terminology and interpretation
- Gather supportive documents for an evidence base
- Ensure work is congruent with the National Standards that are also used by the U of M, School of Dental Hygiene.

Work is progressing in all the subcommittees. In between Working Group meetings, members of subcommittees are in contact with each other for congruence in approach and outcomes. For example, each member of the Reserved Acts subcommittee works in concert with a member of the Supportive Documents subcommittee to ensure parallel progress.

In addition, the regulated health professions formed a Manitoba Regulated Health Professions group to collaborate on mutual issues relevant to health disciplines under the new legislation. CDHM Council appointed the Executive Director and a co-chair of the RHPA Working Group to participate in this work.

If you have questions or suggestions for this work please contact the College.



Getting Involved-some of the members of Brush for the Cure. From top left: Marcia Rushka, Terri Archibald, Kaleigh Warden, Janis Gajda, Lidia Diogo. Second row: Tammy Makadonski, Jennifer Schell, Lorraine Glassford, Joanna Asadoorian, Lisa Grayson. Bottom Row: Tara Kinchen, Stephanie Gordon, Cynthia Wiebe and Freya, Robin Baldwin.

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



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

Medication	Drug Function	Treatment Considerations
Hydrochlorothiazide	<ul style="list-style-type: none"> Promotes diuresis Reduces blood pressure Treatment of edema, hypertension, diuresis, congenital heart failure 	<ul style="list-style-type: none"> Monitor vitals May have symptoms of blood dyscrasia: infection, bleeding and poor healing Assess saliva flow
Hydrocortisone	<ul style="list-style-type: none"> Inhibits accumulation of inflammatory cells Treatment of psoriasis, eczema, contact dermatitis, pruritis 	<ul style="list-style-type: none"> Place on frequent recall Requires effective OH to reduce soft tissue inflammation
Hydromorphone HCL	<ul style="list-style-type: none"> Synthetic narcotic analgesic 	<ul style="list-style-type: none"> Monitor vitals at every appointment Assess saliva flow After supine, let patient sit for two minutes
Hydroxyzine	<ul style="list-style-type: none"> Antihistamine Anti-anxiety 	<ul style="list-style-type: none"> Asses saliva flow
Ipratrodium Bromide	<ul style="list-style-type: none"> Causes bronchodilation and inhibits nasal secretions 	<ul style="list-style-type: none"> Monitor vitals at every appointment Asses saliva flow Place in semi-supine position Place of frequent recall
Irbesartan	<ul style="list-style-type: none"> Antihypertensive Angiotension II, receptor antagonist 	<ul style="list-style-type: none"> Monitor vitals at every appointment Have short appointments After supine, let patient sit for two minutes Consider semi-supine position
Lactase Enzyme	<ul style="list-style-type: none"> Breaks down lactose if lactose intolerant 	<ul style="list-style-type: none"> Be considerate if experiencing an intolerance issue
Lactobacillus Acidophilus	<ul style="list-style-type: none"> Anti-diarrheal Provides relief from indigestion and diarrhea 	<ul style="list-style-type: none"> Short appointments Be conscious of patient potentially needing to use the washroom
Lactulose	<ul style="list-style-type: none"> Laxative 	<ul style="list-style-type: none"> Ensure patient comfort
Latanoprost	<ul style="list-style-type: none"> Ophthalmic agent Reduces intraocular pressure 	<ul style="list-style-type: none"> Avoid dental light in patient's eyes Offer sunglasses for protection
Levetiracetam 500	<ul style="list-style-type: none"> Anti-convulsant 	<ul style="list-style-type: none"> Ask about type of epilepsy-seizure frequency and quality of seizure control Short appointments may be necessary



MDHA Update

MDHA Professional Development 2011-2012 Calendar

- November 21, 2011 Manitoba Dental Hygienist Lecture Series
How Dental Hygienists can Play a Role in Helping TMD/TMJ Patients in the Dental Practice
Presented by: Dr. Allan Winchar, DMD
Faculty of Dentistry, Schwartz Theatre, 7:00pm—9:00pm
- February 27, 2012 Manitoba Dental Hygienist Lecture Series
The Eat Clean Nutrition Guide
Presented by: Ms. Jorie Janzen, RD
Faculty of Dentistry, Schwartz Theatre, 7:00pm—9:00pm
- March 10, 2012 MDHA Workshops
Dental Record Keeping for the Dental Hygienist
Presented by: Dr. Richard Nadeau, DDS, MPH
Faculty of Dentistry, Schwartz Theatre, 9:00am—12:00pm
- April 2, 2012 Manitoba Dental Hygienist Lecture Series
Topic and Speaker TBA (Chosen by you)
Presented by: To Be Announced
Faculty of Dentistry, Schwartz Theatre, 7:00pm—9:00pm
- April 21, 2012 MDHA Workshops-2 sessions
Presented by: Ms. Cindi Kleiman, RDH, BS
Medical Histories and Medical Emergencies in the Dental Office
Faculty of Dentistry, Theatre E, 9:00am—12:00pm
Oral Care for the Medically Complex Patient
Faculty of Dentistry, Theatre E, 1:00 PM—4:00 PM

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 or call us at 981-7327.

Sessions by Cindi Kleiman Half Day Sessions: MDHA Members \$65, Non-members \$110 or Full Day (lunch included) MDHA Members \$90, Non-members \$135.
A fillable PDF form is available now in the Professional Development section on the MDHA Website. Keep checking the MDHA website at www.mdha.ca for more updates on Professional Development.

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!

Are you in the know? The differences between the CDHM and MDHA

CDHM	MDHA
Regulatory Body	Professional Association
Advocates on behalf of public interest	Advocates on behalf of members
Public members are part of decision making process	Acts as a resource for DH members
Mandated by the provincial government, under the Dental Hygienists Act and is responsible for developing regulations and guidelines to practice	Provides opportunities for health promotion, education and community outreach
Enforces standards of practice	Provides professional development and networking opportunities
Monitors quality assurance	Provides liability insurance and other benefits
Increases access to oral health care to provide additional opportunities to help improve the oral and overall health of Manitobans	Promotes the profession of dental hygiene
Registration is mandatory to practice	Membership is voluntary

Who do I call when...	CDHM	MDHA
...I want to register for a Continuing Education Course?		✓
...I have questions about the CCP?	✓	
...I would like to put a job posting up?		✓
...I have questions about what my scope of practice is?	✓	
...I have questions about office protocol?	✓	
...I am wanting to look for resources for an outreach I'm doing?		✓

MOVING?? Change of Address Notification

It is imperative that registrants of the College of Dental Hygienists of Manitoba (CDHM) ensure that their mailing address is always current. Incorrect or out of date addresses can lead to missed mailings which may include important notices and documents. Address changes must be submitted in writing, fax or by email **within 30 days of changes** as per by-law 2.1 and must include the following information:

Name (in full)

CDHM Reg. Number

Old Address

New Address

Home Phone

Email

Effective Date

Signature

Registrants are welcome to copy or cut out this address change card and use it to submit an address change. Please contact the CDHM if you require further information.

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