



# 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 9

February 2012

## Inside this issue:

LIBRARY WORKSHOPS	1
REGISTRAR'S REPORT	2
CHAIR'S MESSAGE	3
CONTINUING COMPETENCY PROGRAM	4
RHPA AND EXTENDED PRACTICE UPDATE-FOCUS ON ACCESS TO CARE	5
CPR RECERTIFICATION UPDATE	6
CDHM LASER POLICY POSITION STATEMENT	6
FAREWELL CDHM COUNCIL MEMBERS	6
COMMUNITY WATER FLUORIDATION: WHAT REGISTERED DENTAL HYGIENISTS NEED TO KNOW	7
MDA INFECTION PREVENTION COMMITTEE REPORT	7
CONTINUING COMPETENCY RECORD EXAMPLE	8-9
DEER LODGE CENTRE STUDENT COMPILED MEDICATION LIST CONTINUED....	10
CDHM COMPLAINTS COMMITTEE UPDATE	11
SNAPSHOTS FROM THE DENTAL HYGIENE COMMUNITY	11
MDHA UPDATE	12
RENEWAL OF REGISTRATION-2012	13
NOTICE OF OFFICE CLOSURE	13
CHANGE OF ADDRESS FORM	13
OFFICE HOURS AND LOCATION	13

## Library Workshops

**Janet Rothney** will be conducting 2 library sessions in the computer lab at the Neil John Maclean Library, which holds 15 people. She will go over how to get access to the University of Manitoba Library resources and basic searching in PubMed. If you plan to attend these sessions, or would like to arrange a group session for a different time, please contact her by email or phone.



### Searching for the Evidence

March 3 10:00-11:00am  
March 31 10:00-11:00am

Janet Rothney  
Dentistry Librarian  
Neil John Maclean Health  
Sciences Library  
University of Manitoba  
789-3656

[Janet\\_Rothney@umanitoba.ca](mailto:Janet_Rothney@umanitoba.ca)  
<http://libguides.lib.umanitoba.ca/health/>

College of Dental Hygienists of  
 Manitoba Annual General  
 Meeting held on  
 October 22, 2011  
 Evidence-Based Research  
 Presentation by Janet Rothney,  
 Dentistry Librarian, Neil John  
 Maclean Health Science  
 Library, University of Manitoba  
 (on the left)  
 and  
 Smart Goal  
 Development Workshop by  
 Sheryl Slosower,  
 CDHM CCP Coordinator (on the  
 right)





## Registrar's Report - Stephanie Gordon

### Opportunities all around you!

"We are all faced with a series of opportunities brilliantly disguised as impossible situations."  
Charles R. Swindoll

The quote noted above has been of significant importance to me recently. In early January I had believed that as the only full-time operational employee at the CDHM, the task of processing over 700 registrations, potentially on my own, seemed insurmountable. My initial reaction of angst and concern was quickly replaced by optimism and confidence that the 2012 registration process would be successfully executed and that all predetermined deadlines would be met. The "impossible situation" afforded me the opportunity to become intimately familiar with all of the detailed processes that occur during this hectic period. Subsequently, as of January 26 all of the 2012 CDHM certificates, wallet cards and tax receipts have been mailed out to all of the practising and non-practising registrants (please contact the CDHM if you have not received your documents). I would truly like to thank Patti Hawthorn, Terry Phillips, Sheryl Slosower, Donna Dowie and all of the Board of Assessors for their ongoing support and help over the last month and a half.

Last week, I was contacted by a Manitoba publishing company inquiring about the different opportunities available in the profession of dental hygiene for an article in *Smart Careers*. I explained that registered dental hygienists have a plethora of prospects related to their education, career choices and personal development etc. Furthermore, I indicated that in addition to working in private practice, registered dental hygienists in Manitoba can also work in psychiatric facilities, in personal care homes and in hospitals; for public health departments and for insurance companies; in academia and in management. After more discussion the editor appreciated that the profession of dental hygiene is not simply limited to private practice. I am hopeful that the expansiveness of the dental hygiene's scope of practice will be further actualized by many more individuals and organizations. This leads us to another excellent example of where dental hygienists can go with ambition, hard work and determination. On behalf of the CDHM, I would like to congratulate Dr. Joanna Asadoorian on the successful defense of her doctoral dissertation. Her dedication to the profession of dental hygiene is to be commended! Please see page 11 for more details on this well-deserved achievement.

Realizing your potential and creating your own opportunities is a difficult task; accepting personal responsibility is even more arduous. If you follow the three simple steps outlined below you may be closer to seeing opportunities and potentially meeting your goals:

- 1) Clarify and document your own dental hygiene goals
- 2) Consider the depth, breadth and commitment of your dental hygiene goals
- 3) Formulate and implement an action plan to attain your dental hygiene goals

In conclusion, I ask all of you that when you are faced with unexpected circumstances to look for the notorious silver lining and consider all of the opportunities around you!

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

#### UPCOMING MEETINGS

**REGULATED HEALTH  
PROFESSIONS ACT  
WORKING GROUP  
SUBCOMMITTEE  
MEETING:**  
MAY 16, 2012

**REGULATED HEALTH  
PROFESSIONS ACT  
MEETING:**  
FEBRUARY 21, 2012

**ORAL HEALTH  
ORGANIZATIONS  
WORKING GROUP  
MEETING:**  
MAY 6, 2012

**MDA INFECTION  
PREVENTION  
COMMITTEE MEETING:**  
FEBRUARY 16, 2012



## Chair's Message - Patti Hawthorn

The face of our profession is indeed changing. The shift has begun from practice settings with dentistry as sole gatekeeper to the practice of dental hygiene, toward direct public access and/or employment in alternative settings approved by the Minister of Health.

We are now responsible for all services provided, parallel to all the other regulated health professions in Manitoba. The opportunity challenges us to grow beyond our comfort zone but we are not alone. Our colleagues, Canada wide, have overcome these same challenges and together we are achieving recognition as dental health professionals who play a significant role in access to care. It is our responsibility to be current in both knowledge and skill in that delivery of safe care to the public; a public who challenges that knowledge and holds both registrant and licensing body accountable.

I would like to take this opportunity to thank those of you who were able to take the time to attend the CDHM Annual General Meeting (AGM) last October. Each year attendance has grown and feedback proves to be extremely valuable as the College assesses how to improve the functions of the College.

### UPCOMING MEETINGS

#### **COUNCIL:**

FEBRUARY 27, 2012  
MAY 28, 2012  
AUGUST 27, 2012  
NOVEMBER 26, 2012

#### **ANNUAL GENERAL MEETING:**

OCTOBER 20, 2012

Thank you for providing feedback at the CDHM 2011 AGM in regards to the expiry of the CPR recertification. Based on your concerns, the College has investigated and consulted with a number of CPR providers. The providers recommend that the renewal not exceed the expiry date issued. Therefore, the onus rests on the registrant to keep the renewal as current as possible. However, that being said, the College has decided to retract the CPR requirement that was indicated at the 2011 AGM and on the 2012 Renewal Form.

Please note that effective January 15, 2012, CPR Recertification can be taken at any time prior to the December 1<sup>st</sup> registration renewal deadline. CPR Requirements include the completion of a Basic Rescuer (Level C or HCP) Cardiopulmonary Resuscitation Course (CPR) which 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. Please ensure you make arrangements to complete a CPR course between January and November 2012 for 2013 renewal. A photocopy of proof of CPR Recertification must be included with all documents required for the renewal of a Practising Registration.

Much of the AGM feedback focused on the need for more "Question and Answer" time and the opportunity for individuals to speak. The annual meeting format is driven by the law and regulation. Your suggestions will be given serious consideration to make the AGM more efficient. Thank you to all for your input!

This time in the growth of the College is about broadening the scope of practice in order to open new doors of opportunity for employment while ensuring that registrants meet the requirements to practice. Development of a mutual understanding about the role of the CDHM is vital to the success in moving forward as a regulated health profession. The College looks forward to communicating with our registrants as we work towards this goal.

Sincerely,

*Patti*

Patti Hawthorn, RDH  
CDHM Council Chair



#### **CDHM AGM 2011**

Pictured from left to right, Sheryl Slosower, CDHM CCP Coordinator, Patti Hawthorn, CDHM Council Chair, Terry Phillips, CDHM Council Vice-Chair, Stephanie Gordon, CDHM Registrar/Executive Director



## Continuing Competency Program (CCP)

Initially, I would like to wish you all a Happy New Year and thank all of you for the AGM CCP feedback. Based on the valued feedback, I have made several changes and additions to the CCP page that is located on the CDHM website at: <http://www.cdhm.info/quality-care/>. Please make sure to read the Revised January 2012 CCP Package full document, paying close attention to the Reporting Period Overview and Required Documentation found on pages 7-8 of Section 1. **Most significantly, only those registrants that have been notified by registered mail one month prior to the April 30 CCP deadline will have to submit their CCP forms/documents.** However, all registrants must keep a copy of their yearly CCP forms/documents. The CCP declaration is located on the CDHM registration renewal form. Therefore, all practising registrants have already signed the CCP declaration.

The CCR and PAR forms have been updated and are now user friendly. As requested, the pages and the questions are numbered, and the questions have been consolidated. Furthermore, on page 5 of the CCR form, you now have the option of listing additional professional learning activities that you participated in which did not directly relate to the Continuing Competency Goal. *For the 2012 CCP year, it is important to note that the 2011 forms will also be accepted.* The forms are located at: <http://www.cdhm.info/quality-care/forms/>.

Take a look at the Self Directed Assessment Worksheet, which is a new optional document in the Forms Section. If you wish, you may use this worksheet to help develop your CCR for each Continuing Competency Goal. **The Self Directed Assessment Worksheet is for your own use and will not have to be submitted.** Another excellent optional resource is the External Feedback Form. **Please submit it to me only if the external feedback relates to the current CCP goal.** Examples of all completed forms are included on the website.

The CCP Regulations and Directives contain vital CCP information that all registrants should read. Janet Rothney's AGM

presentation is located under the Resources tab on the website at:  [CDHM Evidence-Based Searching](#). I encourage you to explore the CCP page and all associated tabs.

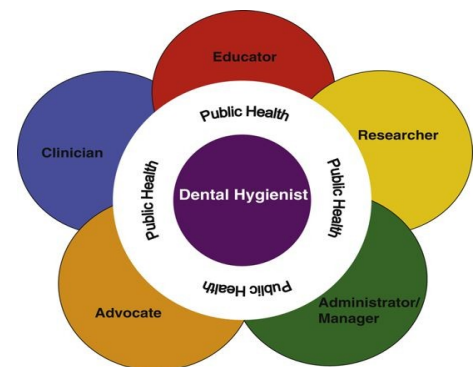
I think it is incumbent upon me to address the AGM feedback comment that I received stating, "We are not researchers." Please understand that in any dental hygiene employment setting our professional responsibilities require *research skills* in order to evaluate therapeutic interventions, which improve practice and associated client outcomes. All dental hygienists function in five interrelated roles of clinician, educator, administrator or manager, advocate and researcher.<sup>1</sup>

I would also like to bring your attention the CDHA 2010 Entry to Practice Competencies and Standards for Canadian Dental Hygienists. The full document can be found at: [http://www.cdha.ca/pdfs/Competencies\\_and\\_Standards.pdf](http://www.cdha.ca/pdfs/Competencies_and_Standards.pdf). Part B of the document discusses the National Dental Hygiene Standards that defines how dental hygienists are required to practice in accordance with their regulatory body. *Continued Competence* is discussed with the expectation that each dental hygienist maintains and continually improves her/his competence in response to changes in health care, scientific information, technology, and professional expectations. The CDHM CCP in accordance with the CDHM and the National Dental Hygiene Standards requires the dental hygienist to use current and relevant information to inform client care and practice decisions. Consequently, *research is an essential skill* that all dental hygienists should develop in order to apply evidence-based decisions to their practice.

In closing, please feel free to contact me if you have any queries regarding the CCP.

Sincerely,  
*Sheryl*

Sheryl Slusher, RDH, BSc(DH)  
CDHM Continuing Competency Program Coordinator



<sup>1</sup>The Five Interrelated Roles of the Dental Hygienist

<sup>1</sup>Darby, Walsh. Dental Hygiene: Theory and Practice, 3<sup>rd</sup> Edition. W. Saunders Company. p.5.

## RHPA and Extended Practice Update—Focus on Access to Care

Mickey Wener, *Extended Practice Coordinator*

### AGM FUTURE LEGISLATION CONSIDERATIONS

Everyone participating at the CDHM AGM table discussions regarding current and future legislation for dental hygienists had much to contribute. Highlights were shared at the microphone and detailed written comments were provided by over 100 dental hygienists – thank you! As the result of legislative change in 2008, we have taken many steps forward to provide our services to the public with more autonomy and in more settings. It was also obvious that as we plan for the future and implementation of the Regulated Health Professions Act, we need to consider how to enable dental hygienists to more effectively provide self-initiated care for the public, particularly in settings outside of dentist-owned practices. Your feedback indicated that dental hygienists in particular want to be able to prescribe products that they frequently use, such as antimicrobials like chlorhexidine, to order radiographs, to communicate to their patients their oral health status and to further increase direct access to their services.

Mickey Wener, RDH, MEd & Betty Ann Zegarac, BN, MA, D.ed  
CDHM RHPA Working Group Co-Chairs

### CDHM-MDHA ALTERNATIVE PRACTICE SUPPORT AND STUDY GROUP

*PREPARING FOR THE MEDICALLY COMPLEX CLIENT: Cindy Kleiman in Manitoba April 21, 2012*

To prepare for providing safe care in a variety of practice settings, the CDHM-MDHA Alternative Practice Support and Study Group requested that the MDHA bring in a speaker that could address medical challenges. We are pleased that Cindy Kleiman, RDH BS, will be presenting a full day, two-course program on April 21<sup>st</sup>, 2012. The morning will address medical histories & emergencies, while the afternoon focuses on the medically complex client, specifically, understanding the oral-systemic connection from intensive care to long-term care. Prepare yourself for providing challenging care and register for the morning, the afternoon or both programs on the MDHA website at <http://home.mdha.ca/>.

### FAMILY CAREGIVER CONVERSATIONS

To help familiarize ourselves with oral health issues faced by families who are caring for dependent loved ones, study club members are gathering information via informal conversations. It is evident that dental hygienists can play a very important role in promoting oral health for these individuals and families.

A reoccurring barrier to considering alternative practice that has been noted is that the existing legislation is confusing, often requiring interpretation. If you are unsure, please do not hesitate to contact me or the Registrar/CDHM office.

Here's to promoting oral health and access to dental hygiene care!

Sincerely,  
*Mickey*

Mickey Emmons Wener, RDH, MEd  
Extended Practice Coordinator



CDHM AGM 2011

Pictured from left to right, Betty Ann Zegarac and Mickey Wener, CDHM RHPA Working Group Co-Chairs

## CPR Recertification Update

Thank you for providing feedback at the CDHM 2011 AGM in regards to the expiry of the CPR recertification. Based on your concerns, the College has investigated and consulted with a number of CPR providers. The providers recommend that the renewal not exceed the expiry date issued. Therefore, the onus rests on the registrant to keep the renewal as current as possible. However, that being said, the College has decided to retract the CPR requirement that was indicated at the 2011 AGM and on the 2012 renewal Form.

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## CDHM Laser Policy Position Statement

In 2009, the CDHM established a position statement regarding the use of lasers for periodontal treatment (first published in CDHM Connections Newsletter June 2009, Page 9).

The College of Registered Dental Hygienists of Manitoba does **not** allow the use of lasers for periodontal treatment. The rationale for this decision is based on both legislation issues and insufficient research. There have not been any advancements in laser-supported periodontal therapy research that would advocate using the diode laser to replace and/or complement traditional scaling and root planning periodontal treatment methods. Currently there are not enough long-term studies to indicate that laser therapy is effective for the CDHM to revise the Laser Policy Position Statement.

The Canadian Academy of Periodontology (CAP) and American Academy of Periodontology (AAP) do not recommend or support the use of lasers in the treatment of periodontal disease. Please refer to the links below for a more detailed explanation of the CDHM's Laser Policy Position Statement as well as information from the American Academy of Periodontology and the Canadian Dental Association.

CDHM Connections Newsletter June 2009 Pg. 9:  
[http://cdhm.info/about/newsletter\\_pdfs/CDHM\\_Connections\\_Issue1.pdf](http://cdhm.info/about/newsletter_pdfs/CDHM_Connections_Issue1.pdf)

American Academy of Periodontology (AAP) statement on lasers in the treatment of periodontal disease:  
<http://www.perio.org/resources-products/pdf/laser-efficacy-statement.pdf>  
<http://www.perio.org/resources-products/pdf/lr-lasers.pdf>

Canadian Dental Association (CDA) article on the use of lasers in periodontal therapy:  
<http://www.cda-adc.ca/jcda/vol-76/issue-2/10702.pdf>

Sincerely,  
*Nadine*  
Nadine Cartman, RDH  
CDHM Council Member

*Best of luck to outgoing CDHM Council Members, Kathy Yerex and Mickey Wener! Thank— you again for all your hard work and dedication to the profession of dental hygiene!*



## Community Water Fluoridation: What Dental Hygienists Need to Know!

The College of Dental Hygienists of Manitoba (CDHM) and the Manitoba Dental Hygienists Association (MDHA) both support community water fluoridation (at the recommended levels by Health Canada) as a safe and cost effective means of preventing dental caries for all Manitobans.

A Fluoridation Strategic Group was recently formed in response to concerns regarding communities that have recently had fluoride removed from their systems. The group consisted of representatives from the Manitoba Dental Association (MDA), the CDHM, the MDHA, the Manitoba Dental Assistants Association (MDAA), Manitoba Health and the University of Manitoba. This group was formed to be proactive regarding the fluoride debate at a local and provincial level.

You may have recently received booklets and speaking notes from the MDA specifically created by this working group for dentists, registered dental hygienists, and registered dental assistants on the benefits of community water fluoridation. The intent of this initiative was to produce resources to help educate the public about the safety and efficacy of community water fluoridation in the prevention of dental caries.

As you may be aware, the Canadian Dental Hygienist's Association (CDHA) has recently released a document to answer frequently asked questions regarding community water fluoridation.

[http://www.cdha.ca/pdfs/profession/fluoride\\_QA\\_community\\_EN.pdf](http://www.cdha.ca/pdfs/profession/fluoride_QA_community_EN.pdf)

The Chief Dental Officer of Canada, Dr. Peter Cooney, has also indicated that "The big advantage of water fluoridation is that it benefits all residents in a community, regardless of age, socioeconomic status, education, or employment. Health Canada continues to support water fluoridation as a safe, cost effective public health measure, and encourages Canadians to review respected and credible sources of information to reach their own conclusions about water fluoridation."

Additional resources supporting community water fluoridation include:

[http://www.hc-sc.gc.ca/ewh-semt/water-eau/drink-potab/health-sante/faq\\_fluoride-fluorure-eng.php](http://www.hc-sc.gc.ca/ewh-semt/water-eau/drink-potab/health-sante/faq_fluoride-fluorure-eng.php)

[http://www.hc-sc.gc.ca/hl-vs/alt\\_formats/pacrb-dqapcr/pdf/iyh-vsv/environ/fluor-eng.pdf](http://www.hc-sc.gc.ca/hl-vs/alt_formats/pacrb-dqapcr/pdf/iyh-vsv/environ/fluor-eng.pdf)

## MDA Infection Prevention Committee Report

The College of Dental Hygienists of Manitoba has been given the opportunity by the Manitoba Dental Association to have representation on their Infection Prevention Committee. The goal of this committee is to develop the Infection Prevention Committee (IPC) Manual. This manual will contain clearly defined sections and aims to be more user friendly. It is the goal of this committee to have the IPC Manual ready for membership feedback by June 2012, and to receive MDA Board approval by October 2012.

Most recently, committee members met on October 6th, 2011. At this meeting, the committee decided to base the new IPC manual on the original CDC 2003 guidelines and 2008 updates. As well, basic concepts from the 2003 CDC manual for dental offices were reviewed. Members of the committee were tasked with comparing the MDA 2006 IPC manual to the CDC 2003 infection control guidelines (and portions of the 2008 manual that directly pertain to the practice of dentistry). Other additional resources include, but are not limited to the Alberta Dental Association & College Infection Control Standards, Dalhousie University Infection Control Manual, Royal College of Dental Surgeons of Ontario, Royal College of Dental Surgeons of Ontario Infection, and the University of Manitoba Infection Control Manual. The committee members were to provide feedback to the MDA by December 1, 2011 regarding the format of the new IPC Manual, such as table of contents and basic organization of sections within the manual. A report was submitted to IPC from CDHM representatives on possible content considerations. The next meeting is planned for February 16, 2012.

Sincerely,

*Natasha and Mireille*

Natasha Kravtsov, RDH and Mireille Fiola-Hein, RDH

## Continuing Competency Record Example

### Self-directed Assessment

#### How did you determine your professional need?

Practice Problem and Reflection

#### Please describe the professional need perceived:

I had an incident in which I left an instrument tip on the distal buccal of my client's mesial root of his second molar (8mm pocket). I requested that I take a radiograph and, after receiving my employer's permission, was able to visualize the tip on the radiograph but unable to remove it. My client required flap surgery from my employer to remove the tip (at my employer's cost and time). This was embarrassing and at great inconvenience to my patient and employer as the patient had to return for a post-op appointment and my employer was an hour behind schedule for the rest of the surgery day. I realized my patient had not initially consented to the potential risk of further periodontal surgery, only the dental hygiene non-surgical portion. This incident made me consider how I receive informed consent. I investigated the area of informed consent as it related to dental hygiene practice and realized that it was complex. As a dental hygiene clinician employed by a periodontist that owned our practice, informed consent for dental hygiene procedures was vague, assumed, and verbal; however I was not aware of it until I had studied the area. I knew I was responsible to obtain my own informed consent as an independent professional governed by a College separate from my employing dentists' governing body.



### Goals Development and Activity Planning

My professional need or deficiency perceived was to educate myself further on the milieu of dental informed consent. I would then subsequently proceed with ethical and legally safe dental hygiene practice and primarily serve my clients in a way in which they desire to be served by conscientiously obtaining informed consent.

#### **CONTINUING COMPETENCY GOAL #1:**

I will educate myself on the nuances of informed consent as it relates to dental hygiene practice, based on current literature on practice according to dental law in Canada, and apply these principles to my dental hygiene clinical and research practice.

#### **CONTINUING COMPETENCY ACTIVITIES:**

Education Courses/Seminars:

1. Risk Management for the Dental Professional by: Gordon Hoffman on January 29, 2011  
Professional Journals/Articles (Read February 27-March 2, 2011)
2. Chapter 2 & 4 in: Sneiderman, B., Irvine, J., & Osborne, P. H. (2003). *Canadian medical law: An introduction for physicians, nurses and other health care professionals* (3rd ed.). Toronto, Ont.: Thomson Carswell.
3. Reibl v. Hughes, 2 S. C. R. 880 (1980)
4. Chapter 8 on Informed Choice in: Downie, J., McEwen, K., & MacInnis, W. (2004). *Dental law in Canada*. Markham, Ont.: LexisNexis.
5. Rossi, G., Manicone, P. F., Pescolla, A., Raffaelli, L., & Rossi Iommetti, P. (2006). Experimental evaluation of informed consent supplied by dental hygienists. *Minerva Stomatologica*, 55(10), 541-549.
6. Rogers et al. v. Faught et al. 212 D.L.R. (4<sup>th</sup>) Ontario Court of Appeal 2002
7. Drake v. Royal College of Dental Surgeons (Ont.) et al. (cite as (2005), 194 O.A.C. 394

**What was the approximate time spent participating in the activities?** 12 hours

#### Did these activities assist you in meeting your Continuing Competency Goal? (Met. However also ongoing goal throughout my practice)

These activities did assist me in meeting my continued competency goal. I was able to obtain great current sources about informed consent in Canada and dental law as the law librarians were very helpful. One librarian had to log me into the database and search with me since it was only available to law students. I also received great tips on current resources in terms of Canadian medial Law. The presentation by the lawyer at the MDA convention who represents clients suing for malpractice here in Canada reinforced the importance of informed consent.

#### Please describe the information/skills gained from these activities?

The information gained from these activities include knowledge of the importance of gaining a definitive verbal informed consent before proceeding with dental treatment. I attended a session of the MDA Convention, Saturday January 29, 2011 titled "Risk Management for Dental Professionals" 1:30-4:00 by Gordon Hoffman. He is a lawyer from B.C. who acts on behalf of clients pursuing legal action against dentists and other health care professionals. He outlined how the reasonable professional standard of care was relative in terms of what an average professional would have provided. He also stressed that informed consent meant patients understand the risks and consent to the risks. He informed us that, in the cases he represented, the primary reasons



## **Continuing Competency Record Example continued.....**

patients sue health care professionals was due to bad results, bad service, poor bedside manner, unexpected or unexplained complications, side effects, post-procedure infection, poor treatment plan, missing informed consent, and poor communication. He emphasized that informed consent does not protect from claims of negligence, only from the potential risks of treatment. Also, when deciding whether to use verbal or written informed consent, he stressed the importance of asking yourself how much risk you are ready to assume, because if you don't write it down, it didn't happen.

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

If a client indicates that she has TMJ pain I need to stop ask if she wants to proceed or if she needs a break. I also need to gain the informed consent for procedures I plan to do regardless if the periodontist has received consent. I am also responsible to find out the power of attorney for those clients who are now cognitively no longer competent to make health care decisions. I need to explain everything in detail with respect to possible side effects of pain or discomfort, loss of sensation etc. I do not have to make mention of breaking an instrument tip and leaving it in their pocket and requiring periodontal surgery as this is a remote possibility. However, not a trivial thing like dropping an instrument and grabbing a new sterile one and carrying on with the appointment. Clients need to understand what they are consenting to so I need to explain it in such a way that it is understandable and I need to discern if they are able to understand me; if not I need an interpreter. I intend to always make sure I receive clients' verbal consent before proceeding with any treatment.

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

This information has helped me to change immediately how I practice dental hygiene. I have changed my focus to serving my clients. I explain in great detail what I am planning to do before I do it and how it will make them feel afterward. I caution them about eating and drinking, especially if I have anaesthetized them using an anaesthetic that contains epinephrine as it will be longer lasting. I explain how I plan to give them Advil to take the edge off the pain prior to the anaesthetic wearing off. I am more conscientious about communication with my clients and now wait for the go ahead verbally before I proceed if I perceive any doubt about their informed consent from my client's body language or comments (especially prior to taking radiographs). I always say, "Is it ok for me to proceed?" And wait for their "yes". I also more conscientiously "check in" with clients to make sure they are ok throughout the appointment by removing my hands from their mouth so they can speak clearly and ask are you in pain? Do you need any more anaesthetic? This activity was a great benefit to my clients and to myself as I think I am communicating more adequately. I also am more conscientiously obtaining consent from family members of clients or caregivers who have, over time, become less competent to make decisions due to degenerative diseases such as Huntington's Chorea. A side benefit is that I am more carefully documenting in the chart my clinical activities, so that if any concerns arise, I have documented the communication I have had with the client. Most of my change with respect to informed consent have already been implemented. I have communicated to the receptionist staff to assist me in determining who is the legal power of attorney when needed if my client's competence to make decisions is an issue. However, gaining adequate verbal informed consent is an ongoing activity.

### If a change was made, did it help improve your dental hygiene practice? (Yes. In-Process.)

Yes, these changes have served to improve my practice. I am now careful not to give information about procedures my employing periodontist is planning in order to ensure their consent is heard by him and they receive all relevant information from him. I was surprised once I started to consciously gain a definitive verbal consent before going on with my treatment how many patients do hem and haw and that having them commit to a yes (without coercion of course) makes them feel more secure and in control. I had a client once who had a back injury making it very painful for him to be put back in the chair. He would wince when I put him back inch by inch slowly. He then received dental hygiene care in Atlanta when he was out of town for an extended time and the dental hygienist would not say prior to putting his chair back, "I am going to put your chair back" she just placed him back. He told me he screamed in pain. I now am consciously saying prior to placing client's chair back that I intend to do so. This benefits some clients such as this gentleman from agony and places me in a better position to defend myself from legal action. Future changes I plan to make in my dental hygiene research include always consulting the original written informed consent obtained at the beginning of the 12 months study before proceeding with any changes in procedures. This is significant since I was not the principal investigator who wrote the original informed consent for ethical approval.

### Were there any constraints you encountered in implementing this change? (No)

I did not encounter any constraints in implementing my changes as I have found that clients wish to have more information, not less. They also seem to appreciate me having them commit to the treatment when express uncertainty because they then feel in control. They are less fearful if I tell them they may experience sensitivity post-debridement and end up not having any pain. I do not explain the risk of an instrument tip breaking and having to have periodontal surgery to remove it, as this is a rare incident. Its happened to me once in 20 years of clinical practice. My research indicates it would not be necessary to inform patients of this at each recall appointment.

## 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
Levodopa	<ul style="list-style-type: none"> <li>Decreases signs and symptoms of Parkinson's Disease</li> </ul>	<ul style="list-style-type: none"> <li>Assess salivary flow</li> <li>Let sit for 2 minutes after supine position</li> <li>Offer sunglasses to avoid light in eyes</li> </ul>
Levothyroxine	<ul style="list-style-type: none"> <li>Treatment of hypothyroidism</li> </ul>	<ul style="list-style-type: none"> <li>Monitor vitals</li> </ul>
Lipitor	<ul style="list-style-type: none"> <li>Reduces cholesterol</li> </ul>	<ul style="list-style-type: none"> <li>Consider semi-supine position</li> </ul>
Lorazepam	<ul style="list-style-type: none"> <li>Treatment of anxiety</li> <li>Preoperatively in sedation</li> <li>Acute alcohol withdrawal symptoms</li> <li>Muscle spasms</li> </ul>	<ul style="list-style-type: none"> <li>Let sit for 2 minutes after supine position</li> <li>Have someone drive patient to and from appointment if used for conscious sedation</li> </ul>
Losartan	<ul style="list-style-type: none"> <li>Anti-hypertensive</li> </ul>	<ul style="list-style-type: none"> <li>Monitor vitals</li> <li>Assess salivary flow</li> <li>Consider semi-supine position</li> </ul>
Metformin HCL	<ul style="list-style-type: none"> <li>Hypoglycaemic agent</li> </ul>	<ul style="list-style-type: none"> <li>Short appointments and stress reduction protocol</li> <li>Ensure patient is following prescribed diet and regularly takes prescribed medications</li> <li>Delayed wound healing increases susceptibility to infections</li> </ul>
Methotrimeprazine	<ul style="list-style-type: none"> <li>Treats Schizophrenia</li> </ul>	<ul style="list-style-type: none"> <li>Xerostomia</li> <li>Increased motor activity of face, head and neck</li> </ul>
Metroprolol	<ul style="list-style-type: none"> <li>Anti-hypertensive, beta-blocker</li> </ul>	<ul style="list-style-type: none"> <li>Monitor vitals</li> <li>Let sit for 2 minutes after supine position</li> <li>Assess salivary flow</li> <li>Short appointments and stress reduction protocol</li> <li>Caution use with vasoconstrictors</li> </ul>
Mirtazapine	<ul style="list-style-type: none"> <li>Anti-depressant</li> </ul>	<ul style="list-style-type: none"> <li>Assess salivary flow</li> <li>Monitor vitals</li> <li>Place on frequent recalls</li> </ul>
Morphine	<ul style="list-style-type: none"> <li>Narcotic analgesic</li> <li>Treatment for severe pain</li> </ul>	<ul style="list-style-type: none"> <li>Monitor vitals</li> <li>Xerostomia</li> <li>Let sit for 2 minutes after supine position</li> </ul>
Nadolol	<ul style="list-style-type: none"> <li>Beta-blocker decreases myocardial ischemia</li> </ul>	<ul style="list-style-type: none"> <li>Monitor vitals</li> <li>Assess salivary flow</li> <li>Let sit for 2 minutes after supine position</li> </ul>

## CDHM Complaints Committee Update

To date there are no new concerns or issues to report as Chair of the CDHM Complaints Committee. For questions regarding the process in which complaints are addressed at the CDHM please consult the following link:

<http://www.cdhm.info/aboutcdhm/complaints-and-compliments/>

Sincerely,

*Cindy*

Cindy Isaak-Ploegman, RDH

On behalf of the Complaints Committee

## Snapshots from the Dental Hygiene Community

There's a New Doctor in the House!

Congratulations go out to Professor Joanna Asadoorian for successfully defending her doctoral dissertation on January 31<sup>st</sup>! This completes her "Doctor of Philosophy" requirements from the Department of Community Health Sciences in the Faculty of Medicine. Dr. Asadoorian's dissertation research was entitled: "*Exploring Dental Hygiene Clinical Decision Making-- A mixed methods study of potential organizational explanations*". Members of her PhD Committee were:

Advisor: Dr. Evelyn Forget (Med-CHS)

Committee Members: Dr. Mahmoud Torabi (Med-CHS); Dr. Lesley Degner (Nursing); AND Dr. Joan Grace (UW-Arts)

External Examiner: Dr. Ian D. Graham; VP Knowledge Translation, CIHR

All of us at the School of Dental Hygiene are very proud of Dr. Asadoorian's accomplishment and hope that you will all join us in congratulating her !!!

Salme Lavigne, Professor, School of Dental Hygiene



Voting for new Council Members at the CDHM AGM 2011 (pictured above)  
Andrea Freuhm, RDH, BSc, CDHM Council Member Reviewing Voting  
Instructions (pictured on the left)



## MDHA Update

### MDHA Professional Development 2011-2012 Calendar

- March 5, 2012 (changed from February 27, 2012) **Manitoba Dental Hygienist Lecture Series #3**  
***The Eat Clean Nutrition Guide***  
Presented by: Ms. Christine Parker, 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  
MDHA Member Cost: \$65 Non-MDHA Member Cost: \$110
- 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  
Half Day: MDHA Members \$65, Non-MDHA Members \$110 or  
Full Day: MDHA Members \$90, Non-MDHA Members \$135 (lunch included in full day session)

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](mailto:info@mdha.ca) or call us at 981-7327.

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](http://www.mdha.ca) for more updates on Professional Development. Interested/Questions call us at 981-7327 or send an email to [info@mdha.ca](mailto:info@mdha.ca)

### Top 5 Reasons to Join the

## Manitoba Dental Hygienists Association



Find out more!  
[www.mdha.ca](http://www.mdha.ca)  
email: [info@mdha.ca](mailto:info@mdha.ca)  
[www.cdha.ca](http://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!

## Renewal of Registration – 2012

- **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). Please note changes will not be accepted by phone. Current contact information is imperative.
- **Rosters:** For those individuals that complete additional dental hygiene skills training (Local Anesthetic, 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](http://www.cdhm.info). A declaration and the certificate of completion, if applicable, will need to be submitted. The declaration may be found at our website at [www.cdhm.info](http://www.cdhm.info).
- **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 2013, hours worked in 2010, 2011 and 2012 will be totaled. Minimum practice hours are as follows:
  - Graduated between January 15, 2012 and January 14, 2013 - no minimum practice hours are required
  - Graduated between January 15, 2011 and January 14, 2012 - 400 practice hours are required



Please note that  
the College of Dental Hygienists of Manitoba  
will be closed from  
Monday, March 19th to Monday, March 26th, 2012.  
We will reopen on Tuesday, March 27th at 9:00 AM.

### **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:

<b>Name (in full)</b>	<b>CDHM Reg. Number</b>
<b>Old Address</b>	
<b>New Address</b>	<b>Home Phone</b>
	<b>Email</b>
<b>Effective Date</b>	<b>Signature</b>

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.

**College of Dental Hygienists of Manitoba**  
109 - 420 Des Meurons St.  
Winnipeg, MB R2H2N9  
Phone: 204-219-2678  
Fax: 204-219-2679

**Email: [cdhm@cdhm.info](mailto:cdhm@cdhm.info)**  
**Website: [www.cdhm.info](http://www.cdhm.info)**  
**Office Hours:**  
**Monday-Thursday, 9:00am-4:00pm**