



Winter Issue - #7
January 2014

The SDHA *Edge*

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The **SDHA Edge** is the newsletter publication for dental hygienists in SK. The newsletter is circulated in the fall, winter and spring seasons to inform members about issues that affect their dental hygiene practice. It has been designed to be a tool and resource for members to keep current on news, programs and services of the SDHA, new technologies and research, and a forum for discussion about current topics of interest.

Story ideas, articles and letters are always welcome. Please send your submission to sdha@sasktel.net.



Saskatchewan Dental Hygienists' Association

Striving for optimal oral and overall health for the people of Saskatchewan, and a dynamic dental hygiene profession.

Dental Hygienists = Primary Health Care Providers

When you hear the term “primary health care provider” what do you think of?

Do you think of a doctor, nurse, physiotherapist, dentist? Do you think of yourself?

As the definition goes, a health care provider is: “An individual or an institution that provides preventive, curative, promotional or rehabilitative health care services in a systematic way to individuals, families or communities. An individual health care provider (also known as a health worker) may be a health care professional within medicine, nursing, or allied health professions. Health care providers may also be a public/community health professional. Institutions (also known as health facilities) include hospitals, clinics, primary care centres, and other service delivery points. The practice of health professionals and operation of health care institutions is typically regulated by national or state/provincial authorities through appropriate regulatory bodies for purposes of quality assurance”.

Does this sound like us? **ABSOLUTELY!** We do much more than simply clean teeth. On a daily basis, we follow the process of care model by which we assess our patient's oral and overall health, and provide health care, as described above, to address that person's needs:

- Comprehensive Medical History
- Blood pressure
- Intra-oral and Extra-Oral Exams
- Oral cancer screening
- Periodontal treatment
- Smoking Cessation counselling
- Oral hygiene instruction
- Pit and Fissure sealants
- Referrals for appropriate care
- And the list goes on and on

We are a distinct and unique profession from any other and play a vital role in the health of the people of our great province! With the link between oral and systemic health becoming more critical, it is extremely important that we take the time with patients to educate them on what this means.

As a regulated health professional, you are held to the same standards as medicine, nursing, dentistry, alike. We are responsible for the care we provide and must ensure that we follow the guidelines and legislation that binds us.

In 2014, the SDHA wants to celebrate dental hygienists and the dental hygiene profession. To stand up and be proud of what we do and what we have to offer. Recognizing those that are going above and beyond.

And when asked whether dental hygienists are primary health care providers, the answer will be a resounding—YES!!

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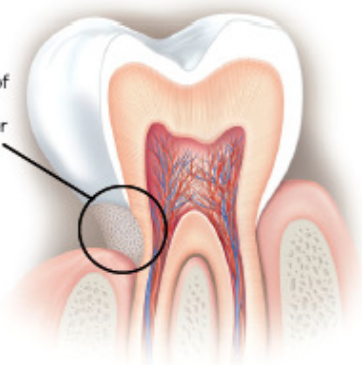


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Reference:

1. J.L. Miller, K.R. Miller, et al. Nupro Sensodyne prophylaxis paste with NovaMin for the treatment of dentin hypersensitivity: A 4-week study. *Am J Dent* 2012; 25: 262-268.
2. Data on file.
3. Sodium lauryl sulfate.

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President's Message - Leanne Huvenaars

On behalf of the SDHA council and staff, I would like to wish all Saskatchewan dental hygienists a Happy New Year.

I am excited about 2014 and the dental hygiene profession. The council met in November 2013 and we are working hard on Ownership Linkage and many other sub-committees to ensure that our profession is current. We have lofty goals.

Currently, we are working on our AGM meeting for May in Regina. We hope that you can make it to this meeting, as it is the time where new council members are elected. Anyone interested in joining council should contact the SDHA for a nomination form. We are looking for 2 to 3 people. The commitment is 3 weekends per year and possibly an additional teleconference for sub-committee work. If you have any questions relating to joining our council please do not hesitate to contact SDHA or one of the current council members. I think that every person who has sat on council can say that it is very informative and fun. There are so many things that go on behind the scenes to keep this association running so well.

Kellie is working hard to make the new staff welcome and they are spending countless hours brainstorming in order to make the dental hygienists of Saskatchewan proud to be a part of our great provincial association.

A new CDHA representative has been appointed: Janel Parkinson. She will be very busy learning all that is needed to fulfill their commitment to CDHA, and we wish her the best.

I am looking forward to this coming year. I know that Kellie is working hard to knock our socks off with all her ways to move us forward as a profession. Look out 2014, here comes the dental hygienists of Saskatchewan.



SDHA Council 2013-14: Council members continue to work hard on behalf of the people of Saskatchewan and our dental hygienists to impact the governance and direction of the SDHA.



Leanne Huvenaars
President,



Janel Parkinson
Vice-President



Devona Saul



Stephanie Canfield



Jaclyn Kozlow



Harmony Boisjoli



Dr. Liz Domm
Public Rep



Bev Peel
Public Rep



Sheila Torrance
Public Rep



Diane Moore
SIAST Rep

Congratulations to Terry Johnson - License Renewal PD Course Winner

As incentive to renew online prior to January 6, 2014, PD courses were offered by CDHA and SDHA.

Of the 450 members that had renewed online by January 6th, Terry was randomly selected.

Congratulations!!



Future Changes: Year End Date Change & Fee Increase

Kellie Hildebrandt, RDH, MBA - SDHA Registrar - Executive Director

The following changes were communicated at the SDHA Member's Meeting in Regina on September 19, and will be republished throughout 2013/2014 so that all SDHA members are informed.

1. Change to Year End

Currently, the SDHA has 4 year-end dates:

- January 15 - license expiration
- June 30 - fiscal year-end
- October 31 - CDHA membership
- December 31 - CCP Reporting Period

For the following reasons, Council has decided to change the year end dates to **October each year:**

- December/January is a busy and stressful time of year for everyone;
- SDHA members do not qualify for CDHA renewal incentives/contests that are offered in the fall;
- CDHA must wait till January to receive renewal money from SDHA members and this has the potential to interfere with CDHA services, etc;
- There is confusion for SDHA members whether they have to renew their CDHA membership separately in the fall when they receive notices from CDHA;
- Our financial statements are presented to the membership 9 months after the fiscal year end of June 30th;
- The Alberta and Nova Scotia dental hygienists' organizations who also serve as the regulatory body and professional association, changed their year end date to coincide with CDHA years ago and have had a positive result; and
- There was a desire to make SDHA processes more efficient.

The changes that will impact the membership most significantly is the end of the CCP reporting period and the license renewal deadline. **Effective 2015, the new dates will be:**

CCP Reporting Period End: October 15

License Renewal Deadline: October 31

License Year: November 1 thru October 31 annually

In order to implement this change, the following will occur:

- January 2014 – NO CHANGES THIS UPCOMING YEAR
- January 2015 – the SDHA will license members from January 15, 2015 through October 31, 2015
- Fees will be prorated: because this will be 82% of year, the fees will be 82% of total license
- License renewal deadline - October 31, 2015 - full fees required for November 1, 2015 thru October 31, 2016 license year
- CCP Reporting period deadline for those with Jan. 1, 2013 thru December 31, 2015 reporting periods will be October 15, 2015

2. Fee Increase

In conjunction with this year end date change, SDHA fees will increase. As time goes on, less percentage of revenue is generated and operational costs are increasing.

Less percentage of revenue generated: In 2011, fees increased from \$425 to \$550 for full members. At that time, \$159 of the \$550 per member was remitted to CDHA. The following table summarizes the changes in CDHA fees since

Fee Breakdown - CDHA portion and SDHA portion within the \$550.00

	Total Fee	SDHA	CDHA
2011	\$550	\$391	\$159
2012	\$550	\$383	\$167
2013	\$550	\$375	\$175
2014	\$550	\$370	\$180

- Over the past 3 years, SDHA is taken \$21 less per member. That is approximately \$12,000.
- CDHA does a cost of living increase each year at minimum and lately additional programs have increased fees considerably.

2011.

Increased expenses:

- Cost of living increases for both SDHA and CDHA i.e. auditors, lawyers, printing, insurance, office lease, postage, salary, etc
- Additions of Programs & Services for both CDHA/SDHA
 - CDHA: eCPS, EAP, insurance
 - SDHA: online renewal, health promotion, member resources

As a result of this, we performed a fee comparison with the rest of Canada.:

	BC	MB	AB	NS	NB	SK	QC	ONT
Annual License Fee - Full	\$460	\$420	\$487	\$448	\$350	\$375	\$374	\$250
CDHA Fee/Insurance	\$345	\$290	\$175	\$175	\$260	\$175	\$175	\$175
Total	\$805	\$710	\$662	\$623	\$610	\$550	\$549	\$425
Annual License Fee - NP	\$230	\$180	\$100	\$75	\$100	\$186	\$176	\$50
CDHA Fee	\$139	\$128	\$89	\$89	\$99	\$89	\$89	\$89
Total	\$369	\$308	\$189	\$164	\$199	\$275	\$265	\$139
Number of Registrants	4000	694	2704	670	461	580	5423	12,948



EFFECTS

⇒ **LICENSE TWICE IN 2015**

⇒ **2 MONTHS LESS FOR CCP ACTIVITIES/COURSES in 2015**

Change to coincide with year end change:

- January 2014 – No Fee Change - \$550.00. Funds needed to continue programs/services will be transferred from reserve
- January 2015
 - License fee increased to \$600.00 for a full license and \$300.00 for a Non-practising.
 - With the year end change, licenses will be issued from January 15 through October 31, 2015. 82% of year = 82% of fee. So by January 15, 2015, the following will be due:
 - 82% of \$600 = \$492.00
 - 82% of \$300 = \$246.00
- October 2015
 - Full license = \$600
 - Non-Practising = \$300



EFFECTS
⇒ **LICENSE FEES DUE TWICE IN 2015**

FEES ONGOING:

- Cost of Living Increase Annually:** Rather than doing a lump sum fee increase every 4 or 5 years, with diminishing revenue in each year within that period, you will see us attempting to “keep up”. Cost of living increases will be made to license fees annually which will result in a marginal change each year. For example i.e. 2015 is \$600, 2016 would be \$618.
- Other Fees:** Other SDHA fees will be charged and be increasing:

FEE	CURRENT	Fees: 2014/2015
Initial Registration Fee	\$100	\$150
Reinstatement Fee	\$50	\$150
Duplicate Receipt/Certificate Fee	\$0	\$25

Please contact the SDHA office with any questions or concerns.

WHO DO I CONTACT??

- Registration/Licensure/Renewal questions
- CCP credit/transcript questions
- Reset SDHA website password
- Change of contact information



Karen MacDonald, Admin Assistant
306-931-7342 ext 2
sdhaadmin@sasktel.net

- Professional Development Course registration and questions
- Member Resources inquiries



Chris Gordon, Member Services
306-931-7342 ext 3
sdhamemberservices@sasktel.net

- Legislative or scope of practice questions
- Complaints
- Infection Prevention & Control Standards



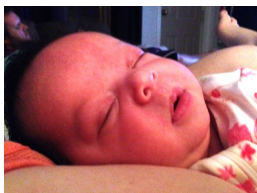
Kellie Hildebrandt, Registrar-ED
306-931-7342 ext 4
sdha@sasktel.net

CONGRATULATIONS

Shelby (Bowerman) Hamm, RDH
on the birth of
Jameson Wesley Hamm
Born: Tuesday January 7, 2014
Weight 8.7lbs, Length 20.5 inches

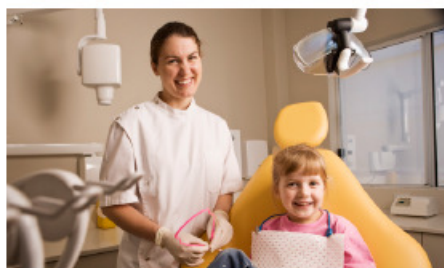


Chris Gordon, RDH, SDT & SDHA Staff
on the birth of her granddaughter
Payton Nina Kay Bodnar
Born: October 30, 2013
Weight 4lbs, Length 17.5 inches



Karen MacDonald (SDHA Staff)
on the birth of her two grandsons
Benjamin Barrett Nodge
Born: October 16, 2013
Weight 5.5 lbs, Length 18 inches
And Owen Barrett Currie
Born: December 14, 2013
Weight 7.1lbs, Length 20 inches





Saskatchewan Highlights

Contact Us

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Email: westernoffice@cihi.ca

CIHI media relations: media@cihi.ca

Our Vision

Better data. Better decisions.
Healthier Canadians.

Our Mandate

To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

Our Values

Respect, Integrity, Collaboration,
Excellence, Innovation

Treatment of Preventable Dental Cavities in Preschoolers: A Focus on Day Surgery Under General Anesthesia

The Extent of the Problem in Canadaⁱ

- Each year, 19,000 day surgery operations are performed to treat cavities (due to caries) among Canadian children younger than age 6.
- In Canada, day surgery for early childhood caries (ECC) occurred about once for every hundred children age 1 to younger than 5 during the two-year period 2010–2011 to 2011–2012.
- Day surgery for ECC constituted 31% of all day surgery operations for children age 1 to younger than 5; in fact, ECC was the **leading cause** of day surgery for children this age.
- ECC is generally preventable and, when caught early, treatable in community-based settings.
- Estimates of ECC's impact on children's well-being and demands on the health care system in this report represent the tip of the iceberg because only procedures performed as day surgery were included.

Costs in Saskatchewan

- Each year, hospital-related costs for ECC in Canada totalled \$21.2 million for day surgery for children age 1 to younger than 5.
- The average hospital cost for Saskatchewan, measured using CIHI's Canadian MIS Database, was \$1,699 per day surgery, higher than the overall average of \$1,564.
- The annual hospital cost in Saskatchewan was \$3.3 million.
- Additional non-hospital costs are associated with each surgery, such as the cost of the anesthesia provider (an average of \$361 in Saskatchewan), the cost of the dental surgeon and any travel costs incurred by families to get to the hospital.

i. Quebec elected to not participate in this study; therefore, all Canada and overall results do not include Quebec.

Congratulations SIAST Dental Hygiene and Dental Assisting Programs for receiving the OUTSTANDING SERVICE AWARD!



OFFICE OF THE PRESIDENT

November 13, 2013

Brenda Udahl, Program Head
Dental Programs
SIAST Wascana Campus
4500 Wascana Parkway, P.O. Box 556
Regina SK S4P 3A3

Dear Brenda:



I am very pleased to advise that you and the Dental Assisting and Dental Hygiene Program Teams have been selected as this year's recipient of the **Outstanding Service Award** at Wascana Campus, under the SIAST Employee Awards program. Lynda Kushnir Pekrul, Dean, Science & Health; Kathy Dreher, Project Manager; Norma Fellner, Continuing Education Consultant; and Laurie Altwasser, Executive Assistant, submitted a nomination letter outlining how you and your teams have exemplified the required criteria for this award:

- Advances SIAST's mission at an exceptional level
- Demonstrates commitment to SIAST's values in general and to advancing student interests in particular
- At a campus level or SIAST-wide, provides service to internal and/or external clients beyond responsibilities of position.

I **would** like to express my sincere gratitude for you and your teams' outstanding contributions to SIAST. The exceptional abilities and commitment of employees such as you allow SIAST to provide quality education and training to students throughout the province. This award is a small token of appreciation for the depth of your commitment, and I offer my congratulations to all of you.

I will personally present the award to you and your teams at the Wascana Retirement and Long Service ceremonies being held on November 27th. I look forward to seeing you there.

Sincerely,

Dr. Larry S. Rosia
President and CEO

/ens

c. Human Resources
Lynda Kushnir Pekrul, Dean, Science & Health
Judging Committee

CDHA/SDHA Featured in the Canadian Breast Cancer Foundation Annual Report

www.bcbf.org



Canadian Dental Hygienists Association Shines at the 2012 CIBC Run for the Cure

Thanks to the Canadian Dental Hygienists Association, women everywhere have plenty of reasons to smile.

"Our profession is primarily female and we have had many colleagues and friends affected by the disease," says Kellie Hildebrandt, Registrar-Executive Director with the Saskatoon Dental Hygienists Association – the provincial division. "It's also made up of caring, considerate health care providers that focus on prevention. What better cause to get involved with and help prevent than breast cancer."

From coast to coast, the CDHA is fully committed to the breast cancer cause and is a multi-site Canadian Team with participants in eleven different sites, year after year. Across the country the CDHA Team raised \$33,175.70 with an impressive \$23,842.25 of the funds coming from within the Prairie Provinces.

Team members are engaged and committed fundraisers who inspire each other in a myriad of ways. Last year, they organized a CIBC Run for the Cure booth at a provincial conference where one

member, Maureen Bowerman, pledged to shave her head if she raised \$5,000 before event day. She did and her teammates – along with the rest of the crowd at the Saskatoon CIBC Run for the Cure – cheered her on as she buzzed off her locks during the opening ceremonies. The year prior, teammates walked proudly with colleague and breast cancer survivor, Shelley Ruiters, laughing and sharing stories.

"It felt like we were making a difference," Kellie said. "So many people from far and wide had gathered to share in the passion we had for this cause."

Kellie, a mother of two young girls, was inspired to sign up for her first CIBC Run for the Cure three years ago. Like so many others, she has seen friends and family be diagnosed with the disease and fundraises each year to help create a better future for them all – especially for her daughters.

"I've seen firsthand how this disease can change lives," says Kellie. "I don't want that for my family and friends, and if I can do anything to try and prevent that, I will."

Congratulations to the PNWT Region Canadian Dental Hygienists Association Teams!

\$1,450	CALGARY Lifetime Smiles Dental Hygiene Clinic
\$2,390	REGINA SDHA Busted Molars
\$260	REGINA Pearly Pinks
\$10,227. ²⁵	SASKATOON SDHA Busted Molars
\$9,515	WINNIPEG Manitoba Dental Hygienists Association

Other CDHA teams participated in the following cities: Moncton, St. John's, Prince George, Vancouver, Ottawa, Sault Ste. Marie and Thunder Bay

Member Services Coordinator Report- January 2014

First of all, Happy New Year to everyone! I have settled into the Member Services Coordinator position and have been busy working on many projects for the SDHA. The transition from a clinical dental hygiene role to an administrative one has been exciting, and a great learning experience for me. One of my projects has been to review and summarize the survey results from the online license renewal process. Your feedback is extremely helpful to the SDHA as it now gives us direction as to the future planning of continuing competency courses, programs and services for the upcoming year. We value all the input that you have provided. Thanks!! Please do not hesitate to call or email me at the office if I can be of any help. sdhamemberservices@sasktel.net or (306)-931-7342 ext. 3.

Below are some of the results from the survey:

1. **Did you have a positive experience with the online renewal process?** The majority of the responses were "yes". There were many instances where members needed their password reset, and you will see that there is now a Password Reset option right on the Member Login page. Some members needed some direction with the system, and some members did not log in before trying to renew. A learning curve for everyone!

% of Members that registered online – 87%

% of Members that registered by paper copy – 13%

In general, the online renewal has gone extremely well. The online renewal was designed to make things more efficient and allow members to utilize credit cards. Just a reminder that only if you complete the renewal process online, can you use a credit card. If you are submitting in hard copy, a cheque must accompany the form.

2. **What Continuing Competency course topic (s) would be important to you to further your professional development?** Thanks for your suggestions! The most identified were:

Oral Cancer Screening
Sharpening
Local Anesthetic Update
Geriatric Care-Oral Needs
Trends in Periodontal Therapy

Ergonomics
Motivation Speakers
Sleep Apnea
Long Term Care
Pharmacology update

Product Updates
Ultrasonic Instrumentation
Infection Control
Fluoride update
Practice Management

We have already been looking into speakers for the topics suggested. Please watch for emails or announcements in the near future. You may even want to [like us](#) on Facebook to keep up to date.

3. **What can the SDHA do to assist you in meeting your Continuing Competency requirements?**

These were the most consistent responses for the above question:

-Offer more courses on days other than Saturday
-Offer more in person courses
-Inform members about courses other associations are having.
-Offer more webinars

-Offer more courses in Regina and Saskatoon
-Inform members about upcoming courses

We have provided an extensive list of online courses and webinars that CDHA provides in the last newsletter and also in this newsletter (page 11) We have also provided a list of other websites you can use for CC. We will be contacting other associations as to their CC opportunities that may be of value for our members.

4. **Any additional comments or suggestions:** Thank you for your many suggestions and comments:

-No complaints
-More evening seminars
-Reduce the number of points required.
-Offer bursaries for courses
-Provide information on courses that other organizations may be providing, like Heart and Stroke , etc
-Continue doing a great job, mail outs and emails about courses are great.
-"I am happy with the number and content of courses provided, it is easy to meet competency requirements."
-"I think the personal learning tool is a big waste of time"
-"Make the continuing ed sheets that we fill out during our courses easier to fill out. I am more interested in writing down factual information that I want to remember or go back to"

Continued Next Page....



Rhapsody News YOU CAN USE

3rd Annual Prairie Rhapsody Regina and Saskatoon in 2014

"Learn & Earn"

\$125.00

4 credits

Salme E. Lavigne
RDH BA MS (DH) PhD candidate

Aging & Oral Health: The Good, The Bad and The Ugly

Fri March 14 2014 Regina 9 AM -1 PM
Hotel Saskatchewan Radisson Hotel

Aging & Oral Health: The Good, The Bad and The Ugly

Sat March 15 2014 Saskatoon 9 AM -1 PM
Willows Golf Club

Up-to-date research & tools you'll need to most effectively treat this large
Baby Boomer demographic

Both programs: 8:30 AM
[Check In with Light Breakfast/Coffee]

**The CE Solutions Team invites you to join us for
an informative morning in either location**

Visit our WEBSITE for DETAILS and REGISTER NOW
www.conedgroup.com

SURVEY RESULTSContinued from page 9

We appreciate every comment that has been sent to us and take every one into consideration.

Right now we are providing the Professional Development Courses at a fee that allows us to "break-even". SDHA does not make money on these events, rather we charge a fee based on what will cover the expenses of running the course.

We generally hold Professional Development courses in Regina and Saskatoon to keep expenses to a minimum, and to generate the most attendees. We look at the costs for speakers (flight, hotel, speakers fees), venue and food for the day. If courses were offered in smaller centres like Prince Albert, North Battleford, Estevan, etc, the cost of the course would be higher due to increased travel expenses, as well, we would have less members to attract to these courses. These are some of the things we must take into consideration to be able to keep SDHA fees reasonable.

With that being said, certain options may exist where local experts may be able to offer presentations during the week in the evening or may be willing to travel to the rural communities. We will review these options further!

Please feel free to call or email me with comments or concerns. I look forward to hearing from you.

Chris Gordon, Member Services Coordinator

New CDHA Director



Chris Gordon, past CDHA Director was asked to step down from the CDHA Board of Directors when she was hired on as the SDHA Member Services Coordinator. CDHA has a policy that does not allow employees of provincial associations to be Directors.

As a result, CDHA put a call out to SDHA members to fill her shoes. In December 2013, Janel Parkinson was appointed to the CDHA Board to assume Chris's term.

Janel has been working in private practice for more than 5 years in Nipawin, SK, and has a wonderful husband and beautiful 19 month old daughter. She enjoys the outdoors, fishing and camping as well as time spent with family. She has served on the SDHA Council for almost 3 years and currently holds the Vice-President position. She has also been a board member for various other boards in the past.

According to Janel, "There are many aspects of dental hygiene that I thoroughly enjoy and one is the people I am fortunate enough to cross paths with. There is so much more to this profession than scaling teeth, you just have to find a niche that you also enjoy. A niche of mine is sitting on the SDHA and now CDHA board as I learn how vast our profession is and continues to be. I want to help contribute to moving our profession into the future. I also enjoy presenting within my community in regards to the importance of oral health. These two boards are here for your benefit and all the board members truly want is what is best for our profession and the people who seek our dental hygiene expertise. I hope you never think of yourself as just a tooth scaler but as a professional Dental Hygiene expert. I look forward to representing all of you in the best way possible while on the CDHA board."

***Welcome Janel as the new
CDHA Director!!***



SAVE THESE DATES!!

1. **March 14 & 15, 2014 - CE Solutions Prairie Rhapsody - Regina and Saskatoon**
(see brochure and page 10)
2. **April 5, 2014 — SDAA/SDHA Event - Aboriginal Awareness & Motivational Interviewing And At Risk Populations - Saskatoon (See Brochure)**
3. **May 3, 2014 —SDHA AGM/PD - Regina, Hotel Saskatchewan**
Topic: Orofacial Myology... Addressing Functional Patterns, Vera Horn

Orofacial Myofunctional therapy promises to be one of insight into an area of study not very well known. You will learn through Vera's experience the :

- Description of orofacial Myology and myofunctional therapy.
- Differences in resting tongue postures and resting lip postures
- Differences in swallowing patterns
- Description of orofacial myofunctional disorders and contributory factors related to these
- Goals and benefits of myofunctional therapy including case studies
- Information on membership with the International Association of Orofacial Myology (IAOM)
- Length of treatment
- Simple assessment strategies and referral sources

Online Continuing Competency Opportunities

If you are looking for online continuing competency opportunities, here is a list of courses/webinars available to all SDHA members.

This is what is available on the CDHA Website:
www.cdha.ca

Online Courses:

Elder Abuse and Neglect for the Dental Hygienist
Oral Cancer Awareness: 4 Life Saving Minutes
Self-Initiation for Dental Hygienists
Your Vision of a Dental Hygiene Practice
Negotiation
Interpersonal Skills
Work and Personal Life Balance
A Healthy Work Place
Tobacco Cessation
The Professional Role
Difficult Conversation

• **Others:**

- Dentistry Today
- Hygienetown
- Health Studies Institute
- Dental Learning Network
- DVD Quarterly for Dental Hygienists
- Dental Learning Network: www.fice.com (Academy of Learning)
- Dimensions of Dental Hygiene: <https://ce.dimensionsofdentalhygiene.com/courses.asp> (Belmont)
- Arc Mesa: www.arcmesa.org/ (Pharmacy Times)
- American Dental Hygienists Association www.adha.org/careerinfo/continuing_education.htm
- Crest Oral B/Proctor and Gamble, also known as Dental Resources www.dentalcare.com
- I Need CE www.ineedce.com (Penwell, Hu-Friedy)
- INR/Biomed 50% credit for paper based learning

Online CDHA Webinars:

Findings from the Job Market and Employment Survey
Ready, Set, GO! Demystifying claims & codes
Oral Probiotics in Everyday Practice
The Role of Dental Hygiene in Implant Maintenance
Therapeutic Oral Rinsing: Why it's not just brushing and flossing anymore!
Introduction to Lasers for the Dental Hygienist
One-to-one dietary interventions in dental practice
Professional Liability Insurance. Your Best Preventive Strategy!
Neuro-musculoskeletal (NMSK) injuries - Webinar Series
CDHA Job Market and Employment Survey
The Changing Face of Dental Hygiene Employment in Canada
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Civility Scale in Saskatchewan Dental Offices

Written by Susan Anholt and Tracey Taylor

The SDAA and SDHA held a seminar on Civility in the Workplace on March 2, 2013. Each participant was invited to complete a questionnaire relative to their workplace. Based on the responses, our facilitator provided the following report.

Mini-Organizational Civility Scale (mOCS)

The mini Organizational Civility Scale (mOCS) is the short form of the full-realm Organizational Civility Scale developed by Clark and Landrum and made available for commercial applications in 2011. The mini-Scale is an evidence-based 5-minute 20-item measure that provides an overall snapshot of the levels of civility in the workplace; scores are compared to an international research database and can then be used to indicate if more detailed, diagnostic measures are needed.

The Scale, which has been approved by the Institutional Review Board at Boise State University, measures:

- civility
- incivility
- job satisfaction
- stress
- coping with change

Overview of Measured Cohort:

- 86 participants completed surveys
- Ages 25-59 indicated
- Presumed all in attendance were dental assistants or hygienists.



Interpretation of the Results:

- Only 34% polled said civility is incorporated to some degree in the company values. Of these responses, only 14% were sure civility was part of the mission – given the large % who were neutral, there may be lack of understanding by work team of what the organizational values are related to organization's mission and vision. Or, the vision/mission may not be clearly expressed.
- Related to the above, respondents indicated that only 20% of co-workers and 19% of leadership uphold corporate values.
- There may be a significant issue with leadership upholding values – this reinforced by only 15% of respondents indicating environment is supportive of ethical conduct and only 13% of respondents indicating that their colleagues or supervisors have never abused authority.
- 87% of respondents suggested they are managing stress well; this could indicate that there are protocols in place to deal effectively with the unethical and/or related issues that are indicated. However, it could also be a sign that respondents have accepted the issues as the norm and are withdrawing or disengaging and as a result do not see the stressors as impacting them.
- A bit shocking....76% of respondents indicated that the organization they work with does NOT provide fair evaluations; this may be related to an internal HR issue- e.g., performance evaluations are not conducted at all, or it could be related to the approach to evaluating, or the ethics of the evaluator/leadership when evaluations are being conducted.
- Overall the survey indicates lower satisfaction and higher perceived incivility (70% somewhat to completely uncivil) with the direct supervisor/ leadership than with co-workers. (47% somewhat to completely uncivil) The greatest perceived incivility- (76% somewhat to completely uncivil) was related to the work environment. This may mean patient behavior and policies are not conducive to fostering civility, there could be insufficient resources, uncomfortable workspace, or excessive daily environmental stressors- this would have to be assessed in each individual organization.
- 70/86 respondents indicated workplace is somewhat or very judgmental; this may relate to the evaluation practices which respondents expressed some dissatisfaction with.
- Only 11% of respondents indicated they are unable to manage the stress in the workplace or that they are too emotional to cope. This suggests that the respondents either have good stress management practices or that they are in the habit of dealing with incivility such that they accept it as the norm. This could lead to lowered engagement, lowered retention, and poor customers service as well as ill health for the service providers.

Recommendations:

- For individual workplaces: Teambuilding workshops or morale-boosting event might be helpful in building trust and/or hi-lighting specific issues related to overall satisfaction with the work team.
- For individuals: many respondents may benefit from communication training- e.g., how to address incivility when exhibited by higher ups or patients; respondents may benefit from knowing what their employee rights and obligations are. (e.g., define bullying)
- For owners/leaders: Professional development opportunities for leadership in organizations to review and clarify organizational mission, values, and policies about ethics. Some editorial or resources and training related to what constitutes abuse of position or authority and ramifications of same might mitigate long-term issues which could arise if perceived activities continue.

Civility Scale in Saskatchewan Dental Offices — continued

- If there is already a protocol in place for reporting perceived abuses of position or authority, this protocol should be communicated to employees and they should be encouraged to follow it; if no such protocol exists, recommendation is that such a protocol be developed and communicated to employee team.
- Policy and best practices: Evaluation process could be reviewed and checked for “fairness”. Where performance evaluation processes are not in place, leadership could possibly attend training to understand the impact of not evaluation and the benefits of better managing the performance of their teams.

Participant Suggestions:

- *Develop office ‘mission statement’ or a common goal that identifies the code of conduct in the office, where expectations are outlined with consequences of non-compliance. This could include a policy book with job descriptions and expectations and identify the person/or people in your office who have the attributes to act as office team leaders.*
- *Hold regular, productive team meetings where everyone can share ideas, address issues and quickly and move towards a solution.*
- *NO bullying!*
- *Deal with issues with the boss as a group.*
- *Educate others on civility and basic manners and encourage whole offices to refresh on civility.*
- *Communicate respectfully & effectively, no gossiping or destructive talk that brings down the morale.*
- *Abide by the Golden Rule “do unto others”. Think before we talk, speak kindly; use kind words and tone of voice and consider how your actions will affect others.*
- *Respect others, including their; time, values, differences & space. Eliminate judgement.*
- *Listen more, encourage sympathy & empathy among co-workers, be approachable, supportive and considerate.*
- *Apologize when we are wrong, accept praise when deserved.*
- *Treat everyone the same, no favoritism allowed!*
- *Maintaining professional / appropriate work attire.*
- *Do not blame, take responsibility for your actions.*
- *Set up a suggestion box for staff and patients.*
- *Be assertive not bossy, pushy or demanding.*
- *Say good morning and good night to your co-workers*
- *Smile, teeth are our business!... show them yours!*

Introducing...Dr Farzan Ghannad - Saskatoon Periodontist

Dr. Farzan Ghannad, a Fellow of the Royal College of Dentists of Canada, is a certified Specialist in Periodontics and a Clinical Assistant Professor at the University of British Columbia. He attained his Doctor of Dental Surgery degree from the University of Heidelberg, Germany in 2008. After his graduation, the university awarded him a teaching/residency program position, which he held until leaving to pursue his post-graduate studies at the University of British Columbia (UBC) in 2010.

On completion of his three-year specialty training at UBC, he received a Masters in Craniofacial Science as well as a Diploma in Periodontics and Implant Surgery. During his post-graduate studies, he provided periodontal care to members of the Haida Gwaii community through various dental clinics in the region.

Currently he maintains a private practice in Vancouver, BC, and routinely provides specialty care in the NWT and here in Saskatoon at #4-3602 Taylor Street East. He is in Saskatoon approximately every 6 weeks and is taking periodontal referrals.

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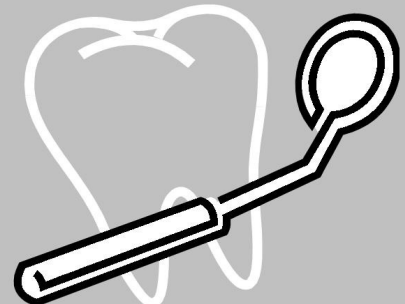
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