



# The SDHA *Edge*

Fall Issue - October 2012  
Issue 3

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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](mailto: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*

## SIAST Dental Day - A Day to Smile About

By: Danielle Briere, RDH and Student Organizer of the Dental Day at SIAST Wascana Campus, Regina SK

Rarely are there *tears of joy* shed in a dental chair. But on May 5<sup>th</sup>, 2012, an outpouring of appreciation surrounded the Wascana Dental Clinic at SIAST in Regina. Together dental professionals from around Regina came together to reach a truly momentous milestone in Saskatchewan community oral health history; **The SIAST Dental Day**. The Dental Day was a project aimed at providing free dental treatment to clients of the school's hygiene clinic that could not afford dental care.

This project started in 2011 as part of the Regina Food Bank's Diabetes Screening Program. The Regina Food Bank recognized a need for oral health care in their community, and recruited the assistance of the SIAST dental hygiene program. I took on the responsibilities of helping the Regina Food Bank by organizing the Dental Day, with my instructor Dean Lefebvre as my community oral health project. The initial target was to treat 25 Food Bank clients at the Dental Day, but the idea soon expanded with the tremendous interest from local dentists. In total, 12 dentists volunteered their time for the day, along with two denturists, and two follow-up dentists. Our project then expanded to treating any client that was unable to access dental care due to financial reasons when Sinclair Dental donated \$3300.00 towards all the needed supplies.

When the Dental Day finally arrived, a total of 43 clients were provided free treatment. The atmosphere in the clinic was electric as everyone went to work. Drills buzzed as root canals, fillings, and extractions were completed throughout the morning. The clients treated that day were truly thankful for the generosity of all those involved in the project. One client had been unable to chew anything hard for over a year due to her oral condition. After the treatment, she broke down into tears because her pain had finally been alleviated. Success stories such as this echoed through the clinic as clients were treated for problems that had decreased their quality of life for years. Many left smiling, despite having just received extensive dental work, because they were proud of their new smiles. Over and over, dental hygiene students that had referred their clients to the Dental Day were given hugs of gratitude for making this opportunity possible.

As I presented this community oral health project to a group of first year dental hygiene students, I gave them some words of wisdom about future projects. "You should never be afraid to do something big. Just ask people for their help and you will be surprised at what you can do." That statement is a true testament to what this project was all about - people helping others in need. Not only were the funds to run the project donated by Sinclair Dental and Oral B, but over 60 volunteers were needed to pull off a project of this magnitude. Of those volunteers, the vast majority were dental hygiene and dental assisting students.

Hopefully the project will continue to expand and provide a needed service for the community. This project was truly a day to smile about for all oral health professionals, the people of Saskatchewan, and the students at SIAST.



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## Message from the President - Chris Gordon

I have had many dreams about life, but never imagined that I would be writing this message from our condo that overlooks Coal Harbor in downtown Vancouver.

For many years, I have been able to attend the Pacific Dental Conference in Vancouver and had tried to imagine what it would be like to live in such a beautiful city. Now we are living it! We wake up in the morning to watch the cruise ships and planes coming and going. Wow!

In June of this year, my husband Bruce was offered a job opportunity that we could not possibly turn down. After 29 years on the Saskatoon Police Force, he retired! I left my job in private practice that I loved. But was able to keep my teaching position with the University of Saskatchewan and in Long Term Care. We packed a couple of suitcases and our road bikes and drove to Vancouver. We sublet a condo using Craig's List, not knowing if it was even legitimate. When we got here, we could not believe our luck. It was perfect! The initial lease was for just for one month so I had to look for something more permanent immediately. Again, we had such great luck. We found a one-year lease in the same building on the same floor. Since we were not selling our home in Saskatoon, as I am here every month to work and visit family, I now had to furnish the condo! It sounds like fun, but I started this in July and am still working on it. It takes so much time to do anything in Vancouver. First you have to find the stores and often they do not have the item, you have to order it and then to arrange for delivery is crazy. Seriously, we had two lawn chairs and a blow up camping bed for the first month!

We left jobs that we both loved, left a beautiful home, family, friends and total comfort and we are now in a huge city with nothing.

We have shed many tears and had lots of doubts but we also have had many adventures and have met some new people and travelled to places we would never have gone to. We have hiked and biked in the mountains, explored new wineries in the Okanagan and we have had lots of company. We travel to Saskatoon every month and now we are thankful for all the new opportunities this has created for us. We look at our lives not by how much stuff we have, but by the things we have done and the memories that we are making.

I now have only six months left as your SDHA President but am now embarking on the CDHA representative position. I meet with Kellie on a regular basis either through Face Time or in the office, and was even able to attend a meeting in Regina for her when she was in Ottawa for National meetings. Technology these days has made it so convenient! In my new role as CDHA Rep, I feel that my experience as a dental therapist and dental hygienist in SK for so many years will be invaluable. I actually feel like I am able to devote more of myself to both the CDHA and SDHA positions than I ever have before.

It was so fun to see everyone at the CDA Conference in Saskatoon this September. It was nice to meet new members and reconnect with old acquaintances. We had a great turnout and the SDHA and CDHA booths were very busy.

A very special shout out to Maureen Bowerman for pledging to shave her head if \$5000 was received in donations for The Run For The Cure. She surpassed this goal and her head was shaved at the run in Saskatoon. Our participant numbers grew by leaps and bounds this year and our fundraising dollars too. Next year we will hope for even more.



It is so much fun. Even though it is called a "run", the majority of the participants walked!

At the CDHA AGM on Saturday September 15, I was honored to be able to present Maureen Bowerman with an SDHA Lifetime Membership award. The standing ovation from all that attended certainly showed how much we appreciate all the hard work she has put into our profession over the last 32 years.

For me, the last 5 years on Council has gone by so fast and the next 6 months I suspect will go even faster. I have really enjoyed my time on Council and look forward to a bigger brighter future for the members of SDHA. SDHA has given me so many opportunities and I now look forward to many more.

***Remember, DREAM IT, LIVE IT, DO IT! Life has many twists and turns, but take advantage of "it" whatever "it" may be.***

Your friend and President,

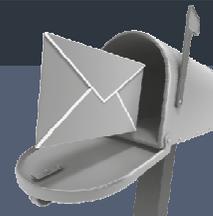
Chris Gordon

## New Contact Information???

Please ensure that your contact information is always current with the SDHA.

Incorrect or out-of-date addresses can lead to missed mailings that may include important documents and notices.

Address changes can be submitted via email at [sdha@sasktel.net](mailto:sdha@sasktel.net), or by mail. Changes in contact information will be made within the SDHA and CDHA databases.



## Continuing Competency: A Continuing Evolution

In an effort to ensure the public has access to safely delivered, quality health care, the government delegates quality assurance to self-regulated health professions, like the SDHA. Expectations surrounding continued competency for health care providers has evolved over time. It is SDHA's responsibility to evolve with it.

Over the past several months, the Continuing Competency Committee (CCC) and the SDHA Council have been working on the review and revision of the Continuing Competency Program (CCP) Guidelines. Based on CCP submissions and comments from members, we were prompted to look at the current guidelines and those of the other dental hygiene jurisdictions across Canada. From this review, some minor changes have been made to the CCP Guidelines that will **take effect as of January 1, 2013**.

The following list is a summary of the changes:

**1. Revisions to CCP Credit Request and Personal Learning (PL) Tool forms:** The CC Credit Request form has been simplified, with questions previously asked regarding the activity now included on the PL Tool form.

**2. Deadline for submissions for CC Credit:** It is the responsibility of the member to ensure that a completed Request for Continuing Competency Program Credits form be submitted within **120 days** of completion of the learning activity. *If you are in the middle of your 3-year period, request forms must be submitted by April 30, 2013 for any activity completed prior to January 1, 2013 in order to be given eligible credit.*

**3. Maximum of 10 allowable credits per 24 hour period.**

**4. Maximum of 25 allowable credits per activity/course completed.**

**5. Reading journals and /or completing quizzes at the completion of a journal will not be considered eligible for credit.**

**6. Completion of a CPR course is mandatory once per 3-year reporting period:** A member must provide evidence of successful completion of a Cardio Pul-

monary Resuscitation (CPR) course, once in every 3-year reporting period. This requirement will come in effect when that member begins a new 3-year reporting period. CPR and First Aid credits qualify as Category "A" credit once per 3-year reporting period and Category "B" if completed again in that reporting period.

**7. Completion of CC Credit request form will be required for any activity not sponsored/co-sponsored by the SDHA:** Members must submit a request form when submitting copies of certificates or evidence of course completion.

**8. Category C – Volunteer work added:** Members involved in volunteer work may submit for credit in Category C.

**9. Program credits cannot be claimed for activities that occur as part of the expectations of the dental hygienist's regular provision of dental hygiene services.** For example, if giving presentations to junior high classes is a routine part of your regular employment, this activity is not eligible for program credits.

**10. Faculty/Instructors/Tutors:** Eligible credit will apply to your 3-year period rather than per year.

**11. PL Tool Submissions:** If a member is selected for audit at the end of their 3-year period, PL Tool forms must be submitted by December 1<sup>st</sup> for those courses/activities completed. A late fee will apply to those received after December 1<sup>st</sup>.

**12. New National Competencies and Standards Document:** The CDHA and SDHA have adopted new National Competencies. A summary of these can be



found in Appendix A of the CCP Guidelines. These standards/competencies were previously found on the back side of the PL Tool form but due to size, will no longer fit in that space. Referencing these new National Competencies and Standards is a required field included on the PL Tool form.

In order to allow for a smooth transition to these new CCP guidelines and to improve the services offered to dental hygiene members, the following will be offered:

- Hard copies and a flash drive with the new CCP Guidelines and related forms were mailed to each member in July 2012. These documents are also available on our website ([www.sdha.ca](http://www.sdha.ca))

- A Quality Assurance/CCP Professional Development Seminar is being offered on November 17, 2012 in Saskatoon. This seminar will include a presentation by Dr. Joanna Asadoorian regarding continuing competency, quality assurance and the trends in this field, as well as a presentation by Kellie Hildebrandt, Registrar-Executive Director regarding the specific changes to the CCP in SK and the new National Competencies..

**Please contact the SDHA office with any questions or concerns.**

### Continuing Competency: A continuing evolution



A professional development seminar is being offered to discuss continuing competency programs, lifelong learning, the SDHA Continuing Competency Program (CCP) guidelines, and the National Competencies/Standards.

**Where: The Willows, Saskatoon**

**When: Saturday, November 17, 2012 from 10am to 4pm**

**To register, contact the SDHA office via email or phone:**  
[sdha@sasktel.net](mailto:sdha@sasktel.net) or 306-931-7342



## 2012 Run for the Cure



To everyone who participated or donated, thank you for making this year's Run for the Cure another truly inspirational day and for helping to work towards a future without breast cancer.

At the CDA Conference in Saskatoon on September 13 to 15, we encouraged friends, family and colleagues to support the SDHA Busted Molars by offering donations, or by joining our team. Maureen Bowerman, a breast cancer survivor herself, put a challenge out that if we could raise over \$5000, she would shave her head. Well, not only did we raise \$5000, The SDHA Busted Molars Team, in Regina and Saskatoon together raised over \$10,000.

On Sunday, September 30th, 204 dental hygienists from across Canada on 14 CDHA teams, as small as 2 and as large as 32, ran in 11 cities, raising over \$29,000. I am proud to report that our Regina Team had 13 participants and our Saskatoon Team had 28. As well, the SDHA was one of the top fundraising teams in Saskatchewan and Maureen Bowerman, the top individual fundraiser of all the teams participating in Saskatoon. At the Saskatoon event, we were presented with the CIBC Corporate Spirit Award.

I am so proud to be a part of the Saskatchewan Dental Hygienists Association and such a great group of people. I look forward to seeing everyone again next year!! Thanks again!



### THE SDHA BUSTED MOLARS

Regina Team, above and Saskatoon Team to the right.



## Ultrasonic Systems: The Next Generation has Arrived!

By Dani Botbyl, RDH

When it comes to ultrasonic scaling systems, I have no hesitation in describing what is most important to me. I insist on an ultrasonic system that is efficient at removing calculus and biofilm, provides superior comfort for my clients and offers ergonomic solutions for me. Once these needs are met, I look for features that offer ease of use.

DENTSPLY, the manufacturing pioneer and market leader in ultrasonic technology has been developing ultrasonic 'firsts' in efficiency, client comfort and ergonomics since 1957 with its lineup of Cavitron® scaling units. The newest generation of DENTSPLY's Cavitron® units has recently become available to Canadian clinicians and the advancements are once again, revolutionary. The Cavitron® Plus ultrasonic scaling unit has integrated Tap-On™ technology. With the 'tap' of a wireless foot pedal, the unit is turned on; the ultrasonic procedure begins all while the operator's foot rests and relaxes on the floor. With the opportunity to rest these muscles, clinicians can expect a reduction or elimination in leg and ankle fatigue; common results of ultrasonic use. Additionally, the entire focus is now able to shift to the procedure taking place in the oral cavity. Clinicians will be happy to know that DENTSPLY didn't stop there. With this new unit, the manufacturer has taken the liberty of adding a 'turbo button' to the front panel. When activated, the unit goes into turbo mode reaching a 25% increase in power without having to make a knob adjustment. Faster, more effective deposit removal at your finger tips! What's more, the new Cavitron® Plus with Tap-On™ technology includes an improved water control at the base of the handpiece providing a much more precise lavage. Being

better able to control the quantity of water will further enhance client comfort as the operator can better control the pooling of water and friction produced heat. At this point, it is noteworthy to mention, for those using Cavitron®'s boost mode (the ability to increase the unit's power by depressing the foot pedal), rest assured that boost can still be accessed on the new Tap-On™ technology units.

For clinicians looking for a scaling unit with air polishing capability, the Cavitron® Jet Plus, a combination ultrasonic and air polishing system, is also now available with Tap-On™ Technology, improved water control and a turbo button. Additionally, the prophy mode within this unit comes with auto prophy cycles. Clinicians now have the choice of setting the unit to automatically cycle between air polish and rinse without having to pump on the foot pedal. Need more options? Cavitron has it covered, users can select between short, medium and long prophy cycle times to better suit the needs of individual clients. And yes, Tap-On technology will activate the auto prophy cycles too!

When it comes to ultrasonic systems, I have no hesitation in describing what is most important to me. I insist on an ultrasonic system that is efficient at removing calculus and biofilm, provides superior comfort for my clients, offers ergonomic solutions for me, and can be used with ease. With all that is offered by the new Cavitron® Plus and Cavitron® Jet Plus with Tap-On™ technology, the standard has certainly been raised!

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- **NEW** prophy mode auto cycles alternate between air polish and rinse without a need to touch the pedal\*
- Additional power options enable quick removal of tenacious calculus
- More precise water control for improved lavage

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- Claim Data on File.
- Prophy mode auto cycles available on Cavitron® JET Plus unit only.

## Maureen Bowerman—Lifetime Membership



How can you describe the extraordinary commitment of a person like Maureen Bowerman? It is an extremely difficult task, but luckily most of the oral health community has been touched by Maureen in some capacity over the last 32 years, so we know first hand.

Maureen graduated from the Wascana Institute of Applied Arts and Sciences with a diploma in Dental Therapy in 1977 and a diploma in Dental Hygiene in 1980. Prior to taking dental therapy, Maureen was an Operating Room Tech, graduating from the Winnipeg General in 1974. She has worked throughout her career in all facets of oral health: public health, private practice and education. Currently Maureen manages a dental office in Saskatoon part-time.

Since 1981, Maureen has been involved with just about everything a person could be involved with in our association: Community Dental Health representative; Dental Hygiene Advisory Board; worked on committees for Continuing Education, National Dental Hygienists Week, Oral Health Professions Conference, Public Relations, Education and recruitment, Discipline, Continuing Competency, Professional Conduct; and was a member of the SDHA Council in some capacity since self regulation in 1998 (Councilor, Vice president, President) and has most recently represented the SDHA as the Delegate to the CDHA Board of Directors from 2006 through 2012.

*"if you want to make a difference you must be part of the process!"*

Maureen has always been involved in her profession whether it be dental therapy or dental hygiene. She has dedicated time, leadership and expertise throughout her entire career. Dentistry has always been a huge part of her life having either an impact on career paths chosen or simply the lifestyle she's lived. She was once told that she hung out with too many "teeth people"!!

She believes that if you want to make a difference you must be part of the process. Her inspiration for being a leader is her father, the late Dr. W.A. Cotter. He was an inspiration, mentor and visionary in his own career in dentistry.



Maureen has seen the growth of the SDHA and CDHA over the past 32 years of involvement and is so proud to have been a part of the challenges and witnessed the dedication of Dental Hygienists in Saskatchewan and all across Canada!!

**CONGRATULATIONS MAUREEN - and THANK YOU!!**

**SDHA Council 2012-13** Council members continue to work hard on behalf of the people of Saskatchewan and dental hygienists to impact the governance and direction of the SDHA.

Thank you!



**Chris Gordon,**  
President, CDHA Rep



**Devona Saul,**  
Vice-President



**Leanne Huvenaars**



**Stephanie Canfield**



**Janel Parkinson**



**Gerrard  
Weinberger**



**Dr. Liz Domm**  
Public Rep



**Bev Peel**  
Public Rep



**Sheila Torrance**  
Public Rep



**Diane Moore**  
SIAST Rep



## Tobacco Cessation—Is it our responsibility? By: Dean Lefebvre

Many dental professionals feel anxious when it comes to discussing tobacco cessation with their clients. They believe that they cannot make a difference and clients either do not want to quit or do not want us to get involved. Recent studies conducted in a dental office showed that these assumptions are false.

**Clients want us to get involved.** According to a recent study of the current smokers, 69% of clients were contemplating or preparing to quit smoking. Nearly half (49%) of the current smokers who wanted to quit requested smoking cessation to be provided alongside their periodontal treatment. Why is it important for hygienists to participate in tobacco cessation? Is it our responsibility and within our scope of practice? Do we have the necessary tools and information to be successful or to affect change?

As dental professionals, our goal is to prevent disease and be proactive against it. We must investigate the risk factors and causes associated with disease. Successful treatment and outcomes occur when the intervention is as early as possible before the onset of disease or the establishment of bad habits. Are we doing our clients any good if we remove the tobacco stain every 4 months without addressing their tobacco use, or explain their periodontal condition without discussing the effects of tobacco? Tobacco is a risk factor for many conditions that are observed within the mouth and it is completely preventable. Our intervention will help reduce, eliminate or prevent the risk factor related to the problem.

People visit the dentist more often than their medical doctor and this provides dental professionals with more opportunities to educate their patients on the harmful effects of tobacco use. Dental professionals have developed important skills in health promotion and education that allows them to provide effective tobacco cessation services. For longstanding clients in our practices, rapport has already been established and education has always been part of the treatment plan. The effects of tobacco use provide us with “teachable moments.” Clients can be shown the link between their clinical findings and their tobacco use. The approaches used in tobacco cessation are nothing new. The same behavioral modification strategies that are used to encourage our clients to eat healthy, brush more effectively or increase flossing frequency are the same ones used in tobacco cessation. The principles are all the same and we can create change by employing these proven techniques. After all, tobacco is yet another problem that needs to be addressed.

The mouth is only one part of the whole body and as dental professionals; our focus goes beyond the oral cavity. Health issues are part of the clinical data collected from clients at every visit. For many years, there have been numerous research articles that have linked oral conditions and general health. Tobacco usage has a direct effect on general health as well as oral health, and we must discuss these concerns with our clients. Clients must be made aware of the links of tobacco use with their general and oral health. Awareness is the first step.

We collaborate with other health professionals often when developing a treatment plan. Investigating medications, lab work or medical procedures are part of the data collected in health history updates. We are part of the team and must recognize when to refer to others for treatment. Doctors, pharmacists, nurses and counselors can all play an important part in the tobacco cessation intervention and working together will increase the success rate of any treatment.

Tobacco cessation has been encouraged by all oral health professional associations. Many have included it in their curriculum and practice standards. Dentists, dental hygienists, dental therapists and dental assistants need to take an active role in tobacco cessation intervention. The Entry to Practice Competencies and Standards for Canadian Dental Hygienists (January 2010) and the Commission on Dental Accreditation Survey (May, 2010), identify tobacco cessation as a requirement for dental hygiene curriculum and practice standards. Graduates must have the ability to promote and support the health and wellness of individuals and groups, be able to work collaboratively to provide oral health services to individuals and groups, and the dental hygiene program must ensure the implementation of nutritional assessment/counseling and tobacco cessation interventions in the clinic. Dental hygiene students are trained in the techniques used in tobacco cessation and are encouraged to be an active participant in the intervention.

All of the effects of tobacco use highlight the importance of our role. ***Intervention starts with you!*** It is important that everyone in the office is an active participant in tobacco cessation. The success of an intervention is dependent on the commitment of the team members in achieving the long-term goal of having our patients stop using tobacco. As staff comes and goes, everyone must be made aware of their role and the procedures to follow. Consistency prevents confusion or misinformation for clients.

Studies have shown that dental professionals increase the proportion of clients who have successfully quit smoking. Dental professionals have been shown to be as effective as doctors and nurses in helping clients to quit. Data from seven randomised trials indicate there is ample evidence for the efficacy of dental office-based interventions; however, adoption of these tobacco cessation activities into practice has been inconsistent. For clients who use smokeless tobacco, results were very high. Over 50% of patients quit after dental intervention.

If you do not talk about tobacco use with patients, they can assume that it is not a problem:

- Ask questions about their tobacco use and determine their willingness to quit.
- Clients must be shown specifically how tobacco is affecting them. Show them the lesions in their mouth, bleeding, pocketing, staining, missing teeth, decay, abrasion, or other signs of tobacco use. Remember that tobacco is the cause of the problems that exist and the problem will not go away until the tobacco use has stopped.
- Other considerations can include the effects of second hand smoke and financial considerations.

Never assume that clients do not care about quitting or are aware of the implications of tobacco use. Studies have shown that clients are not aware of the consequences of using tobacco especially when it comes to their oral health. 52% of smokers surveyed revealed that they were not aware of the negative effect smoking had in their mouths. Only 6% of clients were aware of the link between smoking and periodontal disease. Education is an important first step in creating awareness and creating a tobacco cessation strategy.

**INTERVENTION STARTS  
WITH YOU!!**



<http://www.makeapact.ca/>

### Resources for Health Professionals



Health care professionals can make a huge impact on the health of their patients by educating tobacco users about the effects of tobacco on their health, encouraging them to consider quitting, and either assisting them through the quit process, or referring them to a tobacco cessation specialist nearby.

Tobacco use remains the single greatest avoidable threat to public health worldwide.[1] Saskatchewan is no exception, where tobacco rates in 2008 were 20.4%, one of the highest in Canada. This speaks to a real opportunity for government, stakeholders, and health care providers to develop and deliver a comprehensive tobacco control strategy. In October 2010, Saskatchewan Health released a Provincial Tobacco Reduction Strategy that includes three (3) main goals: **Prevention** - to encourage communities to create environments where it is easier to make healthy choices around tobacco use; **Protection** - to eliminate exposure to environmental tobacco smoke (second-hand smoke) and prevent young people from accessing tobacco products; and **Cessation** - to encourage and assist tobacco users to stop or reduce their tobacco use. More information is also available on the SK Health website: <http://www.health.gov.sk.ca/smoking-and-your-health>.

PACT (Partnership to Assist with Cessation of Tobacco) was developed in 2004 from the need to support public health campaigns aimed to reduce tobacco-related harm. In the beginning, the goal of the PACT program was to provide training and tools to pharmacists in Saskatchewan so that they could assist their tobacco using patients to quit. Since then PACT has developed into a comprehensive tobacco cessation strategy that any health care professional can use in virtually any practice site. PACT provides the training and tools to support both brief and intensive tobacco cessation interventions.

Visit [www.makeapact.ca](http://www.makeapact.ca) for more information and online training/resources. Or contact Janice Burgess at [janice.burgess@skpharmacists.ca](mailto:janice.burgess@skpharmacists.ca).



[SMOKESTREAM.CA](http://smokestream.ca) is a place for Saskatchewan teens and pre-teens to talk about smoking and compare their opinions with each other, with special focus on ages 11-14; the group most likely to experiment with tobacco. Participants are encouraged to invite their friends to come to the website and join in on the conversation. And the discussion doesn't stop there. SMOKESTREAM.CA Ambassadors are traveling to schools in several communities around the province to hear from students face to face.

### CC Corner: Supporting Professional Development

#### SAVE THESE DATES!!



- **November 3, 2012** - Aboriginal Awareness & Tobacco Cessation for Dental Professionals  
9am to 4pm, West Harvest Inn, Regina. Contact the SDAA for registration (306-252-2769)
- **November 17, 2012** - Continuing Competency: A Continuing Evolution  
10am to 4pm, The Willows, Saskatoon. Contact the SDHA for registration ([sdha@sasktel.net](mailto:sdha@sasktel.net))
- **Study Club dates:**
  - **Regina:** November 21, 2012 - topic/speaker to be determined. Please email [angelcarlson-fedyk@hotmail.com](mailto:angelcarlson-fedyk@hotmail.com) for further information.
  - **Saskatoon:** November 29, 2012 - Dr. John Reid; Topic - Sleep Apnea; Location - U of S, College of Dentistry Room 334/335; Contact Cheryl Schick at 306-382-3510.
  - **Swift Current:** Dates to be determined. Contact [jjkat@sasktel.net](mailto:jjkat@sasktel.net) for more information.



## SIAST - National Dental Hygienists Week Winner

### *Dental Hygiene Olympics*

To celebrate National Dental Hygienists Week (NDHW), April 8-14, 2012, the second year dental hygiene students at SIAST participated in a variety of dental hygiene related competitions. Activities included toothpaste relays, radiology races, tooth identification races, and tactile awareness within a bowl of spaghetti and tomato sauce! They competed for the coveted Golden Toothbrush Award. The event was a huge success and continues to be a yearly tradition for the program. Hygiene students also handed out free toothbrushes during lunch hours at Wascana Campus and provided free information about oral health.

In recognition of their creativity and efforts, CDHA named the SIAST as the best NDHW activity in all of Canada.

***Congratulations to SIAST for your continued commitment to NDHW!***



## 2012 Mary Geddes Memorial Award

**Congratulations to Danielle Blais, 2012 recipient of the Mary Geddes Memorial Award.**



In 1980, the first class of Saskatchewan Dental Hygienists graduated from Wascana Institute. In 1991, the SDHA initiated a "Mary Geddes Memorial Award" for a graduate of the program. Mary Geddes (nee Brett) was the first dental hygienist to register in Canada, with the College of Dental Surgeons of Saskatchewan (CDSS) on April 1, 1950.

The annual recipient of this award is chosen by the SIAST dental hygiene program director and instructors and must meet the following criteria:

- Show interest in oral and personal hygiene
- Be able to communicate effectively with clients
- Be self-motivated and be able to pass this on to their clients
- Show individualized management of clients
- Display interest and involvement by developing own audiovisual aids
- Be successful in all other areas of study

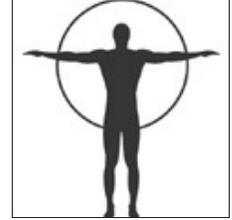
Danielle is currently working full time in a busy practice in North Battleford, and was very grateful that she was able to find a position in her home town! She loves her job and is looking forward to what the future will bring her and her career!

Danielle Blais



# Ergonomics and Dental Professionals

By: Trevor Schell BSc MSc CCPE, Ergonomist,  
Occupational Health Clinics for Ontario Workers Inc.



## Ergonomics and Dental Professionals

Musculoskeletal Disorders (MSDs) are injuries and disorders of the musculoskeletal system. The musculoskeletal system includes muscles, tendons, tendon sheathes, nerves, bursa, blood vessels, joints/spinal discs, and ligaments. MSDs may be caused or aggravated by the presence of one or any combination of the following risk factors: repetition, awkward or static postures, high forces, and contact stress. When these factors exist simultaneously, the risk of developing a MSD is significantly increased.

Although some musculoskeletal injuries occur at one specific moment, many more injuries result from repeated strength demands coupled with lack of significant rest periods that together, exceed the tissue tolerance of an individual. Since an injury lowers one's capacity and overall tissue tolerance of that area, returning to pre-injury duties before adequate rehabilitation could result in increased risk of developing a more severe or permanent injury or overusing another body part to compensate for the current injury (Putz-Anderson, 1988).

## MSDs and Dental Work

With over 11,000 registered dental hygienists in Canada and about 100,000 in the United States, the American Dental Hygienists' Association predicted a 41% growth rate in new jobs between 1992 and 2005 (Smith, 2002).

Researchers have found symptoms of discomfort for dental workers occurred in the wrists/hands (69.5%), neck (68.5%), upper back (67.4%), low back (56.8%) and shoulders (60.0%). They also found that 93% of those surveyed stated that they had at least one job-related ache, pain, or discomfort in the 12 months prior to the survey (Anton, 2002).

With respect to dental hygienists, Atwood and Michalak (1992) reported that the prevalence of musculoskeletal pain ranged from 63 to 93%, with the low back, neck, shoulder, and hand being the most frequent sites. According to an evaluation from the Bureau of Labour Statistics (2002), dental hygienists ranked first above all occupations in the proportion of cases of carpal tunnel syndrome per 1,000 employees (Anton, 2002).

Conditions can vary from mild recurrent symptoms to severe and incapacitating. Early symptoms of MSDs include pain, swelling, tenderness, numbness, tingling sensation, and loss of strength.

## MSD Hazards

There are a number of ergonomic hazards within the field of dentistry that can increase the risk of developing an MSD. They include: ***Awkward Postures, Static Postures, Force, Repetitive Motions, and Vibration.***

## Health Effects

Virtually every major joint of the body is susceptible to developing an MSD. Within the dental industry, the main injuries/disorders of the major joints include:

- *Wrist:* Carpal Tunnel Syndrome, Tendonitis, Guyon's Syndrome
- *Fingers:* DeQuervain's Tenosynovitis; Trigger Finger
- *Elbow:* Epicondylitis, Cubital Tunnel Syndrome
- *Shoulders:* Bursitis, Thoracic Outlet Syndrome, Rotator Cuff Tears, Rotator Cuff Tendonitis
- *Neck:* Myofascial Pain Disorder (MPD), Cervical Spondylosis
- *Back:* Disc Problems, Sciatica



## Prevention

Through ergonomic advances made over the years, dental professionals have been able to modify and optimize their working environments. Ergonomic improvements in seating, instrumentation, magnification, lighting, and glove use have offered a proactive measure for ensuring a proper balance between job requirements and worker capabilities.

Your work does not have to cause you pain. There are many simple techniques that can be done as well as new equipment on the market that can help to reduce the risk of injury. Please refer to **OHCOW's Ergonomics and Dental Work fact sheet** for more information. ([http://ohcow.on.ca/resources/handbooks/ergonomics\\_dental/Ergonomics\\_And\\_Dental\\_Work.pdf](http://ohcow.on.ca/resources/handbooks/ergonomics_dental/Ergonomics_And_Dental_Work.pdf))

## References

1. Putz-Anderson, V. (1988). Cumulative trauma disorders. A manual for musculoskeletal diseases of the upper limbs. Pennsylvania: Taylor and Francis.
2. Smith CA, Sommerich CM, Mirka GA, George MC. 2002. An investigation of ergonomic interventions in dental hygiene work. Applied Ergonomics. Mar;33(2):175-84.
3. Anton D, Rosecrance J, Merlino L, Cook T. 2002. Prevalence of musculoskeletal symptoms and carpal tunnel syndrome among dental hygienists. American Journal of Industrial Medicine. Sep; 42(3):248-57.
4. Atwood, M.J., & Michalak, C. (1992). The occurrence of cumulative trauma disorders in dental hygienists. Work 2(4), 17-31.

## SDHA LICENSE and CDHA MEMBERSHIP RENEWAL

### Online Now Available!!

All categories of dental hygiene  
licensure are up for renewal with  
current licenses expiring on  
January 15, 2013.

## It's time for YOUR annual recare appointment

You wouldn't forget to floss so don't forget to renew!



Dear member:

Just a friendly reminder...  
it's time to revisit that important decision to renew your 2012/2013  
national professional membership with CDHA/SDHA. CDHA and SDHA are  
offering a prize draw for those licensing online prior to January 4.

Your membership gives you credibility, visibility and voice.

Plus...\$3 million liability insurance program that offers **even more benefits** this year,  
our **new e-magazine Oh Canada!** that celebrates both our profession and members,  
as well as numerous other value added products and services including a brand  
new exclusive benefit, not available through any other dental hygienist association.  
Starting November 1, all CDHA members will have free access (a \$246 value!) to the  
online, bilingual **Compendium of Pharmaceuticals and Specialties – e-CPS.**

Renew today at [www.sdha.ca](http://www.sdha.ca)



The SDHA website at [www.sdha.ca](http://www.sdha.ca) has been completely redeveloped to now offer online renewal and electronic payment options (Visa and Mastercard). Those members that **renew online** prior to January 4, 2013 will be entered into a draw for complimentary professional development through CDHA **and** SDHA:

- **CDHA:** The Oral Cancer Awareness course (7 credits and a value of \$149)
- **SDHA:** One full day course complimentary during the 2013 calendar year

In order to make the renewal process more cost efficient and **GREEN**, hard copies of the license application forms will not be mailed to members this year. If you would prefer to submit your license renewal by mail, you can either print a license renewal form from the website, or call the SDHA office and request a hard copy to be sent to you. Even though this is a new process, I encourage you to take advantage of the online renewal benefits. Members renewing by hard copy/mail are not eligible to pay by credit card; this is only available to renewals completed online.

**ONLINE LOGIN:** To login online for renewal purposes, to change contact information, or check your CC Transcript, the following is required: *User ID* - your SDHA #, *Password* - your first name. Upon initial login, you will be prompted to change your password.

The deadline for license renewals (both online and hard copy) is **Friday, January 4, 2013.** This earlier deadline allows for the processing of license renewals prior to the license expiration date of January 15. If you are submitting by hard copy, cheques may still be postdated to January 15, 2013. Please be advised that a **LATE FEE** of \$100.00 will be applied to any license renewal not received by Jan. 15, 2013.



Diane Mckerricher (L) and Amanda Warkentin (R) were present at the Bengough Walking Challenge

## Dental Hygienists in the Community (article from the Radville Star)

The Bengough Walking Challenge group held their second gathering at the Community Centre on Monday, May 28th. The group took a walk around town followed by a potluck supper.

Diane Mckerricher gave a presentation on Dental Care. She started with a video called "Healthy Mouth, Healthy You" which explains increasing evidence linking poor oral health and periodontal disease to a number of other diseases. There are large amounts of bacteria in our mouth. An interesting point she made was that people have as much bacteria in their mouth as there are people living on earth.

Four slide shows were presented and discussed: Ten tooth brushing mistakes, flossing, denture care and tooth whitening. Proper tooth brushing and flossing techniques were demonstrated followed by an informal and interactive session among participants. Several examples of dental products were passed around including an electric flosser. Participants received a handout containing information about oral cancer; seven steps to self-examination and everyone received a new soft bristle toothbrush.

Diane Mckerricher is a Saskatchewan Dental Therapist/Registered Dental Hygienist.

# CDHA 50th Anniversary National Conference

Celebrating Our Roots...Our Wings  
October 3-5, 2013 • Toronto Airport Marriott Hotel



## Creating A Mindset For Success

- ✓ Preparing a professional resume
- ✓ The interview: polish your presentation
- ✓ Providing references
- ✓ Unlocking personal potential to achieve goals



## Non-Traditional Dental Hygiene Practice

- ✓ Orofacial myology therapy
- ✓ Eco-dentistry-it's green!
- ✓ Report from Sioux Lookout Zone



## Independent Practice

- ✓ Starting your own practice (panel)
- ✓ Marketing your practice
- ✓ Next steps: growing, partnering, selling

**CDHA, YOUR national association representing the 6th largest regulated health profession in Canada!**

## Features

- Internationally acclaimed expert presenters
- Celebrating our Roots and our Wings with professional networking and special events
- Thursday evening Dance Party and Exhibit Extravaganza
- 50th anniversary Birthday Bash
- Meet your board members
- Past presidents through the decades discussion panel
- Golden Anniversary Awards Gala

## Other Great Sessions On...

- Oral cancer: current research; survivor stories
- Baby oral health: first birthday, first visit
- Medical emergencies: if you haven't had one yet, you will!
- New dental hygiene research

## Pre-Conference Workshops:

Thursday, October 3<sup>rd</sup>

- Hands on instrumentation and infection control workshop
- Skills for Job Seekers
- Annual Educators' Workshop

Visit [www.cdha.ca/2013Conference](http://www.cdha.ca/2013Conference) - Registration is expected to open early 2013!



# New Benefit Just For You!

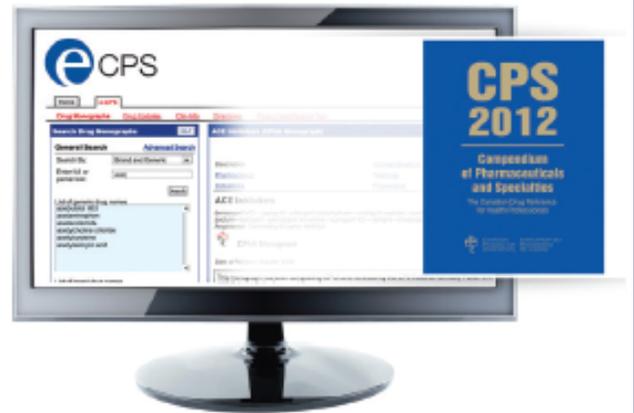
Access to Compendium of Pharmaceuticals & Specialties  
(a \$246<sup>00</sup> value!)

Starting November 1, e-CPS included with CDHA membership fee!

CDHA is pleased to announce a brand new exclusive benefit, not available through any other dental hygiene association. Starting November 1, 2012, all CDHA members will have free access (a \$246 value!) to the online, bilingual Compendium of Pharmaceuticals and Specialties – e-CPS.

### Features:

- Current Canadian information on more than 2000 products (drugs, vaccines, medical devices and natural health products)
- Quick and easy search functionality by brand name, generic name, therapeutic class, manufacturer and DIN or NPN
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- Product images search functionality by shape, colour and more
- Handouts for patient drug information
- Updated bi-weekly
- A bilingual product



### Learn More!

Check out [www.cdha.ca/e-cps](http://www.cdha.ca/e-cps) for more information

# Prairie Rhapsody



**The Willows**  
382 Cartwright Street,  
Saskatoon, SK S7T 1B1

**Saturday, June 1st, 2013.**

6 credits - AGD Approved.

**Open to all staff!**



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DETAILS AT:

[www.ConEdGroup.com](http://www.ConEdGroup.com)



### Become a Peer Tutor !!

The dental hygiene students at SIAST are looking for experienced dental hygienists in the Regina area to be peer tutors. If you have some spare time in the evenings and/or weekends and would like to earn some extra money, please contact SIAST Wascana Campus (Regina) Learning Services, Room 207.12 (library) at 306-775-7729

or email [LACwascana@siast.sk.ca](mailto:LACwascana@siast.sk.ca).

CCP credits are also granted for tutors.

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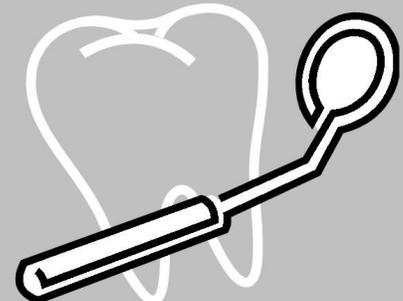
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With 2% growth a year,  
A 30 year old earning \$75,000/year will earn over  
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Don't just deflate.  
**Virtually eliminate gingivitis.\***

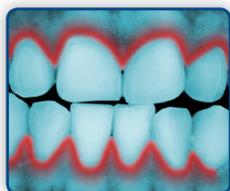


**Demonstrated in a clinical study to reduce Gingivitis by 95%<sup>1</sup> when using:**

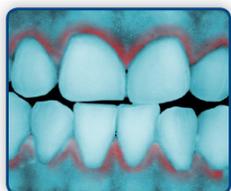
- Oral-B® Professional Care SmartSeries 5000 Power Toothbrush with SmartGuide™<sup>†</sup>, and
- New Oral-B® Glide® Pro-Health™ Clinical Protection for Professionals Floss

<sup>†</sup>when used in combination with New Crest® Pro-Health™ Clinical Gum Protection Toothpaste

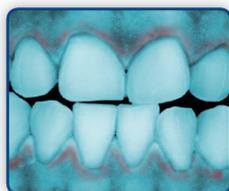
Enhanced images highlighting the average area and magnitude of improvement in gingivitis over time\*



Before using the system:  
Significant gingivitis



2 weeks of use:  
Initial improvement  
of gingivitis



6 weeks of use:  
Further improvement  
of gingivitis

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\* Six-week clinical results with New Crest® Pro-Health™ Clinical Gum Protection Toothpaste, New Oral-B® Glide™ Pro-Health™ Clinical Protection for Professionals Floss, and Oral-B® Professional Care SmartSeries 5000 Power Toothbrush with SmartGuide™.

<sup>1</sup> After 6 weeks of use. Compared to a dental prophylaxis and brushing with a regular manual toothbrush and anti-cavity toothpaste.

Crest® Pro-Health™ toothpaste treats sensitivity, fights gingivitis, plaque and tartar, and prevents cavities. For adults & children 12 years and older. Do not swallow.

**Break the Cycle  
of Gingivitis™**



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