



Dental Hygiene at iRSM

On occasion the CRDHA In Touch newsletter features an article written by a CRDHA member. We appreciate that Richelle Beesley so graciously agreed to write this article about the Institute for Reconstructive Sciences in Medicine (iRSM) and her role with iRSM.

Richelle is employed in a newly created, dental hygiene position with iRSM as part of the unit's interdisciplinary team. The iRSM program is world renowned and CRDHA is proud that one of our members is adding her special touch to such a well respected program.

Continued on page 3

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ADVERTISING

To place an advertisement, send camera-ready-art or typed text to:

Editor, InTouch
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Edmonton, Alberta
T6E 6A8

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E-mail: info@crdha.ca

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Eighth Page	3.46" x 2"	\$100
Website	\$75/two weeks	

SUBMISSIONS

Story ideas, articles and letters are welcome.

Send your submission to the Editor at:

info@crdha.ca The Editor reserves the right to edit content, format and length.

Submission Deadlines:

- November 15
- February 15
- May 15
- August 15

For more information, visit our website at:

www.crdha.ca

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Brenda Murray, RDH

April is a significant month for the dental hygienists profession. An internet search shows that:

- April 19-25, 2009 is National Dental Hygienists Week
- April 19-25, 2009 is National Volunteer Week
- April is Oral Health Month
- April is Daffodil Month (recognizing Cancer Awareness)

Watch for the April 8th edition of the *Edmonton Journal* and *Calgary Herald* for Oral Health Month information from CRDHA.

National Dental Hygienists Week™ (NDHW™) is an annual event dedicated to heightened awareness about preventive oral health care, to help Canadians understand the role and importance of the dental hygiene profession. The CRDHA acknowledges the contribution of the Canadian Dental Hygienists Association (CDHA) in promoting the dental hygienists profession from a national perspective. Since its inception many CRDHA members have volunteered and continue to volunteer with the CDHA.

National Volunteer Week is a special time set aside each spring to honour the people who donate their time and energy to their fellow citizens. It is also meant to raise awareness of the vital contribution volunteers make to our communities and to the identity and values of our country. I would also like to acknowledge the contribution that CRDHA members make in a volunteer capacity in their home communities, in dental hygiene endeavors and on the CRDHA Council and committees. Thanks to each of you.

Oral Health Month, the Canadian Cancer Foundation's Daffodil Month and National Dental Hygienists Week can all be considered opportunities to promote head & neck and oral cancer awareness. I encourage you to make April a time to evaluate the care you provide to your clients regarding head & neck and oral cancer prevention and screening. You might find one or more areas

that you could improve. For example: Enhance your knowledge of oral cancer by researching reliable, evidence-based internet sites for cancer information. When you conduct a head and neck examination and an oral cancer screening on each of your clients, inform the client what you are doing and why. Show your clients how to do an oral cancer screening at home. Introduce Ask, Advise and Refer tobacco protocol to the care you provide to your clients. If you are doing all of these things already - congratulations. The next step is identifying how you can share your knowledge and practices with co-workers to help ensure that all team members have a common understanding of the importance of oral cancer screening.

The CRDHA office receives calls of appreciation regarding successful outcome of treatment from clients of dental hygienists. Typically a client reports that the dental hygienist providing care identified a suspicious lesion and referred the client to an oral pathologist for diagnosis and treatment. The client is grateful for the dental hygienist's astuteness and diligence of practice.

The College of Registered Dental Hygienists of Alberta (CRDHA) exists so that Albertans will receive safe, high quality dental hygiene care and the profession of dental hygiene is advanced.

The Institute for Reconstructive Sciences in Medicine (iRSM)

COMPRU's Transformation To iRSM

In 2008, a new and unique strategic collaboration between Covenant Health, Alberta Health Services, and the University of Alberta formalized the transformation of the Craniofacial Osseointegration and Maxillofacial Prosthetic Rehabilitation Unit (COMPRU) into the Institute for Reconstructive Sciences in Medicine (iRSM). This collaboration is intended to solidify and build upon iRSM's international reputation as a clinical and research institute and centre for excellence in head and neck reconstruction and rehabilitation.

From its inception in 1993, iRSM (founded by Dr. John Wolfaardt and

Dr. Gordon Wilkes) has provided complex and specialized care throughout the province of Alberta, and across the nation, to patients with head and neck defects resulting from cancer, trauma, or congenital defects. A core aspect of this care involves the use of osseointegrated biotechnologies. Through the work of an interdisciplinary team of professionals, with expertise in surgery, medicine, dentistry, rehabilitation medicine, engineering, and computing science, iRSM has created a fully integrated environment for clinical care, research, education and training in reconstructive medicine and technology. This has earned iRSM an international reputation for innovation and advances in patient care and research.

iRSM has developed an innovative patient-centered model of care delivery, with an interdisciplinary team matrix, and functions within an operational framework of quality management (ISO 9000 quality management system). This model is unique in a healthcare setting. iRSM team members modify and improve patient care and outcomes by providing data-driven, quality and evidence based standards of practice. This approach has had a positive impact on improving patient outcomes and clinical productivity, and is also resulting in sustained levels of high patient satisfaction in treatment outcomes.

iRSM Interdisciplinary Team



iRSM – A Dental Hygienist’s Perspective

by *Richelle Beesley, BSc.*

Background Information

In 2004, I became aware of the Institute while taking the Implantology Module as part of the U of A’s Bachelor of Science Dental Hygiene Specialization program directed by Dr. S. Compton. This module was an invaluable experience that increased my knowledge and clinical competence dealing with intraoral osseointegrated implants. I attribute my decision to pursue my career path as a dental hygienist to one lecture in particular.

Dr. Wolfaardt, Director of Clinics, and Prosthodontist at iRSM, spoke one evening about iRSM and use of osseointegrated implants for the prosthetic replacement of craniofacial defects. I left the lecture inspired, excited and optimistic about one day being a part of this unique and challenging Institute where I could build on my implantology experience.

Creation of the Dental Hygiene Position at iRSM

There were many operational and clinical reasons that contributed to the creation of the dental hygienist position at iRSM. iRSM’s jaw reconstruction implant patients are very complex and require a high level of on-going care. This care had originally been provided by Dr. Wolfaardt. However, as the Institute grew and the patient activity

increased, it became more difficult to meet the needs of this patient group in a timely fashion.

Knowing the importance of ongoing care for this diverse and complex patient population, Dr. Wolfaardt and the management team at iRSM strongly advocated for the addition of a dental hygienist to contribute to the Institute’s interdisciplinary team.

Role of the Dental Hygienist at iRSM

The primary role for the dental hygienist at iRSM is the management of the intraoral osseointegration continuing care program for patients who have received prosthetic rehabilitation (implant retained prosthesis) post head and neck reconstruction. Typically this regime includes a maintenance appointment scheduled at set intervals (2 weeks, 1, 3, 6, 12 month, annually) after implant installation and abutment connection.

These appointments include the collection of detailed medical history and drug profile; extra and intra oral examination including oral cancer screening; index (indices) assessment; implant stability testing; digital and radiographic examination and reporting; implant and superstructure debridement; and oral hygiene education and instruction.

In addition to the continuing care program, there is a non-implant

patient population that receive their dentition after reconstructive surgery and/or radiation therapy. These patients will be seen for an intraoral assessment, including dental and radiographic assessment and evaluation. Due to many anatomical and physiological changes (such as severe xerostomia, trismus, decreased tongue/ jaw mobility) from surgery and/or radiation therapy these patients may experience catastrophic effects on their oral environment.

Treating such devastating cases of failing dentition and oral sequela is clinically challenging. However, these cases are also an opportunity for research to develop an understanding about the cause of these effects that will enable better management and treatment of these cases. The role of the dental hygienist at the iRSM is constantly evolving and dynamic as there are many opportunities and areas for development in this clinical and research institute.

Visions and Projects

As the inaugural dental hygienist at iRSM the experience has been exciting, rewarding and challenging in many regards. I have been provided with many exciting opportunities and receive tremendous support from the iRSM team and directors to create and build the intraoral continuing care program.

Front & Centre

iRSM is more recognized internationally than locally for its work in head and neck reconstruction. As a result, one of the visions of iRSM for 2008 was to increase the awareness in the local dental community.

Didactic and clinical rotations were introduced at iRSM for Implantology students to gain experience, knowledge and clinical confidence working with osseointegrated dental implants and oral prosthetics. This rotation provides the students with the opportunity to manage patients who have undergone radical head and neck reconstruction and prosthetic rehabilitation due to trauma or disease.

The dental hygienist plays a vital role in the overall care and wellness of their clients, encountering first hand the challenges and pathophysiological

changes that iRSM's patients experience after head and neck reconstruction and/or chemo/radiation therapy for the removal and treatment of disease. Implementing a model such as the Dental Hygiene Process of Care (from the CRDHA Practice Standards) has been an instrumental adjunct in assisting with the development of the continuing care processes and procedures for the iRSM intraoral osseointegration program.

Incorporating a head and neck examination including an oral cancer screening; educating and participating in the Tobacco Prevention and Control Program (Ask, Advise and Refer program); and performing a comprehensive medical history and drug profile are a few examples of how I apply this process to assist and

improve my clinical and profession competence.

Patient Challenges And Access To Care

As a provincial, national, and international referral centre, iRSM provides complex specialized care to patients with head and neck defects resulting from cancer, trauma and congenital acquired defects. As health care is continually challenged by increasing demands and costs, and resource shortages, timeframes for prosthetic rehabilitation have often been long and challenging for both iRSM's patients and the interdisciplinary team involved in their care.

Use of the ISO 9000 model is supporting development of a comprehensive system of outcome measures for the management of treatment processes and is focused on quality and continual improvement in patient outcomes and satisfaction. The Institute is also looking forward to the addition of two full-time maxillofacial prosthodontists in 2009. This will help iRSM enhance access to its services for patients across Alberta and Western Canada and to ensure that care is provided within an ideal time-frame



Specialized And Unique Services

Services provided by the dental hygienist at iRSM require specialized training, knowledge and experience dealing with patients' post head and neck reconstruction/rehabilitation. Here are some examples of unique clinical procedures:

- Clinical knowledge and experience with maxillofacial prosthodontic procedures
- Clinical knowledge and experience with maxillofacial osseointegrated implants
- Dealing with medically compromised, facially disfigured, cancer and trauma patients who have undergone extensive head and neck reconstructive surgery and prosthetic rehabilitation
- Clinical knowledge and experience dealing with and managing patients who have undergone chemo/radiation therapy, Hyperbaric Oxygen Therapy (HBO)
- Writing, revising and implementing operational procedures using the ISO 9000 quality management system

iRSM has played a significant role in the development of international standards for evaluation of treatment outcomes, quality of practice, and innovations in patient care and research, and as such, it is a great pleasure and privilege to be a key part of the interdisciplinary team at iRSM.

iRSM at CRDHA ACC Event

CRDHA is pleased to welcome Dr. Hadi Seikaly as an esteemed presenter at the CRDHA Annual Continuing Competence Event. Dr. Seikaly's presentation "Advances in the Surgical Management of Head and Neck Cancer" will be of professional interest to dental hygienists in any practice setting.

Dr. Seikaly is both a Clinical and Research Fellow in the Institute for Reconstructive Science in Medicine (iRSM), Edmonton, Alberta, Canada.

Dr. Seikaly has received the Top 10 Teacher Award in the Faculty of Medicine and Dentistry, University of Alberta for the past seven years. Dr. Seikaly continues to have a large practice dedicated to head, neck and skull base oncology and reconstruction. His research interests include microvascular head and neck reconstruction, functional surgical reconstructive outcomes, submandibular gland transfer and medical modeling as it applies to the head and neck region.

Dr. Hadi Seikaly graduated from the University of Toronto medical school and completed his residency training at the University of Alberta in Otolaryngology Head and Neck Surgery. He then obtained fellowship training at the University of Texas Medical Branch in advanced head & neck oncology, microvascular reconstruction and facial cosmetic surgery. Dr. Seikaly returned to the University of Alberta as an attending surgeon in the Division of Otolaryngology,



Department of Surgery in 1996 where he has been active in teaching, patient care, and research.

Dr. Seikaly presently serves as Divisional Chief and Regional Section Head for Otolaryngology Head and Neck Surgery and also serves on several local, national, and international committees of Otolaryngology organizations. Dr. Seikaly served as Residency Program and Divisional Research Director for Otolaryngology Head and Neck Surgery, is President of the University of Alberta Hospital Medical Staff Society, has published over 50 papers in peer reviewed Journals and has contributed to a number of texts on Otolaryngology. He is presently the Co-editor of the Journal of Otolaryngology.

Message from the registrar



Brenda Walker, RDH

Reporting Blood Borne Infections to the CRDHA

All health care workers with a history of human immunodeficiency virus (HIV), hepatitis B virus (HBV) or hepatitis C virus (HCV) positivity have an ethical obligation to report to their professional regulatory authority for referral to the Provincial Expert Review Panel if they perform any exposure-prone procedures. Exposure-prone procedures performed by dental hygienists include scaling, root planing and injection of local anaesthesia.

Access to the Provincial Expert Review Panel is through referral from a health care worker's regulatory authority.

Registered dental hygienists who have tested positively to HIV, HBV or HCV should contact the CRDHA Registrar, Brenda Walker, in person or by telephone at 1-877-465-1756 for further information and referral to the Expert Review Panel.

Call for Members for Hearing Tribunals and Review Committees

In accordance with the *Health Professions Act* (the Act), College Councils are required to establish and maintain a list of members who will be available to be selected by the College's Hearings Director to form a hearing tribunal or a complaint review committee. Any hearing tribunal or complaint review committee must include 25% public representation. Public members are provided from a list maintained by the Government.

Pursuant to the Act, the hearing tribunal is responsible for conducting a full and fair hearing regarding allegations of unprofessional conduct of a member. The job of the hearing tribunal is to determine, on the basis of the evidence introduced, whether the conduct of the dental hygienist constitutes unprofessional conduct.

A complaint review committee's powers and duties include reviewing and ratifying alternative complaint resolution settlements and conducting reviews of dismissals of complaints. The complaint review committee's decision making powers are set out in the Act.

Hearing tribunals and complaint review committees are established on an "as needed" basis. Orientation sessions are conducted by CRDHA legal counsel prior to a hearing or complaint review committee meeting.

The list of available members is comprised of dental hygienists with experience in all spectrums of dental

hygiene practice: general practice, specialty practice, independent practice, community health and education. We would like to increase the number of members on the list to provide more flexibility in selecting dates for hearings or reviews.

We are seeking members with good knowledge of the profession and CRDHA's professional standards and who exhibit the following qualities:

- Fair
- Good listener
- Non-biased
- Respect confidentiality
- Confident
- Mature judgment

Applicants must have 5 or more years of experience as a dental hygienist. If you are interested in submitting your name as a nominee for appointment to the list of members available to be selected for hearing tribunals or reviews, please send your resume and a brief letter describing why such an appointment appeals to you. Submissions should be directed to:

CRDHA Hearings Director
206, 8657 – 51 Ave. NW
Edmonton, AB T6E 6A8
by May 15, 2009

Interviews will be conducted as part of the selection process.

General Notice

Practicing in Alberta when registration is cancelled is unprofessional conduct under the *Health Professions Act*. Such conduct is subject to sanctions by the hearing tribunal. The Crown can also prosecute for breaches of the Act and impose fines for violation of the Act.

Notice of Cancellation of Registration and Practice Permit on Request

In accordance with section 43(5) of the *Health Professions Act*, the registration and practice permits of the following individuals have been cancelled at their own request. These individuals are no longer authorized to practice dental hygiene in the Province of Alberta.

Abel, Francine	Orleans, ON
Alimchandani, Sylvie G.	Red Deer, AB
Bartel, Sharlene D.	Calgary, AB
Bertin, Danielle	Dieppe, NB
Boulanger, Marnie J.	Okotoks, AB
Bourque, Susan L.	Fort McMurray, AB
Caouette, Joyce May	Edmonton, AB
Chahal, Sandeep Kaur	Surrey, BC
Clendenning, Dianne K.	Carcross, YT
Crompton, Stephanie K.	Stony Plain, AB
Domski, Melanie Andrea	Calgary, AB
Dousett, Heather Mae	Toronto, ON
Ghesquiere, Deana Lynn	Calgary, AB
Goddard, Barbara Elizabeth	Vancouver, BC
Grant, Connie H.	Lethbridge, AB
Gulka, Lorena Lynne	Calgary, AB
Hansed, Louise Elizabeth	High Level, AB
Hart, Brenda	De Winton, AB
Hasselquist, Ann	Calgary, AB
Hendry, Sharon	Edmonton, AB
Hewitt, Tara C.	St. Paul, AB
Honce, Alexis Amber	Toronto, ON
Jackson, Andrea Beth	Edmonton, AB
Joy, Maria G.	Edmonton, AB
Kerr, Carol L.	Salmon Arm, BC
Knapton, Diana Jean	Red Deer, AB
Larose, Laura Erin	Grande Prairie, AB
Lindsay, Chelsie LaRene	Lethbridge, AB
Lopez, Fema M.	Toronto, ON
Maciejewski, Angela Dawn	Kingston, ON
McCullagh, Lisa	Lloydminster, AB
McDougall, Susan V.	Calgary, AB
McKellar, Ilse	Edmonton, AB
McLean, Lois R.	Charlottetown, PE
Michelsen, Audrey J.	Edmonton, AB
Omotani, Linda Elizabeth	Calgary, AB
Prys-Jones, Irene A.	Vernon, BC
Puryk, Shannon Crystal	Saskatoon, SK
Redhead, Kristine Margaret	Sparwood, BC

Richard, Andrea Marie	Manitouwadge, ON
Richards, Deborah Colleen	Sault Ste Marie, ON
Robbins, Sharon L.	Fountain Valley, CA
Rosychuk, Gloria A.	Switzerland, ON
Ruck, Pauline J.	Dunnville, ON
Schiazza, Marisa Lynn	Penticton, BC
Schissel, Jacqueline	Calgary, AB
Shaw, Rhonda Allison	Kingston, ON
Silvester, Beverly Diane	Grande Prairie, AB
Smith, Whitney A.	Edmonton, AB
Somal, Tarandeep Kaur	Brampton, ON
Stooshnoff, Tiffany Rita Lee	Calgary, AB
Thomas, Diana Marie	Moncton, NB
Tilley, Dana Helen	Calgary, AB
Vanderstelt, Debbie Lynn	Thunder Bay, ON
Webb, Jeanine Fennell	Winnipeg, MB
Wessell, Sonya Mae	Amherst, NS
White, Catherine A.	Belleville, ON
Willet, Sammi-Jo Anne	Eganville, ON
Wilson, Margaret P E	Edmonton, AB

Notice of Cancellation of Registration and Practice Permit

The registration and practice permits of the following individuals have been cancelled in accordance with section 43(1) of the *Health Professions Act* for failure to apply for a practice permit and default in payment of any applicable fees or assessments under the Act. These individuals are no longer authorized to practice dental hygiene in the Province of Alberta.

Agranovitch, Liubov Luba	North York, ON
Chitaliya, Tasleem	Calgary, AB
Delhommeau, Dion V.	Edmonton, AB
Dhir, Devi	Brampton, ON
Gaudet, Marc Douglas	Edmonton, AB
Hok, Shirley	Grand Prairie, AB
Honce, Alexis Amber	Toronto, ON
Hover, Billie J.	Lethbridge, AB
McDougall, Nicolette	Okotoks, AB
Paul, Kristine Michelle	Saskatoon, SK
Shams, Rebecca Lynn	Kemptville, ON
Spencer, Roslyn	Angus, ON
Stirton, Carol D.	Grande Prairie, AB
Wayslow, Geraldine D.	McBride, BC

Information on the CRDHA Complaint Process

Anyone who has concerns about the professional conduct of a dental hygienist can make a complaint to the CRDHA. What follows is a summary of the complaint process set out in the *Health Professions Act*.

How can I avoid having a complaint filed against me?

Although there is no way to guarantee that you will never have a complaint filed against you, the best way to minimize your risk is to ensure that you are using the highest possible standards of practice at all times. This includes meeting or exceeding practice standards and guidelines, following all applicable treatment protocols, following the Code of Ethics and using the highest standards of client care.

In addition, one of the most important elements in your relationship with your clients is effective communication. Listen carefully so you understand what your clients hope to gain from their treatment. Ensure that your clients understand their treatment plan, including the treatment you are proposing, what results can be reasonably expected, potential risks or complications and the fees that will be charged.

If a client raises a concern, deal with it immediately. A formal complaint may be avoided if the client feels that his or her concern has been dealt with respectfully and honestly. In some cases, however, a formal complaint may still result, so it is prudent to keep careful notes of any concerns that are raised.

How is a complaint filed?

Formal complaints are submitted, in

writing, to the CRDHA Complaints Director. Complaints may be made by clients, other dental hygiene practitioners, employers, or anyone else.

A complaint may relate to the professional conduct of a regulated member of the CRDHA, which includes members on the General Member Register and members on the Courtesy Member Register.

A complaint may also be made about a former regulated member, provided the complaint is made within two years of the date on which the individual ceased to be a regulated member.

Under the *Health Professions Act*, employers are required to report to the CRDHA Complaints Director any terminations, suspensions or resignations resulting from a regulated member's unprofessional conduct. If the Complaints Director receives such a report from an employer, the Complaints Director must treat the matter like a formal complaint.

What happens after a complaint has been laid?

After a written complaint has been received, the person submitting the complaint is generally referred to as the complainant and the dental hygienist is generally referred to as the investigated person.

After receiving a complaint, the

Complaints Director may proceed by using any of the following options, depending on the circumstances of the complaint:

- (a) encourage the complainant and the investigated person to communicate with each other and resolve the complaint,
- (b) attempt to resolve the complaint, with the consent of the complainant and the investigated person,
- (c) refer the complaint to an alternative complaint resolution process,
- (d) ask an expert to assess the subject matter of the complaint and provide a written report,
- (e) conduct, or appoint an investigator to conduct, an investigation,
- (f) dismiss the complaint, and/or
- (g) direct the investigated person to undergo certain physical or mental examinations, if the Complaints Director believes the investigated person may be incapacitated.

If the Complaints Director encourages you to communicate with the complainant to reach a resolution, do so respectfully. Encourage the complainant to explain his or her concerns and, if possible, respond to those concerns carefully and considerately.

What is the alternative complaint resolution process?

In the alternative complaint resolution process, a neutral third party will act as a mediator between the parties. The mediator will try to assist the parties in reaching a successful resolution of the complaint. More detailed information about the alternative complaint resolution process can be obtained from the CRDHA.

What happens during an investigation?

The Complaints Director may either conduct the investigation or appoint an investigator. The *Health Professions Act* gives the investigator certain powers to ensure that he or she is able to conduct an effective investigation, including the power to conduct interviews, request documents and examine your workplace.

During the investigation, you will be given an opportunity to tell your side of the story. You can provide the investigator with documents that may be relevant and identify other people the investigator may want to contact. The investigator is not restricted to investigating only matters relevant to the complaint. If, during the investigation, other matters arise, the investigator can investigate those matters as well. It is helpful to give the investigator as complete a picture as possible, and provide all information and documents requested as quickly as possible.

After the investigation is complete, the investigator will make a report.

The Complaints Director then decides what will happen next. The Complaints

Director has the following options:

- (a) refer the complaint to the Hearings Director for a hearing, or
- (b) dismiss the complaint, if in the opinion of the Complaints Director
 - (i) the complaint is trivial or vexatious, or
 - (ii) there is insufficient or no evidence of unprofessional conduct.

The Complaints Director will notify the complainant and the investigated person in writing of the action taken.

If the complaint is dismissed, the Complaints Director will give reasons and advise the complainant in writing of the right to apply to the Hearings Director for a review.

Can the complainant appeal the Complaints Director's decision to dismiss the complaint?

Yes. If a complaint has been dismissed, the complainant has 30 days to apply to the Hearings Director for a review. The CRDHA's Complaint Review Committee will then review the investigator's report and the Complaints Director's decision to dismiss the complaint. Both the complainant and the investigated person will be given an opportunity to make submissions to the Complaint Review Committee, either orally or in writing.

The Complaint Review Committee may:

- (a) refer the complaint for a hearing,
- (b) direct a further investigation, or
- (c) confirm that the complaint is dismissed.

What happens if the complaint is referred for a hearing?

If a complaint is referred for a hearing, the Hearings Director will set a hearing date and provide the complainant and the investigated person with notice of the date, time and location of the hearing. Hearings are open to the public unless the Hearing Tribunal orders otherwise.

The purpose of the hearing is to ensure that the Hearing Tribunal has enough information to decide if the investigated person's conduct does or does not constitute unprofessional conduct. If you are the subject of a complaint, you are required to attend the hearing. You may bring a lawyer if you wish to do so and you are entitled to provide evidence and call witnesses.

If the Hearing Tribunal finds that there has been unprofessional conduct, it may:

- (a) caution or reprimand you;
- (b) impose conditions on your practice permit,
- (c) require you to satisfy the Hearing Tribunal that you are not incapacitated,
- (d) require counselling or a treatment program,
- (e) require a course of study,
- (f) suspend or cancel your practice permit,
- (g) impose fines, or
- (h) make any other appropriate order.

Professional Responsibility

A professional is a professional 24 hours a day, 7 days a week and not just during business hours.

Occasionally a regulatory authority such as the CRDHA will receive a complaint regarding the conduct of a member that has occurred outside of the member's workplace. The question that arises is whether members can be disciplined for conduct that may be unrelated to their professional knowledge and skills or the usual provision of services in their workplace. The answer to the question is an unequivocal "yes": A professional can be held accountable for their conduct outside of business hours and outside their workplace. In other words, a professional is a professional 24 hours a day, 7 days a week and not just during business hours.

Many individuals have challenged a regulatory authority's right to discipline them for their conduct away from the workplace by having the courts review the issue. These individuals have argued that even though their conduct may have been reprehensible, it was not connected to their professional practice and therefore, their responsibility should be restricted to the civil or criminal court system, but not to the professional disciplinary process. There are numerous examples where the courts have upheld the regulatory authority's right to discipline its members where their conduct has seriously reflected upon the integrity of the profession or where the

protection of the public is involved. Courts have also acknowledged the right of a regulatory authority to discipline its members for dishonest or immoral conduct outside of the workplace.

Although a member of a profession has both a private and a professional life, when a professional's conduct in their private life is detrimental to the best interests of the public or is conduct which harms or tends to harm the standing of the profession, then that conduct may properly become the subject matter of a professional complaint and discipline hearing.

The *Health Professions Act* defines "unprofessional conduct" to mean one or more of the following, whether or not it is disgraceful or dishonourable:

- (i) displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- (ii) contravention of this Act, a code of ethics or standards of practice;
- (iii) contravention of another enactment that applies to the profession;

- (iv) representing or holding out that a person was a regulated member and in good standing while the person's registration or practice permit was suspended or cancelled;
- (v) representing or holding out that a person's registration or practice permit is not subject to conditions when it is or misrepresenting the conditions;
- (vi) failure or refusal
 - (A) to comply with the requirements of the continuing competence program, or
 - (B) to co-operate with a competence committee or a person appointed under section 11 undertaking a practice visit;
- (vii) failure or refusal
 - (A) to comply with an agreement that is part of a ratified settlement,
 - (B) to comply with a request of or co-operate with an investigator,
 - (C) to undergo an examination under section 118, or
 - (D) to comply with a notice to attend or a notice to produce under Part 4;

- (viii) contravening an order under Part 4, conditions imposed on a practice permit or a direction under section 118(4);
- (ix) carrying on the practice of the regulated profession with a person who is contravening section 8 or an order under Part 4 or conditions imposed on a practice permit or a direction under section 118(4);
- (x) carrying on the practice of the regulated profession of physicians, surgeons, osteopaths, dentists, chiropractors or optometrists on behalf of a corporation that does not meet the requirements of sections 104 to 115 or as a partner of a partnership that does not meet the requirements of section 98(3);
- (xi) carrying on the practice of the regulated profession of physical therapists on behalf of a corporation that does not meet the requirements of Schedule 20;
- (xii) conduct that harms the integrity of the regulated profession;

Social Networking

Social networking through sites such as Facebook, My Space, Twitter, LinkedIn, etc., is becoming increasingly common amongst people of all ages and professions.

CRDHA has received comments from members about the inappropriate use of these sites by some dental hygienists. CRDHA recommends caution for dental hygienists who use these sites.

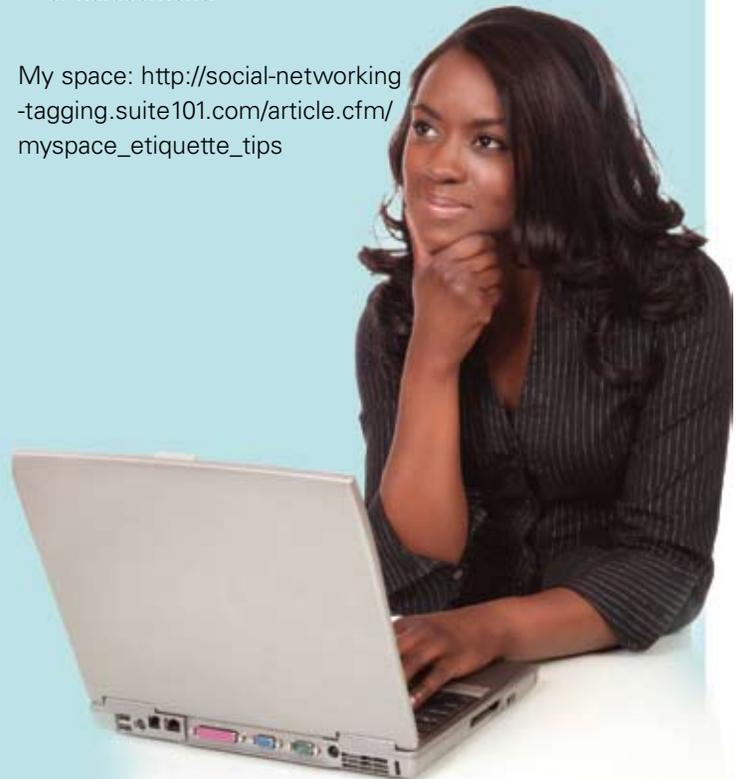
Some examples of conduct that contravene the CRDHA Code of Ethics or harm the integrity of the regulated profession is a dental hygienist's use of social networking sites to bully, name call, make derogatory comments about other health professionals or to display personal photos that are in poor taste.

Here are a few points to keep in mind about using social networking or forum sites.

- Some blogs or forums are not moderated and can be used for spreading rumors and slander. If you find a site to be offensive, do not engage in it or support it with visits or comments.

- Do not "bad mouth" people on your site.
- If you would not want to see it on the front page of the newspaper, do not include it in your posting.
- Be selective about the personal information you share. Maintain an adequate privacy setting on the site so that people cannot acquire personal information.
- Remember, you too could become a victim of bullying or harassment.

My space: http://social-networking-tagging.suite101.com/article.cfm/myspace_etiquette_tips



How Long Should I Keep This?

A Practical Approach to Managing the Retention and Disposal of Business Records

by Debbie Dresen, B.Comm., LLB

How long you must keep business records (whether hard copies or stored electronically) depends on the information in the record. Your business will have records that contain personal information of employees or patients, financial or other business records, such as tax returns, leases and supply contracts, or documentation that contain both personal and business information, such as certain employment records.

Records Containing Personal Information

The Alberta Personal Information Privacy Act (PIPA), governs the collection, use and disclosure of personal information, including information relating to patients and employees.

PIPA requires businesses to retain personal information only as long as is reasonably necessary for the purpose for which it was collected. For example, you may conduct reference checks to help in hiring an employee, but after the employee is hired, this information is no longer needed. How long you retain patient information depends on what is reasonable in your practice. It may be reasonable to keep patient information for three years after the last appointment, but perhaps not seven or eight. You should advise patients of your policy on retaining their records (usually in a policy).

PIPA imposes legal obligations to protect personal information. Therefore, you don't want to keep personal information for longer than is necessary. The longer you keep personal information, the greater the cost to properly protect and store the information and the greater the risk of inadvertent or improper disclosure.

Records Containing Tax-Related Information

Records used in determining your tax liabilities must be kept to support your claims in the event of an audit. The

onus to prove your claim is on you, and unsupported claims may be denied.

The Income Tax Act and Excise Tax Act require that tax and GST-related records be kept for a minimum of six years from the end of the last tax year to which they relate. Records must be complete and reliable and stored in a format that ensures readability.

Early loss, destruction or damage of electronic records must be reported to Revenue Canada and the records must be recreated within a reasonable time. It is recommended back-ups be retained both on- and off-site.

Other Business Records

Certain records such as fixed asset depreciation records are required to be kept indefinitely under the Income Tax



Act or other specific statutes. However, most records and documents that are not tax records or supporting documents need only be kept for so long as they are needed, or believed they would be needed. They would be needed while the record is current. For example, a lease is kept for at least as long as the lease is in effect. Records that may be needed for a potential legal action or dispute, should be kept for at least two years. Where there is a potential claim for breach of contract or wrongful dismissal, as an example, the claimant has two years to commence an action or make a claim.

STEP 1 - Identify the type of information. What is it?

Does the document contain business or financial information, personal information such as employment records or patient charts, or a combination?

STEP 2 – Identify the purpose of the information. Why do you need it?

In the case of personal information in particular, the reason the information was collected in the first place will determine how long it should be kept. If that original purpose no longer exists you should not retain

the personal information. If you reasonably believe other records are not needed for any legal purpose you need not retain those.

STEP 3 – Proper disposal. How do I dispose of sensitive and personal information?

Sensitive and personal information should be destroyed in a secure manner by removing all personal identifiers from the information. All records should be properly and securely destroyed by shredding of paper records or other permanent destruction.

STEP 4 – Review your documents periodically.

Secure storage and back-up costs, secure business protocols and administration, potential legal liability for improper retention or disposal of personal information are all good reasons to regularly review your files to ensure that you only keep that which is necessary. Your records management system should take into account:

- the six year Revenue Canada requirement;
- the reasonableness of retaining personal information;
- two year limitation periods for potential disputes.

Health Information Act (HIA) Amendments

Proposed amendments to the HIA will impact dental hygienists who are custodians or affiliates under the HIA. CRDHA will notify members of new requirements or provisions related to collection, use and disclosure of health information once the amendments have been approved in the Legislature.



*Debbie Dresen, B.Comm., LLB
Partner, Davis LLP*

Debbie will present "Privacy in Practice" at the CRDHA Annual Continuing Competence Event, *Practice Makes Perfect* seminar.

Canada Vigilance Program

by Lisa Walzak

Registered dental hygienists are actively involved with many therapeutic products and as a result are in a unique and important position to contribute to adverse reaction reporting. Reporting of adverse reactions to health products such as prescription and nonprescription drugs, natural health products, biologics (including fractionated blood products, as well as therapeutic and diagnostic vaccines) and radiopharmaceuticals can contribute to:

1. The identification of previously unrecognized, rare or serious adverse reactions
2. Changes in product safety information
3. New information regarding benefits, risks or effectiveness of health products
4. Increased safety knowledge that benefits all Canadians

All suspected adverse reactions should be reported, however, Health Canada is especially interested in reactions that are unexpected, serious or related to recently marketed health products (on the market for less than five years). Information gathered via adverse reaction reports is combined with information from other sources to identify potential health product safety issues. Once an assessment is made and a problem is identified, health professionals and consumers are informed through several means, including:

1. Advisories, warnings or recalls
2. The Canadian Adverse Reaction Newsletter (CARN)

Both methods of communication listed above can be accessed via the MedEffect™ Canada Web site at www.healthcanada.gc.ca/medeffect.

In March 2008, a new Adverse Reaction (AR) database, the Canada Vigilance System, was implemented at Health Canada. As a result, the process to update the online database with refreshed quarterly AR information is also being re-designed. This re-design will include enhanced search capabilities including the ability to search and report, patient, active ingredient, trade name, and reaction-related information. The current on-line database contains adverse reaction information only up to the end of December 2007.

Health Canada anticipates launching the re-designed online database including 2008 data, by mid 2009. Until then, users seeking standard line listings of adverse reaction information on marketed health products are invited to write to the

Canada Vigilance National Office at: CanadaVigilance@hc-sc.gc.ca

By filing a report with the Canadian Vigilance Program (formerly known as the Canadian Adverse Reaction Monitoring Program), reporters are indicating that there is a suspected association between the health product and the adverse reaction. Proof or certainty that the product caused the adverse reaction is not required to file a report. Adverse reactions can be reported by calling toll free 1-866-234-2345. Alternatively, a completed Canada Vigilance reporting form can be faxed toll-free to 1-866-678-6789.

Adverse reaction reporting forms are available on the MedEffect™ Canada website at www.healthcanada.gc.ca/medeffect. Any information related to an identifiable patient and/or reporter of the adverse reaction will be protected as per the *Access to Information Act* and the *Privacy Act*

Please join Health Canada's MedEffect e-Notice mailing list to receive the Canadian Adverse Reaction Newsletter (CARN) and health product advisories by e-mail. To subscribe, please visit: http://www.hc-sc.gc.ca/dhp-mps/medeff/subscribeabonnement/index_e.html

To receive more information about the Canada Vigilance Program or to arrange an information session for your group, please call toll-free 1-866-234-2345.

Join Lisa Walzak at the CRDHA Annual Continuing Competence Event to hear more about the Canada Vigilance Program



Canada Vigilance
Adverse Reaction Monitoring Program and Database

Suspect an adverse reaction?
Report it...

Phone: 1-866-234-2345
Fax: 1-866-678-6789
Online: www.healthcanada.gc.ca/medeffect
Postage Paid Mail

A Program of
MedEffect Canada
Together we can improve health product safety



The Fund For Dentistry

General Information

A major role of **THE FUND FOR DENTISTRY** is to stimulate and support research by the profession at large. All dental and related personnel involved in oral health services or education are eligible to apply for research funding. The intent is to support research in Alberta, whether in private practice, the universities or other appropriate centers. Research proposals may be basic or applied in nature and will be evaluated by the Allocations and Management Subcommittee of **THE FUND FOR DENTISTRY**.

For more information on applying for research funding in connection with **THE FUND FOR DENTISTRY**, contact Ms. Pat LaPointe, Department of Dentistry, University of Alberta, Edmonton, AB T6G 2N8; phone 492-8041; or Email plapoint@ualberta.ca

The deadline for application is October 15, 2009.

First Nations and Inuit Health

The Alberta First Nations and Inuit Health (FNIH) Regional Office frequently receives calls from dental hygienists requesting information regarding dental benefits and claiming processes under the Non-Insured Health Benefit (NIHB) Program. At this time, dental hygienists cannot enrol as dental providers with the NIHB Dental Program.

To assist and clarify the most commonly asked questions please refer to the brief summary below:

Preventive and periodontal dental services are benefits that are frequency based and only require predetermination for those units of scaling and root planning beyond the following maximums.

Topical Fluoride

- For clients under the age of 17; twice in a twelve (12) month period.
- Topical fluoride is not an eligible benefit for clients 17 and older.

Polishing

- For clients under the age of 17; two (2) in a twelve (12) month period paid at one half unit each time; and
- For client 17 and older; once (1) in a twelve (12) month period paid at one half unit.

Scaling/Root Planing

- For clients under the age of 12; one (1) unit of scaling in a twelve (12) month period; and
- For clients 12 and older; four (4) units of scaling/root planing in a twelve (12) month period.

*If additional units of scaling/root planing are required, the dental office must submit a predetermination request to Health Canada FNIH Regional Dental Office in Edmonton along with client's periodontal charting, supporting radiographs and a written rationale.

Client eligibility can be verified by calling First Canadian Health Canada toll-free at 1-888-471-1111.

For more information regarding the NIHB Dental Program, please contact the Health Canada FNIH Alberta Regional Dental Office directly at:

Health Canada FNIH
Alberta Regional Dental Office
#730, 9700 Jasper Avenue
Edmonton, Alberta
T5J 4C3
Fax: (780) 420-1219
Toll Free: 1-888-495-2516

Continuing Competence

In Person Learning Opportunities

April 15 & 16, 2009

CALGARY (APRIL 15)
EDMONTON (APRIL 16)
Behind the Scenes: Medical Laboratory Technology
Speaker: Lydia Hodgson
Contact: CRDHA
Phone: (780) 465-1756 or
Toll Free: 1-877-465-1756

April 17, 2009

CALGARY
CDDS Mini Lectures and Exhibitor Show
Speaker: Various
Contact: CDDS
Phone: (403) 239-1465
Email: cdds@telus.net

April 24, 2009

CALGARY, U of C
Achieving and Maintaining Oral Health for People with Disabilities: Young and Old
Contact: Joan Sweeney
Phone: (403) 220 8458
Email: cme@ucalgary.ca or
www.cme.ucalgary.ca

April 30, 2009

EDMONTON
Practice Makes Perfect Pre-event CRDHA Annual Continuing Competence Event
A day for those interested in setting up an independent dental hygiene practice.
Contact: CRDHA
Phone: (780) 465-1756 or
Toll Free: 1-877-465-1756 or
register at www.crdhaaccevent.ca

April 30, May 1 & 2, 2009

EDMONTON
CRDHA Annual Continuing Competence Event
Presentations and workshops relating specifically to dental hygiene
Contact: CRDHA
Phone: (780) 465-1756 or
Toll Free: 1-877-465-1756 or register at www.crdhaaccevent.ca

May 20 & 21, 2009

EDMONTON (MAY 20)
CALGARY (MAY 21)
Implications of Herbal Drugs to Dental Hygiene Practice
Speaker: Tracy Marsden
Contact: CRDHA
Phone: (780) 465-1756 or
Toll Free: 1-877-465-1756

May 21 – 24, 2009

JASPER
ADA&C: Jasper Dental Conference
Contact: ADA&C
Phone: (780) 432-1012
www.abda.ab.ca

June 8 – June 11, 2009

EDMONTON, U of A
Dental Hygiene Refresher Course (see page 17)
Contact CRDHA
Phone: (780) 465-1756 or
Toll Free: 1-877-465-1756

June 7 – 10, 2009

WINNIPEG
Canadian Public Health Association 2009 Annual Conference
Public Health in Canada: Strengthening Connections
www.cpha.ca/en/conferences/conf2009.aspx

June 15 – 17, 2009

BETHESDA, MARYLAND
North American Dental Hygiene Research Conference – Opportunities for Advancing Dental Hygiene (see page 17)
www.cdha.ca/content/events&conferences/opportunities.asp

Various Dates 2009

EDMONTON, U of A
Clinical Orthodontic Procedures
A Clinical Course for RDA & RDH Theory Examinations
August 12/09 (Deadline May 1/09)
December 02/09 (Deadline Aug 26/09)
Clinical Course
May 8-10/09 (Deadline April 15/09)
September 25-27/09 (Deadline Aug 26/09)
Contact: Tara West
Phone: (780) 492-5391
Email: twest@ualberta.ca

Local Anaesthetic Continuing Education for Registered Dental Hygienists
Sept 17-20/09 (Deadline June 15/09)
Contact: Tara West
Phone: (780) 492-5391
Email: twest@ualberta.ca

Nitrous Oxide/Oxygen; Sedation/Analgesia in Dental Practice
June 13/09
December 5/09
Contact: Tara West
Phone: 780-492-5391
Email: twest@ualberta.ca

Business in Dentistry Certificate Program
http://execed.bus.ualberta.ca/Dentistry/default.htm
Contact: Tara West
Phone: 780-492-5391
Email: twest@ualberta.ca

University of Alberta Dental Hygiene Program Refresher Course

This course is appropriate for dental hygienists who:

- want to upgrade their skills;
- require continuing competence program credits and/or program hours for registration renewal or to transfer from Non-practicing to General Member status; or
- who are required to complete a refresher course.

The Dental Hygiene Refresher Course includes four days on-site. The first day will be comprehensive didactic and pre-clinic review on the process of dental hygiene care. The remaining three days will include clinical practice with hands-on instruction on progressively challenging patients.

The U of A Dental Hygiene Program will supply the patients and the instruments.

Registrants will be required to present proof of current CPR certification; the name of the dental hygiene program they attended and year of graduation. This course may not be sufficient for individuals who have been out of practice for longer than five years. Arrangements can be made for extended refresher education if required.

The Dental Hygiene Refresher Course will be offered by Dental Continuing Education at the University of Alberta on June 8 – June 11, 2009. For details of this Refresher Course contact:

Brenda Walker, CRDHA Registrar
(780) 465-1756 or
Toll Free: 1-877-465-1756
E-mail: brenda.walker@crdha.ca

North American Dental Hygiene Research Conference – Opportunities for Advancing Dental Hygiene Research

The Canadian Dental Hygienists Association, the National Centre for Dental Hygiene Research (NCDHR, U.S.) and the American Dental Hygienists' Association are pleased to announce the North American Dental Hygiene Research conference. The conference will take place from June 15 - 17, 2009 in Bethesda, MD, and will bring together dental hygiene researchers, students, educators, and academics.

The conference will focus on topics such as strategic planning for future research, translating research into practice, cultural considerations for practice, linking dental hygiene and systemic health, assessing the efficacy of alternative dental hygiene models of care delivery in meeting community needs, preparing quality/competitive grants, grant programs and training opportunities.

While being called a research conference, this conference is not just for researchers. It is for any dental hygienist wanting to learn from dental hygiene experts.

www.cdfa.ca/content/events&conferences/opportunities.asp

On-Line Continuing Competence Opportunities

Canadian Dental Hygienists Association

www.cdfa.ca

Membership in the Canadian Dental Hygienists Association (CDHA) entitles you to access the Members Only area of the CDHA website. From there you can access CDHA sponsored online continuing education opportunities.

In addition, go to "Resources and Tools > Probing the Net" for links to continuing education sites offered by other institutions or organizations. Fees may apply for these learning opportunities. Many of the courses are eligible for CRDHA Continuing Competence Program (CCP) credit. Contact CRDHA if you have questions about the eligibility of a specific learning opportunity for CCP credit.

Maximum Allowable Credits per Course

The CRDHA Continuing Competence Program Rule 7.4 states "In the event that a learning activity continues into the evening hours, a maximum of ten (10) credits per twenty-four hour period may be claimed."

Please keep this rule in mind when taking on-line courses for credit. Requests for credit exceeding 10 (ten) credits in a twenty-four hour period will be denied.

Continuing Competence

ACHIEVING AND MAINTAINING ORAL HEALTH FOR PEOPLE WITH DISABILITIES: YOUNG AND OLD

Dr Paul Glassman BA DDS MA MBA

Professor of Community Dentistry,
University of the Pacific School of Dentistry
Chair of the American Dental Association Elder Care Advisory
Consultant in Hospital Dentistry for the Council on Dental
Research and Developments, California Dental Association

This course provides an overview of oral health and people with disabilities. Topics covered in this overview will include presentations on system organization, architectural accessibility and oral health resources in dealing with community and social considerations. In addition, an overview of people with disabilities, including intellectual disability, cerebral palsy, seizure disorders and autism spectrum disorders will be discussed in developing a dental treatment plan for these dental patients. Special equipment, tips and tricks, wheel chair transfer and developing a treatment philosophy will be presented in working with people with disabilities in the dental office. This course will be of interest to all members of the dental team.

APRIL 24, 2009
Friday 8am-4pm

Liben Lecture Theatre
Health Sciences Centre
University of Calgary
3330 Hospital Drive NW
Calgary, AB

Contact: Joan Sweeney
Phone: (403) 220 8458
Email cme@ucalgary.ca or
<http://www.cme.ucalgary.ca>

DVD Quarterly of Dental Hygiene

The Canadian Dental Hygienists Association has made high quality CE programming more accessible through partnership with the DVD Quarterly of Dental Hygiene.

- Delivered in the easy-to-use DVD format for you to view at home when convenient.
- Interactive component provides multiple-choice questions associated with each CE segment
- Four issues per year
- 12 credit hours of CE per year
- Certificate of Participation available for each issue for submission to provincial regulatory bodies

CDHA Member cost \$119.00 + 5% GST = \$124.95

Visit www.dvdquarterly.com to subscribe, or call 1-866-999-2999

Head and Neck Cancer

Institute for Reconstructive Sciences in Medicine (iRSM)

www.irsm-canada.com/about-irsm.htm

iRSM is dedicated to the creation and sharing of new knowledge by educating, training, developing, recruiting and retaining the best intellectual capital in the world. IRSM is a clinical and research facility in the Misericordia Community Hospital.

Canadian Cancer Society

www.cancer.ca/Alberta-NWT.aspx

The Canadian Cancer Society is a national, community-based organization of volunteers whose mission is the eradication of cancer and the enhancement of the quality of life of people living with cancer.

Oral Cancer Foundation

www.oralcancerfoundation.org/

The Oral Cancer Foundation is a national (USA) public service, non-profit entity designed to reduce suffering and save lives through prevention, education, research, advocacy, and support activities.

Academy of Oral Stomatology and Therapeutics

www.ineedce.com/coursereview.aspx?url=1470%2fPDF%2fOralCancerUpdate_HlthcrePrvdr.pdf&scid=13782

Oral Cancer: Update for the Oral Healthcare Provider

Review some key concepts of a process that can take fewer than five minutes and could save a life. It involves risk factor assessment, physical examination, and preventive counseling. In addition to visualizing oral abnormalities, screening exams can be used as an opportunity to educate patients about the symptoms of oral cancer and help them understand the factors that put them at risk.

Six Steps to Oral Cancer Screening

www.dental-learninghub.com/resources/E-Learning/Patient-driven-campaign-puts-oral-cancer-on-the-ag.aspx and www.sextetscreening.org/webstore.php

The Sextet Screening programme is designed to create awareness among the patient community, encouraging them to request a thorough screening from their dental practices. It also features a six-step demonstration with photos of a thorough oral cancer screening test as performed by an oral healthcare practitioner.

Volunteerism

Vitalize Conference

www.wildrosefoundation.ca/vitalize/pdf/Vitalize2009postcard.pdf

This is an engaging province-wide conference to promote and support volunteerism.

Social Networking Etiquette

PC World Facebook Etiquette: Five Dos and Don'ts

www.pcworld.com/article/154374/facebook_etiquette.html?tk=rss_news
http://www.pcworld.com/article/154374/facebook_etiquette.html?tk=rss_news

Balancing your work and personal life on social networking tools such as Facebook has become more complex than ever – and the dangers go beyond the well-publicized examples of posting party pictures to your profile.

ADA + C Jasper Dental Congress



May 21 - 24, 2009

Come and experience four days of professional development sessions and a wide variety of social and recreational activities.

Watch the ADA+C website for updated information and registration

www.abda.ab.ca

CRDHA is pleased to provide two resources for purchase: *The Informed Entrepreneur: A Primer for the Business of Dental Hygiene* and *The Employment Handbook for Dental Hygienists*.

The Informed Entrepreneur: A Primer for the Business of Dental Hygiene

CRDHA members have asked for a resource about planning for and operating an independent dental hygiene practice. Do you have questions such as:

- What do I need to know about the business?
- How should I structure my practice?
- How do I address some day-to-day operational issues?
- How do I finance this business?
- What other resources are out there?

It is our pleasure to make this manual: *The Informed Entrepreneur: A Primer for the Business of Dental Hygiene* available for purchase for CRDHA members on a cost recovery basis.

Please send me _____ copy(s) of the manual which is priced at \$40.00 (forty dollars) per copy.

My cheque or money order in the amount of \$_____ is enclosed.

(please print)

CRDHA ID # _____

Name _____

Mailing Address _____

Phone (H): _____ Phone (W): _____

Email: _____

Employment Handbook for Dental Hygienists

Have you wondered about overtime pay, general or statutory holidays, vacation entitlements, or pre-employment interview representations? The Employment Handbook for Dental Hygienists will walk you through employment issues, contract and self-employment facts, and legal workplace requirements. The Handbook is available at the cost recovery price of \$20.00.

To receive a copy of the Employment Handbook for Dental Hygienists mail a cheque or money order for \$20.00 and the completed form below to the CRDHA office.

CRDHA
#206, 8657-51 Avenue
Edmonton AB T6E 6A8

Please send me _____ copy(s) of the manual which is priced at \$20.00 (twenty dollars) per copy.

My cheque or money order in the amount of \$_____ is enclosed.

(please print)

CRDHA ID # _____

Name _____

Mailing Address _____

Phone (H): _____ Phone (W): _____

Email: _____

Moving? Change of Name and Address Notification

The Dental Hygienists Profession Regulation requires that members of the College of Registered Dental Hygienists of Alberta (CRDHA) ensure that their mailing address is always current. Incorrect or out of date addresses can lead to missed mailings which may include important notices and documents. Name changes must be submitted in writing. Address changes are best submitted in writing and should include the following information:

Name (in full)		CRDHA ID Number
New Name (in full)		Old Address
New Address	Home Phone	Email
Effective Date	Signature	

Registrants are welcome to copy or cut out this name/address change card and use it to submit a name change or address change. Please contact the College of Registered Dental Hygienists of Alberta if you require further information.

Telephone: Toll Free (Alberta) 1-877-465-1756 Fax: (780) 440-0544 or email: info@crdha.ca

HAVE YOU CONSIDERED THE
benefits ?
 OF A PERSONALLY OWNED
 DISABILITY INSURANCE PROGRAM?

A personal disability insurance policy will protect you from the financial hazards from an accident or illness with no risk to you of...

- the contract being cancelled by the insurer;
- any provision of the contract being altered;
- the premiums being increased.



yellow raincoat
 BENEFIT CONSULTANTS

We can explain the differences between the CDHA & CDSPI (group employee plan) and an individual policy. We will design a program specific to your individual needs.

Nancy McKenzie, RHU
 Suite 102, 718 - 12 Avenue SW
 Calgary, AB T2R 0H7
 Tel 403.265.5681
 Cel 403.612.8772
 1.877.217.1303
 Email: nancy@yellowraincoat.ca



**New dates for 2009
 continuing competency opportunities in perio:**

Instrument Sharpening

Apr 18, 2009 2 hour lecture/clinical session-
 maximum 10 participants per
 session

Advanced Instrumentation Workshop – Furcations

May 9, 2009 2 hour clinical session max 8
 participants per session

**Watch for upcoming evening lecture
 series starting fall 2009.**

**For more information or to register please call
 Bonnie Hoath at (403) 710-8435 (day), (403) 254-9421 (eve)
 or visit www.periodimensions.com**



www.careers.ualberta.ca

Faculty Position, Dental Hygiene Program

The Dental Hygiene Program at the University of Alberta is seeking applications for a full-time academic position. Responsibilities will include a combination of clinical and didactic teaching, research, continuing education and associated administrative duties. There is an expectation for the development of an active research program.

Academic rank and salary will be based on the applicant's qualifications, experience, and achievements. It is expected that the applicant will be a dental hygienist with a Master's degree or equivalent; however, preference will be given to applicants with a PhD or EdD. The successful applicant will also have demonstrated experience in clinical practice, undergraduate teaching and research, and must be eligible for dental hygiene licensure in Alberta. Private practice privilege is integrated with the appointment.

The position will be available July 1, 2009. Applicants are asked to forward their curriculum vitae and the names and addresses of three referees by May 31, 2009.

Interested applicants may apply to:

**Dr. Sharon Compton, Director
 Dental Hygiene Program
 Department of Dentistry
 Faculty of Medicine & Dentistry
 Room 2032 Dentistry/Pharmacy Center
 University of Alberta
 Edmonton AB Canada T6G 2N8
 Email: scompton@ualberta.ca**

All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority. If suitable Canadian citizens and permanent residents cannot be found, other individuals will be considered. The University of Alberta hires on the basis of merit. We are committed to the principle of equity in employment. We welcome diversity and encourage applications from all qualified women and men, including persons with disabilities, members of visible minorities, and Aboriginal persons.





COLLEGE OF REGISTERED
DENTAL HYGIENISTS
OF ALBERTA

Return undeliverable Canadian addresses to:

College of Registered Dental Hygienists of Alberta
206, 8657 51 Avenue NW
Edmonton, AB T6E 6A8