Dentists Can Now Treat Spouses

ODA President Dr. Gerald Smith Applauds ODA's Efforts

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SEPTEMBER 2014
Volume 91 | Number 7

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ODA Mission Statement
The Ontario Dental Association is the voluntary professional organization which represents the dentists of Ontario, supports its members, is dedicated to the provision of exemplary oral health care and promotes the attainment of optimal health for the people of Ontario.

Ontario Dental Association
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September 2014 • Ontario Dentist 7
As always, the ODA journal contains useful, insightful and up-to-date articles on all facets of dentistry. I would like to comment on two interesting items.

First, in the June issue of \textit{Ontario Dentist} was Dr. Steven Brown’s letter to the editor (“Retiring After 35 Years?”) and Dr. Brian N. Feldman’s response, which was dead-on. I graduated in 1967 and enjoy practising dentistry as much or more than I did after graduation. Although I recently sold my practice and moved to a three-day week, I find the challenge of treating each patient according to their individual needs and wants to be most rewarding. With luck, and if my hand-eye co-ordination holds up, I plan to be still in practice for the next few years. Retire? Not yet!

Second was Dr. Gerry Ross’s article about his long-term staff member and her personal and professional contributions, both to the practice and, more importantly, to Dr. Ross’s well-being (“An Historic Dental Journey”). Like Dr. Ross, I have been blessed with great staff. Early in my career I was rewarded with two individuals, Mrs. Marne Wright and Mrs. Audrey Mason, who together set me on the right path. After 20 years they both retired and I was fortunate to be blessed with Mrs. Nichola Yoshida who started out as a patient at age 8. Nichola has graced my chair-side for 21 years and keeps me engaged and grounded. The rest of our staff have worked beside me for 21, 16 and nine years respectively. The key, as Dr. Ross so succinctly put it, is respect for each other. In this office there is no “I” — only “we.” Staff are truly an asset and not an expense. I think this has to be stressed more to our new graduates. These people are employees, but more than that they are your colleagues.

I would stress to the young dentists coming in as new owners not to look at the salaries of long-term staff but rather look at the value they bring to your practice. We have all had the experience of the patient who, after your masterful 20-minute consultation, turns to the assistant and asks, “Do I need this?”

Remember, staff relationships are a two-way street. Yes, you are in charge, you are the doctor, and you are responsible for the patient’s well-being, but the people you work with can make or break you. Your professional longevity is fuelled by the personal and professional relationships you forge with both the patients and, more importantly, the staff.

Enjoy the journey!

Dr. Peter Markle
Scarborough, Ont.
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Together We Made a Difference — But Our Work is Not Done

The February 2, 2010, Ontario Court of Appeal decision, *Leering V. College of Chiropractors of Ontario*, had a profound effect on regulated health professions in Ontario. Since that time, there have been countless advocates supporting a regulatory change that would allow dentists in Ontario to treat their spouses. This issue spanned the term of five ODA presidents, two general elections in Ontario and nearly four and a half years of pressure on the government. It involved a lot of work, on what many of us assumed would be a quick and easy fix. Throughout that time, we remained united in our request of government. We worked equally with all three parties of the Legislative Assembly of Ontario, and we made our voice stronger by asking other professions to participate in our campaigns and by including our spouses — who this issue ultimately affects.

Naysayers may attribute the passage of the legislation and approval of the regulation to luck, but it was due to the leadership and hard work of the dental profession that this law was changed. Now the College of any health profession can take steps to permit spousal treatment. I hope ODA members can appreciate how difficult it is to bring about needed change, and how unbearably long it can take for seemingly simple matters, let alone complex ones. I’m sure every person or patient you told about this expressed disbelief that such a draconian law and penalty existed. One of my patients remarked, “You’d get a much lighter sentence for robbing a convenience store than checking your wife’s teeth!” We all thought that surely this unintended consequence of the legislation would be easy to correct. Wrong! Advocacy and change take time and patience. There’s a proper — but slow — process that must be followed.

When all of the cards seemed stacked against us, we persevered. We seized every opportunity we had, ranging from email-to-target campaigns; to Health Professions Regulatory Advisory Council (HPRAC) presentations; to committee hearings; to one-on-one meetings with Members of Provincial Parliament (MPPs), Ministers and their staff — at Queen’s Park and locally in their constituency offices. We were unwavering and united in our goal, and we applied the right amount of pressure, at the right time.

I sincerely want to thank **everyone** who participated. I know that my colleagues have thanked you at every step of the process, but now that spousal treatment is permitted, it is a good time to express my heartfelt gratitude again. Thank you to the ODA Board, General Council, Political Contact Dentists (PCDs), the Political Action Committee, and the Zero Tolerance Task Force. I don’t think it’s been said enough: thank you to everyone who participated in the Dentists Advocacy Action Program (DAAP) and sent emails to their local MPPs, and thank you to all the spouses who did the same. To those, including spouses, who braved snowstorms and torrential downpours to present at the HPRAC hearings (which ultimately led to a recommendation that the government permit spousal treatment) — thank you. To the other professions that participated, please accept our gratitude. Thank you to the Royal College of Dental Surgeons of Ontario for all that was done to support spousal treatment, including passing and submitting the regulation so expeditiously to the Minister of Health and Long-Term Care.

I must also thank Mr. Steve Clark, MPP Leeds-Grenville, who on April 18, 2012, first introduced Bill 68, *Regulated Health Professions Amendment Act (Treating Spouses)*, 2012, which then died on the Order Paper. Mr. Clark then introduced Bill 40, and withdrew it after 11th-hour negotiations with the two other parties led to an agreement on Bill 70, which ultimately passed unanimously and received Royal Assent on November 2, 2013. We had many long discussions with Hon. Deb Matthews, MPP London North Centre, and then-Minister of Health and Long-Term Care, and her staff about the implications of the legislation, and gained their support for spousal treatment. Mme. France Gélinas, MPP Nickel Belt, led the charge for the New Democratic Party of Ontario as its health critic. Our gratefulness also extends to all MPPs who supported allowing spousal treatment. Without all of this support, Bill 70 would not have passed unanimously.
government-sponsored dental programs. I hear you when you tell me that you are being asked to do more with less when treating patients covered by these plans. I know, because I treat many of these patients in my practice without restrictions, because I feel it is the right thing to do. We all know that something must be done. But the reality is, we cannot do this alone. We need your support for the hard work ahead. We need MPPs to understand that this is a province-wide issue.

The Political Action and Dental Benefits Committees will be rolling out a new campaign shortly. This campaign will require the participation of all dentists who treat patients covered by Ontario government-sponsored dental programs, and who are upset with the remuneration they receive. We will have a united approach for this campaign. PCDs will be local quarterbacks — working with local component societies and with all dentists locally to present a united approach. Our association benefits most when we all work together, and we need you and your anecdotes. We need you to explain what the low remuneration rates mean for patients, you and your practice. Let’s embark on this next campaign together and build on the great team we have developed throughout the past four and a half years lobbying for spousal treatment. Together we will go farther!

As you may recall, Dr. Rick Caldwell, ODA Past-President, wrote to all three party leaders on May 8, 2014, the day the election writ was dropped, on three issues of importance to Ontario dentists: access to care for patients covered by Ontario government-sponsored dental programs and the remuneration dentists receive when treating patients covered by these programs; the Bill 70 regulation; and community water fluoridation. Hon. Kathleen Wynne, MPP Don Valley West and Premier of Ontario, and Hon. Dr. Eric Hoskins, MPP St. Paul’s, and Minister of Health and Long-Term Care, must be thanked for keeping true to the Liberal election promise and approving the spousal treatment regulation at Cabinet shortly after the election. I extend gratitude to former Minister of Health and Long Term Care, Hon. Deb Matthews, who personally assured me this would be dealt with right after the election.

Emphasizing how we got to here from there is important in understanding what made the ODA’s request of government successful. Ultimately, it was the support of you, our members. It was the support we received from your spouses, and it was the grassroots lobbying of MPPs locally that pushed them to support the legislation and regulation. We worked equally with all three parties to ensure that all MPPs, regardless of what party they belonged to, knew why dentists were united in this goal.

I’d like you all to take a moment to celebrate our accomplishments. But our work doesn’t end there. In a recent survey to the membership, across all demographics, we are hearing that your No. 1 issue is that government program fees (Ontario Works, Ontario Disability Support Program, Children in Need of Treatment, and Healthy Smiles Ontario) are too low. We hear you when you say that we need to advocate for higher fees for Ontario...
Dentists Can Now Treat Spouses!

On July 10, 2014, we all breathed a sigh of relief. Having spousal treatment allowed for dentists in Ontario once again means there is one item we can all cross off our list. We echo the comments from ODA President Dr. Jerry Smith (see President’s Page on page 10) and genuinely thank all of you who have been so vital to this entire process. We succeeded in having the legislation, and ultimately the regulation, passed because of the great team we have. You may think we don’t know about your local efforts — such as stopping your Member of Provincial Parliament (MPP) in the grocery store, or talking to your MPP at an event — however, we do. And we thank you.

On July 11, the ODA issued a press release, celebrating the approval of the regulation. We’ve included quotes from the release in this article to remind you of the great work our team achieved together. We cannot emphasize enough how important it was to be united in our request, to work hard together, and to be present at every possible opportunity to ensure that the issue of spousal treatment remained at the forefront for MPPs and Ministers.

In anticipation of spousal treatment being permitted by dentists in Ontario, the Political Action Committee (PAC) and the Dental Benefits Committee (DBC) decided to focus their attention and energy on another issue during the recent Ontario election campaign. Under the leadership of Dr. Stephen Abrams, DBC Chair, and Dr. Roch St. Aubin, PAC Chair, along with their committee members, the assistance of ODA members was sought once again. The focus of the ODA campaign, in which you were asked to lend your voice concerned access to care for patients covered by Ontario government-sponsored dental programs and the remuneration dentists receive when treating patients covered by these programs. We hope that the hard work involved in dealing with government, or the length of time it takes to bring about changes, is not discouraging. As we experienced regarding the law governing spousal treatment, collectively we can bring about change. Your leadership and involvement matter greatly. The reality is that every dentist and every spouse who talked to just one person (whether that person was elected to office or not) had an influence in ensuring the law was changed and the spousal treatment regulation approved.

The PAC and DBC need your help this fall. As in the past, we have developed tools and resources you can use. We ask that you take some time from your practice to help with the request to improve access to care for Ontario’s most vulnerable people and to address the inadequate rate of reimbursement, which is currently about 46 percent of the Suggested Fee Guide.

The approach will be multi-faceted, focusing on: the dental home dentists provide in their communities; the need to keep patients out of emergency departments, and the impor-
tance of continuity of care for Ontarians who, without you, do not have access to Ontario’s first-class oral health-care system. Over the years, many dentists have called to express their concerns about access to care and remuneration, and your voices are being heard. We want to work with you as leaders of your communities to ensure your voices are also heard locally. A vital part of the campaign includes local dentists working with their local Political Contact Dentists (PCD) and meeting with MPPs to discuss what is happening in their backyards. The reality is that MPPs cannot ignore access to care issues for Ontarians, and with a cohesive and strong voice, we will advocate together for positive change.

Please watch your email inbox for ways that you can participate and lend your voice to this upcoming campaign. Please support the efforts of your local PCDs and component societies. When you see the DAAP logo (above), it signals that we need your voice — and we assure you participation will only take a few minutes of your time. As well, if you take a few minutes more to persuade a colleague or supporter to lend his or her voice, too, it would be greatly appreciated. Believe in the efficacy of individual efforts: collectively we can make a difference. We look forward to working with you. 

Frank Bevilacqua is the Director of Professional, Government and Component Society Affairs. He may be contacted at fbevilacqua@oda.ca.

Maggie Head is the ODA’s Government Relations Manager. She may be contacted at mhead@oda.ca.

Timeline of Important Dates for the Regulation

- January 24, 2014: RCDSO holds special Council meeting.
- March 6, 2014: Regulation submitted to the Minister of Health and Long-Term Care.
- July 10, 2014: Spousal treatment allowed in Ontario (following Cabinet approval of Regulation/Royal Assent).

For more information, please see pages 16-17 in Ontario Dentist, December 2013, for the complete chart: “How a Private Members’ Bill Becomes Law” and “The ODA’s Story.”

**Bill 70**

**Dentists’ Advocacy Action Program**

**Highlights** have been prepared on the following:

- Infection Prevention & Control
- Workplace Violence & Harassment
- New & Young Workers
- Musculoskeletal Disorders
- Hazardous Waste Management

All available to ODA members, free of charge, at [www.oda.ca/member/healthandsafety](http://www.oda.ca/member/healthandsafety).
The Female Perspective was an idea born from an office tour a couple of years ago. Dr. Tim Milligan, Chair, Student Services Committee, was hosting 24 University of Toronto students at his High Park office one evening — and 14 of them were female. I realized that female dentists have different needs and concerns than their male colleagues.

I asked the female student representatives to share their thoughts about an ODA Munch and Learn seminar featuring female dentists from all walks of life discussing personal experiences. The reps thought it was a great idea. We went ahead with the seminars, called the Female Perspective, at both dental schools. Survey evaluations were distributed and students were asked to provide feedback.

Wrote one student: “The Female Perspective was a fantastic seminar! It was very interesting to hear a mother’s and daughter’s views on a career. I learned a lot of valuable dental tips that I can apply in school and a future practice.”

Another student wrote: “I would like to send a note of thanks [to the ODA] for hosting the very interesting and informative Female Perspective seminar. I walked away from the seminar with a healthy bit of validation about my goals as a female dentist. The speakers were interesting, knowledgeable, energetic and fun.”

Our articles in the Female Perspective Series for Ontario Dentist are based on these Munch and Learns. The first article, “The Changing Face of Dentistry”, appears in this issue of Ontario Dentist and features Drs. Susan Rumble and Jennifer Rumble, the mother and daughter dentists who spoke at Western University’s Schulich Dentistry in February. The second in the series, which will be published in an upcoming issue of Ontario Dentist, features Drs. Jill Levine and Simi Silver, who spoke at the University of Toronto’s Faculty of Dentistry in March.

Rose Zisko is the ODA’s Student Services Associate and can be contacted at rzisko@oda.ca.

FEEDBACK REQUESTED

We want to hear from you! Would you like to read more articles about the challenges and rewards of being a female dentist? Is there a particular issue you would like more information on or wish to discuss? Please email us at jkuipers@oda.ca.
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When Dr. Susan Rumble graduated from dental school at the University of Western Ontario in 1978, dentistry was dominated by men and most of her classmates were male. She never gave it a second thought. “I grew up on a farm and had parents who didn’t make a distinction between men’s work and women’s work,” she says. “If you could do the work, you just did it.” It wasn’t until she graduated that she realized that a female dentist was an anomaly to a lot of people.

By the time her eldest daughter attended Western a quarter of a century later, women had made significant inroads in the dental profession and there were as many females as males in her graduating class. “Patients were more surprised at how young I was than the fact that I was female,” says Dr. Jennifer Rumble, who started practising at the age of 24.

Mother and daughter now work together at the South London Dental Care Centre in London, Ont., a family practice Susan Rumble joined in 1978, first as an associate, then partner. Ontario Dentist talked to them about why they chose dentistry as a career, the challenges and rewards of being a female dentist and how the profession has changed over the years. They also shared their best advice for new graduates.

**Why Dentistry?**
From the time she was a little girl, Dr. Susan Rumble thought she’d be a teacher. “My father bought two old school desks when the one-room school in my farming community closed, so I was always pretending to teach my invisible students,” she recalls laughing. That changed abruptly when her oldest sister announced in her final year of high school that she intended to be a teacher. “I was the third daughter in my family and I’d always just followed what my sisters had already done before me. I just knew I had to do something different.” That summer, during a lunch break from farm work, Susan read an article in the local newspaper about how dentistry was an ideal profession for women. “I thought, OK, that’s what I’ll do. Just like that. It combined my love of science and art and it seemed like a good fit. Interestingly, it has turned out so well for me. My career as a dentist has really allowed for a lot of teaching along the way.”

Her daughter has never wavered in her decision to follow in her mother’s footsteps. “Throughout the years, my mom always spoke so positively about her career,” says Dr. Jennifer Rumble. “She really did love her profession, and that encouraged me to think that dentistry would be a career I would enjoy too.” Jennifer had the advantage of working four summers after high school in her mother’s dental office doing everything from filing to assisting chair-side. “I knew a lot about the day-to-day procedures in a dental office and having all that experience helped solidify my decision,” she says.

**Getting Started**
When Dr. Susan Rumble graduated, many of her fellow students started out by opening solo practices, but she decided to associate instead. Two years later she bought into the practice. She and Dr. Jack McLister (currently ODA Vice-President for 2014-15) worked happily together for 35 years, until he retired from private practice a year ago. “People couldn’t believe that we got along so well and that we worked together for that length of time. But we had a really
great working relationship and our families are as one family. He always called me his office wife. He said he just did what I told him to do,” she says with a chuckle.

Her daughter took a slightly different career path. Dr. Jennifer Rumble married right after graduation and moved to Halifax with her husband, a dental officer in the Canadian Forces. She was hired as a civilian associate and gained valuable skills and experience at the large military clinic there. When her contract ended, she moved back to London to associate full-time with her mother. Her husband joined them in 2011 and bought half of the practice when Dr. McLister retired.

“It’s really uncommon now for graduates to buy their own practices right away,” says Jennifer. “I think every graduate either associates or goes to a specialty program, mainly for financial reasons. To start a practice now you’re looking at $500,000 to $1 million. And students are graduating with $100,000 to $200,000 debt.”

The Challenges
The issues facing female dentists are the same ones facing any working woman today, regardless of her career, says Dr. Susan Rumble. “We all have the same things we have to manage.”

Both mother and daughter credit live-in caregivers for having helped them balance their family and professional lives. “Without a live-in caregiver, I don’t think I could have made it work,” says Dr. Jennifer Rumble, who has two young children ages four and two. “Dentistry is so unpredictable. You might have an emergency that you must attend to immediately, or need to juggle your hours somewhat to accommodate patients. By having someone at home, I can do that, and I don’t have to be somewhere at 5 or 5:30 p.m. to pick...
It's still typically patients from 9 to 5 like my mom did, but your days are 8 to 6:30 by the time you get everything done.” Adds Dr. Susan Rumble: “When I graduated, I didn’t know anyone who worked beyond 8 to 5. Now, extended daily hours and even weekend hours are common.”

The number of dentists in urban areas also continues to grow. “It’s difficult to grow a new practice in established urban areas,” says Dr. Susan Rumble. “Even in 1978, it took me a few years to establish myself, but now I think it’s certainly a lot more difficult.”

The number of women entering the profession has also grown dramatically. In 2012, 53.8 percent of the students in first year at University of Toronto’s dental school were female. Attitudes have also changed. Dr. Susan Rumble recalls one of her instructors asking her if she thought she would actually practise dentistry when she graduated. “The question took me by surprise,” she says, “but then he explained that a female graduate from his graduating class in 1970 never did practise. I personally couldn’t imagine not using the skills that we worked so hard to get. After all these years, it kind of makes me smile...when I think that here I am 36 years later still practising full-time, while a lot of my male colleagues, if they haven’t retired totally, have really slowed down.”

“Technology has certainly changed dentistry over the years as well,” says Dr. Susan Rumble. “Not only has technology changed the clinical aspects of dentistry, but it has also changed the administrative areas of the practice,” adds Dr. Jennifer Rumble.

Dentistry, from a female point of view, as this mother and daughter duo illustrate, has its changes and challenges but the upside is that they are outweighed by the amount of satisfaction experienced in this profession.

Cheryl Embrett is a Toronto-based freelance writer.

Advice to New Dentists

“Right from the first day of graduation, you should always strive to continue to expand your knowledge and skill set,” advises Dr. Jennifer Rumble. “And always remember that dentistry is a health profession and the needs of the patient come first and foremost. If you strive to be a great dentist and care for your patients, success will follow through word of mouth.” She also recommends associating in a group practice. “It’s fabulous for a new graduate because you can focus on the clinical aspects of dentistry and not have to worry about all the stress that comes from owning a practice.”

Dr. Susan Rumble’s best advice is to treat each patient as you would want you and your loved ones to be treated. “If you do this everything else will fall into place,” she says. “You also need to treat your dental colleagues with respect and cooperation. And be prepared to work tirelessly because you love what you do.”
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<td>Mar 19/15</td>
<td>Paedodontics The Art of Management or Mismanagement of Paedodontic Problems</td>
<td>Dr. David Eisenstat DDS Dip PAEDO FRCD (C)</td>
<td>Promenade Mall – Room 300 E</td>
</tr>
<tr>
<td>Apr 23/15</td>
<td>Endodontics and Anaesthesia For the Best Results</td>
<td>Dr. Andrew Moncarz BSC DDS Dip An MSC FRCD (C)</td>
<td>Promenade Mall – Room 300 E</td>
</tr>
<tr>
<td>May 21/15</td>
<td>Radiology Seeing may be Believing. Wait till you see</td>
<td>Dr. Grace Petrikowski DDS, MSC, FRCD (C)</td>
<td>Promenade Mall – Room 300 E</td>
</tr>
<tr>
<td>June 25/15</td>
<td>Case History and Effects On Treatment and Simple vs. Complex TMTS.</td>
<td>Dr. Kris Lee. BSC DDS MD FRCD (c)</td>
<td>Promenade Mall – Room 300 E</td>
</tr>
</tbody>
</table>

1. All programs run 6:30 to 9:30 p.m. (3 hour sessions).
2. Cost is $435.00 for the year whether you attend one or all sessions.
3. All dentists and staff wishing to participate must contact Dr. Baruch Price. You are advised to call as soon as possible to guarantee your place. 416-832-4861

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Emergency Care

Automated Electronic Defibrillators:
Which One is Best for the Dental Office?

Introduction

Chest compressions of high quality are the most important item during cardiac arrest which is why CPR (Cardiopulmonary Resuscitation) is indicated 100 percent of the time for a cardiac arrest rescue. Quick and early electrical defibrillation is indicated in 60 to 70 percent of incidents. I prefer to have AED machines immediately available because exceptional survival rates as high as 49 percent have been reported when defibrillation is provided in fewer than three minutes, which is twice the survival rate reported from the most effective EMS systems.

It is important to know that in the case of local anesthetic overdose-caused cardiac arrests, early defibrillation may not be effective, and the importance of hard and fast chest compressions for an extended period prior to successful defibrillation should be emphasized.

Essential AED Components

Because of the importance of high quality chest compressions, a key feature in my opinion for a dental office AED is the unit’s analysis and audible feedback of the quality of CPR. Depth of compression is perhaps the most important feedback item — rescuers tire quickly and will often maintain rate but not adequate depth of compressions. The resulting poor cardiac output and tissue perfusion is usually deadly.

Must-Have Items for AED Machines

All modern AEDs are good so long as they are maintained. All have algorithms that advise the rescuer when to perform CPR, and when to deliver an electrical shock to the patient, if one is needed. All advise the rescuer on the status of delivering a shock and resuming compressions. All AEDs have some way to communicate to the rescuer the steps to take during a rescue. All have voice prompts and some prompt graphically with text and icons or video animation.

Here is a list of the required features that you should consider mandatory on any AED you choose to purchase:
- Metronome guide for 100 compressions per minute
- Bi-phasic waveform of shocks (two directions of pulses increases success with less damage)
- Regular self-testing of batteries and circuits
- A five- to seven-year manufacturer’s warranty
- Ability to defibrillate adults and children

This table (1) compares costs and maintenance schedules, and highlights some important features of different AED units.
<table>
<thead>
<tr>
<th>AED Brand</th>
<th>Compression Depth Sensor</th>
<th>ECG Display</th>
<th>IRDA port or USB-Quik Combo cable</th>
<th>Software Upgrading</th>
<th>Pad Model</th>
<th>Pad Replacement</th>
<th>Battery Type</th>
<th>Battery Replacement</th>
<th>Prompt Type</th>
<th>IPR Rating</th>
<th>Warranty/Years</th>
<th>Unit Cost</th>
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<td>Defibtech Lifeline</td>
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<td>SD card slot</td>
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<td>149</td>
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<td>Voice</td>
<td>1P21</td>
<td>5</td>
<td>1245</td>
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<td>Video prompting</td>
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<td>149</td>
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<td>HeartSine Samaritan</td>
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<td></td>
<td></td>
<td>PAD Data management cable</td>
<td>120</td>
<td>3.5</td>
<td>Included with pads</td>
<td>3.5</td>
<td>Voice/LED</td>
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<td>61</td>
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<td>Voice</td>
<td>1P21</td>
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<td>Chargeable battery pack</td>
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<td>1PX4</td>
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<td>160 battery pack Rechargeable option available</td>
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<td>5</td>
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<td>Charge Pack $290 Rechargeable option</td>
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<td>Voice/Text</td>
<td>1P55</td>
<td>5</td>
<td>2995</td>
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</tbody>
</table>

* Table continued on page 22
Emergency Care

Pads and batteries need to be kept up-to-date. Pads are made of metal foil and adhesive gel. Over time the metal foil degrades as it is in contact with the gel and the gel loses adhesive and conductive properties. Pediatric pads are more expensive than adult pads and used on children under eight years of age. Pediatric pads must be present if you treat children.

Most manufacturers use lithium batteries, which are easy to install. Physio-Control and Lifepak CR Plus use a charge-pack battery. The Zoll AED Plus utilizes 10 Duracell type 123 batteries. Several of the other manufacturers also use Duracell batteries inside their proprietary packs, which cost more. Being able to change the Duracell batteries directly allows the owner to purchase them at a common retail store and change them directly. A battery rechargeable option is directed at EMS situations where the unit is being used frequently and of lower priority for a dental office.

CPR, ACLS, PALS, and AED recommendations and guidelines are improved regularly with significant revisions often every two to four years. Most manufacturers warranty their AEDs for five to eight years so the ability to upgrade the software of the unit is important. It is usually possible to download AED utilization data during a rescue to a computer with available free software to review after the event.

AED units are also ranked by “International Protection Rating” and “Ingress Protection Rating”. These measure and rank devices for protection against solid particles and separately, water protection. Both are rated on a 0-6 scale and expressed as two digits with the left digit the particle rating and the right digit the water rating. The Zoll AED Pro is also the only current unit to pass a 1.5 meter drop test.

Some AEDs have ECG displays. For most applications where the AED is used by lay rescuers, an ECG display is an unnecessary feature and may even be a distraction. Health professionals trained to interpret the results often prefer an AED with ECG output. For dental offices without another means of visualizing a patient’s ECG this is a very appealing option I highly recommend. Being able to visualize the presence of organized electrical activity during rescue without stopping compressions is valuable especially in the case of local anesthetic overdose. The Zoll AED Pro provides see-through ECG display allowing the rescuer to view the patient’s ECG rhythm while performing CPR compressions by filtering out the artifact of the compressions. This feature reduces interruptions in compressions, allowing the rescuer to see if defibrillation was successful while maintaining compressions.

Emergency Care
Conclusion
The best AED is the closest, most accessible unit that can most quickly assess and deliver the necessary defibrillating shock to the patient who needs it. All current AEDs are good as long as they are maintained. The dental office is unique compared with public areas such as airports and golf courses and the potential type of cardiovascular collapse that may occur is different when we consider local anesthetics, vasoconstrictors, allergens and various modalities of sedation. An AED that is registered, easy to use and maintain, and assists in high-quality rescue standards is my recommendation. Our profession should help lead their communities to have AEDs within 100 meters of sites where there is a likelihood of need. In my view, this includes all dental offices.  

Dr. Peter Copp is a 1980 graduate of the Faculty of Dentistry, University of Toronto, and has a specialty certificate in Anesthesia from the RCDSO. He is a member of the Ontario Dentist Editorial Board and currently maintains a general practice in Toronto specializing in sedation and/or general anesthesia for children and adults. He is an anesthesia instructor at the University of Toronto. Dr. Copp may be reached at peter.copp@utoronto.ca

AED Registry
Dentists should be active in efforts to register the location of AEDs and to implement systems to locate the closest AED through mobile devises. Publicly available AEDs are rarely retrieved and used because bystanders generally cannot see them and have no way of knowing if one is even available nearby. Statistics from the CARES (Cardiac Arrest Registry to Enhance Survival) Registry indicate that publicly available AEDs are used less than three percent of the time when needed and available.

An example of such a system is the smartphone app PulsePoint (pulsepoint.org). Where adopted, the PulsePoint app allows rescuers to obtain the exact location of the closest publicly accessible registered AED. Application users who have indicated they are trained in cardiopulmonary resuscitation (CPR) and willing to assist in case of an emergency can also be notified if someone nearby is having a cardiac emergency and may require CPR. If the cardiac emergency is in a public place, the location-aware application will alert trained citizens in the vicinity of the need for bystander CPR simultaneous with the dispatch of advanced medical care.

The PulsePoint app provides precise mapping of nearby AEDs to rescuers in context with their present location. PulsePoint has been integrated into the Toronto 911 EMS dispatch system recently. Administrative approval is pending to take the service public and a clinical trial of the system is soon to be launched and can be viewed at ClinicalTrials.gov. Accurate and complete public AED location information is required to realize the potential of this feature.

Another excellent registry is the Atrus National AED Registry. This registry has been incorporated into EMS services in Ontario and provides dispatchers with information on AED locations for 911 incoming callers.

Atrus AED Link system offers mission-critical AED location data to 911 dispatchers via a regularly updated geographic information system (GIS) map layer.

References
Megan Griffith-Greene, CBC News Posted: Nov 29, 2013 5:00 AM ET Last Updated: Nov 29, 2013 8:08 AM ET

References for recalls:
http://www.fda.gov/safety/medwatch/safetyinformation/safetyalertsforhumanmedicalproducts/ucm205165.htm
http://www.fda.gov/Safety/Recalls/ucm253582.htm
http://www.fda.gov/MedicalDevices/Safety/ListofRecalls/ucm062303.htm
Clinical Submissions for Case Reports

Introduction
Data from the 2010 Ontario Dentist Readership Survey clearly show ODA members want more clinical articles in each issue of Ontario Dentist. Case Reports in particular are very popular. In order to continue to fulfill this need, we are asking for your help. The template attached to this message will make it very easy for you to prepare and submit a Case Report for publication in the journal.

The Case Report Template is also available in the Ontario Dentist section of the member website. Log on at www.oda.ca/member.

Directions
(1) Select an interesting or unusual completed case from your patient files. Choose one involving a unique presentation, a challenging diagnosis, a difficult operative procedure or a particularly satisfying result. Focus on a case containing information or findings from which you believe the profession would benefit.

(2) Complete the Case Report Template, using the headings as a guide. Feel free to add additional relevant facts.

(3) Include pictures and/or radiographs to illustrate the key elements of the case.

(4) Be sure your name and contact information are on the template form.

(5) Submit the Case Report either as a Word document by email, or as hard copy by fax. Submit the images as separate files – not embedded in the Word document.

(6) You will receive an edited version of the Case Report, prior to publication, for your review and comments.

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## Case Report Template

### History & Initial Presentation

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<td>Complications:</td>
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</tr>
</tbody>
</table>

What made this case unique? What were the key learnings?

Please include captions for all Figures submitted:

Figure 1

Figure 2

Figure 3

Figure 4

Figure 5

Please include literature/source references, if applicable.

Name: ____________________ Address ____________________

Email: ____________________ School & Year of Graduation: ____________________

Phone: ____________________ Degrees: ____________________

Submit form to:

Julia Kuipers, Managing Editor, Ontario Dentist

FAX: 416-922-9005  •  Email: jkuipers@oda.ca

(Word document + separate images)
Starting a practice should be an enjoyable and exciting step forward in your career as a dentist. With the right planning and strategy in place, it can be just that!

**STEP 1: Create a Business Plan.**

Begin the startup process by creating a business plan, including an outline of your goals and objectives for your new practice. Some items to consider:
- What is your target open date?
- Do you plan to buy or lease the space?
- Build or renovate?
- How will you attract new patients?
- What are your plans for long-term and future growth?
- Are you planning to retire in the next five to 10 years?
- Do you plan to bring in associates?
- What are your financial objectives?
- What is your budget for the practice?

**STEP 2: Choose the Right Business Support Team.**

Once you’ve outlined your business plan, it’s time to put a team in place to help make that plan a reality. Select an all-star team you can trust and depend on, comprised of an office designer, dental equipment supplier, technology specialist, financial advisor, builder/contractor, accountant, and professional dental-office lease negotiator.

**STEP 3: Select the Right Site.**

In addition to selecting a solid startup team, the right location is crucial for the success of any dental practice. Factors to consider in your search include:
- **Visibility:** How important to you is a high-visibility location versus low-visibility, such as a medical building?
- **Neighbours:** Do the demographics of the neighbourhood match your target market? Consider neighbourhood demographics such as age, ethnicity, annual income and marital status when choosing your location.
- **Local Businesses:** What other businesses are in the neighborhood and will they help drive traffic?
- **Competition:** Are there any competing dental offices close to the location you’re considering?

**STEP 4: Review and Negotiate the Offer to Lease or the Letter of Intent.**

Once you’ve selected the ideal practice location, you will be presented with the Offer to Lease (OTL) or Letter of Intent (LOI) by the landlord, which is essentially the short form of the dental office lease.

These documents outline the key lease terms for the property such as length of term, rental rates, commencement date, options to renew, tenant improvement allowances, deposits, etc. Work with a professional dental-office lease negotiator for this critical step to ensure that the final document aligns with your practice needs.
STEP 5:
Begin the Preliminary Office Drawings.

Once the LOI has been finalized, work with your dental supply consultant and office designer to begin planning your new office. Questions for consideration:
- Where will each room be located, and what are your size requirements?
- How many hygiene rooms and operatories will you have?
- What will the reception area and your private office look like?
- What type of equipment will you need and where will it go?
- Is the space set up with the appropriate plumbing and electrical?
- What needs to be built and/or installed before you move in?
- What type of lighting do you require?
- What are your preferences for colour scheme and flooring?

STEP 6:
Negotiate the Details in the Dental Office Lease.

Once the preliminary designs are drafted up, the next step is to have the details in the office lease reviewed and negotiated by a professional dental-office lease negotiator. The lease is a much more extensive and in-depth contract than the OTL or LOI, and is typically written in a way that favours landlords. Landlords strive to increase the value of their properties by enforcing clauses in the lease that enable them to raise rent or prevent a practice sale from happening. Some important considerations in the lease include:
- Economics: Are the rental rates fair? Are the annual escalations reasonable?
- Personal Risk: Is the lease written in your personal name, exposing you to undue risk?
- Flexibility: Does your lease allow you to bring in associates, sublet space or sell your dental practice?
- Location Protection: Is there a relocation clause that gives the landlord the right to relocate you whenever he or she wants, at your expense?
- Termination Rights: Are there assignment provisions in the lease that give your landlord the right to terminate your tenancy upon your request to assign (transfer) the lease or sell your practice?

Extensive research and a thorough lease review and negotiation strategy are essential here as the lease dictates your responsibilities as a tenant to your landlord; there is no room for error. Your negotiator will work with you to develop a customized strategy for improving your lease to ensure it meets your practice needs and properly protects you from risk.

STEP 7:
Finalize the Site Design and Begin Construction.

After the details in the lease have been signed off on, the office design and improvement plans can commence. Work with your design team to confirm the layout and design of your office, and finalize budgets. Finalize equipment orders, acquire the appropriate permits and schedule the construction to build out your new dental practice. Begin construction and/or renovations, and the delivery and installation of equipment.

STEP 8:
Advertise Yourself.

Prepare a marketing plan for your dental office, developing promotions and preparing materials such as direct mail flyers, business cards, office signage, etc. Create a website and consider email marketing and social media as ways to reach new patients and increase awareness.

Ensure you are fully stocked with the appropriate inventory and that the members of your new staff are prepped, trained and ready to go.

STEP 9:
Open Your Doors.

You’re set to go. Generate new patient traffic through hard, high-quality work, advertising and word-of-mouth.

Alain Sabbah is a Partner at Cirrus Consulting Group. He may be reached at 647-789-3256 or by email at asabbah@cirrusconsultinggroup.com.

Cirrus Consulting Group specializes in helping dental professionals achieve favourable terms and rental rates in their dental office leases. Cirrus Consulting Group is an ODA member service. For more information or for a complimentary consultation with a leasing expert, call 1-800-459-3413, or visit the ODA member website at www.oda.ca/members.
Understanding and using the tax tools available to dentists will help you develop a strategy to maximize your tax savings. Here is a fictitious, but realistic and representative, case study on how to use these tools effectively so you don’t miss out on any tax breaks. Consider the case of Dr. Sonya Gupta, presented below:

**Dr. Gupta’s background**
- Dr. Gupta is a 50-year-old dentist, practising as a sole proprietor for the past 22 years and earning approximately $300,000 per year.
- Her husband is an elementary school teacher earning $70,000 a year.
- They have three children: a 14-year-old in high school, and a 19-year-old and a 21-year-old in university, each with tuition expenses of $10,000 per year.
- Dr. Gupta’s mother (73) and father (76) are retired and receive the Canada Pension Plan (CPP) and Old Age Security (OAS) ($12,000 each per annum) and a private pension income ($6,000 each per annum), but no Guaranteed Income Supplement (GIS).
- She is looking to sell her practice in five years for around $1 million.
- Dr. Gupta has had bad investments in the past and experienced large investment losses.

**Advantages of Using a Professional Corporation (PC)**

**Low tax rate.** Income earned inside a PC is taxed at a rate of 15.5 percent up to $500,000. Excess cash left in the PC can be re-invested into the practice by purchasing equipment, or invested in GICs, stocks etc. Your PC can act as a super-sized savings account/RRSP; you control the timing of withdrawals from the PC and when you will be taxed on theses withdrawals.

**Income splitting.** Parents of the dentist, spouse and children can all be shareholders of the PC. By paying salaries and/or dividends to your family members, you can effectively reduce the entire family’s income tax. To learn how Dr. Gupta can income split with her family, please see Table 1.

- **Caveats with income splitting:** Salaries paid to family members must be reasonable (i.e. comparable to what a stranger would be paid), otherwise the salary deduction could be challenged by the CRA, resulting in taxes for your family member but no deduction for the PC (therefore double taxation). There is no reasonableness test for dividends paid to family members. However, if dividends are paid to children under 18, they will be taxed at the top tax rate.

If dividends are paid to shareholders over 65 receiving OAS or GIS, these benefits may have to be repaid. OAS is clawed back when income exceeds $71,592. GIS payments will stop if your income exceeds certain low-income thresholds. In some cases, the tax savings of income splitting is greater than the benefits lost.

**Tax deferral.** Timing is a critical component of tax planning. Why pay taxes now when you can pay later at no cost to you? The goal is to claim deductions as soon as possible and delay reporting income for as long as possible. Our tips for tax deferral:
- Purchase equipment just prior to your year-end. You receive a tax deduction immediately in the form of depreciation, even though the purchase occurred at the end of the year.
- Go on vacation just before year-end. By scheduling appointments after your year-end and vacation, the income you would have earned in that last week will now be tax-able in the following year.
- Declare a bonus from the PC to yourself at year-end. The PC gets the deduction immediately and the bonus doesn’t have to be paid to you until 179 days later.
Capital Gains Exemption (CGE). Utilize the $800,000 lifetime CGE and save $185,000 in taxes upon the sale of your PC. Planning well in advance for the sale of your practice (preferably three years or more) is critical in determining whether your PC shares would qualify. Refer to our article, “Planning for the Sale of a Lifetime,” in the Jan/Feb 2014 issue of Ontario Dentist and see our tips for Dr. Gupta below.

CGE Tips for Dr. Gupta
- As a sole proprietor, Dr. Gupta must set up a PC to qualify for the CGE.
- She could “multiply” the CGE by making family members equity shareholders.
- Bad investments in the past may prevent Dr. Gupta from claiming the CGE. Investment losses contribute to a balance known as cumulative net investment losses (CNIL), which restrict the CGE. She can earn dividend income from the PC over the next few years to eliminate the CNIL balance so that she will qualify for the CGE.
- Certain assets in Dr. Gupta’s PC may prevent her from claiming the CGE. She will need to have her advisors review two years of statements prior to the sale, to ensure she qualifies for the $800,000 CGE.

Tax Deductions.

Meals and entertainment: Most business owners know that 50 percent of meals and entertainment expenses related to business are tax-deductible. However, you are allowed to take a 100% deduction for six meals per year provided all employees are invited (i.e. holiday parties, celebrations etc.). Not all employees have to attend, but they must all be invited.

Child-care expenses: Convert chores into a tax deduction by paying adult children to babysit your children under 16 years old. A deduction of up to $7,000 per child under the age of 7 and up to $4,000 per child between the ages of 7 and 16 is permitted.

The Results
With her road map in hand, Dr. Gupta and her family could save about $53,000 in taxes annually by using the PC to income-split. At the end of the road, with her capital gains exemption, she could save at least $185,000 (and possibly more) in taxes upon the sale of her practice. By maximizing her deductions each year she can sleep well, knowing she has not missed out on any tax breaks.

David Chong Yen, CPA, CA, CFP of DCY Professional Corporation of Chartered Accountants, is a tax specialist who has been advising dentists on financial matters since 1984. David may be contacted at 416-510-8888 or at david@dcy.ca or visit www.dcy.ca.

This article is intended to present tax-saving and planning ideas, and is not intended to replace professional advice.

Table 1: Income Splitting with Family Members

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<thead>
<tr>
<th>No PC</th>
<th>Income Splitting w/ PC</th>
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<tr>
<td></td>
<td>PC</td>
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<tr>
<td>Income in PC</td>
<td>$300,000</td>
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<tr>
<td>Corp. Taxes (15.5%)</td>
<td>(46,500)</td>
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<tr>
<td>Cash in PC</td>
<td>$253,500</td>
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<tr>
<td>Less: Dividends</td>
<td>(253,500)</td>
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<tr>
<td>Cash in PC after dividends</td>
<td>$0</td>
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<tr>
<td>Personal Income</td>
<td>$300,000</td>
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<tr>
<td>Additional personal taxes (excluding CPP)</td>
<td>(119,000)</td>
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<tr>
<td>Cash in pocket</td>
<td>$181,000</td>
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</table>

Dr. Gupta and her family could save $53,180 ($234,180 – $181,000) in taxes annually with a PC.

Assumptions:
- Children attend university for eight months on a full-time basis and have $10,000 in tuition credits per year.
- Parents each receive $18,000 in OAS, CPP and other pension income and do not want a reduction in their OAS.
Welcome to September at the Ontario Dental Association. For many, September feels like the beginning of the year. From students starting a new year in dental school to those looking to retire in December, this is the time of year for you to think through where you are, what is new and what is changing. With that in mind, I thought I would do the same with a few of our ODA member benefits.

Our ODA Continuing Education program has been enhanced with the introduction of podcasts. Currently there are more than 25 podcasts divided into three categories — New Dentists, Female Dentists and Transitioning Dentists. I would encourage each of you to take a look at these audio podcasts. Even if you don't find yourself in one of the three sections listed, I have no doubt you will find some of the podcasts of value to you.

The ODA Extended Health Care Insurance program is one of the unique benefits we offer members. You can belong on your own, or also include your spouse and family. This program is also available to your staff. And now your EHC invoice can be paid online. You can access the EHC online tool directly from the ODA member login page — www.oda.ca/member.

The next time you are on the ODA member website take a few moments to look at the top rotating banner of featured members. You’ll notice the faces have changed. We have updated the banner with photographs taken at the ODA photo booth during the ASM 2014. Throughout the year we’ll include more of these photos.

As a final note, for any of you who have children, relatives or friends studying at a dental school outside of Ontario, the ODA offers an out-of-province student membership for only $69. This is a one-time fee. To learn more about this program you may contact Rose Zisko, Student Services Associate, by email at rzisko@oda.ca.

**DID YOU KNOW?**

Did you know the ODA offers a special membership rate for dental students attending school outside of Ontario? At only $69, this membership program provides out-of-province students with full access to the ODA member website, free attendance at the ASM, a subscription to *Ontario Dentist*, and more. Spread the word — ensure that all students have access to the Ontario Dental Association. For more information, please email rzisko@oda.ca or visit the ODA member website.
The ODA extends a warm welcome to the following new members:

<table>
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<th>Name</th>
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<tr>
<td>Dr. Adam Abdo</td>
<td>London</td>
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<td>Dr. Firas Abdulmajeed</td>
<td>London</td>
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<tr>
<td>Dr. Anjali Agarwal</td>
<td>Scarborough</td>
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<td>Dr. Elmira Almady,</td>
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<td>Dr. Belal Alahod</td>
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<td>Dr. Cristina Albert Balthazar</td>
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<td>Dr. Muneeb Ali</td>
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<td>Dr. Haider Aliahiwai</td>
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<td>Dr. Draw Raymond Bruckner</td>
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<td>Dr. Justin Robert Bubola</td>
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<td>Dr. Christopher Joseph Coloso</td>
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<td>Dr. Yufeng Zuo</td>
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Oral Health Month (OHM) provides an opportunity for our members to reach out to the people in their communities and educate them on the importance of oral health. Every year during the month of April (and sometimes longer), our component societies organize events and activities that lead to more Ontarians becoming aware of the relationship between oral and overall health.

This year their efforts were augmented when, on April 14, Members of Provincial Parliament (MPPs) from all three parties celebrated April as Oral Health Month in the Legislative Assembly of Ontario. Mr. Steve Clark, MPP Leeds-Grenville, introduced the motion for MPPs to wear pins in the House to symbolize the Legislature’s support for Oral Health Month. It helped to reaffirm the reputation of dentists as the leaders in oral health care and as leaders in their communities.

Below are examples of the commendable work our members, through their component societies, achieved this year to enhance the health and well-being of their patients and their neighbours.

Teaching the Children Well
Mr. Clark joined Prescott dentists Dr. Lance McIntosh, President of the Brockville Dental Association, and Dr. Kim Hansen, who sits on the ODA Board of Directors, for Brush-a-mania at Benson Public School on April 11.

“It was important to bring the message of good oral health to students in my riding at Benson Public School,” said Mr. Clark. “Dr. Hansen and I had a wonderful experience showing students how to brush and floss properly. I’m always happy to deliver positive messages to students in the hope that we will give our youth the tools to be as healthy as possible now, and in the future.”

Mr. Clark added, “I think it’s important that as Legislators we recognize the vital role of dentists as leaders of the oral health-care team.”

Also participating in Brush-a-mania events in their areas were the Hamilton Academy of Dentistry, the Muskoka-Simcoe Dental Society, the Ottawa Dental Society and the Toronto Central Dental Society.

Dentists from the Burlington Dental Academy visited local elementary schools to discuss the importance of oral health to young children. The mayor of Burlington also declared April as Oral Health Month. Also doing school outreach were the Niagara Peninsula Dental Association, the Halton-Peel Dental Association and the Wingham & District Dental Society.

Fourteen members of the Stratford & District Dental Society visited 18 elementary schools to provide oral-health education and nutritional counselling to approximately 2,800 students from kindergarten to Grade 3. All students were given a brushing calendar to keep track of the number of times they brushed their teeth during April; the calendars were used as ballots for two draws to win a bicycle.

The Renfrew County Dental Society held its annual OHM Poster Contest in which students from Grades 1 to 8 were challenged to design a poster on how to take care of their teeth and gums.

The Thunder Bay Dental Association (TBDA) began its Oral Health Month activities with its annual April Oral Health Month Kickoff Luncheon. This year the guest speakers were Dr. Dick Ito (who is an ODA member) and Ruth Currie, a dental hygienist with the Thunder Bay District Health Unit. Dr. Ito and Ms. Currie spoke about the dental-treatment needs and oral-health trends of children in the region. The TBDA then teamed up with the Thunder Bay Dental Hygienists’ Society, the Thunder Bay Dental Assistants’ Association, Your Teeth for a Lifetime Foundation and staff from the Thunder Bay District Health Unit’s Preventive Dentistry Program to host its annual Oral Health Awareness Booth at the Intercity Mall on April 12 and 13. The TBDA’s 17th Annual Oral Health Month Elementary School Colouring Contest saw more than 460 entries from children in Grades 3 to 6 in schools operated by First Nations.
Seniors’ Classes
Members of the Essex County Dental Society gave presentations to staff in local nursing homes on oral health care for the geriatric patient and the link between oral and overall health. Donations of denture brushes, toothbrushes and denture cleaner units were also made to the homes. Four dentists from the West Toronto Dental Society spent an afternoon at the Kingsway Retirement Riviera Home, answering residents’ questions and educating them about tooth brushing and denture care. Members of the Halton-Peel Dental Association went into seniors’ residences to educate and inform staff and residents on oral health.

How to Promote OHM Through Advertising
Cornwall & District Dental Society produced ads for local radio stations promoting the oral health of children and adults. They also advertised in local newspapers about oral health, nutrition, prevention and dental programs in their region. The Kenora-Rainy River Dental Society ran radio ads from the ODA’s campaign. Also using radio to further their message on oral health was the Oxford County Dental Society and the Sudbury & District Dental Society.

Community Work
The Ottawa Dental Society (ODS) joined the CN Cycle for CHEO (Children’s Hospital of Eastern Ontario) as a participating sponsor for 2014. Dr. Jennifer Tan, an ODS member, was quoted in an Ottawa Citizen article about the cause.

“The Ottawa Dental Society decided to get involved with CN Cycle as good oral health is important for all children, especially those undergoing cancer treatments at CHEO. As dental professionals, it is our job to ensure that everyone is given the right information and appropriate tools to keep their mouths as healthy as possible.”

The ODS had a booth on site during the CN Cycle where member dentists distributed information on oral health care, handed out toothbrushes and other dental products and answered questions about oral health from the public.

The York Region Dental Society had a booth at the Aurora Chamber of Commerce Street Festival in June where they handed out ODA-produced patient education materials and answered questions.

The London & District Dental Society promoted oral health to local shelters for abused women through education and donated supplies.

The Elgin Dental Society conducted a food drive for the Caring Cupboard and Corner Cupboard. Its President, Dr. Derek Haruta, explained the efforts behind the society’s initiative.

“I would like to acknowledge the following for their important roles in this collaborative effort. I thank all our patients who brought over 2,000 pounds of food to participating dental offices in St. Thomas and Aylmer. The Elgin St. Thomas Health Unit promoted the food drive in schools and community health centres in Elgin, and the Health Unit employees contributed to the food drive as well. Monsignor Morrison and McGregor schools created decorative collection boxes and generously donated food. Goodwill Industries promoted the food drive by advertising and offering discount coupons to food-drive donors, resulting in many boxes of food. The St. Thomas Elgin General Hospital Foundation helped promote the food drive at our hospital resulting in a nice donation. A final thank you to our media partners, MyFM 94.1, the St. Thomas Times Journal, the St. Thomas/Elgin Weekly News, and the Aylmer Express for their coverage and publicity of our events.

As a result of all this hard work and the kind contributions, the Elgin Dental Society is proud to announce that we will donate $3,000 to the food banks to help them stock their shelves.”

The Elgin Dental Society was also instrumental in getting St. Thomas’ Mayor Heather Jackson to proclaim April as Oral Health Month.

Dr. Derek Haruta (far right) and the team from Goodwill Industries celebrate the many donations from the food drive.
Governance Certificates and pins were awarded to ODA Councillors at the General Council meeting on May 2, 2014.

**New and Returning Councillors** who received their pins at the May 2014 ODA General Council are, from left: Dr. Anu Bhalla, Halton-Peel Dental Association; Dr. Sanjukta Mohanta, Halton-Peel Dental Association; Dr. Dean Kozak, Kenora-Rainy River Dental Society; Dr. Renu Varshney, Toronto Central Dental Society.

**Four-Year Governance Certificates** were presented at the May 2014 ODA General Council to, from left: Dr. Timothy McManus, Essex County Dental Association; Dr. Alice Jackes-Sweetnam, Muskoka-Simcoe Dental Society; Dr. Viran Toor, Wingham and District Dental Society; Dr. Sunita Joshi, Halton-Peel Dental Association; Dr. Monica Cobzac, Toronto East Dental Society; Dr. Gregory Carr, London and District Dental Society; Dr. Melissa Sander, Hamilton Academy of Dentistry; Dr. Srdan Sanovic, Hamilton Academy of Dentistry.

**Six-Year Governance Certificates** were presented at the May 2014 ODA General Council to, from left to right: Dr. Elliott Schwartz, North Toronto Dental Society; Dr. John Roman, Lambton County Dental Society; Dr. Dick Ito, North Toronto Dental Society; Dr. Lawrence Watral, Thunder Bay Dental Association; Dr. Anthony de Souza, Toronto East Dental Society; Dr. Rollin Matsui, North Toronto Dental Society; Dr. Jennifer Tan, Ottawa Dental Society; Dr. Martin Lin, Ottawa Dental Society; Dr. Edwin Lewandowski, York Region Dental Society; Dr. Kevin F. Brown, York Region Dental Society; Dr. Jonathan Tai, York Region Dental Society.
DENTAL EDUCATION 1975

Understanding Dementia

6 CREDIT POINTS (Dentists)

Instructor: Michael E. Howard, Ph.D.

Registration: 7:45 AM - 8:30 AM

Morning Lecture: 8:30 AM – 10:00 AM

• Our “Three Brains.” How They Are Affected by Dementia.
• The Brain And Memory: How We Remember And Forget.
• The Four Stages of Memory: Sensory, Short-Term, Long-Term, and Retrieval.
• The Two Separate Memory Systems: Declarative Memory and Procedural Memory.
• The Accuracy Of Our Memories: Reconstructing Memories. Do We All Confabulate?
• Myths And Realities Of The Aging Brain: Do We Lose Thousands of Neurons a Day?

Noon Lecture: 11:30 AM – 12:20 PM

• Brain Push-Ups: Can Mental Exercises Slow or Stop Brain Aging and Memory Loss? Does Doing Crossword Puzzles Protect The Brain From Aging-And-Dementia?
• The Exercise Question: Physical Exercise vs. Mental Exercise.
• Brain Aging And Memory: Do All Types of Memory Deteriorate As We Age?
• Super-Agers: Amazing People Who Maintain Excellent Memory in Advanced Age.
• Increased Forgetting: Is It Normal With Aging? Age-Associated Memory Impairment and Mild Cognitive Impairment.
• Reversible Dementias: Secondary Dementias Such as Depression, Normal Pressure Hydrocephalus, Metabolic Disorders, and Cognitive Dysfunction.

Afternoon Lecture: 12:20 PM – 2:00 PM

• Huntington’s Disease: How One Bad Gene Can Cause An Irreversible Dementia.

Mid-Morning Lecture: 10:00 AM – 11:30 AM

• The Surprising Cause Of Many Dementias: Misfolded and Unfolded Proteins.
• Sex, Gender, And Dementia: Are There Differences?
• Do More Women Develop Alzheimer’s Disease? Some Surprising Facts.
• Teeth, Gums, and Dementia: Does Gum Disease Raise the Risk of Dementia? How to Evaluate and Treat Dental Patients with Dementia.
• The Road to Parkinson’s Disease: Alpha Synuclein Protein Unfolding To Lewy Bodies To Substantia Nigra Deterioration To Basal Ganglia Malfunction.

Mid-Afternoon Lecture: 2:00 PM – 3:20 PM

• Neins and Brains: The Cardiological Alzheimer’s–Breiner’s Connection.
• Can Alzheimer’s Disease Be Prevented? Reducing the Risk of Alzheimer’s.
• Early Warning Signs of Alzheimer’s Disease: What To Look For.
• Can Alzheimer’s Disease Be Accurately Diagnosed Only After Symptoms Appear?
• Treatments For Alzheimer’s Disease: What Are They? Do They Work?
• New Experimental Treatments for Alzheimer’s Disease: Do They Work? Can We Be Vaccinated? The Future of Alzheimer’s Research.
• Ten Signs of Caregiver Stress: Coping with Exhaustion and Heartache.

Evaluation, Questions, and Answers: 3:20 PM – 3:30 PM

Biomed’s Website: www.biomedglobal.com

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This registration form may be copied.

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Profession: _______________________

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Source: ____________

Employer: ____________

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Provincial License #: ____________

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FEE: CHEQUES: $109.00 (CANADIAN) per person with pre-registration or $134.00 (CANADIAN) at the door if space remains.

Credit Cards: Most credit-card charges will be processed in Canadian dollars. Some charges will be in U.S. dollars at the prevailing exchange rate. The tuition includes all applicable Canadian taxes. At the seminar, participants will receive a complete course syllabus. Tuition payment receipt will also be available at the seminar.

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Please register early and arrive before the scheduled start time. Space is limited. Attendees requiring special accommodation must advise Biomed in writing at least 50 days in advance and provide proof of disability. Registrations are subject to cancellation after the scheduled start time. A $35.00 (CANADIAN) administrative fee or, if requested, a full-value voucher, good for one year, for a future seminar. Other cancellation requests will only be honored with a voucher. Cancellation or voucher requests must be made in writing. However, if a seminar cannot be held for reasons beyond the control of the sponsor (e.g., acts of God), the registrant will receive free admission to a rescheduled seminar or a full-value, refundable, administrative fee. A $35.00 (CANADIAN) service charge applies to each returned cheque. A $15.00 fee will be charged for the issuance of a duplicate certificate. Fees are subject change without notice.

Please provide an e-mail address above to receive a confirmation and directions to the meeting site.

Please check course date:

Wed., Nov. 19, 2014 (Markham, ON) ____________________________

Sig natu re: ____________________________

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Access to Care:
Research Findings Brief

One approach taken by governments to address issues of access to care is to expand the scope of practice for health professionals in order to optimize their use. In seeking the right to self-initiate on a limited basis, dental hygienists in Ontario argued they could reduce costs and increase access to care.

During the 2013 Canadian Public Health Association Annual Conference, researchers from the DeGroote School of Business at McMaster University presented on “Exploring the Impact of Expanded Roles for Dental Hygienists in Ontario”.

Researchers conducted a qualitative case study of this health-care reform initiative by reviewing administrative data (such as policies, legislation and position statements) as well as by conducting 32 in-depth interviews with preventive oral care informants (such as dentists, dental hygienists, professional associations and regulatory bodies). The objectives of the study were to assess whether the policy reform resulted in:
- Increased choice of service providers
- Enhanced access to care, and
- Improved efficiency and lower cost to health care.

The results of the case study found that the increase in choice of service provider was very limited since only a small proportion of dental hygienists actually opened an independent practice. In addition, enhanced access to care was also found to be only on a limited scale. Finally the case study did not find improved efficiency or lower cost to health care, and those who were operating independent practices could not provide reduced fees due to the high overhead costs.

This early case study suggests that legislation changes in scopes of practice do not necessarily lead to outcomes desired by governments or proponents of change.

Source

Rose Abate is the ODA’s Corporate and Health Policy Research Manager. She may be contacted at rabate@oda.ca.
Component Society + Community News

Thunder Bay Dental Association Honours ODA President

On June 16, 2014, the Thunder Bay Dental Association hosted a special cocktail reception at Bistro One to honour Dr. Gerald Smith and to recognize his installation as President of the Ontario Dental Association for 2014-2015.

In attendance were local dentists and representatives from dental laboratories and dental supply companies. Dr. Smith thanked the members of the TBDA for their ongoing support of the ODA and told us how grateful he was to have the opportunity to give back to the profession. We wish Dr. Smith every success in his role as ODA President and encourage him to keep up the good work!

Dr. William Hettenhausen
Thunder Bay Dental Association’s Historian

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The ODA extends congratulations to the following:

President:  
Dr. Drew Smith

Vice-President:  
Dr. Lui Redigonda

Secretary-Treasurer:  
Dr. John Bozek

Immediate Past President:  
Dr. Anthony Mair

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Popular ODA Director of Finance

Ed Zdyb, the ODA’s Director of Finance and Administration, announced his retirement in the spring of 2014 and his last day of work was September 12, 2014. Mr. Zdyb joined the ODA in 2004, during a period when the ODA was facing a number of challenges. Working with committed staff and the Board of Directors, he participated in a number of initiatives over his 10-plus years, resulting in an Association that is now in a much stronger financial position. Under Mr. Zdyb’s guidance, the ODA is also better able to support the wide selection of member programs and services offered today. These include
A Note from the ODA’s Executive Director

Tom Magyarody, our Executive Director, has worked very closely with Ed Zdyb during the past 10 years. Mr. Magyarody said: “Ed has provided excellent and dedicated service to the ODA and the dental profession. I will miss him and want to say, ‘Thank you for your loyalty and friendship — and enjoy a happy and healthy retirement!’”
The ODA CE program has expanded beyond the ASM to include practice management seminars, category 1 (core) course webinars – both live and recorded – online tools and podcasts. Visit www.oda.ca/member/CE for further details. Questions: Contact skarim@oda.ca

### Face-to-Face Practice Management Seminars, Category 3

**Toronto: ODA Dental Practice Economics Seminar: Battling Practice Costs**
Friday, October 3 | Full Day | 6CE

**SPEAKERS:**
- Dr. R.K. House, President of R.K. House & Associates
- Dr. Roger Howard, Dental Office Consultant

**Hamilton: Tax Saving Strategies Seminar: What Every Dentist Needs to Know!**
Friday, October 17 | Full Day | 6CE

**SPEAKERS:**
- David Rosenthal, Business, Corporate and Healthcare Lawyer
- David Chong Yen, Chartered Accountant and Tax Specialist

**Waterloo: Purchasing a Practice Seminar**
Friday, October 24 | Full Day | 6CE

**SPEAKERS:**
- Dr. Harry Hoedan, Past President Ontario Dental Association
- David Rosenthal, Business, Corporate and Healthcare Lawyer
- David Chong Yen, Chartered Accountant and Tax Specialist
- Bill Henderson, Dr. Bernie Dolansky, Practice Valuation and Transition Specialists

**York Region: Managing Staff Effectively Seminar**
Friday, November 7 | Full Day | 6CE

**SPEAKERS:**
- Dr. Rolin Matsui, Barrister and Solicitor
- Lisa Philip, President of Transitions Group North America

### ODA CE 2014 Calendar

**Available on Demand**

**Recorded Webinars, Category 1 (Core)**

The following Category 1 webinars have been recorded and archived and are available on demand exclusively to ODA members. Earn 1 CE credit/webinar, from the convenience of your home or office.

**RECORDED WEBINAR:** Local Anesthesia – What’s New
Presented by Dr. David Ison

**RECORDED WEBINAR:** Dentistry for the Specially Challenged Patient
Presented by Dr. Fred Margolis

**RECORDED WEBINAR:** That Doesn’t Look Normal…Now What?
A Case-Based Review of What You Need to Know in Oral Medicine, Oral Pathology and Oral Radiology
Presented by Dr. K. Perschbacher and Dr. S. Perschbaker

**RECORDED WEBINAR:** Oral Care for the Elderly Patient – A Collaborative Approach
Presented by Dr. Howard Tenenbaum

**Podcasts – More Podcasts to Come!**

**New Dentist Podcast Series**

- Don’t Tax Yourself: Four Key Strategies to Save More Money.
  Dr. Andrea Chan [NEW]
- Buying In – How to Purchase a Practice the Right Way.
  Andrea Chan [NEW]
- Trust Me! How to Find a Trusted Business Advisor.
  Andrea Chan [NEW]
- Practice Value Consideration When Looking to Purchase a Practice.
  Dr. Bernie Dolansky [NEW]
- Consent and Capacity.
  Dr. Cécile Bernismon
- Ethical Parameters Involving Bad Outcomes.
  Dr. Richard Soper
- Leadership in the Dental Office.
  Dr. Roger Howard
- Dental Practice Finances.
  Dr. Roger Howard
- Dental Practice Planning and Budgeting.
  Dr. Roger Howard
- Developing the Dental Leader in You!
  Peter Barry

**Transitioning Dentist Podcast Series**

- What Are Your Transition Options.
  Dr. Bernie Dolansky [NEW]
- It’s all in the Planning: Creating a Transition Plan That Works.
  Dr. Bernie Dolansky [NEW]
- Selling Shares Versus Assets.
  Dr. David Chong Yen

**Female Dentist Podcast**

- Leadership Differences Between Men and Women.
  Dr. Lynn Tomkins [NEW]
- Hiring Firing and Retaining Staff.
  Dr. Lynn Tomkins [NEW]
- Effective Strategies in Managing a Dental Team.
  Dr. Lynn Tomkins [NEW]
- Women Working with Women.
  Dr. Rhonda Savage

**Communicating for Clarity and Progress.
Peter Barry**

**Your Leadership is a Team Sport.
Peter Barry**

**Creating a System of Accountability at the Front Desk.
Dr. Rhonda Savage**

**Take Back Your Blank Cheques, Mariana Bracic**

**Why Good Facts Make Bad Law.
Mariana Bracic**

**Why the Law is an Ass, Mariana Bracic**

**Drop Debt: Strategies for New Dentists to Climb Out of Debt (Part 1)
Archie Pedden**

**Drop Debt: Strategies for New Dentists to Climb Out of Debt (Part 2)
Archie Pedden**

**Legal Matters When Purchasing a Dental Practice – Part 1.
David Rosenthal**

**Legal Matters When Purchasing a Dental Practice – Part 2.
David Rosenthal**

**Legal Matters When Purchasing a Dental Practice – Part 3.
David Rosenthal**

**Purifying Your Professional Corporation.
Dr. David Chong Yen**

**Multiplying Your Capital Gains Exemption.
Dr. David Chong Yen**

**Planning for Financial Independence.
Mark McNulty**

**Determine Your Readiness to Sell.
Mark McNulty**

**Regularly visit the Continuing Education (CE) section of the member website to learn more and register for upcoming events.**

If you have questions, contact Shaila Karim at skarim@oda.ca.
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Remote Areas Program

Are you a Certified Dental Assistant?

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ODA’s RAP delivers care in 26 communities spread throughout northwestern Ontario, from the Sioux Lookout area all the way up to the James’ Bay coast.

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Gain a fabulous working and learning experience.

For more information, or to request an application form, please email Gaynor Kim-Sing, ODA Administrative Assistant at gkim-sing@oda.ca.
Members in the Media

Giving Back to the Community Through Dentistry

Bonnie Dean

Dr. Gerald Smith's installation as ODA President for 2014-2015 was featured in a number of outlets in his hometown of Thunder Bay. TB Television's TB News aired a feature on him on June 8, in which he spoke about his goals for his term, including “working with government to find a solution to increasing funding for the severely underfunded government-sponsored dental programs.” Dr. Smith was also featured in the June 5 issue of The Chronicle Journal (“Dentist Helms Professional Association”), which also highlighted his volunteer work in Thunder Bay, and on the Country 105.3 CKFG website (“T Bay Dentist Heads ODA”).

Past-President Dr. Elizabeth MacSween spoke to the Orléans Star about her volunteer work at home and internationally and the honour of receiving the Barnabas Day Award from the ODA. (“Orléans Dentist Honoured With Award,” July 3). “It is the second-highest award, so it is a real honour to have received it.” Dr. MacSween is quoted as saying.

A Sarnia woman was suffering from a toothache and could not afford dental treatment. Out of options, she wrote a letter to Anne Marie Gillis, her Sarnia councillor, asking for help. The councillor reached out to friends she thought might be able to lend a hand, and local dentist Dr. Dave Rapaich offered to help. “That’s a community in action,” Gillis is quoted as saying. Semi-retired, Dr. Rapaich also provides dentistry work for homeless people. (“Dentist Fixes Toothache for Senior That Can’t Afford It,” The Observer.ca, June 10).

Dr. Veronica Lee and Dr. David Turner, along with their dental team at the Clinton Dental Clinic in Clinton, Ont., hosted Dentistry from the Heart on July 11, offering free services to adults and children. The event was held in memory of the late Dr. Grant Lee, who founded the clinic and practised in Clinton for more than 30 years. “He loved his community and always strived to give back to it whenever possible,” the July 2 article noted (“Dental Clinic Offered in Clinton,” The Huron Expositor).

The proceeds from the grand opening of a Brantford-area hair salon went to an expanding mission project in Haiti, which the salon owner's father, Dr. Mike Veer, and fellow dentist Dr. Lee Ferrao visited in 2012 to help with dental needs. Dr. Veer is planning to go back in the fall and has a few physicians interested in joining him on the trip (“Salon Opening Helps Haiti,” The Brantford Expositor, June 20).

The team at Westwood Dental Group – members Dr. John Pate, Dr. Stephen Corber, Dr. Eun Kyung (Shanny) No, Dr. Inas Radhi and Dr. Harminder Khambay – had a successful Dentistry From the Heart day on May 31, the first held in Guelph. They hope to make it an annual event (“Free Dental Care Event Was a Big Success,” Guelph Mercury, June 5).

For the third consecutive year, Orillia dentist Dr. Adam Tan, along with Dr. Stephen Crosby and Dr. Masooma Bhatti, provided a day of free dental services (“An ‘Eye-Popping’ Need,” The Orillia Packet and Times, June 4). Dr. Tan was quoted in the article: “We want to be a responsible business within the community. If we are to contribute back to the community, let’s do what we do best and give dentistry back.”

Dr. Joe Paolasini's practice offers free dental work to some of his patients and asks that they redirect the money toward a charitable foundation called the Brandee Elliott Project. The foundation began after students at Grimsby Secondary School raised $3,000 in a tribute to fellow student Brandee, who was 17 when she died in a car accident. The foundation promotes activities that reflect Brandee’s kindness towards others (“Brandee’s Butterflies,” Grimsby Lincoln News, June 10).

Dr. Leslie Lang, prostho-odontist and assistant professor in the Faculty of Dentistry at the University of Toronto, was featured in a CBC.ca News article (“Oil Pulling: Ancient Practice Now a Modern Trend,” June 5). And Dr. Jody Zajacz looked at men's oral health on her “Oral Health Matters” blog in honour of Father’s Day (“Etobicoke Dentist Talks Men and Oral Health,” June 5).

With advice from a number of dental professionals — including her own dentists, Dr. Mario Moscone and Dr. Silvio Ferrera — Sarnia author Jen Dafoe has written a book for nervous kids. Chico’s First Trip to the Dentist provides information about what to expect, what the whole process looks like and what the truth is about a visit to the dentist's office, all from a dog named Chico’s point of view (“Making a Trip to the Dentist’s Easier for Kids,” Sarnia This Week, June 17).

For these and past media clips, visit the Members in the Media section of the ODA member website.
The ODA regrets to announce the passing of:

**Dr. Peter G. Bastian**, on August 20, 2013, at the age of 56. Dr. Bastian was born in Montreal, where he studied at McGill University, graduating with an Honours BSc in human anatomy in 1979 and a DDS from the Faculty of Dentistry in 1983. He registered with the RCDSO in 1983 and maintained a practice in downtown Toronto for close to 20 years before relocating to Huntsville. Dr. Bastian was active in the Academy of General Dentistry (AGD) and the Ontario Academy of General Dentistry (OAGD), serving on the AGD's National Membership Committee, as an AGD National Trustee, as an AGD delegate of the House, as Director of the Mastertrack Program for the OAGD, and as OAGD President. He was a Master of the Academy of General Dentistry, the recipient of the Lifelong Learning and Distinguished Service awards, and in 2010 he was awarded the Canadian Dentist of the Year award. Dr. Bastian was a fellow of The Pierre Fauchard Academy and the Academy of Dentistry International and taught at a number of facilities, including the State University of New York and the University of Rochester. He was a founding member of the Canadian Academy for Esthetic Dentistry. Dr. Bastian is survived by his wife, Mary-Lynn.

**Dr. Thomas Elwood Agate**, on September 1, 2013, at the age of 91. Dr. Agate served with the Royal Canadian Air Force during World War II before attending the University of Toronto's Faculty of Dentistry, from which he graduated in 1950. Dr. Agate registered with the RCDSO in 1950 and, following graduation, spent two years in Northern Ontario as a Red Cross Dental Coach. Settling in Beamsville, Ont., he and his wife, Joyce, a dental nurse, maintained a dental practice there for 55 years. Dr. Agate belonged to the Niagara Peninsula Component Society and was a 50-Year Member of the ODA. He is survived by his children, John, Jane, James and William.

**Dr. Marguerite Elisabeth Neelands**, on January 23, 2014, at the age of 81. Born in Saskatoon, Dr. Neelands obtained her BA at the University of Saskatchewan before studying at the University of Toronto's Faculty of Dentistry. When she graduated in 1957, she was one of only three female graduates. She registered with the RCDSO the year she graduated and practiced in Manitoba and Ohio before settling in Thunder Bay in 1964. During her career, Dr. Neelands was Chair of the Thunder Bay District Health Unit’s Dental Department, a member of Confederation College’s Dental Advisory Board, a fellow of the Pierre Fauchard Academy, and was President of the Thunder Bay Dental Association in 1978. Dr. Neelands was a 50-Year Member of the ODA. She is survived by her husband, Peter, and children, Janice, Alison and Ralph.

**Dr. Bruce William Herod**, on January 26, 2014, at the age of 90. Dr. Herod was a veteran of the Royal Canadian Air Force and served as a Spitfire pilot during World War II. He graduated from the University of Toronto's Faculty of Dentistry in 1950 and registered with the RCDSO the same year. He practised general dentistry in Niagara Falls. Dr. Herod was a 50-Year ODA Member and belonged to the Niagara Peninsula Component Society. He is survived by his wife, Debra, and children, Gregory and Candace.

**Dr. George Emery Little**, on April 12, 2014, at the age of 82. Dr. Little was a graduate of the University of Toronto's Faculty of Dentistry in 1955, registering with the RCDSO the same year. He practised general dentistry in Niagara Falls for more than 40 years, retiring in 1996. He belonged to the Niagara Peninsula Component Society and was a 50-Year Member of the ODA. Dr. Little is survived by his wife, Donna, and children, Wayne and Carrie.
TRIBUTE

John Twining Clement, QC
August 28, 1928 – June 24, 2014

John T. Clement, QC, passed away on Tuesday, June 24, 2014, at the age of 85. He was born in Niagara Falls on August 28, 1928, to John (Jack) and Doris Clement. He studied at Queen’s University in Kingston and at Osgoode Hall Law School in Toronto. Over his lengthy legal and political career, he served as MPP for Niagara Falls from 1971 to 1975, holding several posts at Queen’s Park including Minister of Consumer and Commercial Relations, Attorney-General of Ontario and Acting Solicitor-General. Mr. Clement served as legal counsel for the ODA from 1975 until 2005 and helped the ODA grow into the organization it is today. On May 13, 1995, he was awarded the Barnabas Day Award for outstanding sustained service to the profession, and this was said of him during the ceremony: “For 20 years, John Clement has been an invaluable source of information and advice on every matter of significance that has been dealt with by our association… His sense of humour and tact are legendary.” Mr. Clement was a sought-after public speaker at both political and non-political functions after he left public life, and will be remembered for his vibrant sense of humour and love of life. He was an accomplished acrobatic pilot and served as president of the St. Catharines Flying Club. Mr. Clement is survived by his wife, Carol, daughters Marnie, Jane and Susan, and stepson, Tony Clement (Conservative MP for Parry Sound-Muskoka).

In Memoriam

Need help?
Wondering where to start?
call 1-800-268-5211 toll free – any time

The Members’ Assistance Program (MAP) is a confidential counseling service that helps dental professionals manage issues that could affect their physical, emotional or financial well-being. It’s also a referral and information service— including information on parenting and eldercare issues.

ODA Wellness Support Services
For information on wellness support go to oda.ca/member/supportservices

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Members can access many tools and resources to help you understand your statutory obligations, including:

The Guide for Dental Practices Series
Developed in conjunction with the Public Services Health and Safety Association, this series of manuals consists of four manuals that will assist you in understanding and complying with key requirements of the OHSA.

- **Health & Safety Programs – 2nd Edition**
  This manual assists members in meeting certain requirements of the OHSA. Customizable appendices provide sample policy statements, as well as an action checklist, which members can modify.

- **Radiation Safety Program – 2nd Edition**
  This manual summarizes the radiation safety requirements outlined by the OHSA and the Healing Arts Radiation Protection Act (HARPA) and reviews the recommendations made in Health Canada’s Radiation Protection in Dentistry – Recommended Safety Procedures for the Use of Dental X-Ray Equipment – Safety Code 30.

- **WHMIS Program**
  This manual assists members in meeting the requirements set out under federal and provincial Workplace Hazardous Materials Information System (WHMIS) legislation.

- **Musculoskeletal Disorders (MSD) Awareness & Prevention – 2nd Edition**
  This manual provides information about MSD signs and symptoms; risk factors and tips on MSD controls that can be implemented in the dental office, and tools to help implement a MSD-prevention program in the dental office.

These trusted and comprehensive manuals are available at no charge as a benefit of your ODA membership.

**Occupational Health & Safety Highlights**
Inspection blitzes are periodically undertaken by the Ministry of Labour to raise awareness and increase compliance with the OHSA. To help members prepare for inspections, the ODA prepares Highlights. Currently, five Highlights have been released:
- Infection Prevention & Control
- Workplace Violence & Harassment
- New & Young Workers
- Musculoskeletal Disorders
- Hazardous Waste Management

**Health and Safety Website**
Access all of the above resources, and find the latest news and articles – including comprehensive FAQs and lists of recent amendments to the OHSA.

Visit often and keep you and your staff informed!

[www.oda.ca/member/healthandsafety](http://www.oda.ca/member/healthandsafety)
Now Available: Make EHC Payments Online

Wini Lo

You may have noticed recently that the login page of the ODA’s member website has changed. There is now a link for you to log in to the member website, plus there is the added option of logging in to make your Extended Health Care Insurance premium payments online.

After clicking the “ODA EHC” banner, you will see the EHC login page. Be sure to use the left box, for ODA Members, and login using the same username and password you use for the member website.

To start, select the option that is right for you.

ODA Members: select Login Option 1.
- Your username and password are the ones used for the ODA member website.

All other EHC plan members: select Login Option 2.
- If this is your first time using this online option you will need to register. To register, you will require an email address
- If you require assistance please contact the ODA at 1-800-387-1393 or email ehc@oda.ca.

From there, you can make your payment using Visa, Mastercard or Interac, print a receipt of your payment for your records and sign up for pre-authorized payment.

If you require assistance, please contact the ODA at 1-800-387-1393 or email ehc@oda.ca.

Send your questions and suggestions regarding the member website to webmaster@oda.ca.
We look forward to answering any questions you may have in the next issue of OD.

Your ODA Timeline

Visit www.oda.ca/member/timeline to access the ODA-member benefits available to you — at all stages of your career and your life.
University News

ODA Proficiency Awards Presented at Convocations

The prestigious Proficiency Award is given to an ODA student member who demonstrates high academic scores and top clinical skills, and who is active in extracurricular activities. Each winner receives a $500 cheque and a plaque.

Western’s Convocation
Dr. Arthur Worth, ODA Past President (2012-2013) and Western alumnus (right), presents the ODA Proficiency Award to Brayden Charlton, fourth-year dental graduate at Great Hall, Somerville House on June 13.

University of Toronto’s Convocation
Fourth-year U of T dental student Carly Gordon is presented with the ODA Proficiency Award at Hart House Theatre on June 6 by ODA President Dr. Jerry Smith, a U of T alumnus. Dr. Gordon sent a note of thanks (at right), which we are delighted to publish in Ontario Dentist.
Dear Donor of the Ontario Dental Association Proficiency Award,

I am writing this letter as a thank you for the ODA Proficiency Award I received. I have just graduated from the Faculty of Dentistry at University of Toronto and was shocked to receive such recognition from the ODA and humbled that my work and involvement in the school has been recognized.

Prior to dental school I completed a Bachelor of Science and Master of Science in Kinesiology and Health Science at York University. I conducted a significant amount of research during this time, which allowed me to realize my strength in manual dexterity. My work involved analyzing the effects of Type 1 Diabetes on muscles in Sprague Dawley rats. I performed specific surgeries on these rats to initialize their Type 1 Diabetes. This was a turning point in my life and aided my decision to pursue dentistry. My success in these surgeries and my research was an example of my potential, and I knew I wanted to pursue a profession in which I could use these skills. With the combination of my love for health science and caring for others, as well as my manual dexterity, I knew dentistry was the career for me.

Completing dental school at the University of Toronto has been more than I ever expected. Not only did I develop the ability to perform dentistry, I also gained knowledge and communication skills that will aid me in my future career and life. I was actively involved in extracurricular activities during dental school, including producing and directing the Dentantics show in my third year, going to Moose Factory as an elective to perform dentistry, and volunteering as a restorative mentor and at events such as Sharing Smiles and the ODA President’s [hockey] cup. I was an active member in my class and in the school, and this enriched my overall experience.

I am so grateful to receive this award. As my love for dentistry grew throughout dental school, I chose to go above and beyond the standards. I saw patients every chance I got, took on extra patients in order to gain more experience, utilized all opportunities given to me to progress my skills and gave back to the school through volunteering and extracurricular activities. I feel honoured to receive this award, which recognizes my efforts and the work that I did. I thank you for your generous support, for acknowledging me and for giving me the confidence and encouragement to continue with what I am doing.

In the future I will be associating in Brampton and the greater Toronto area. General dentistry is what I am pursuing, as I enjoy all aspects of the profession and want to continue applying the breadth of skills I acquired in dental school. I plan to stay active within the dental profession and be a part of a number of dental societies and the Ontario Dental Association and to further my knowledge in continuing education.

Thank you again for your generosity and acknowledgement,

Carly Gordon
DDS Class of 2014
University of Toronto, Faculty of Dentistry
Dr. Steven Malo, who grew up on a farm near Simcoe, Ont., exemplifies the saying, “...you can’t take the farm out of the boy.” Though he has enjoyed a thriving general practice in Simcoe since he graduated from the University of Western Ontario’s Faculty of Dentistry in 1978, Dr. Malo also owns 1,800 acres of farmland and is a partner in a winery. He may not ride around on a tractor much these days, but he finds nothing more exhilarating than walking around in early morning and seeing things growing.

**OD:** You own Steven Malo Farms Ltd., are the President of Malo Farms Ltd., and have part ownership in Burning Kiln Winery. How did you get involved in farming?

**Dr. Malo:** I grew up on a farm in Simcoe. My dad grew mixed crops: the principal commodity was tobacco and the balance was rye, wheat, soya bean and corn. My grandfather, whose farm was much smaller, grew mainly tobacco and rye. I bought my first farm in 1976 and it grew to about 200 acres. In 1999, when my father died, I took over his farm, which was 1,600 acres, so we farm about 1,800 acres in total.

In addition, I’m one of seven principal owners of Burning Kiln Winery, which has 28 acres of vineyard. We started the winery seven years ago and began selling wines in 2011. We produce up to 10,000 cases a year. The property has a tobacco heritage, hence the name Burning Kiln. It’s totally independent of the Malo farms.

**OD:** Where did your interest in winemaking come from?

**Dr. Malo:** I was asked to be a partner in the winery. Wine has an agricultural component to it and it seemed a natural evolution from the tobacco. We’re very proud of our winery. We just won the Lieutenant Governor’s Award for Excellence in Ontario Wines for our 2012 Cab Franc (which is a cabernet franc). And our 2011 Strip Room, which is a merlot/cab franc blend, was selected as the official wine of the Ontario Legislature for 2012. Strip room is another tobacco term. Most of our wines are named after the tobacco operation, the main building is a repurposed tobacco pack barn and we use old tobacco kilns for drying the grapes.

**OD:** Where did you learn your farming skills and how hands-on are you at the Malo farms?

**Dr. Malo:** I observed my parents and grandparents and obtained a working knowledge. And there are companies, such as fertilizer companies, that you can consult. We have a great farm manager and 30 off-shore labourers who come every year. I’m responsible for the chemicals and fertilization; the manager and I talk at length regarding problems. My sons have picked up my interest and my role is diminishing as their interest grows. Rarely do I sit on a tractor.

**OD:** What’s your role in the winery?

**Dr. Malo:** Very basic. I know my other commodities far better than wine. But each partner has a responsibility, and we have a general manager and two winemakers. The partners make all the business decisions. One partner, Frank Deliebak (after whom the Cab Frank is named), does the spraying and cultivating, others market through LCBO and licensees, and the rest are primarily concerned with marketing and communicating our desires to the winemakers.
Do you have a story to tell about your passion? Email the details (and a photo or two) to Julia at jkuipers@oda.ca. We may publish it in an upcoming issue.

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CA003-May 2013
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**Associate wanted** for Saturdays and Tuesdays or Thursdays. Modern and busy office located in Thornhill, Ont. New grads welcome. Email: info@wmdental.ca

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5:30 Cocktail Reception
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