



CDA Code of Ethics

Shared Professional Values

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Oral Health Research

Current and Future Status

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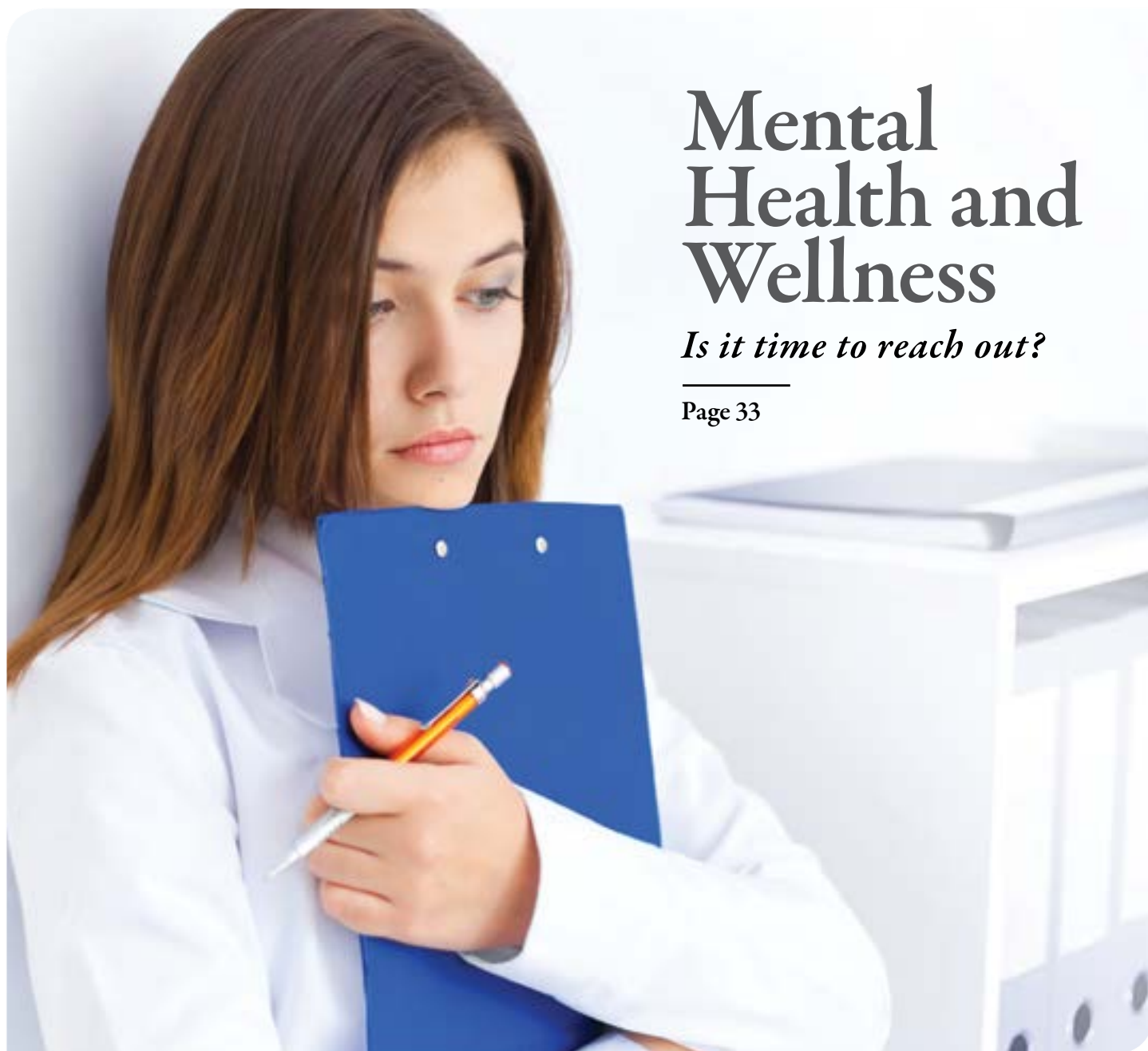
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CDA *essentials*

The Canadian Dental Association Magazine



Mental Health and Wellness

Is it time to reach out?

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CASE STUDY 8

30% increase in patient referrals.

ISSUE ▶

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SOLUTION ▶

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CASE STUDY 12

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ISSUE ▶

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SOLUTION ▶

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RESULTS ▶

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Dr. Charles Blumenfeld

Hon. B.Sc., D.D.S.

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We mean business.

CDA *essentials*

2014 • Volume 1 • Issue 5

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The Canadian Dental Association (CDA) is the national voice for dentistry, dedicated to the advancement and leadership of a unified profession and to the promotion of optimal oral health, an essential component of general health.

CDAessentials is the official print publication of CDA, providing dialogue between the national association and the dental community. It is dedicated to keeping dentists informed about news, issues and clinically relevant information.

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...the tri-service role of the Corps has resulted in a high standard of dental treatment to all three services on an equitable basis.” **Page 20**



The Code will unite dentists from coast to coast around shared values, without being a legislative or regulatory tool.

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Ethics and Professionalism: A Foundation of Trust



I am proud to serve as president of the CDA, an organization that acknowledges our ethical and professional responsibilities to society. CDA is making a concerted effort in these areas and, in doing so, is working to ensure that our profession continues to earn the public's trust.

Dentists are here to serve the public—our patients. Our status as competent, dedicated and compassionate health care providers is firmly rooted in professional ethics, which encompasses a standard of moral principles that guide our decisions and patient interactions. Demonstrating these qualities is what distinguishes a profession from a job.

However, some members of the public may be questioning our professionalism or doubting the value of our services. This is troubling as it means that a portion of Canadians may not believe that dentists are primarily motivated by a patient's best interest.

Some wonder whether this skepticism is associated with a lack of professional ethics in dentistry. In a 2001 *JADA* article,¹ Dr. Gordon Christensen proposed that dentistry's image has been tarnished due to behaviours such as increased commercialism and self-promotion, planning and carrying out excessive treatment, or refusing to accept responsibility if treatment fails prematurely.

It's a reality that dentists must balance the dual role of health care provider and business owner. A health professional's primary concern however must be public service, not profit. If the patient's best interests are

always considered first and foremost, dentists can operate ethically within this model.

From what I've observed in my 40 years of practice, the best form of advertising is a word-of-mouth recommendation from satisfied patients. We shouldn't try to evaluate the success of a practice by the amount of revenue it generates. The true measure of success is the quality of the oral health care we provide to our patients. Everything else is secondary.

These challenges are not unique to dentistry. The public has become skeptical towards almost all professions. Within such an environment, we must work harder to demonstrate our value and commitment to the oral health of our patients.

The Trust and Value Working Group is a unique collaboration of provincial and national dental leaders. One of its strategic goals is to enhance the public image of dentists by focussing on how we interact and communicate with patients. A key finding from the Group's research (p. 14) shows that dentists recognize the important role of communication in their patient relationships, and understand that patient expectations for the care and information they receive are higher than ever before.

CDA is also developing a new Code of Ethics for the profession (p. 16). The Code will seek to unite Canadian dentists around an aspirational set of shared values, outlining the ethical commitments that can guide a dentist's practice and our professional responsibilities.

As dentistry moves into the future, we must remember the importance of ethics and professionalism in our everyday practice and work collectively to uphold these standards.

REFERENCE

1. Christensen GJ. The credibility of dentists. *J Am Dent Assoc.* 2001;132(8):1163-5.

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THE ELECTRONIC FUNDS TRANSFER IMBROGLIO

Frustration is growing among dentists as some insurance carriers now insist on sending payments through electronic funds transfers (EFTs), and charging fees to dentists who opt for paper cheques and account statements. Dr. Benoit Soucy, CDA director of clinical and scientific affairs, explains the issue.



Benoit Soucy

What is the latest news on the EFT situation in Canada?

Insurance carriers realized a few years ago the magnitude of their cost savings if they moved away from paper payments for all facets of their operations. They have done so with other occupations and now they're looking at dentistry.

The problem is that each company is making the transition in its own way. Some use a very good model from the outset. Others start with a model that doesn't work too well and has to be refined. Finally, other companies are trying to force dentists to use EFTs by imposing fees for payments made by cheque.

CDA feels that carriers don't realize the burden this places on some dental offices. When your practice deals with several insurance companies that each handle EFTs in a different manner, it can be burdensome. We need to find a way to simplify the landscape, making sure that EFTs are all sent in a consistent manner and that reconciliation of payments is convenient.

Have dentists contacted CDA about this issue?

Yes, many have. The reasons why some dentists can't easily switch to EFTs are quite valid.

It can be as simple as living in a remote community where Internet access is very expensive and not reliable, or their office is not equipped to allow for EFTs. We've also had one dentist with health issues who cannot work at the computer for long periods of time. Dentists have

the right to decide how they're going to manage their own office. Carriers should not attempt to force the adoption of their model by imposing unjust fees on dentists.

What is CDA doing on behalf of Canadian dentists?

Every time we hear of a carrier wanting to switch to EFTs, we encourage them to first open a dialogue with us. We alert them to the problems we've experienced when other carriers have introduced EFTs. These problems can be related to a process deemed to be too complicated, registration that doesn't allow dentists who work out of several offices to receive payment where they need to receive it, or confidentiality issues where the wrong people see the wrong information. Sometimes, it's simply a problem that the system has been designed with the payor in mind, not the dental office.

What has been the overall response of the carriers?

Overall, their willingness to adapt has been quite good. The problem resides in the few cases where certain carriers are willing to compromise on some aspects, but want to keep unilaterally imposing EFTs. That simply doesn't work for all Canadian dentists.

We're currently in discussions with one carrier that is adamant about wanting to impose fees to dentists who receive paper payments. That same company acknowledged that some dentists cannot receive EFTs and therefore created an exemption system, meaning that dentists can apply to be dispensed from paying the fee. In CDA's



Every time we hear of a carrier wanting to switch to EFTs, we encourage them to first open a dialogue with us. We alert them to the problems we've experienced when other carriers have introduced EFTs.

opinion, this is the wrong approach for carriers to take. While we appreciate the willingness to make exceptions for some dentists, we strongly disagree with the fact that carriers assume they can dictate how a dentist runs his or her office.

We also have to make sure that carriers don't lose sight of the fact that payments that are sent to dentists as a result of an assignment are actually payments that are owed to plan members. The cheque is only being sent to a different address. Sending payments to plan members at no cost—because they're seen as customers—while imposing a cost to dentists for the same service is unacceptable.

How can individual dentists help CDA resolve this issue?

We want dentists to talk to their patients, and make sure that patients who are covered by problematic carriers understand the situation. We

would like to make sure that dentists don't end up having to increase fees to patients because carriers are changing their own internal processes. Their changes create additional expenses for dental offices that can impact the cost of dental care. We want to make sure patients understand where those costs are coming from, who is responsible for them, and that when time comes to renew group plans, their employer is aware of the fact that their plan provider has created these issues, not dentists.

What would the ideal system look like?

The ideal system would be convenient for both patients and dentists, follow the CDAnet model to ensure all benefit providers do things in a similar fashion, and be as efficient as possible so that dentists can focus on the provision of care, not the administration of benefit plans. ➤

This interview has been condensed and edited.

To listen to the full interview, visit
oasisdiscussions.ca/2014/09/10/efts



Sun Life makes real-time predetermination results available to dentists

Dentists can now receive Sun Life predetermination results in real time when requesting estimates through EDI using CDAnet version 4.



Previously, predetermination results were provided to plan members only, which can result in treatment delays.

To receive predetermination results from Sun Life, make sure your system is now sending requests to Sun Life with CDAnet version 4 and submit the predetermination request through EDI as usual:

- For simple predetermination requests, you will receive a response on the spot, in most cases.

- For requests that are pending, Sun Life will notify you by email when a result is available. The details can be viewed by logging on to Sun Life Direct, a web portal for dentists.

To take advantage of this service, make sure you have changed your software settings to CDAnet version 4 (contact your software vendor if necessary) and register for Sun Life Direct.

Plan members will continue to receive the predetermination results. ➤

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Trust and Value Working Group

UPDATE TO SURVEY OF CANADIAN DENTISTS



Dr. Larry Levin

Dr. Levin practises in Hamilton, Ontario, is a member of the CDA Board of Directors and is chair of CDA's Trust and Value Working Group.

To listen to an interview with Dr. Levin about the Trust and Value Working Group, visit oasisdiscussions.ca/2014/08/07/tvwg



Good communication confirmed as the key to a successful practice

Canadian dentists understand the importance of communication as the key to building patient trust and rapport.

CDA recently completed follow-up research (to 2010) with the profession and public to gauge how each group perceives the reputation of the profession. Mirroring many of the questions posed to the public, dentists were also asked to identify their key issues and challenges.

The research reaffirmed that patients across the country want their dentist to clearly explain their examination findings and recommendations. Dentists across Canada (92%) overwhelmingly indicate patient communication as the most important factor in building positive relationships with patients, due in part to the efforts of the provincial dental associations and CDA to inform members of the value of effective communication.

Importance of discussing costs with patients

While the message underscoring the importance of communication has been heard, a gap remains between what patients expect and what dentists communicate. The majority of patients want their dentist to talk about the cost of treatment, but many dentists defer this conversation to their staff.

- **49%** of dentists rate *personally* explaining treatment costs to patients as the **second lowest** important factor in their relationship with patients.
- **71%** of dentists say it is very important for their staff to address costs with patients.
- A majority of patients (**62%**) say they are more likely to agree with their dentist's recommendation when it is clearly explained to them.



Conclusion: To align more with patient expectations, dentists should consider a discussion about the cost of treatment. This increases transparency, accountability, trust, and patient acceptance of the recommended treatment.

Of interest

- Dentists rate personal referrals from patients (**81%**) and proximity (**12%**) as the top two determinants in patients choosing a dentist.



Conclusion: Dentists feel practice advertising is not the most effective way to attract patients.

- **54%** of dentists (but only **39%** of patients) think that insurance coverage is what influences the frequency of patient visits.

Conclusion: *Dentists and patients feel differently about the role of insurance in determining the frequency of dental visits.*

Concerns and challenges



- **89%** of dentists say their patients are searching online before making treatment decisions, raising concerns over misinformation and patient expectations.
- **69%** of dentists say their top challenge is the rising cost of maintaining a practice. Their second biggest concern is the stress of being both a health care provider and a small business owner. Interestingly, patients saw the dentist's business role as a positive—creating an incentive for good customer service in addition to quality health care. ♦

Trust and Value Working Group - *a unique collaboration of provincial and national dental leaders that focuses on developing communications strategies to promote the benefits of good oral health for all Canadians.*

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CDA CODE OF ETHICS:

the values we stand by

CDA recently surveyed Canadian dentists to help shape its new Code of Ethics, which is intended to be an ethical guide for the profession, rather than a code of conduct.

The new CDA Code of Ethics will focus on the stable and enduring values that underlie the practice of dentistry. "These fundamental principles define the integrity of our profession, serve as a cornerstone for dentists individually and collectively, and convey a promise to society of professional commitment to the health and well-being of individual patients and the public," says Dr. Susan Sutherland, chair of the CDA Code of Ethics Working Group and dentist-in-chief at the Sunnybrook Health Sciences Centre in Toronto.

"Dentists hold a special position of trust within society and consequently are accorded a high level of respect and autonomy," she adds. "In return, there exists a professional obligation to society that the members of our profession will adhere to high ethical standards."

The Code will unite dentists from coast to coast around shared values, without being a legislative or regulatory tool. "A code of ethics is part of a broader framework of ethical practice that includes legislation, standards of practice, guidelines and policies which are found in documents produced by regulatory bodies, professional colleges and relevant boards," explains Dr. Sutherland. "Importantly, this code of ethics will not be a code of conduct; CDA's role is not regulatory in nature. In this sense, the Code will be aspirational, meaning it will outline the ethical commitments that could guide a dentist's practice and to which our profession could aspire."

The development of the Code of Ethics is a collaborative effort between the CDA Committee on Clinical and Scientific Affairs and the Trust and Value Working Group along with ethicists hired for the project. Input was also obtained from those dentists who completed the survey in June 2014 and from corporate members and other key stakeholders who shared their views in one-on-one interviews with the project's lead researcher.

CDA published its first code of ethics in 1902. Since the document's last revision in 1999, various forces have continued to shape the delivery of oral health care in Canada. "The development of a new code of ethics will enable the profession to engage in a deliberate

reflection and dialogue to consider how contemporary challenges intersect with collective and individual professional obligations," sums up Dr. Sutherland.

The new CDA Code of Ethics is scheduled for release in 2015. ➔

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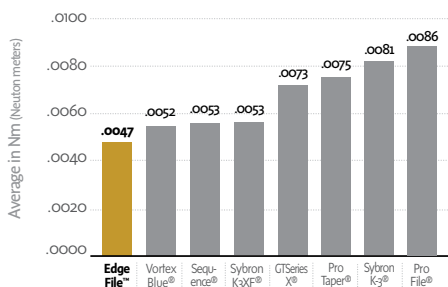
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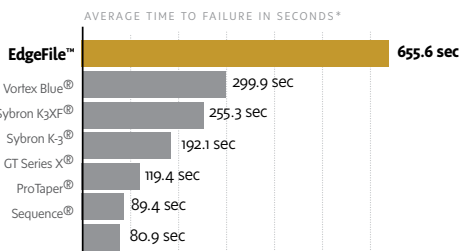
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FCDSA Developing A NATIONAL VOICE FOR DENTISTRY STUDENTS

The Federation of Canadian Dentistry Student Associations (FCDSA) continues to explore new ways to give dentistry students a national voice on matters related to dental education and patient care. In June, the group held its second annual general meeting (AGM) in Ottawa.

Finding creative solutions to the issues facing dentistry students is part of FCDSA's challenge. "At the AGM, council members agreed that one of the main objectives for the coming year was to connect and unify dentistry students across the country," says Mr. Toufic Boulos, FCDSA newly elected president and student at the University of Montreal. "We want FCDSA to become a true voice for dentistry students in Canada."

Beginning this fall, each dental school will host an event to introduce incoming students to FCDSA and let them know how to get involved. Another goal for the year ahead is the development of a viable and stable financial strategy for the federation. An FCDSA website is also in the works.

"The website will soon be launched. Our development team has been working on an online template to make it possible for dentistry students to communicate and share best practices," says Mr. Boulos.

"It's really inspiring," says Shannon Munsie, outgoing FCDSA president and recent graduate of the Schulich School of Medicine and Dentistry. "Although we're all from different places, our challenges and the conversations we have at schools are remarkably similar—everyone is struggling with student debt, wishes they had more clinical experience, many are keen to gain experience in rural communities and wish their school offered more opportunities for spending time up north."

FCDSA Executive (L. to r.): Nazanin Hojjati, Regional Councillor – Eastern Canada; Toufic Boulos, FCDSA President; Khashayar Gharavi, Regional Councillor – Central Canada; Reza Entezarion, Regional Councillor – Western Canada; Hayley Faulkner, FCDSA Vice-President





According to Dr. Munsie, one issue that unites dental students from all schools is access to care, where “there really is a possibility that students could make a difference.” Through FCDSA, some schools learned about an initiative for improving the oral health care of people with special needs. “We were able to spread the word about Oral Health, Total Health, and its annual Sharing Smiles Day (a fun and educational day that brings dental and dental hygiene students together with persons with special needs),” says Dr. Munsie. “Three dental schools hadn’t heard of Oral Health, Total Health before, but it looks like they are now on board. The Federation allows conversations like that to happen,” she adds.



Beginning this fall, each dental school will host an event to introduce incoming students to FCDSA and let them know how to get involved.

As FCDSA establishes its network within organized dentistry, new connections are being made with other national organizations, such as the Association of Canadian Faculties of Dentistry, and learning from others, such as CDA, CDSPI, the National Dental Examining Board (NDEB) and the American Student Dental Association. CDA, in particular, has been a strong FCDSA supporter and continues to host the secretariat for the federation. “CDA brought forward the idea of a student federation and helped us establish ourselves in 2012,” explains Dr. Munsie. “They are our greatest support.”

At the recent AGM, an agreement with NDEB was adopted to ensure mutual representation at annual meetings. FCDSA also agreed to distribute information to students about the NDEB certification process. “Students had concerns about the

high cost of the NDEB program,” explains Dr. Munsie. “After working with the NDEB, we were able to explain to students that NDEB is non-profit, and the cost of the exam is truly what is required to securely and fairly administer the exam.”

“This is an important stage in FCDSA’s history,” says Mr. Boulos. “We’ve come a long way since establishing in 2012 but much more remains to be done.” ➡

FCDSA council members who attended the 2014 AGM

(University/Graduation Date)

- Linda Lan (Alberta '15)
- Lindsay Orser (Alberta '17)
- Reza Entezarian (UBC '16)
- Soroush Liaghat (UBC '16)
- Heather Patry (Dalhousie '15)
- Bryce Tung (Dalhousie '17)
- Frédéric Bouchard (Laval '14)
- Simon-Olivier Brault (Laval '16)
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- Nazanin Hojjati (McGill '15)
- Chloe Fung (McGill '15)
- Toufic Boulos (Montreal '15)
- François Bélanger (Montreal '15)
- Danielle Gray (Saskatchewan '16)
- Daniel Salloum (Saskatchewan '17)
- Hayley Faulkner (Toronto '15)
- Khashayar Gharavi (Toronto '17)
- Shannon Munsie (Western '14)
- Nada Tabbara (Western '17)



To contact the FCDSA,
email: secretariat@fcdsa.ca

The Royal Canadian Dental Corps:

UNIFICATION AND UNITED NATIONS OPERATIONS

Canada's military dental services have looked after the oral health needs of Canada's troops in both World Wars, Korea, Afghanistan and many other peacemaking, peacekeeping, humanitarian and forensic operations. In the lead-up to the 100th anniversary of the Royal Canadian Dental Corps (RCDC) in 2015, this article is the fourth in a series that will bring to light the history of the RCDC over the last century, celebrating the heritage, accomplishments and dedication of the dental services personnel of the Canadian Armed Forces (CAF).



CDAessentials is honoured to publish a regular series of articles, leading up to the celebration of RCDC's 100th anniversary.



Canadian Armed Forces Unification, 1968

In 1968, the Royal Canadian Navy, Canadian Army, and Royal Canadian Air Force were merged into one service: the Canadian Armed Forces. As RCDC personnel were already providing dental care to all three services, unification had minimal impact on their operations. However, RCDC was reorganized into the Dental Branch, renamed the Canadian Forces Dental Services (CFDS), and issued a new cap badge.

In his letter of congratulations on the occasion of the 50th anniversary of the Dental Corps, the Honourable Paul Hellyer, Minister of National Defence at the time, commented: "The tri-service role of the Corps since 1939 has permitted the ready adoption of new techniques and

equipment and has resulted in a high standard of dental treatment to all three services on an equitable basis. It has thus required little modification in order to adapt to the unification of the Canadian Forces."

United Nations Emergency Force Middle East (UNEF II) 1973–1979

In 1973, the Second United Nations Emergency Force (UNEF II) was established in the Middle East to supervise the ceasefire between Egyptian and Israeli forces and, after 1975, to supervise the redeployment of Egyptian and Israeli forces and control the buffer zones. Headquartered in Ismailia, Egypt, troops were deployed to the Suez Canal sector and, later, the Sinai Peninsula.

In support of UNEF II, the RCDC deployed dental teams to the Middle East. The RCDC clinic started out in a tent, moved to a race-track observation tower in a Cairo suburb and finally settled in a building in Ismailia.

"The tri-service role of the Corps since 1939 has permitted the ready adoption of new techniques and equipment and has resulted in a high standard of dental treatment to all three services on an equitable basis."



United Nations Forces in Cyprus (Operation SNOWGOOSE) 1963–1994

In 1963, Canada offered military support to the United Nations Peacekeeping Force in Cyprus (UNFICYP). The first dental detachment arrived in the capital city of Nicosia in 1964.

In 1967, the Canadian contingent moved from the battered and rusted tin huts of Troodos Camp to the former Royal Air Force Station in Nicosia. The dental detachment was continuously staffed until 1994, when the Canadian battalion was withdrawn.

The only other dental team attached to UNFICYP was from the British Royal Army Dental Corps. It was

common practice for the two teams to alternate their on-call responsibilities and cover each other's patients during absences due to leave or travel. The Canadian team also provided emergency dental care to other troop contingents, including those from Austria and Denmark. ♦

CDA is playing a central role in commemorating the 100th anniversary of the RCDC in May 2015, reflecting CDA's role played in establishing a military dental service in Canada and the close partnership between CDA and RCDC since that time.

- ① United Nations peacekeeping force in Cyprus - Canadian Contingent Dental Clinic, 1992
- ② Dental officer performs dental exam on patient outdoors in Cyprus, 1969
- ③ United Nations cap badge





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Sounding the Alarm: THE FUTURE OF ORAL HEALTH RESEARCH IN CANADA

Increasing awareness about oral health research in Canada is an important cause for Drs. Jeff Dixon and Debora Matthews. At the Canadian Institutes of Health Research (CIHR), they are both members of the Institute Advisory Board at the Institute of Musculoskeletal Health and Arthritis (IMHA), which supports oral health research as part of its mandate. CDA spoke with Drs. Dixon and Matthews about the current status of oral health research in Canada.



Debora Matthews

DM: The two main issues facing oral health research in Canada are 1) the lack of growth in health care research budgets—not just for oral health research, but for health research in general, and 2) the need for succession planning. There aren't enough young scientists and dental clinician-scientists to replace senior researchers in the dental faculties who will be retiring. There is no one to pass the torch to.

issues to light can make a difference. We need continued lobbying from individual dentists and the profession to increase federal funding for health research—it can make a big difference to the profession and the country. Research can lead to new ways for dentists to work more effectively and have better control over oral disease.



Jeff Dixon

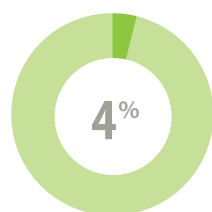
JD: If those two issues can be addressed, we can make tremendous advances. We need to provide a viable avenue for dental students with an interest in pursuing a career in academia and research. Providing support for them early in their careers is very important. I'm confident that mobilizing the public and the profession to bring these

DM: I think that the nature of research is moving towards more collaborative, transdisciplinary approaches, and oral health researchers are really getting on board and thinking outside the box. That's one of the reasons why the Network for Canadian Oral Health Research (NCOHR) was created—with the small numbers of oral health researchers in this country, we need to work collaboratively, build capacity, and give trainees the encouragement and skills that they need.

JD: These are important issues for the profession: Who will be teaching our dental students of tomorrow? Will we be advancing the profession here in Canada? Future improvements in health care are going to come from great research. ♦

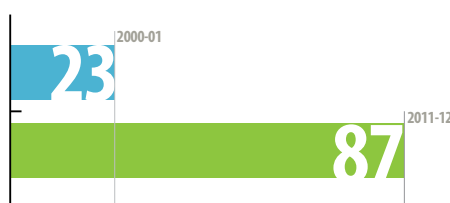
To hear the full interview with Drs. Matthews and Dixon, visit oasisdiscussions.ca/2014/04/24/ohr/

Funding Comparisons at CIHR-IMHA: Oral Health at a Glance



Low investment in oral health research

4: Percentage of CIHR-IMHA spending in oral health, as a proportion of CIHR spending among IMHA's focus areas—representing the smallest piece of the funding pie.



Increase in collaborative oral health research

23: Number of CIHR-funded oral health researchers who were co-principal investigators or co-applicants in 2000-01.

87: Number of CIHR-funded oral health researchers who were co-principal investigators or co-applicants in 2011-12.

This interview has been condensed and edited.

The views expressed are those of the authors and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

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Implications: WILL NEW CIHR FUNDING SCHEMES AFFECT ORAL HEALTH RESEARCH?

The Canadian Institutes of Health Research (CIHR), the federal agency responsible for funding all health research in Canada, is introducing dramatic changes to its funding system. Dr. Raj Bhullar, associate dean of research in the University of Manitoba faculty of dentistry, and Dr. Dennis Cvitkovitch, associate dean of research at the University of Toronto, talked with CDA about the implications of the new funding schemes for oral health research, a sector already struggling with recruitment.



**Dennis
Cvitkovitch**

What are the implications of CIHR's funding changes for the oral health research sector?

DC: CIHR expects to fund about 114 Foundation Scheme grants across Canada in *all* of the health sciences—not a big number considering the many people applying. But, with the new peer-review process and a College of Reviewers to facilitate access to appropriate expertise, hopefully that's going to change things favourably for people who may have relatively obscure projects, research that is very specialized. In the past, it's been a problem to find people with the expertise in oral health research to review our grants.

RB: As it is, very few oral health research projects are being currently funded. For the Project Scheme grants, it will depend on whether the reviewers evaluating the oral health research projects are experts in that particular area. We need to be proactive in making sure appropriate individuals are nominated to be part of the College of Reviewers.

What can be done to improve oral health research funding in Canada?

DC: Anything that raises the profile of the research being done in dental schools is helpful. A lot of people don't understand that the work being done is not strictly focused on oral health; there is research related to bone, pain, biomaterials, microbiology and all of these overlap with different areas of overall health. We are medical researchers whose research includes the oral cavity. I think that's how we need to project ourselves to Canadians and to the research community in general.

RB: I believe that the impact of oral health on overall systemic health is becoming clearer now. Oral-systemic health is extremely important and we have to make that link clear, not only to the funding agencies but the public as well. ♦

This interview has been condensed and edited.

The views expressed are those of the authors and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.



Raj Bhullar

Two New CIHR Funding Schemes

Under CIHR's **Foundation Scheme**, Canadian health researchers will have access to larger grants of longer duration. Each year, approximately 114 Foundation Scheme grants will support established leaders in health research. Grants will range from \$50,000 to \$1.5 million a year and will be awarded in 5-year or 7-year durations, depending on the investigator's career stage. There will also be Project Scheme grants, which support specific projects. Over 900 **Project Scheme** grants will be awarded annually, ranging from \$25,000 to \$750,000 with durations of 1–5 years.

A new peer-review process will match applications to reviewers with appropriate expertise, facilitated by a College of Reviewers. The new funding schemes will be phased in between 2014–16.







Making a difference at home and abroad

ICD HUMANITARIAN MISSIONS

With the support of the International College of Dentists (ICD), Canadian dentists formed part of a humanitarian team that provided oral care to over 1000 individuals in some of El Salvador's poorest areas last fall. Individuals in these communities have little to no access to basic necessities and many had never seen a dentist.

ICD Fellows Drs. Jack Cottrell and Donna Brode participated in a mission facilitated by Speroway, a charity that provides medical and dental treatment to inhabitants of Central America and Haiti. The mission, which ran in November 2013 and was based out of San Salvador, was Speroway's largest mission to date and provided primary health care, medication, food and clothing to over 5700 individuals.

The Speroway team of about 50 dentists, doctors, assistants and nurses, paramedics, pharmacists, translators and other volunteers set up 5 clinics, each in a different community. The team of 7 dentists—captained by Dr. Cottrell, a past president of CDA—treated over 200 patients each day.

"We performed scaling—as periodontal disease was the biggest problem we encountered," says Dr. Brode, an ICD International Councillor. "We also did oral hygiene, amalgams, composite resins, extractions and limited endodontics." The team used composite resin bridges to replace missing teeth, with the goal of having

patients look good and feel good about themselves.

The team worked straight from dawn to dusk: "We don't stop," says Dr. Cottrell. "To stop even for 20 minutes means that there are people who are not seen."

Giving back

The ICD became affiliated with Speroway when its members were looking for ways to give back to the global community. "We had the educational component of the College," says Dr. Brode, "but some members of the Canadian Section were asking, 'What can we do? What kind of problems of access to care or efforts in organized dentistry can we address worldwide?'"

The ICD's Canadian Section has a registered charity, the William J. Spence Foundation, which collects donations to support Canadian dentists who volunteer their services in underdeveloped countries. Funding is distributed between a number of

charitable organizations whose values best fit those of the College, including Speroway.

"Speroway is compassionate and that's the reason why I was first drawn to this non-profit group," says Dr. Cottrell. "They act with integrity and love of their fellow man."

The volunteers donate more than just their time and expertise to these missions; they sponsor their own transportation, accommodation and meals. Team members must also supply the equipment and materials necessary to get the job done, and that is where the ICD can help.

The field units used by the dental team, which are essentially a dental office in a box, have high- and low-speed suction and handpieces, air-water syringes and even a small compressor. They were purchased with funding from the William J. Spence Foundation. "That is where the ICD has really been helpful in supporting us, because these units are expensive," says Dr. Cottrell. "The ICD has been extremely generous in



We don't stop. To stop even for 20 minutes means that there are people who are not seen.



helping us fund these purchases to deliver care at the level that we want."

Changing lives

The Speroway teams have begun to create lasting change. They are revisiting communities for the third or fourth time and seeing dramatic improvements in the caries rates and the general oral health of the patients.

"Unfortunately, many parts of Central America have been subjected to diet modernization, and it has just played havoc on their dentitions," says Dr. Cottrell. "This is coupled with no preventive programs—many individuals have never seen a toothbrush or toothpaste, so we're often starting from scratch. But it is



Dr. Jack Cottrell

so encouraging to return and see the programs running successfully, and know that our work is making a difference."

The team's goal is to improve the long-term oral health of the communities it serves. While extractions comprise about 30% of the work they perform, the volunteers try to address all aspects of oral health care. "We try to work in terms of restoration," says Dr. Cottrell. "Not just to remove abscessed teeth, but to restore self-esteem and to take the discomfort and disease out of people's mouths."

To promote the sustainability of their efforts, the volunteers worked alongside local medical professionals to convey the standards of care that should be delivered by health professionals worldwide. "Part of what we do in these missions is to serve in a teaching capacity, providing continuing education and hands-on learning opportunities for local health care providers," says Dr. Cottrell. "The ultimate goal is that eventually they



People sometimes forget that you can help underserved individuals in situations of high need right here in your own community.



will be able to deliver a high standard of care on their own without our help.”

“We’re also trying to teach them the importance of sterilization, because we’ve witnessed the washing of instruments in soap and water,” says Dr. Cottrell. “We can only treat so many patients in a week. By teaching the local dentists to follow certain safety protocols, we can help patients we don’t get the chance to see.”

Getting involved

Drs. Cottrell and Brode urge dental organizations and schools to use their broad influence to inform their members and students of ways they can get involved and the benefits of

these missions. They believe that if schools partnered with organizations to offer such programs for students at the beginning of their careers, it would enhance and broaden students’ perspectives and positively affect their own careers and the profession.

They strongly encourage their colleagues to get involved in any way they feel comfortable, and remind the community that there is need everywhere—not just abroad. “You don’t have to go to another country,” says Dr. Brode. “There are many areas of need here in Canada. I think people sometimes forget that you can help underserved individuals in situations of high need right here in your own community.”

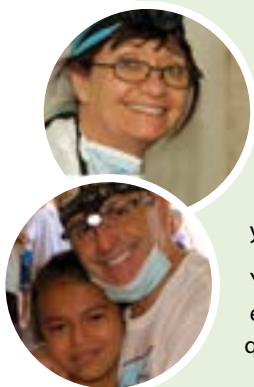
“True happiness comes from helping other people,” says Dr. Cottrell. “There is nothing nicer than seeing a person who has had their dentition riddled with caries, and to be able to have them look in a mirror and see a beautiful smile at the end of it. That’s all the gratification you could ever want.” ♦

Article by Avery Friedlander

Ms. Friedlander is an undergraduate journalism student at Ryerson University in Toronto and an intern at CDA.



Dr. Donna Brode



Speroway’s next medical/dental mission to El Salvador takes place November 8–16, 2014. To show your support, you can contact Speroway, the ICD or Drs. Cottrell and Brode directly. “We’re always open to anybody who is interested in helping in any capacity,” says Dr. Cottrell. “We can answer any questions and get you into a situation you feel most comfortable with.”

You can support by donating your time, money or equipment. The team welcomes any contribution of good quality equipment they can use on their missions.



The International College of Dentists (ICD)

The ICD is a leading honorary dental organization dedicated to the recognition of outstanding professional achievement and meritorious service and the continued progress of the profession for the benefit of humankind. Established in 1928, the College has over 12,000 members in over 122 countries. It is the oldest and largest international honour society for dentists in the world. The College is organized into 20 Sections and Canada is Section 2.

The Canadian Section’s humanitarian arm is the William J. Spence ICD Memorial Foundation, which is a registered charity for tax purposes. The Foundation receives donations from the Fellows of the Canadian Section and matches them with applications from dental humanitarian projects requesting funding. This year, the Canadian Section Board of Regents, on the Foundation’s recommendation, authorized funding in the amount of \$31,000 for 6 projects: the Portable Ottawa Dental Service for treatment of the needy; the Village of Hope project in Kitwe, Africa; the Speroway project in El Salvador; the MedOutreach project in Africa; the Semiahmoo – Philippines project for school children; and the Semiahmoo – Peru project.

Currently, Dr. Randall Croutze is president of the Canadian Section and serves as vice-president of the CDA Board of Directors. The Canadian Section website is icd-canada.com and the International College website is icd.org. The College also maintains a Facebook page highlighting its activities.

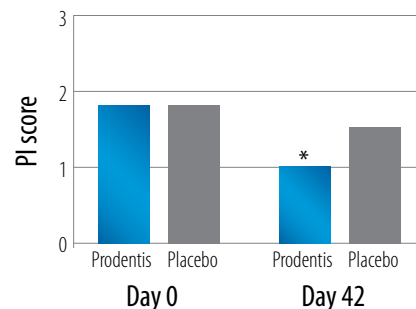
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1. Plaque Index on a scale from 0, for no plaque, to 3, for abundance of soft matter within gingival pocket and tooth surface

2. Split-mouth design, double-blind, randomized, placebo-controlled trial of 30 patients with chronic periodontitis

3. Vivekananda MR, Vandana KL, Bhat KG. Effect of the probiotic *Lactobacillus reuteri* (Prodentis) in the management of periodontal disease: a preliminary randomized clinical trial. J Oral Microbiol. 2010;2:2.

4. When used in conjunction with good oral hygiene.

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Putting Kids at Ease about Visiting the Dentist

CHICO THE PUPPY

Jen Dafoe knows what it's like to feel scared about an upcoming medical procedure. After undergoing 38 surgeries over several years (5 brain and 33 reconstructive oral/dental), she understands the emotional strain of being a patient.

Ms. Dafoe, who was born legally blind, had experienced the fear and anxiety that builds prior to medical procedures or surgery and realized that children go through the same stress. "Nobody likes the unknown and imagine putting yourself in a child's place," says Ms. Dafoe. These experiences were part of the impetus for Ms. Dafoe to write her first children's book.

The result is *Chico's First Trip to the Dentist*, a book that follows Chico the puppy at the dentist's office. "I wanted this book to be used as an educational and fun tool to help alleviate the worries that an anxious child might have before they come to a dental office," Ms. Dafoe says.

Although Chico might not be a typical patient, the story—charmingly illustrated by Evan Shoman—chronicles a routine visit to the dentist, complete with descriptions of Chico getting kibble scrubbed off his teeth and choosing the doggy-bone flavour for his fluoride treatment.



(L. to r.)

Dr. Mario Moscone,
Eryn MacMillan, Jen
Dafoe, Tina Ferrera and
Dr. Silvio Ferrera.

Chico was inspired by a puppy that belongs to John Kassoulides, one of Ms. Dafoe's friends. "When I was going through my surgeries, John would send me a cute picture of his puppy saying, 'Chico will be your nurse in the neurosurgery unit today,' and it always made me laugh," she says. "And if it made *me* laugh, I knew kids were going to love him as well. Often, we see a dog as a protector, a companion, a guide, someone who's there when we're scared or nervous. So Chico was the ideal character."

To gather the information needed to accurately convey a dental visit, Ms. Dafoe brought together many dentists, doctors and dental hygienists. "It was very important for me to include accurate and up-to-date information in the book," she explains. "Too often, children's books take liberties with these details."

She credits several dentists for their support and advice, in particular: Dr. Karin Van Ryswyk, general practice dentist in London, Ontario; Dr. Raymond Lee, staff pediatric dentist at London Health Sciences Centre; Dr. David Farkouh, staff pediatric dentist at The Hospital for Sick Children in Toronto; and Drs. Mario Moscone and Silvio Ferrera—her local dentists in her hometown of Sarnia, Ontario.

"My own dentists—along with their team members Tina Ferrera and Eryn MacMillan—have all been a wonderful source of support and encouragement throughout this entire creative process," notes Ms. Dafoe.

"If I can alleviate the stress of even one child with my book by educating them, that's very satisfying," she concludes. "Knowing that I might help take away a child's anxiety and replace it with education, smiles and giggles, I've reached my ultimate goal of helping others in my lifetime." ❖



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Jen Dafoe has teamed with Patterson Dental to make **Chico's First Trip to the Dentist** available to Canadian dental practices.

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¹ Than a manual toothbrush. M. Ward, K. Argosino, W. Jenkins, J. Milleman, M. Nelson, S. Souza. Comparison of gingivitis and plaque reduction over time by Philips Sonicare FlexCare Platinum and a manual toothbrush. Data on file, 2013.

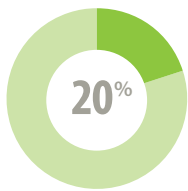
² Defenbaugh J, Liu T, Souza S, Ward M, Jenkins W, Colgan P. Comparison of Plaque Removal by Sonicare FlexCare Platinum and Oral-B Professional Care 5000 with Smart Guide. Data on file, 2013. Single use study. © 2014 Philips Oral Healthcare, Inc. All rights reserved. PHILIPS and the Philips shield are trademarks of Koninklijke Philips N.V. Sonicare, the Sonicare logo, DiamondClean, FlexCare Platinum, FlexCare, FlexCare+, ProResults, Sonicare For Kids and AirFloss are trademarks of Philips Oral Healthcare.



Mental Health and Wellness

IS IT TIME TO REACH OUT?

The very traits that can make one excel as a health professional—perfectionism, self-giving nature, dedication—can sometimes be an Achilles' heel. Many health care providers are so dedicated to their patients' health that they forget about their own well-being. Could we be ignoring our own wellness, especially when it comes to mental health?



20% (7 million) of Canadians experience mental illness in their lifetime.¹



Women are **2x** more likely than men to experience depression.²



12% of Canadians experience an anxiety disorder in their lifetime.²

Maintaining status quo

Of the barriers that could prevent a dentist from seeking help, the struggle to find a replacement to run their practice in their absence is significant. However, “there are a lot of semi-retired or retired dentists who could be interested in taking care of one’s practice while they take a leave of absence,” notes Dr. Clark. “A lot of dentists want to retire gradually. There is an important group of senior clinicians who would be willing to do that.” And there is no need to disclose the reason behind the leave of absence if you are uncomfortable discussing it.

Unfortunately, the stigma in our society associated with mental illness still exists. Many people, including dentists, do not want their community to know about their mental health struggles. “Yet mental illnesses are no different than any other illnesses, and they’re very common,” says Dr. David Clark, clinic director of dental services at the Ontario Shores Centre for Mental Health Sciences and Council member of the Royal College of Dental Surgeons of Ontario (RCDSO). “Dentists should not be afraid to talk about it. They can get help and still run their practices.”

Some dentists may also be worried that their license could be revoked if they are diagnosed with a mental illness or seek assistance for a mental health problem. Dr. Clark wants to reassure dentists that regulatory bodies will go a long way to help and support their members. “Dentists and regulatory authorities can work together,” adds Dr. Marcel Van Woensel, registrar of the Manitoba Dental Association. “By doing so, we can also ensure the best interests of patients and the public are protected.”

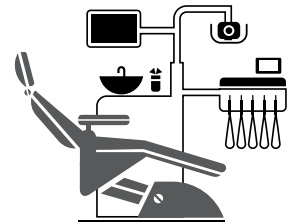
Feeling the pressure

Running a dental practice and providing health care can bring its share of daily stressors—managerial responsibilities, financial concerns, patient acquisition and retention, patient expectations and more. Without appropriate coping mechanisms, chronic stress can have a major impact on dentists’ physical and mental health.

Dentists who do not have associates or colleagues to alleviate some of that stress—by bouncing off ideas or discussing frustrations—may also feel isolated.



23% of Canadians find most days to be quite or extremely stressful.³



Between **10% and 15%** of dentists in the United States have an alcohol or drug problem.⁴



David Clark

Mental illnesses are no different than any other illnesses, and they’re very common. Dentists should not be afraid to talk about it. They can get help and still run their practices.



Every week, more than 500,000 Canadians do not go to work because of mental illness.⁵ What about your staff?

Want to learn about wellness promotion in your practice and ways to support your staff? Download the Mental Health Commission of Canada's *National Standard for Psychological Health and Safety in the Workplace*. This free, voluntary standard offers guidelines, tools and resources that can be used in dental practices and other organizations.

 mentalhealthcommission.ca/English/node/5346

Taking control

Many tools and resources are available to dentists who may seek emotional or mental help and support. They can access services tailored for dental professionals through CDPSI and their provincial dental association or regulatory body.

Dr. Van Woensel points out that early identification of illness is most beneficial, both for offering practitioners the help they need and for improving patient and public safety. "Programs dedicated to raising awareness and assisting dentists create an environment for open communications between dentists and the regulatory authorities," he says.

Reaching out to colleagues

Dentists may be reluctant to talk to colleague about a noticeable change in behaviour. "Just open that door. People may not respond right away, but it will likely get them to think about what they're experiencing," Dr. Clark says. "In the end, it only shows that you care about them." ♦

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Helplines for dentists

□ CDPSI's MAP service

MAP provides confidential counseling and related support services to **all Canadian dentists**, their families and staff members at no cost. (See p. 32)

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□ Alberta

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1-800-Canniff (226-6433)
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□ British Columbia

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Professional Support Program
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rcdso.org/MemberResourceCentre/WellnessInitiative

Dr. Graeme Cunningham,
Wellness Consultant
647-867-6025

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oda.ca/member/supportservices

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A MAP *for your life*

The ongoing demand for credible information to deal with the stress of everyday life is just one reason to turn to MAP, the free counseling service available to all dentists, dental office staff, staff of dental associations and their families. This strictly confidential service is operated through CDSPI in cooperation with Shepell, a professional employee and family assistance institution with over 3000 experts and employees throughout Canada.





CDSPI

CDSPI, a non-profit organization established in 1959, provides insurance, investment and other programs meeting the specific needs of the Canadian dental profession.



Shepell offers clients research-based information, professional support and education on work, life and health challenges.

MAP

Some provincial dental associations offer health and wellness programs for their members. MAP is meant to complement these programs.

Contact MAP

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(Let them know it's the MAP program from CDSPI.)

For the hearing impaired:
TTY: 1-800-363-6270

Online: workhealthlife.com
(Enter "CDSPI" in the "Employer" field.)

Mobile: download the My EAP app from your app store, or use the QR code below:



MAP is one of Canada's most progressive and inclusive employee assistance programs—all at no cost to dentists. Twenty-four hours a day, 365 days a year, you have access to certified counselors who can immediately provide short-term guidance. If problems persist or additional and longer-term support is required, your **MAP** counselor can refer you to a relevant health professional for an appointment, scheduled at a time that is convenient for you.

Members can simply phone or email, reference the **MAP** program from CDSPI, and access personalized, expert advice regarding personal or professional stressors, addictions, relationship worries, disabilities and so forth. Along with psychologists, physicians, psychiatrists, counselors, family experts, naturopaths and addiction specialists, you'll be able to reach out to qualified nutritionists, motivational trainers, financial specialists and lawyers.

Perhaps one of your children is going through a "phase" that caught you off guard? **MAP** provides plenty of guidance, including helping teens find the right career path, and advising your child on how to succeed socially, develop effective study habits or cope with learning disabilities. No matter what age group your kids fall into (toddlers and younger children, teens, the "almost adults"), the child experts at **MAP** have the answers and solutions for you and them.

You can also contact **MAP** because you want to learn more about lifestyle choices such as general health, dieting, relaxation and physical fitness, and would like to avoid the plentiful misinformation on the web.

MAP includes an online "classroom" component where you can learn at your

own speed and convenience regarding how to stop smoking, manage your stress level, handle a separation or divorce, and address other important situations. Simply access the **MAP** website at workhealthlife.com to find the help and support you need.

"There is no need to feel discomfort or shame in reaching out for help," says Dr. Carlos Quiñonez, assistant professor and program director at the University of Toronto faculty of dentistry. A program such as **MAP**, Dr. Quiñonez advises, "is a great resource that can really help you. It's an opportunity that we should all take advantage of. A dentist's job can be really stressful because you're responsible for other individuals' health and well-being. Add to that the many challenges of running a practice, interacting with employees and patients and your everyday family responsibilities, and you've got one very demanding life and career."

Dr. Quiñonez educates his students on the physical strains of dentistry—a topic on which **MAP** experts receive specific training. "Dentistry can be really hard on the body," says Dr. Quiñonez. "We're hearing about more dentists with tinnitus and carpal tunnel syndrome along with the usual back problems, neck and limb pains and other ailments that come from this physically taxing occupation."

"Yes, it might feel awkward making that initial call," acknowledges Dr. Quiñonez, "but do it. People come to dentists every day for care and support; we deserve the same service, compassion and assistance when we are in need." ➔

Article by F. Michah Rynor

Mr. Rynor is a freelance writer.



People come to dentists every day for care and support; we deserve the same service, compassion and assistance when we are in need.



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The following is a condensed version of an article published in the 'Clinical Dentistry' section of jcda.ca—CDA's online, open access scholarly publication that features articles indexed in Medline, Journal Citation Reports and Science Citation Index.

Severe Unilateral Cross-Bite Secondary to Tumour of the Mandibular Condyle

Nathalie Rei

DMD, MSc

Normand Bach

DMD, MSc, FRDC(C)

Michel El-Hakim

**DMD, MD, MSc,
FRDC(C), Dip ABOMS**

Adel Kauzman

DMD, MSc, FRDC(C)

Case Presentation

A 41-year-old man was referred to us complaining of jaw dislocation, joint sounds, limitation of opening and pain on chewing. He reported progressive facial asymmetry that had developed slowly over 18 months and was clearly visible. Physical examination revealed mandibular prognathism and a 13-mm deviation of the mandibular midline to the left. The patient's maximum jaw opening was 36 mm. A bilateral clicking sound could be heard during mandibular movements. No pain on palpation of the temporomandibular joints (TMJs) was present. Masseter muscles were mildly painful to palpation. He had a unilateral posterior cross-bite on the left side, 4-mm negative horizontal overjet and a class III molar occlusal relationship (Fig. 1).

A panoramic radiograph showed a radiopaque mass attached to the right condyle. The density of the lesion was similar to that of adjacent bone. The mass had a beak-like appearance and projected anterior to the right articular eminence. Coronal, axial and cone-beam computerized tomography images revealed a lesion with cartilaginous features developing on the condylar head (Fig. 2). The lesion had developed medially and superiorly to pterygoid muscle fibres, causing erosion of the base of the cranial cortex superiorly. No translation was possible with the right condyle while the left condyle showed a 13.20-mm translation.

An extraoral vertical ramus osteotomy was performed and the proximal segment containing the condyle and the lesion was removed. The excised tumour measured 3 cm × 2 cm × 1 cm. Microscopic examination of the decalcified tissue revealed a layer of hyaline cartilage containing benign chondrocytes in their lacunae. This cartilage formed a cap overlying normal-appearing trabeculae of cancellous bone (Fig. 3). The cartilaginous cap was covered by a layer of fibrous connective tissue (perichondrium). The osteochondral junction resembled growth plates with chondrocytes arranged perpendicular to the surface.

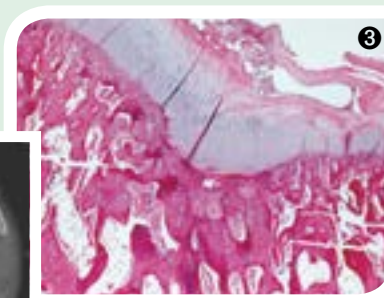
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What is the diagnosis?

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- 1 Frontal view of the occlusion at presentation.
- 2 Axial cone-beam computerized tomography shows a mass anterior and medial to the condylar head.
- 3 Photomicrograph of the decalcified specimen showing a hyaline cartilage cap covering cancellous bone trabeculae and fatty marrow.

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Prof. Markus Haapasalo
Head, Department of Oral Biological & Medical Sciences UBC Faculty of Dentistry
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D10537



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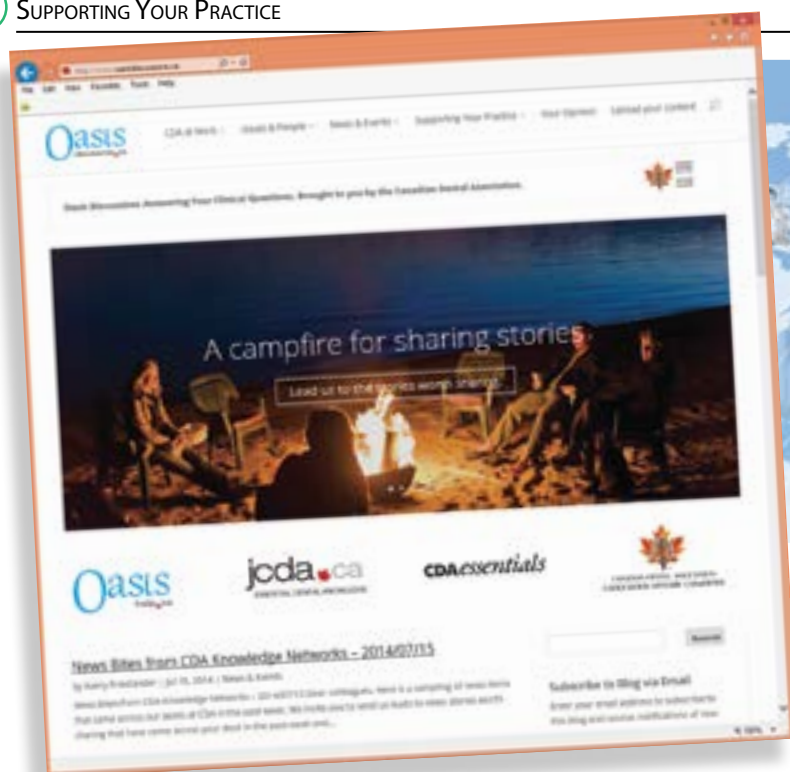
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What's your diagnosis of this case?

oasisdiscussions.ca/2014/08/06/case-2

Drs. Eric T. Stoopler, Juan M. Bugueno, Kevin Sweeney and David C. Stanton

A 64-year-old female presented for evaluation of symptomatic exposed bone of a 2-year duration post extraction of maxillary teeth with immediate placement of 4 dental implants.



How would you treat this case?

oasisdiscussions.ca/2014/07/25/case

Drs. Alicia M. Houston, Faizan Alawi and Eric T. Stoopler

A 54-year-old female presented with a tongue lesion of 6-month duration, currently symptomatic without suppuration or drainage. Previous biopsy/excision of lesion diagnosed as "non-specific ulcer," but lesion recurred and "doubled in size" since biopsy/excision was completed.

We would like to thank these authors, along with all of our volunteer contributors, who have shared their knowledge and expertise with their colleagues on **Oasis Discussions**. ♦

Clinical questions submitted by dentists and answered by subject experts are another popular feature on Oasis Discussions. Here are 3 recent questions that generated a lot of interest:

Which rotary endodontic and obturation system is the best?

oasisdiscussions.ca/2014/07/14/ros

Dr. Rodrigo Cunha

What's the current consensus on the best cement for implant crowns?

oasisdiscussions.ca/2014/07/31/cic

Dr. Joseph Fava and
Dr. Suham Alexander

Are there any adverse effects to handling/molding unset light cured resin composites with non-latex gloves?

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Dr. Stephen Ferrier and
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