Culturally Competent Care

This article is a followup to the October 2011 In Touch Front and Center newsletter article: Intercultural Competence: Part 1 which focused on general aspects of demographics of Alberta and building a welcoming community. In order to provoke thought and provide some tools for further growth, Part 2 includes information about cultural competence in the health care setting.

What is Cultural Competence?

Cultural Competence for the health professional can be viewed as a process including the following stages:

**Sensitivity > Awareness > Knowledge > Skills > Competence**

“While there is no single definition for culture competence, the work of Cross et al in 1989 offers a definition of cultural competence that established a solid foundation for the field.”

“Cultural competence is a set of attitudes, skills, behaviours and policies that enable organizations and staff to work effectively in cross-cultural situations. It reflects the ability to acquire and use knowledge of the health-related beliefs, attitudes, practices, and communication patterns of clients and their families to improve services, strengthen programs, increase community participation, and close the gaps in health status among diverse population groups.

Cultural competence begins with an honest desire not to allow biases to keep us from treating every individual with respect. It requires an honest assessment of our positive and negative assumptions about others. This is not easy—no one wants to admit that they suffer from cultural ignorance, or in the worst case, harbour negative stereotypes and prejudices. Learning to evaluate our own level of cultural competency must be part of our ongoing effort to provide better health care.

Culturally competent providers consistently and systematically:

- understand and respect their patients’ values, beliefs, and expectations;
- understand the disease-specific epidemiology and treatment efficacy of different population groups;
- adapt the way they deliver care to each patient’s needs and expectations.”

Continued on page 5
The College of Registered Dental Hygienists of Alberta (CRDHA) invites submissions of original research, discussion papers and statements of opinion relevant to the dental hygiene profession for its official newsletter, InTouch. Submissions are subject to editorial approval and may be formatted and/or edited without notice. Contributions to InTouch do not necessarily represent the views of the CRDHA, its staff or Council, nor can the CRDHA guarantee the authenticity or accuracy of reported research. As well, the CRDHA does not endorse, warrant, or assume responsibility for the accuracy, reliability, truthfulness or appropriateness of information regarding products, services, manufacturers or suppliers contained in advertisements within or associated with the newsletter. Under no circumstances, including, but not limited to, negligence shall the CRDHA be liable for any direct, indirect, special, punitive, incidental, or consequential damages arising from the use, or neglect, of information contained in articles and/or advertisements within this publication.
CRDHA Councillor, Allison Boone, and I had an amazing volunteer opportunity in October 2011. A group of enterprising University of Calgary medical students created a Ladies Pamper Night at the Calgary Drop-In and Drug Rehabilitation Centre. A survey of participants from the Centre and Calgary women’s shelters and support services determined areas of interest which then generated a list of presentations for the evening. CRDHA was honored to be invited.

The evening was a resounding success with approximately seventy women receiving health and support services information as well as haircuts, manicures, makeup and glamour photos. Every participant received a passport that was stamped at each display. This allowed us to ask and answer oral health related questions on an individual basis. We were able to make several referrals to services and distributed oral health kits to everyone.

Not only did we connect with the participants but we also connected with community support groups. As healthcare providers, dental hygienists understand the need for and value of interprofessional collaboration. So do these support groups. This evening generated excellent dialogue and the possibility of future collaborations. When I thanked the student coordinator for the invitation she responded “… well, oral health is part of overall health.”

Every volunteer effort can make a difference. Many of us already volunteer in our communities and I encourage you to look for opportunities to volunteer as oral health care providers. You have a wealth of knowledge and expertise to share.

April 8-14, 2012 is National Dental Hygiene Week followed by National Volunteer Week April 15-21, 2012. I challenge all CRDHA members to volunteer in one oral health activity in the month of April. Create your own opportunity and then let CRDHA Council know what you did.

An excellent volunteer opportunity presents itself to CRDHA members every year. Please consider the position of CRDHA councillor. Serving on CRDHA Council is a challenging and rewarding experience which provides personal growth and acquisition of new skills. Most importantly it is a wonderful way to support to your profession. Nomination information is included in this issue. Don’t just glance over it this year. Take the time to read it thoroughly. Maybe it is time to throw your hat into the ring.

I truly look forward to meeting many of you at the CRDHA Annual Continuing Competence Event in Calgary in May. I can hardly wait to hear all about your volunteer experiences!

The College of Registered Dental Hygienists of Alberta (CRDHA) exists so that Albertans will receive safe, high quality dental hygiene care from a continually advancing dental hygiene profession.
Reporting Blood Borne Infections to the CRDHA
All health care workers with a history of human immunodeficiency virus (HIV), hepatitis B virus (HBV) or hepatitis C virus (HCV) positivity have an ethical obligation to report to their professional regulatory authority for referral to the Provincial Expert Review Panel if they perform any exposure-prone procedures.

Exposure-prone procedures performed by dental hygienists include scaling, root planing and injection of local anaesthesia. Access to the Provincial Expert Review Panel is through referral from a health care worker’s regulatory authority.

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

Inspections
Provincial Infection Prevention and Control (IPC) standards released by Alberta Health and Wellness (AH&W) in January 2008 require that each health profession regulatory authority monitor compliance of their members with the standards.

Dental hygienists have been responsive to both the 2008 provincial IPC standards and the September 2010 Alberta Dental Association and College IPC Standards and Risk Management for Dentistry. To assist members, CRDHA has provided numerous IPC educational opportunities over the past 3 years. We have been fortunate to have Gail Meara of Alberta Health Services Environmental Infection Prevention and Control, Environmental Public Health, speak at several of these events.

Members regularly contact the CRDHA for IPC guidance during the review of existing office policies and procedures, or during the planning phases for new independent practices.

This informal consultation was a natural seque for CRDHA to begin conducting formal inspections under Part 3.1 of the Health Professions Act. In addition to compliance with IPC standards, inspectors also review other aspects of a member’s practice including record keeping, compliance with privacy legislation, radiation protection requirements and other practice standards. All new independent dental hygiene practices are inspected shortly following their opening. Some practices that were established prior to 2008 have also completed their inspections and the remainder will be inspected over the next 12 to 18 months.

Splints & Nightguards
The CRDHA office has recently received enquiries about the authority for dental hygienists to prescribe and fit dental splints or nightguards. These procedures are not within the scope of practice of dental hygienists in Alberta.

In accordance with S.13(2)(b) of the Health Professions Act (HPA), a general member or a courtesy member who has provided evidence of completing the advanced training required by the Council, and who has been placed on the roster of members authorized to perform orthodontic procedures may, in collaboration with a dentist, fit an orthodontic or periodontal appliance for the purpose of determining the preliminary fit of the appliance.

The following CRDHA interpretations apply:

“Orthodontic appliance” means any device used to influence the growth or the position of teeth and jaws (e.g. holding arches, bands, headgear, activator, bionator, etc.).

“Periodontal appliance” means any device used to immobilize and stabilize loose teeth (e.g. splint); reduce the occlusal trauma caused by bruxism (e.g. nightguard); or treat TMJ disorders.
“Preliminary fit” means the initial try-in or placement of a fixed or removable appliance prior to final fitting and/or adjustment by a dentist.

Dental hygienists may refer a client who would benefit from a splint or nightguard to a general or specialty practice dentist, but dental hygienists must not prescribe or perform the final fit and/or adjustments for these appliances.

Dental hygienists do not require special authorization to prescribe, manufacture or fit sports mouthguards. Sports mouthguards are not classified as orthodontic or periodontal appliances.

Call for Members for Hearing Tribunals and Review Committees

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

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

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

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

The list of available members is comprised of dental hygienists with experience in all spectrums of dental hygiene practice: general practice, specialty practice, independent practice, community health and education. We would like to increase the number of members on the list to provide more flexibility in selecting dates for hearings or reviews.

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

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

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

CRDHA Hearings Director
302, 8657 – 51 Ave. NW
Edmonton, AB T6E 6A8
by February 15, 2012

Interviews will be conducted as part of the selection process.
### Cultural Competence Self Assessment Tool for Primary Health Care Providers

For each item listed, enter A for “things I do frequently,” B for “things I do occasionally” and C for “things I rarely or never do.”

<table>
<thead>
<tr>
<th>Physical Environment, Materials and Resources</th>
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<tbody>
<tr>
<td>1 I ensure the printed &amp; posted information in my work environment reflects the diversity and literacy of individuals or families to whom I provide service.</td>
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<tr>
<th>Communication Styles</th>
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<tr>
<td>2 When interacting with individuals and families who do not have spoken English proficiency, I always keep in mind that:</td>
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<tr>
<td>• Spoken English proficiency does not reflect literate English proficiency or language of origin proficiency or literacy.</td>
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<tr>
<td>• Limited ability to speak the language of the dominant culture has no bearing on ability to communicate effectively in one’s mother tongue.</td>
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<tr>
<th>Limitations in English proficiency do not reflect mental ability.</th>
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<tr>
<td>3 I use bilingual and/or bicultural staff trained in medical interpretation when required or requested.</td>
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<tr>
<td>4 For individuals and families who speak languages other than English, I attempt to learn and use key words in their language so that I am better able to communicate with them during assessment, treatment or other interventions.</td>
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<tr>
<td>5 I understand cultural context for naming disease and try to be respectful of this in my interactions. (In some cultures, there is stigma associated with terminal disease, sexually transmitted disease and/or communicable diseases. In some cultures, this stigma is avoided by naming the disease by its attributes, rather than its medical name, i.e. AIDS is sometimes named “the sleeping sickness.”)</td>
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<tr>
<td>6 I can provide alternatives to written communication if required or preferred.</td>
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<tr>
<th>Social interaction</th>
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<tr>
<td>7 I understand and accept that family is defined in a variety of different ways by different cultures (e.g., extended family members, kin, godparents).</td>
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<tr>
<td>8 Even though my professional or moral point of view may differ, I accept individuals and families as the ultimate decision makers for services and supports impacting their lives.</td>
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<td>9 I understand that age, sex and life cycle factors need to be considered in interactions with individuals and families. For instance, a high value may be placed on the decision of elders, the role of eldest male or female in families, or roles and expectation of children within the family.</td>
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<tr>
<td>10 I accept and respect that male-female gender roles may vary among different cultures and ethnic groups (e.g., which family member makes major decisions for the family).</td>
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<tr>
<th>Health, Illness and End of Life Issues</th>
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<tr>
<td>11 I understand that the perception of health, wellness and preventive health services have different meanings to different cultural or ethnic groups.</td>
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<tr>
<td>12 I recognize that the meaning or value of medical treatment and health education may vary greatly among cultures.</td>
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<tr>
<td>13 I accept that religion and other beliefs may influence how individuals and families respond to illnesses, disease and death.</td>
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<tr>
<td>14 I understand that grief and bereavement differ by culture.</td>
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<tr>
<td>15 I seek information from individuals, families or other key community informants that will to respond to the needs and preferences of culturally and ethnically diverse communities served by my program or agency.</td>
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<tr>
<td>16 I keep abreast of the major health concerns and issues for ethnically and racially diverse client populations residing in the geographic locale served by my program or agency.</td>
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<tr>
<td>17 I am well versed in the most current and proven practices, treatments and interventions for major health problems among ethnically and racially diverse groups within the geographic locale served by my agency or program.</td>
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<tr>
<th>Assumptions, Attitudes and Views</th>
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<tr>
<td>18 I recognize and accept that individuals from diverse cultural backgrounds may desire varying degrees of acculturation into dominant culture.</td>
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<tr>
<td>19 I avoid imposing my values.</td>
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<tr>
<td>20 I intervene in an appropriate manner when I observe other staff or clients within my program or agency engaging in behaviours that are not culturally competent.</td>
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<tr>
<td>21 I screen resources for cultural, ethnic or racial stereotypes and/or inclusion before sharing them with individuals and families served by my program or agency.</td>
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<tr>
<td>22 I am aware of the socioeconomic and environmental risk factors that contribute to the major health problems of culturally, ethnically and racially diverse populations served by my program or agency.</td>
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<tr>
<td>23 I avail myself to professional development and training to enhance my knowledge and skills in the provision of services and supports to culturally, ethnically, racially and linguistically diverse groups.</td>
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<tr>
<td>24 I advocate for the review of my program or agency's mission statement, goals, policies and procedures to ensure that they incorporate principles and practices that promote cultural and linguistic competence.</td>
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NB: There is no answer key with correct responses. However, if you frequently responded “C,” you may not necessarily demonstrate beliefs, attitudes and values that promote cultural competence within health care delivery programs.
The Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia, (Section 1, Page 1) states, “Cultural competence is important because it:

- reduces disparities in health services and increases detection of culture specific diseases
- addresses inequitable access to primary health care
- impacts health status of culturally diverse communities
- responds to changing demographics in an increasingly diverse population.”

Some Tools to Consider

It is important to keep in mind that cultural competency is a continuous learning process. Healthcare providers are encouraged to utilize a variety of means to enhance their practices surrounding competent delivery of service. While it is not appropriate to use a “cookbook approach” to cultural competence, there are some useful tools to promote consideration of cultural competence. As a starting point for further reflection, this section includes excerpts of tools from a variety of sources. The excerpts included are meant to pique your curiosity; to encourage you to delve into the resource; and to adapt the information to your practice setting.

**Tool #1: Enhancing Cultural Competency, A Resource Kit for Health Care Professionals**

**Provider:**
Alberta Health Services; Calgary Health Region

**Website:**
www.calgaryhealthregion.ca/programs/diversity/diversity_resources/library/enhance_cultural_competency.pdf

**Description:**
The contents of the Cultural Competency Resource Kit may be used as a guideline to educate health care professionals with general information regarding cross-cultural practices concerning the health and well-being of diverse populations. This resource includes summary information about various cultures. It is NOT designed to promote stereotyping of all individuals and families from these diverse ethnic backgrounds.

(continued next page)
Excerpt A: Eight Steps to Cultural Competence for Primary Health Care Professionals, (Section I, Page 6)

- Examine your values, behaviours, beliefs and assumptions.
- Recognize racism and the institutions or behaviours that breed racism.
- Engage in activities that help you to reframe your thinking, allowing you to hear and understand other world views and perspectives.
- Familiarize yourself with core cultural elements of the communities you serve, including physical and biological variations, concepts of time, space and physical contact, styles and patterns of communication, physical and social expectations, social structures and gender roles.
- Engage clients and patients to share how their reality is similar to, or different from, what you have learned about their core cultural elements. Unique experiences and histories will result in differences in behaviours, values and needs.
- Learn how different cultures define, name and understand disease and treatment. Engage your clients to share with you how they define, name and understand their ailments.
- Develop a relationship of trust with clients and co-workers by interacting with openness, understanding, and a willingness to hear different perceptions.
- Create a welcoming environment that reflects the diverse communities you serve.

Excerpt B: Providing Health Care in a Multicultural Society (Section II, Page 14)

Organizations recognized as leaders in culturally competent health services delivery recommended the following guidelines when providing health care in a multicultural society.

- Avoid using family members as interpreters or translators.
- Become familiar with expressions of distress. Patients may not show or acknowledge pain; be respectful of the patient’s desire to maintain emotional control [or express emotion] when asked about upsetting subject matter.
- Consider the patient’s background rather than making assumptions; get to know the patient, ask questions.
- Learn about and avoid religious and/or social taboos. Respect culture-specific rituals e.g. after death or during religious festivals.
- Remember potential prescribing pitfalls, for example, people from different backgrounds metabolize certain drugs differently.
- Find out if a patient is using traditional or alternative treatments and remedies. Many of these remedies interact with drugs and may affect drug absorption.
- Learn about cultural and religious beliefs, especially as these relate to perceptions of illness.
- Explain reasons for certain questions and/or tests - this allays fears of discrimination or insensitivity to one’s history with the health care system.
- Offer options for treatment.
- To address fears of discrimination, based on historical experiences with the system, it is important to provide information on screening for culture-specific diseases.

Tool #2:
A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia

Provider: Primary Health Care Section, Nova Scotia Department of Health

Website: www.healthteamnovascotia.ca/cultural_competence/Cultural_Competence_guide_for_Primary_Health_Care_Professionals.pdf

Description: This resource includes key concepts of cultural competence, and more in-depth discussion of the excerpts in this newsletter article. While the focus pertains to the Nova Scotia population there are relevant reflections about cultural competence in healthcare in general.
Excerpt C: LIAASE: A General Cultural Competence Tool, (Section II, Page 17)

Adapted from Ontario Healthy Community Coalition
October 2004

It is important to set a respectful tone for the interaction. Let people know what you want and what you consider unacceptable behaviour. In this way, assumptions, conflict, and/or resentment can be avoided.

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<th>L: Learn</th>
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<tr>
<td>• Read literature from other cultures.</td>
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<td>• Identify your own biases and stereotypes.</td>
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<th>I: Inquire</th>
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<tr>
<td>• Ask questions to clarify and understand information.</td>
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<td>• Dig deeper to find reasons for behaviours or attitudes.</td>
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<td>• Frame inquires as searches for answers; show a willingness to learn.</td>
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<td>• Do not judge or interpret actions or speech; verify that what you understand is correct.</td>
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<td>• Speak clearly, avoid slang, colloquial expressions and large, complex words.</td>
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<th>A: Avoid Polarization</th>
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<tr>
<td>• Solicit other options or points of view.</td>
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<td>• Ask what perspective a person from a different background would have.</td>
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<th>A: Avoid Arguing and Defending</th>
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<tr>
<td>• Curb the impulse to defend your point of view or opinion.</td>
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<td>• Agree to disagree on differences in values.</td>
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<th>SE: Show Empathy</th>
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<tr>
<td>• Listen not just to the words but to the feelings behind the words.</td>
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<tr>
<td>• Acknowledge and validate powerful emotions when expressed.</td>
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**Tool #3: The Provider’s Guide to Quality and Culture**

**Provider:** U.S. Department of Health and Human Services Health Resources and Services Administration  
**Website:** http://erc.msh.org/aapi/tt3.html  
**Description:** While the Provider’s Guide to Quality & Culture does not include information about all cultures or all issues related to cultural competence, throughout the site you will find links to other websites containing useful information related to cultural competence and healthcare which have served as valuable references in the development of this site. The Provider’s Guide is a “work in progress” that will be continuously improved and periodically updated.

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**Excerpt: The ETHNIC Mnemonic; Techniques for Taking a History**

Here are some useful questions that you can ask for each of the ETHNIC categories.

**E: Explanation**

What do you think may be the reason you have these symptoms? What do friends, family, or others say about these symptoms? Do you know anyone else who has had or who has this kind of problem? Have you heard about/read/seen it on TV/radio/newspaper? (If patient cannot offer explanation, ask him/her what most concerns him/her about the problem.)

**T: Treatment**

What kinds of medicines, home remedies, or other treatments have you tried for this illness? Is there anything you eat, drink, or do (or avoid) on a regular basis to stay healthy? Tell me about it. What kind of treatment are you seeking from me?

**H: Healers**

Have you sought any advice from alternative/traditional or folk healers, friends, or other people (non-doctors) for help with your problems? Tell me about it.

**N: Negotiate**

Negotiate options that will be mutually acceptable to you and your patient and that do not contradict, but rather incorporate, your patient’s beliefs.

**I: Intervention**

Determine an intervention with your patient. This may include incorporation of alternative treatments, spirituality, and healers, as well as other cultural practices (e.g., foods eaten or avoided both in general and when sick).

**C: Collaboration**

Collaborate with the patient, family members, other health care team members, healers, and community resources.

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**References**

Alberta Health Services was created in 2008 as a province-wide organization delivering health care services for residents. Among its 90,000 staff are about 80 dental employees working for dental public health (dental assistants, dental hygienists, dentists). Most don’t work in clinics, but reach out to the community to provide preventive services and to promote oral health. As your AHS Dental Public Health Officer, these topics sparked my learning in 2011:

**Calgary City Council’s water fluoridation decision.**

Without any discussion of the issue at election in October, ten city councillors in 2010 December pledged to discontinue water fluoridation! A one-day public session in January did nothing to change minds: the final vote was still ten councillors against. Fluoridation ended on May 19, almost 20 years after it began in 1991 August. Calgary’s decision set off fluoridation reviews in Hinton, Lethbridge, Red Deer, Whitecourt and other communities. I learned that the decisions are usually about politics, not about the science. The attitude of the local community dentists really does influence elected representatives as they make up their minds.

**Alberta’s Oral Health Action Plan.**

Vickie McKinnon RDH (Oral Health Manager) and I spent a lot of time working to detail a standardized approach across the province: fluoride varnish and dental sealants for young children from low socio-economic groups. I learned that some Alberta dentists don’t agree with dental sealants, even though the research shows that they very effectively reduce cavities. It also reinforced my perception that the AHS dental public health staff is very committed to reducing rates of dental disease among children. They are helping to ensure that the plan will work in varying locations among different groups of people.

**Canadian Association of Public Health Dentistry Conference in Calgary.**

In October, Dr. Steve Patterson (University of Alberta) organized an inspiring conference attended by more than a hundred participants from across Canada. Vickie McKinnon received the Sandy J Cobban Merit Award for 2011. Dental Public Health Officers from across Canada attended. I learned that Alberta is not alone in trying to design an efficient and effective dental public health approach – the UK, the US and other provinces are facing the same challenge.

**Canadian Academy of Pediatric Dentistry Conference in Edmonton.**

Dr. Dennis Bedard (University of Alberta) pulled together an impressive list of researchers for more than a hundred participants. I learned that Dr. Caufield wished he had titled his discovery the “window of colonization” instead of the “window of infectivity”, because bacterial biofilm in the mouth is normal, not sign of an infection. His research on Strep mutans was honoured by J Dental Research as ‘paper of the year’ in 1993.

**Alberta’s Medical Officers of Health.**

I meet monthly with this dedicated, hard-working group, and am routinely impressed by their knowledge, understanding, and action on difficult public health issues. I learned that Albertans are well served by these physicians who oversee public health, and who support oral health as a key component of general health.

Dr. Luke Shwart
AHS Dental Public Health Officer
Nominations

AGM and Call for Nominations

Creating a positive future for the dental hygienist profession is rewarding work. Now is an opportune time to consider the difference that your participation on CRDHA Council could make. If you or someone you know would like to contribute energy, experience and wisdom through an elected position on CRDHA Council, please submit a nomination now.

The CRDHA Council consists of eleven voting members – 8 dental hygienists and 3 public members. Dental hygienist Councillors are elected by the membership. Public member Councillors are appointed by the Lt. Governor.

Positions Available

In spring 2012, the CRDHA will elect two new Council members to help the College meet its mandate of serving the public and guiding the profession. Elections will occur by mail ballot prior to the May 5, 2012 Annual General Meeting (AGM).

Eligibility

All Regulated Members in good standing on the General Register are eligible for nomination.

Council Terms of Office

Terms of office for Regulated Member Councillors are 3 years. Councillors elected in May 2012 will begin their term of office on July 1, 2012. Terms will end on June 30, 2015. Regulated Member Councillors are eligible for election for a maximum of two consecutive terms.

Role & Responsibilities

Council serves as the governing body of the College and fulfills specific roles and responsibilities set out in the Health Professions Act (the Act). Council uses the Carver Governance Model®. Orientation sessions will introduce new Councillors to the governance model and to Council’s roles and responsibilities under the Act.

Councillors are collectively responsible for:

• Decision-Making and Leadership: affirning the CRDHA Mission, ensuring a dynamic planning process that translates the CRDHA Mission into specific Ends (goals and objectives) with the emphasis on the future and proactive measures.
• Accountability: developing and monitoring Council policies, fulfilling the Council’s role as set out in the Act, reporting to members and government.
• Representation: representing members of the profession, carrying the public trust.

Meetings

Council members are required to attend all Council meetings and the AGM. Council meetings are held 4 to 5 times per year. Two of these meetings are 2 or 3 day in-person meetings; other meetings may be conducted by teleconference. The AGM is held in conjunction with the CRDHA Annual Continuing Competence Event in April/May each year.

Time Commitment

The time commitment varies throughout the term depending on reading materials, subcommittee work and other Council related responsibilities.

Qualifications & Prerequisites

• Commitment to participate in Council-designed activities designed to connect the Council with members and the public in order to understand their values and perspectives.
• Ability to see “the big picture”.
• Interest in and capability to discuss the values underlying actions taken by the CRDHA.
• Willingness to delegate operation detail to others – the Council’s job is not to advise staff.
• Ability and willingness to deal with vision and the long term, rather than the day-to-day details.
• Ability and willingness to participate assertively in deliberation while respecting the opinions of others.
• Ability to ask insightful questions.
• Willingness and commitment to participate in group discussions and share opinions, but once a Council decision is made, prepared to honour it even if he or she did not vote for it.
• Commitment not to make judgments in the absence of previously stated criteria.
• Integrity and good judgment.
• Willingness to subjugate self-interest for the good of the College.
• Effective interpersonal and communication skills.
• Ability to accept the honour as well as the criticism of leadership.
• Commitment to dental hygiene as a profession.
• Good organizational skills and basic computer literacy.
• Willing to live within whatever rules the Council sets for itself.

Benefits

• Play an active role in furthering the CRDHA mission with respect to regulatory and member services.
• Participate in new learning opportunities.
• Interact with colleagues.

Nomination Process

Nominations must be endorsed by at least 3 voting members and must include the signed consent of the person nominated. Completed nomination forms and supporting documents must be returned to the CRDHA Nominations Committee by closing February 29, 2012. Nominations received after the deadline will not be considered or accepted.
CRDHA President 
Gerry Cool reminds you:

CRDHA acknowledges outstanding contributions made by dental hygienists through the presentation of Service Recognition Certificates. Community Service, Professional Service and Scholastic/Research Service Certificates each recognize contributions over and above the normal realm of work. These actions improve the oral health of others, further careers of dental hygienists or further the profession of dental hygiene. Every volunteer effort does make a difference. If you and/or a colleague are making an extra effort let CRDHA know. Recognition from one’s peers is a great honor as well as motivating to other hygienists. Details of the service awards are outlined in the next column. Let’s celebrate awesome dental hygienists!

Celebrating our successes and honouring our own members is an important element of our professional college. There are members in our midst who deserve recognition. If you believe one of your colleagues meets the criteria for a CRDHA award please let us know.

The 2012 deadline for submission of nominations for all CRDHA Member Awards is February 29, 2012.

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Awards

CRDHA

Service Recognition Certificates

Community Service
For members who made important contributions beyond their work requirements to the oral health needs and the welfare of others.

Professional Service
For members who made contributions which furthered the careers of dental hygienists and the dental hygiene profession.

Scholastic/Research Service
For members who made important scholastic and/or research contributions and achievements which furthered the dental hygiene profession.

Please send, by letter or email, a brief summary and two references supporting your recommendation for a Service Recognition Certificate. All nominations require written support from two CRDHA members in good standing.

Joanne Clovis Community Health Award

The Joanne Clovis Community Health Award was established in 1987 by the CRDHA to recognize the significant contributions of a dental hygienist to the oral health of the community.

Marilyn Pawluk Mabey Award

The Marilyn Pawluk Mabey Award was established in 1978 to honour and perpetuate the memory of Marilyn Pawluk Mabey, a member who enhanced the profession of dental hygiene in Alberta by modelling clinical competence, instructional excellence and professional development.

Award nomination forms for the Joanne Clovis Award and the Marilyn Pawluk Mabey Award are available at www.crdha.ca or from the CRDHA office.

Send nomination form to:
#302, 8657 - 51 Avenue
Edmonton, AB
T6E 6A8
Fax: (780) 440-0544
Tobacco Reduction

Tobacco Cessation Protocols
For The Dental Practice
Brief Tobacco Cessation Interventions

STEP 1: ASK
• “Do you use tobacco?” If no: “Have you ever used tobacco in the past?”
• Determine if patient is current, former, or never tobacco user.
• Determine the form, frequency and duration of tobacco use.
• Document tobacco use status in dental record.

STEP 2: ADVISE
• In a clear, strong, and personalized manner, urge every tobacco user to quit.
• Employ the “teachable moment”: link oral findings with advice.
• Tobacco users who have not succeeded in previous attempts should be told that most people try repeatedly (on average 3 to 8 times) before permanent quitting is achieved.

STEP 3: REFER
• Ask patient if he or she is willing to make a quit attempt at this time.
• If unwilling to make a quit attempt, reassess his or her willingness at next visit.
• If patient is willing to make a quit attempt, provide assistance by referring patient to AlbertaQuits, 1-866-710-QUIT (7848).
• Trained tobacco cessation experts will assist your patient in setting a quit date and coach them through the quitting process.
• Use proactive referral – Request written permission to fax contact information to AlbertaQuits.
• Inform patient that tobacco quitline staff will provide assistance.
• Schedule a follow-up telephone call.

The above document was adapted from “Tobacco Cessation Protocols Ask, Advise, Refer. Three Minutes or Less Can Save Lives For the Dental Practice” www.askadviserefer.org/downloads/Tobacco_Cessation_Protocols.pdf

Alberta Quits
The Alberta Tobacco Reduction Strategy through the provincial Tobacco Reduction Program of Alberta Health Services (AHS) has a number of initiatives being offered for Albertans.

AHS offers training for health professionals (TRAC) and a group counseling program led by trained health professionals to provide people with the tools to quit using tobacco products.

AlbertaQuits Group

Quitcore is a unique program, led by trained professionals, that gives smokers the information and tools they need to quit smoking. This program was first offered in the fall of 2008 by the Tobacco Control Unit within Alberta Health Services and is based on the Tom Baker Cancer Centre (TBCC) Smoking Cessation program, which has run for over 25 years. Quitcore is a key component of Alberta Health Services Tobacco Reduction Programs’ cessation framework under the AlbertaQuits banner of services.

In the winter 2011 session the program was run out of 20 communities throughout Alberta, an increase from the 13 sites that offered this program in the fall of 2010. Fall of 2011 will see Quitcore rebranded with a community focus and relevant resources to build and sustain momentum at the local level. Evaluation results and feedback from facilitators have been instrumental in developing this strong, group experience. Linked to best practice in group cessation, Quitcore offers relevant and effective strategies for tobacco cessation.

As supplemental support to this program, the AlbertaQuits helpline 1-866-710-QUIT(7848), will provide complimentary counselling for patients moving through their cessation journey. On-line support is also available through www.albertaquits.ca, creating a myriad of options for those who wish continued and ongoing assistance.

Professional Development - TRAC

TRAC is a FREE two-day program for health professionals. TRAC helps you provide EFFECTIVE tobacco cessation support. TRAC is ACCREDITED with professional associations. (College of Registered Dental Hygienists of Alberta (11.5 credits)

Research shows that support and advice from a trained health professional can double a person’s chances of quitting tobacco successfully.

How can I help?
As a health professional, you are a trusted advisor for your patients and clients. And you see many of them each day. You can help them by inquiring, listening and providing brief, practical advice to your patients and clients who use tobacco. This can have a significant impact on their efforts to cut back or quit.

What will I learn?
TRAC was developed by tobacco reduction experts to provide health professionals with the skills and tools they need to talk effectively with their patients and clients about quitting. You will learn about these topics:

- Effects of tobacco dependence
- Challenges faced by people trying to quit or cut back, including groups with unique challenges:
  - Youth
  - Aboriginal people and other ethnic groups
  - People with mental illnesses
  - People with other addictions
- Supportive, non-judgmental techniques for talking with your patients and clients about tobacco use and quitting
- Positive, proven strategies for helping people quit:
  - Motivational techniques
  - Treatment options
  - Nicotine replacement therapies
- Prescription medications
- Available tobacco cessation programs and services in Alberta.

How can I find out more?
To register for an upcoming TRAC session near you visit: http://www.albertahealthservices.ca/3180.asp
Call or email: 780-422-1350; tru@albertahealthservices.ca
How are CRDHA members connected to this event?

CRDHA member feedback illustrates that CRDHA members are a discerning group with high expectations for educational opportunities! The sessions at the 2012 CRDHA Annual Continuing Competence Event are designed specifically for CRDHA members in response to the most popular requests for evidence-based learning opportunities.

- At the 2011 CRDHA Annual General Meeting, we heard that you are interested in learning more about working with clients from various cultures and working with an aging population.
- Feedback from members also shows that you prefer scientific related, evidence-based sessions that are offered by independent providers not affiliated with specific products.
- CRDHA Council is committed to excellence in dental hygiene practice.

ACC Event presentations were chosen with these points in mind.

Event Sessions

Thursday
Morning Seminar
• Assessing Research (Workshop)
• Oral Care and the Geriatric Patient
Afternoon Seminar
• Cultural Competence: Panel presentation
Practice Makes Perfect Evening Seminar
• Cultural Competence in the Workplace
• Independent Practice: Open Space for Open Minds

Friday
Morning Sessions
• Tongue Tied: A Personal Triumph Over Oral Cancer
• Oral Pathology: Part 1 Oral Cancer
• Achieving Clinical Confidence with Ultrasonics (Workshop)
Afternoon Sessions
• What Does It Really Mean to be a Clinician Researcher?
• Cultural and the Clinical Encounter
• Top Ten Questions About Pursuing a Master’s Degree
• Achieving Clinical Confidence with Ultrasonics (Workshop)
• Community Connections Showcase and Council Reception

Saturday
Morning Sessions
• Providing Care for Women with Cancer: Part 1
• Orofacial Myology: Addressing Functional Patterns
Afternoon Sessions
• Providing Care for Women with Cancer: Part 2
• Oral Pathology: Part 2 Oral Lesions
• Achieving Clinical Confidence with Ultrasonics (Workshop)
• Stats, Facts, Myths and Downright Lies

Mini-Spots

At selected meals talk with and learn from insightful colleagues regarding a pre-selected topic of interest to the table host presenter and table guests.

Workshops

Pre-registration is accepted on a first come first served basis. Register early to attend the limited attendance workshops which include: “Achieving Clinical Confidence with Ultrasonics” and “The Top Ten Questions About Pursuing a Master’s Degree.”

CRDHA Council Reception

This is an informal social event to meet and greet CRDHA Council, friends and colleagues.

Community Connections Showcase

This event is offered on Friday of the conference for one day only. CRDHA appreciates the support of business, not-for-profit associations and government agencies that participate in the Community Connections Showcase. This event was previously called the Trends and Technology Tradeshow.

Student Poster Presentations

We are pleased to provide a venue for attendees to consider posters prepared by students from the U of A Dental Hygiene Program.
Richelle Beesley, BSc, (Dental Hygiene Specialization) MSc (Oral Biology)
• Registered dental hygienist who recently completed her Master’s Degree in Oral Biology from the U of A.
• Researcher at the Institute of Reconstructive Sciences in Medicine (iRSM); teaches at U of A, Dental Hygiene Program; clinical practice in private dental office.
• Developed these ACC Event presentations with Jana Rieger, one of her mentors, specifically for this event.

Dr. David Clark, BSc DDS MSc (Oral Pathology), FAAOP, FRCD(C)
• Last presented to CRDHA members in 2008. Invited back by popular demand from ACC Event attendees.
• Will present topics that CRDHA members have requested: oral care and the geriatric patient, oral pathology, including oral cancer.
• Dr. Clark supports the dental hygienists role in addressing oral pathology through oral health education and prevention.

Jason Daniels, PhD
• Has developed this workshop specifically for CRDHA members at our request.
• Instructor in the U of A Dental Hygiene BSc Degree (Dental Hygiene Specialization) Program during which the students prepared many of the posters on display at this event.
• Has worked with CRDHA on surveys and evaluation projects.

Helgi Eyford, PhD
• Has worked as a school teacher in Colombia, a community development worker in Canadian Aboriginal communities, a university lecturer in Papua New Guinea, a program manager in Ukraine, a hospital inspector in Egypt, and a training advisor in Yemen.
• Currently works as the Diversity Competency Strategist for Alberta Health Services and is co-chair of the PLC Clinical Ethics Committee.
• The panel presentation he has organized will bring a personal perspective to cultural competence.

Eva Grayzel, BA
• Oral cancer survivor with an important message to share.
• An International presenter who shares her story with authenticity and passion.
• Learn about oral cancer from the client’s perspective.

Cheri Wu, RDH, BDSc
• Back by popular demand. Cheri’s hands-on workshops are always sold out.
• This year the workshops will be extended to 3 hours in response to CRDHA members’ request.

Vera Horn, RDH, Certified Oral Myologist (COM)
• Became the first Canadian to be internationally certified with the International Association of Orofacial Myology IAOm in March 2009.
• Has presented at national dental hygiene events.
• Presented a Breakfast Mini-Spot at the 2011 ACC Event and your evaluation requested that she host a session.

JoAnn Gurenlian, PhD
• Received a standing ovation when she last presented at the ACC Event.
• Known for providing evidence-based educational sessions.
• JoAnn has current information to share with you about Women’s Cancer.
• In response to CRDHA’s request for a course about evaluating research, JoAnn has also developed a course “Stats, Facts, Myths and Downright Lies”.
• President-Elect of the International Federation of Dental Hygienists and Past President of the American Dental Hygienists Association.

Jana Rieger, PhD
• Professor in Rehabilitation Medicine at the University of Alberta.
• Has lectured internationally and published in scientific journals on functional outcomes related to defects of the head and neck.
• Colleague and mentor to Richelle Beesley during Richelle Beesley’s work toward her MSc.

See complete program details and register online at http://accevent.crdha.ca
Take advantage of early registration incentives!

Mark Your Calendar!

Attend exceptional educational presentations from outstanding experts in their fields!

Attendees for three full days of learning. All members of the oral health team are welcome.
Awards

A profession recognizes the accomplishments of its members and encourages students in the profession through the administration of an awards program. In addition to awards presented to graduating students in the spring of 2011 the CRDHA is pleased to announce the recipients of awards to students who are continuing their studies at the University of Alberta.

2011 CRDHA First Year Scholarship: Brandi Walsh

The first year scholarship is awarded to a student with superior academic achievement entering the second year of the Dental Hygiene Diploma Program. The recipient is selected on the basis of academic achievement.

Congratulations Brandi and Carla

2011 CRDHA Award for Leadership in Dental Hygiene II: Carla Gerbrandt

Awarded to a student entering the second year of the Dental Hygiene Diploma Program. The recipient is selected on the basis of demonstrated promotion of peer morale and client advocacy, leadership qualities, and volunteerism within the Dental Hygiene Program.

2011 Sandra J Cobban Dental Public Health Merit Award

Vickie McKinnon was presented the 2011 Award of Merit at the Canadian Association of Public Health Dentistry, October 21-23, 2011. This annual award is sponsored by the Dental Public Health Centre, University of Alberta.

The Award of Merit recognizes dental public health professionals who have exhibited a commitment and dedication to dental public health and have furthered this area of health through clinical practice, research, education, advocacy or other means. This award acknowledges significant time, energy and contribution of the recipient over a period of years.

One of the first Dental Hygiene graduates in Alberta, Vickie’s career highlights include establishing and leading SAIT’s Dental Assisting Program, managing Calgary’s Dental Public Health Prevention Program, and serving as the inaugural leader of Oral Health Education and Community Services in Calgary. In 2009 she was appointed AHS Provincial Oral Health Manager and played a major role in developing the AHS Oral Health Action Plan. Vickie has inspired a cadre of Dental Hygienists to reach for excellence, and through her public health program planning has made a difference in the lives of disadvantaged children in Alberta.

Announcing the Dr. Charl Els Award

CRDHA is pleased to announce the creation of a new award supported by Dr. Charl Els in partnership with the CRDHA. The Charl Els Award is an annual award which be awarded to a student in the U of A Dental Hygiene Program, Department of Dentistry with superior academic achievement in the Addiction Awareness and Brief Interventions course. The recipient is selected based on academic standing. Preference is given to a student with demonstrated effort in promoting tobacco cessation outside of the classroom. CRDHA gratefully acknowledges Dr. Els generosity and interest in our profession.

Dr. Els is a fellowship-trained psychiatrist, addiction specialist, and a medical review officer. He is a Diplomat of the American Board of Addiction Medicine and a consultant at LifeMark Health. Dr. Els is an Associate adjunct Professor at the University of Alberta’s School of Public Health and Faculty of Medicine and Dentistry and has authored numerous journal publications and chapters in textbooks and has presented his work in many countries. Dr. Els is a strong supporter of the dental hygienists profession and by sponsoring this award recognizes the important role of dental hygienists in promoting tobacco cessation.
Continuing Competence – On-line

Following are some on-line sites that offer a wide variety of courses and which were accessible at the time of printing this newsletter. Providers may assess a user fee and/or require registration with user name and password:

**Canadian Institute for Health Information (CIHI)**
NEW Canadian Population Health Initiative (CPHI) eLearning Products!
Are you involved in health planning? Do you want to know more about a population health perspective and its impact on decision-making? CIHI offers seven new population health distance-learning opportunities. These eLearning courses are designed to introduce population health and guide users through associated CPHI reports in order to better understand and apply report findings. These new education products are available at NO CHARGE. To register contact CIHI Order Desk at orderdesk@cihi.ca to obtain an ID and password or call (613) 241-7860 ask for education.

**Canadian Dental Hygienists Association (CDHA)**
www.cdha.ca
Membership in the Canadian Dental Hygienists Association (CDHA) entitles you to access the Members Only area. From there you can access CDHA sponsored online continuing education opportunities including courses and webinars. Courses and webinars that meet CRDHA CCP Rules criteria are eligible for CRDHA CCP Credit.

**American Dental Hygienists Association (ADHA)**
www.adha.org/CE_courses/index.html
ADHA offers 22 online on a wide variety of topics, available for a fee or free of charge. Eligible for 2 CRDHA CCP credits

**Assigning Program Credits for On-line Courses**
The CRDHA Competence Committee determines the eligibility of specific courses for Continuing Competence Program credit. CRDHA Continuing Competence Program (CCP) Rule 9.1.3 Self Directed Study indicates: “Program credits are granted according to recommendations made by the course provider, the publisher, or the Competence Committee, with consideration given to the amount of time necessary to cover the material and to take the examination.”  The Competence Committee makes the final approval for the number of credits awarded for any course.

The Competence Committee determined that the number of credits indicated by the some providers for courses is not consistent with the content of the courses. The Competence Committee considered the allocation of program credit from the following on-line course providers and determined the following:

**Courses from these providers are eligible for only 50% of the credits indicated by the provider.**

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<tr>
<th>Provider</th>
<th>Website</th>
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<tr>
<td>Crest Oral B/Proctor and Gamble; (Dental Resources; Dental Care)</td>
<td><a href="http://www.dentalcare.com/en-CA/index.jspx">www.dentalcare.com/en-CA/index.jspx</a> <a href="http://www.dentalcare.com/en-CA/index.jspx">www.dentalcare.com/en-CA/index.jspx</a></td>
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<td>Forsyth Institute (Colgate Oral Care REport)</td>
<td><a href="https://secure.colgateprofessional.com/app/cop/ocr/">https://secure.colgateprofessional.com/app/cop/ocr/</a></td>
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<tr>
<td>Hygienetown</td>
<td><a href="http://www.towniecentral.com">www.towniecentral.com</a></td>
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<tr>
<td>INR Biomed</td>
<td>Paper based courses</td>
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<tr>
<td>I Need CE (Penwell, Hu-Friedy)</td>
<td><a href="http://www.ineedce.com">www.ineedce.com</a></td>
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**Courses from these providers are eligible for the number of the credits indicated by the provider.**

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<th>Provider</th>
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<tr>
<td>Dental Learning Network (Academy of Dental Learning)</td>
<td><a href="http://www.fice.com">www.fice.com</a></td>
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<tr>
<td>Dimensions of Dental Hygiene (Belmont)</td>
<td><a href="https://ce.dimensionsfordentalhygiene.com/courses.asp">https://ce.dimensionsfordentalhygiene.com/courses.asp</a></td>
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<tr>
<td>Arc Mesa (Pharmacy Times)</td>
<td><a href="http://www.arcmesa.org/">www.arcmesa.org/</a></td>
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<tr>
<td>American Dental Hygienists Association</td>
<td><a href="http://www.adha.org/careerinfo/continuing_education.htm">www.adha.org/careerinfo/continuing_education.htm</a></td>
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<tr>
<td>Health Studies Institute</td>
<td><a href="http://www.healthstudies.com">www.healthstudies.com</a></td>
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TOBACCO CESSATION

National Non-Smoking Week, January 15-21, 2012
http://nnsw.ca

CAN-ADAPTT
The Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment
www.canadaptt.net/English/Pages/Home.aspx

CAN-ADAPTT is a national guideline development, dissemination and exchange project. An online network and coordinated engagement activities across Canada allow members to provide ongoing input into CAN-ADAPTT’s guideline; discuss best practices, identify research gaps and share resources. This Practice-Informed approach ensures the needs and experiences of the target end users are reflected in the CAN-ADAPTT guideline.

CULTURAL COMPETENCE

Understanding Cultural and Linguistic Barriers to Health Literacy

OJIN: The Online Journal of Issues in Nursing, 2009-09-01

Diversity Toolkit
http://www.ucalgary.ca/dtoolkit/

Alberta Association For Multicultural Education
aamed.ca

AAME’s goal is to assist Alberta citizens and their organizations with ongoing dialogue education and training in areas of multiculturalism and anti-racism

More than Words: Promoting Health Literacy in Older Adults
www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol142009/No3Sept09/Health-Literacy-in-Older-Adults.aspx

OJIN: The Online Journal of Issues in Nursing, 2009-09-01

VOLUNTEERING

Volunteer Alberta
www.volunteeralberta.ab.ca/CulturalCompetence

Removing Barriers to Immigrant Volunteering in Rural Alberta. Independent Study Modules. Apedaille S. (2009). While this resource focuses on the volunteer community it includes useful learning modules.

APP FOR YOUR COMMUNICATION DEVICES!
Find some popular apps to purchase or for free.

Kick Your Apps, Inc
www.gddsgp.com

Dr. Bob Marcus developed the DDS GP patient education application for iPad, iPhone, and iPod Touch in reaction to his frustration with his current attempts at patient education. He found he had little control over video presentations and most other forms of patient education were too static or hard for the patient to understand. Working with developers, Dr. Marcus created an education tool that patients can hold in their hands, is customizable, and easy to understand and use.

CRDHA Brunch Honoring U of A Dental Hygiene Diploma Program 2012 Graduates

CRDHA Members are invited to attend the 2012 CRDHA Brunch

Macdonald Hotel
10065 - 100 Street
Edmonton AB
Sunday, April 15, 2012

Please contact CRDHA office for more information.

RSVP by March 30, 2012
1-877-465-1756

ADA+C 2012 Jasper Dental Congress • May 24 - 27, 2012

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

Watch the ADA+C website for updated information and registration

www.abda.ab.ca
Join your dental hygiene colleagues!
The University of Alberta Dental Hygiene Alumni Chapter invites you to a continuing education course.

**Comparison of Tooth Loss after Conventional and Intensity-Modulated Radiation Therapy for Head and Neck Cancer**

February 7, 2012
Time 7:00 - 8:30 pm
Location at U of A: To be Determined

Presenter: Richelle Beesley

$30.00 pre-registration and $35.00 at the door

CE credit will be provided for this course in accordance with CRDHA guidelines.

For more information, contact Cristine at Office of Alumni Affairs at 780-492-6566 or toll-free 1-800-661-2593.

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**About the presenter:**
Richelle Beesley is a dental hygienist at the Institute for Reconstructive Sciences in Medicine (IRSM). In addition, she holds concurrent positions as co-facilitator of the Implantology Module in the Dental Hygiene program of the Faculty of Medicine and Dentistry at the University of Alberta and in a private prosthetic practice in Edmonton. Richelle graduated from the University of Alberta dental hygiene degree program in 2004 and recently completed her Master’s in Medical Science (Oral Biology). She continues to be active in patient care, research and teaching, and presently serves on local and international committees. Her clinical and research interests are in the area of orodental outcomes in head and neck cancer patients and in osseointegration treatment outcomes after head and neck reconstruction.

**Course Description:**
Richelle has been accepted to present locally, nationally and internationally on dental outcomes after radiotherapy for the treatment of head and neck cancer. She looks forward to presenting her research findings at the DHAC CE event on February 7, 2012.

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**FREE and ACCREDITED professional development.**

**TRAC** is a two-day program for health professionals.

**LEARN** how to talk with your patients and clients about quitting tobacco.

**DOUBLE** their chances of success.

**SAVE LIVES.**

Alberta Health Services

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**Register now!**
780-422-1350
tru@albertahealthservices.ca

TRAC sessions are available throughout Alberta.
A personal disability insurance policy will protect you from the financial hazards from an accident or illness with no risk to you of:

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

Nancy McKenzie, RHU
Suite 102, 718 - 12 Avenue SW
Calgary, AB T2R 0H7
Tel 403.265.5681
Cel 403.612.8772
1-888-365-5681
Email: info@yellowraincoat.ca

Advanced Instrumentation Workshop – The Basics
5 hour clinical session-maximum 4 participants per session
Calgary – February 11, 2012 or February 12, 2012

Advanced Instrumentation Workshop – Furcations
2 hour clinical session-maximum 8 participants per sessions
Calgary – April 21, 2012

Instrument Options For Advanced Periodontal Hand Instrumentation
3 hour lecture
Edmonton – May 12, 2012

Implementing a Periodontal Hygiene Program - 3 hour lecture
Calgary – January 14, 2012 • Edmonton – May 12, 2012

Instrument Sharpening
2 hour lecture/clinical session-maximum 10 participants per session
Edmonton – May 11, 2012

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

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

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

yellow raincoat
BENEFIT CONSULTANTS

One of Alberta’s Top Sources of Continuing Education for Dental Hygienists.

- “NEW” – now available for streaming directly to your computer
- Delivered in easy-to-use DVD format to view at home when convenient
- Now in its 7th year of providing high quality programming
- Four issues per year providing 12 credit hours of Continuing Education
- Interactive component provides testing with each educational presentation
- Certificate of Participation available for each issue

CDHA Members Receive a 25% Pricing Discount
CDHA Member Cost $132.70 + 13% HST = $149.95
(CDHA non-member cost $176.93 + 13% HST = $199.93)
Visit www.dvdquarterly.com to subscribe, or call 1-866-999-2999

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For more information see our website at www.GUMbrand.com or call us at 1-800-265-8353.

Join Sunstar Canada at the CRDHA 2012 Annual Continuing Competence Event, Community Connections Showcase
Return undeliverable Canadian addresses to:

College of Registered Dental Hygienists of Alberta
302, 8657 51 Avenue NW
Edmonton, AB T6E 6A8

Visit moreaboutmilk.com to order or view
- Health Professional Newsletters
- Snacks for a Healthy Smile and Child brochure
- Many more great resources

Join Alberta Milk at the CRDHA 2012 Annual Continuing Competence Event, Community Connections Showcase

Canadian Publications Agreement #40012431