Myofunctional Therapy in Dental Hygiene Practice

This newsletter article is an introduction to orofacial myology and features Vera Horn, RDH, COM, a CRDHA practicing member. Vera was invited by CRDHA to write for this newsletter an account of her experience with orofacial myology.

Vera will host a Breakfast Mini Spot and present a session on Orofacial Myology: Addressing Functional Patterns at the CRDHA Annual Continuing Competence Event, May 3-5, 2012.

Orofacial myology is the study of the muscles of the mouth and the face with special focus given to muscles of the lips and the tongue. Myofunctional therapy is professional therapy designed to educate and train individuals on the proper resting postures and functional patterns of the muscles of the mouth and the face.

Orofacial myologists assess current resting and functional patterns of patients and make recommendations of exercises to address the orofacial myofunctional disorders (OMDs). Becoming a Certified Orofacial Myologist (COM) requires advanced education.

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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 it’s 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.

Connect the Thoughts

Three day event. Single or Full day event registration options are available.

CRDHA ANNUAL CONTINUING COMPETENCE EVENT
May 3-5, 2012 • Calgary, Alberta • accevent.crdha.ca

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Volunteering is near and dear to my heart as is dental hygiene.

April is Oral Health Month; April 8-14 is National Dental Hygienists Week; and April 15-21 is National Volunteer Week. What perfect opportunities to donate your time to schools, day care centres, shelters and senior centres. Creating learning opportunities to increase oral health education is something at which dental hygienists excel. Did you know with a detailed learning plan a community presentation may be eligible for continuing competence program credit?

I always appreciate you taking time to volunteer feedback to CRDHA. Last year’s roundtable session at the CRDHA Annual General Meeting is a perfect example. There was lively discussion and an excellent exchange of ideas. Some are the basis of this message.

Inter-professional collaboration is one of the themes arising from those roundtable discussions at the annual general meeting. It was suggested that working with teachers and nurses to enhance their oral health knowledge may consequently improve that of their students and clients. Talk oral health with your physician, your massage therapist, your chiropractor. Explore the possibilities.

Increased awareness of the profession of dental hygiene was also identified as a concern. CRDHA has two new public service initiatives to promote oral health and the dental hygienists profession. The winter edition of Alberta Health Services’ Apple Magazine, available in 1700 Alberta locations, contains a removable supplement “More Smiles: an Oral Health Update for Albertans”. The supplement is included as a center insert in this issue of the InTouch newsletter.

Two thirty-second video spots entitled “Oral Health for Overall Wellness” will be viewed every 30 minutes in hospital and medical waiting areas throughout the province from February 5 - April 19, 2012. Also, the videos can be accessed from the home page of the CRDHA website www.crdha.ca. All these resources have the potential to reach thousands of Albertans. Use these tools as a catalyst for discussion with clients, friends and neighbors. What do they think of the article or video? Do they have questions? Would they pass it along to their friends?

My take away from the roundtable discussion is that we must continue to volunteer our ideas, knowledge, skills and time at every possible opportunity. It may be a brief exchange in the store toothbrushes aisle. It may be coordinating a health fair with a nurse and a dietitian. Large or small, if you look for it, the opportunity to enhance oral health awareness care is there.

The 2012 ACC Event and the CRDHA Annual General Meeting promise excellent learning opportunities. Let us celebrate dental hygiene by attending. See you there!

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.
Message from the registrar

Brenda Walker, RDH

Reporting Blood Borne Infections to the CRDHA
All health care workers with a history of human immunodeficiency virus (HIV), hepatitis B virus (HBV) or hepatitis C virus (HCV) positivity have an ethical obligation to report to their professional regulatory authority for referral to the Provincial Expert Review Panel if they perform any exposure-prone procedures.

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

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

Handheld X-ray Equipment
I have received a query as to whether the PORT-XII/ZenPX2 Handheld Portable X-ray for use in dentistry (www.usadiscountdental.com/product.sc?productId=164&categoryId=9) is legal for sale in Alberta. Here is the definitive response from Health Canada, which also applies to the Nomad handheld units (www.aribex.com):

Handheld X-ray equipment designed for imaging human dental structures are prohibited from importation and sale into Canada as they do not meet the Radiation Emitting Devices Regulations, Schedule II, Part II, subparagraph 2(1)(c)(ii). This requirement states:

2(1) Dental X-ray equipment with an extra-oral source shall be designed to include the following safety features:

(c) an irradiation switch that

(ii) is installed so as to allow the operator to stand at least 3 m from the x-ray source when the X-ray tube is energized.

The main safety concerns with handheld devices are the levels of backscatter radiation exposure to the operator due to their close proximity to the patient.

In addition to meeting the requirements of the Radiation Emitting Devices Act and Regulations, dental x-ray equipment designed for use on humans must also meet the requirements of the Food and Drugs Act and the Medical Devices Regulations. The Medical Devices Regulations requires that such equipment must have a Class II Medical Device License. Handheld dental x-ray equipment are not licensed devices.

Finally, it should be noted that handheld dental x-ray equipment designed for use on humans CANNOT be sold to veterinarians.

Placement of Temporary Restorations
We’ve recently received a number of phone inquiries about dental hygienists placing temporary restorations so thought it might be time to publish some information about this procedure again.

I’ll begin by clarifying that under the Dental Hygienists Profession Regulation (the Regulation), dental hygienists are not authorized to cut restorative preparations; only a dentist can cut the tooth in preparation for a restoration. Further, only those registered dental hygienists who have completed a Council-approved restorative training course and who have been authorized by the CRDHA, may place restorations of a permanent nature. In accordance with the Regulation, placing restorations of a permanent nature must be performed in collaboration with a dentist.

All registered dental hygienists can perform restorative procedures of a temporary nature as part of their scope of practice. The dental hygienist must possess the competencies required to perform temporary restorative procedures safely and effectively. If a dental hygienist has not acquired these competencies in their dental hygiene program of study, the dental hygienist must undertake further formal education or comprehensive in-service training prior to performing temporary...
restorative procedures.

The College of Registered Dental Hygienists of Alberta (CRDHA) considers the following to be restorative procedures of a temporary nature:

1. Insertion of zinc oxide eugenol or other medicated cements in primary or permanent teeth when:
   1.1. a dentist is not on-site or readily available to treat the client,
   1.2. there is no evidence of abscess, and
   1.3. the client is experiencing any of the following symptoms as the result of an untreated carious lesion, a fracture of the tooth or loss of a filling:
      • discomfort from gingival or mucosal irritation
      • tooth sensitivity or pain
      • impaired ability to eat

2. Atraumatic Restorative Treatment (ART) on primary or permanent teeth using glass ionomer or resin based materials that release fluoride to facilitate remineralization and inhibit secondary caries when:
   2.1. a dentist is not on-site or readily available to treat the client,
   2.2. there is no evidence of abscess, and
   2.3. the client is experiencing any of the following symptoms as the result of an untreated carious lesion, a fracture of the tooth or loss of a filling:
      • discomfort from gingival or mucosal irritation
      • tooth sensitivity or pain
      • impaired ability to eat

      2.4. the client meets the criteria for ART as part of an early childhood caries prevention program in a community health setting

Dental hygienists performing ART must possess the competencies required to perform ART procedures safely and effectively. Periodically, ART in-service courses (lecture and clinical) are offered by provincial or federal health agencies. Dental hygienists who have not completed an ART course should refrain from performing ART as a temporary restorative procedure.

Dental hygienists placing temporary restorations of any type must ensure that the client is aware of the temporary nature of the restoration and must always advise the client or client’s guardian to seek further care from a dentist.

Orofacial Myology & Dental Hygiene Practice

After reading Vera Horn’s Front and Centre article, I expect a number of CRDHA members will be interested in information on the education required to incorporate orofacial myology into dental hygiene practice.

Most North American Certified Orofacial Myologists (COM) are professionals from the fields of speech and language pathology, medicine, dentistry and dental hygiene.

The Oral Myologists scope of practice includes:

1. Abnormal non-nutritive sucking habits (e.g., thumb, finger, pacifier)
2. Other detrimental orofacial habits

3. Abnormal orofacial rest posture problems
4. Abnormal neuromuscular muscle patterns associated with inappropriate mastication, bolus formation, and deglutition
5. Abnormal functional breathing patterns
6. Abnormal swallowing patterns
7. Abnormal speech patterns (only if the Certified Oral Myologist is a licensed/registered speech and language pathologist)

Under Alberta’s Dental Hygienists Profession Regulation, registered dental hygienists (RDHs) must only perform procedures that they are competent to perform. Therefore, only those RDHs who have completed all of the requirements established by the International Association of Orofacial Myology (IAOM) and who have received IAOM active membership and certification are considered competent to perform orofacial myology as part of the practice of dental hygiene in Alberta. Further, after achieving IAOM certification, Alberta RDHs must maintain continued competence through ongoing IAOM membership and completion of IAOM required continuing education.

The IAOM certification requirements include completion of course work, an approved internship, a comprehensive proficiency examination and an on-site clinical evaluation. A number of dental hygienists in the United States have achieved COM status and include orofacial myology in their practice of dental hygiene. To the best of our knowledge, Vera is the first Alberta/Canadian dental hygienist to complete the IAOM certification process.
Message from the registrar

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

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

D’Orazio, Melanie Ann ......................................................... Bonnyville, AB
Fecho, Judith A. ........................................................................ Hanna, AB
Giesbrecht, Larissa Brooke ............................................... Cache Creek, BC
Hogg, Shannon Dawn ........................................................ Medicine Hat, AB
Jensen, Breanna Lee ................................................................ Red Deer, AB
Jones, Jesse Colin .................................................................. Claresholm, AB
Kahlon, Guneet ...................................................................... Surrey, BC
Kassamali, Fahreen Hassanali ........................................... Edmonton, AB
Klug, Sophia H. ...................................................................... Calgary, AB
Rasetta, Michael .................................................................... Calgary, AB

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

Aiyub, Ashiq Abdul ........................................................ Grande Prairie, AB
Beauchesne, Elise .............................................................. Westmount, QC
Bladon, Tara Lorraine ....................................................... Edmonton, AB
Brar, Shanapanreet Kaur ...................................................... Winnipeg, MB
Bujold, Kristel Anne .......................................................... Calgary, AB
Campbell, Susan J. ............................................................. Ardrossan, AB
Campbell, Sylvia L. ............................................................ Okotoks, AB
Chin, Sophie ........................................................................ Edmonton, AB
Chorney, Beverly G. ........................................................... Redwater, AB
Christie, Elizabeth .............................................................. Calgary, AB

Collicutt, Rae D. ..................................................................... Okotoks, AB
Collins, Alana Michele ........................................................... Calgary, AB
Crowley, Kim Loretta ........................................................... Calgary, AB
Desmarais, Melanie Diane ............................................... Edmonton, AB
Drever, Cheryl Lindsay ..................................................... Lloydminster, AB
Fisher, Lorelei H. .................................................................. Magrath, AB
Flanagan, Cheryl Ann ....................................................... Edmonton, AB
Gualtieri, Lori Ann ............................................................... Windsor, ON
Gwilliam, Megan R. ........................................................... Stony Plain, AB
Hanna, Carolyn .................................................................. Calgary, AB
Holland, Shari Leigh .......................................................... Kelowna, BC
Holtkamp, Anthony Michael ........................................... Whitecourt, AB
Howard, Ingrid B. ................................................................ Calgary, AB
Maciejowski, Mary ............................................................ Calgary, AB
Metzger, Maryann P. ......................................................... West Kelowna, BC
Moosie, Simone Elizabeth .............................................. Ajax, ON
Nunweiler, Amber Nicole .................................................. Lethbridge, AB
O’Reilly, Sara Lou .............................................................. Calgary, AB
Park, Pamela S. ..................................................................... Calgary, AB
Perry, Lindsay Ann .......................................................... Cochrane, AB
Pitchford, Sharon E. .............................................................. Calgary, AB
Robertson, Raegan Jayne ................................................ Delta, BC
Sawula, Patricia A. ............................................................... Edmonton, AB
Silver, Jennifer Joy .............................................................. Calgary, AB
Steeves, Kristin Melissa .................................................... Calgary, AB
Therrien, Liannie Colette .................................................. Sudbury, ON
van Vliet, Joan ..................................................................... Three Hills, AB
West, Debra Ann ............................................................. Seven Persons, AB
Zimmer, Tammy Dawn ....................................................... Edmonton, AB
Zwarich, Tammy Dawn ...................................................... Burns Lake, BC
Notice of Cancellation of Non-Regulated Membership

In accordance with section 8.8.1 of the CRDHA Bylaws, the following individuals have been cancelled from the non-regulated member register for failure to submit an application for renewal of membership. As a non-regulated member, these individuals were not authorized to practice dental hygiene in the Province of Alberta.

Albert, Karen L .................................................................... Edmonton, AB
Bard, Denise Alice .................................................................... Edmonton, AB
Brown, Amanda Jane ............................................................ Vancouver, BC
Dowty, Lianne Marion .......................................................... Edmonton, AB
Gloumeau, Nadia Evelyn .......................................................... Calgary, AB
Heninger, Leona ..................................................................... Creston, BC
Long, Barbara Ann .................................................................... Saskatoon, SK
Lund, Marianne Amelia ............................................................ Edmonton, AB
Mahon, Lindsey Lee ................................................................... Osler, SK
McClure, Reneé Natalie .......................................................... Bienne, Switzerland
Osborne, Jenni ............................................................................. Moses Lake, WA, USA
Roy, Rebecca A ............................................................................ La Habra, CA, USA
Vollering-Parchewsky, Donna Marie ...................................... The Hague, The Netherlands
Walburger, Stephanie Nicole .................................................. Lethbridge, AB

Notice of Cancellation of Non-Regulated Membership on Request

In accordance with section 6.3 of the CRDHA Bylaws, the following individuals have been cancelled from the non-regulated member register at their own request. As a non-regulated member, these individuals were not authorized to practice dental hygiene in the Province of Alberta.

Campbell, Diane M .......................................................... Grande Prairie, AB
Clarke, Susan L ................................................................. Fort Mcleod, AB
Earl, Jessica Susan .......................................................... Cabri, SK
Garvey, Patricia Nadia ............................................................ Edmonton, AB
Ho, Thuy .............................................................................. Plano, TX, USA
Jamieson, Leanne Danielle .................................................. London, ON
Kanji, Nadia ............................................................................. Calgary, AB
Murray, Patrick Graham ............................................................. Calgary, AB
Parslow, Susan S ........................................................................ Delta, BC
Pallett, Karen A ............................................................. Edmonton, AB
St. Onge, Pamela L ............................................................. Edmonton, AB
Stang, Tracy ............................................................................ Sherwood Park, AB
Steed, Brandie Kim ........................................................... Mountain View, AB
Stone, Amber Lynn ............................................................. Gilbert, AZ, USA
Taylor, Kirby Estell ............................................................. Ajax, ON

National Volunteer Week April 15-21

CRDHA is pleased to acknowledge the contribution that registered dental hygienists make to the community and the dental hygienists profession through their participation in volunteer pursuits.

For example, CRDHA members volunteer:

- on CRDHA Council and Committees;
- in the community through participating in educational initiatives;
- in the community to deliver dental hygiene services;
- in the community through participation in special fund raising events;
- on Government or not-for-profit Governing or Advisory boards.

CRDHA also acknowledges the contribution of Public Members on the CRDHA Council and we recognize the volunteer support of Albertans who participate in focus groups and provide feedback to CRDHA.

The volunteer contributions help CRDHA to fulfill its mandate:

“The CRDHA exists so that Albertans will receive safe, high quality dental hygiene care from a continually advancing dental hygiene profession.”

Thank you!
Front & Centre

Vera Horn’s experience with myofunctional therapy

I first learned about the term myofunctional therapy from a speech and language pathologist (SLP) when our youngest child was starting kindergarten and underwent the provincial speech assessment. Upon assessment, the SLP stated that speech therapy alone would not be enough to correct our son’s severe lisp. Our son would also require myofunctional therapy. Once learning about this therapy, I believed that our older daughter too could benefit from this therapy and so became proactive to get as much education and knowledge in this unique area of study.

Trained as a Saskatchewan dental therapist and registered dental hygienist and practicing dental hygiene for almost 25 years, it was shocking to me that I was not aware of the proper location for the tongue to rest in the mouth and the benefits of this proper resting posture and swallowing pattern during growth and development. Before I would consent to treatment for our children, I needed to learn for myself what “normal resting postures and swallowing patterns” should be.

When I was first learning about orofacial myofunctional disorders (OMDs) I had many questions. Where should the tongue rest and where/how should the lips rest? Why? What are OMD’s? What are factors contributing to OMD’s? Who can treat these conditions? How are they treated? Are OMD’s more common today than years ago? I decided to register for a week long course in California that was approved towards certification with the International Association of Orofacial Myology (IAOM). In 2009 after several years of study, I became the first Canadian to complete the certification process.

A case study: Garrett’s success

Research shows that the ideal resting posture of a relaxed face has lips touching and the tongue sitting in the roof of the mouth with teeth resting near occlusion, but slightly parted. That slightly parted vertical dimension between upper and lower teeth is known as the freeway space and should measure 2 millimeters between the molars. (Sicher and DeBrul, 1970). With an open mouth resting posture, the freeway space is usually greater due to the tongue resting lower in the mouth. A prolonged increased freeway space during growth and development can contribute to vertical dental eruption. (Hanson and Mason, 2003). Many symptoms may arise as a result. A few common symptoms include: speech problems, dental malocclusions and other associated problems. As a COM, one goal of the clinician is to recapture a normal freeway space as the therapist attempts to educate and address the improper functional patterns.

Each case of therapy needs to be treated on an individual basis. In one case a referral came to me from an orthodontist who would not initiate treatment on a 9 year old boy (Garrett) without having the boy’s oral resting posture and other myofunctional disorders addressed. The young boy had a tendency to rest his lower lip between his upper central and lateral incisors. The tongue tip also had a tendency to rest against the incisors. With therapy, the patient has been educated on proper resting postures as well as treated for the other myofunctional disorders. Through much effort and dedication, the patient is ready to initiate orthodontics where the function of his mouth has a better opportunity to compliment the form that the orthodontist will create for him. See photos next page.

When I completed the orofacial evaluation in November 2009, Garrett had an overjet of 11mm, diastemas of 3 mm between teeth 11/12, 2 mm between 11/21 and 5 mm between 21/22 and a lip force of 1.6 lbs. I also observed that Garrett struggled to achieve any form of suction of the tongue to the palate. In this case I began with tongue posture therapy to educate where the tongue tip should rest with the use of a product that sticks to the roof of the mouth. With this product, the patient has the tendency to
continue to explore “the spot” with their tongue. Through therapy we focused on anterior, mid and posterior portions of the tongue through exercise in order to achieve better suction ability and toning. In theory, if the tongue to palate suction is increased in early ages, the tongue helps to create the space it needs to properly rest and suction in the palate. As I continue to monitor Garrett’s progress, the overjet has decreased to 6 mm and diastemas in all above mentioned areas have reduced and lip force has increased to 4.65 lbs. (see Figures 1 and 2)

When observing the palate photo (Figure 3) before therapy, the rugae are very defined and the anterior teeth are flared. As Garrett changed his tongue resting posture to behind the incisive papilla, increased his lip strength and increased his tongue-to-palate suction, the rugae appear to flatten and the teeth do not appear as flared as in the initial picture. (photo Figure 4) Also, the slope of the alveolar bone of the palate from the lingual gingival margins also appeared to change through therapy. As therapy results are based on individual patient compliance, I continue to do research, monitor and document what if any changes do occur through therapy.

Interested in learning more?

I encourage you to learn more about how we as registered dental hygienists can incorporate orofacial myology into our dental hygiene practices as we facilitate evidence based patient care in an inter-disciplinary fashion. Join us at the CRDHA Continuing Competence Event, May 3-5, 2012 in Calgary (http://accevent.crdha.ca) to “Connect the Thoughts” about oral and facial resting postures and swallowing patterns to symptoms that require treatment for individuals of all ages.

For more information about orofacial myology, orofacial myofunctional disorders and certification criteria with the International Association of Orofacial Myology, please visit www.iaom.com
Students Can Be Teachers!

By Leanne Rodine, RDH title

Isn’t it easy to think that those from whom we learn must be older than us? A common assumption is that age and wisdom go hand-in-hand and that it is the professionals who teach us. While this certainly happens, anyone can play a role in teaching. As a volunteer in the 1000 Smiles dental project I have seen that students can be teachers too!

I became a registered dental hygienist because I wanted to help people. I soon discovered that a dental hygienist’s role is much more than helping – it is empowering people; helping them to help themselves. I want to help people feel empowered about their oral health – I want to help them feel they have the power to make choices relevant to their own situation.

I see this empowerment described in the saying, “Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime.” As a dental hygienist I may rephrase it to say, “Scale a person’s teeth and their teeth will be clean for a day. Provide them with the skills and opportunities to make healthy choices for their dental health and they can have a healthy mouth for a lifetime.” Now this is not to say that clinical care is unimportant, as it is truly valuable. But if people do not also have the information or the environment that can support their dental health on a daily basis, the scaling I can provide is only partially helpful.

An Experience in Jamaica

This role of empowering has taken me on many great adventures in my dental hygiene career. One that is very dear to my heart is 1000 Smiles - the world’s largest, international, humanitarian dental project. 1000 Smiles is a project run by Great Shape! Inc., a charitable non-profit organization that formed in 1988 as a compassionate response to the needs created in Jamaica from the destruction of Hurricane Gilbert. Great Shape! Inc. has helped meet the needs of Jamaican people in many ways – building schools, providing school supplies, building playgrounds. In 2002 the Jamaican Ministry of Health expressed a need for dental care; many people wanted it but could not access it.

Dental needs may not be the first thing that comes to mind when one thinks of Jamaica. Rather, the mind conjures up pictures of beautiful sandy beaches with palm trees, glistening blue waters and reggae music. Jamaica offers all this, plus much more. The weather is warm, the sunshine plentiful. So are the smiles. Jamaican people have beautiful, friendly, welcoming smiles. But behind those beautiful smiles are often major dental problems. In rural Jamaica there is only one dentist, and generally no dental hygienist, for every 100,000 people, so the chances of accessing dental services are minimal. Even if a dentist is available, the average salary in Jamaica makes dental fees unaffordable, so most people cannot go.

This inability to access dental services can negatively impact employment. A beaming smile is often an asset for acquiring a job. With tourism being the largest industry in Jamaica, many people work for hotels, shops and tour groups; they interact with many tourists and want to smile brightly. Visible dental problems can take a person out of contention for a tourism job. If people are not able to work, it is hard for them to feel empowered.

In an effort to help address these concerns, Great Shape! Inc. responded to the Ministry of Health’s request by creating the 1000 Smiles project; so named because it had the goal of providing treatment to 1000 Jamaican smiles. For almost ten years, 1000 Smiles has been providing both clinical dental services as well as oral health education to people in Jamaica; but in November 2003, its first two-week project, 1000 Smiles provided dental services to over 2200 Jamaicans and classroom oral health education to over 1200 children! To date, more than 92,000 people have received needed dental services and more than 68,000 children have received prevention education in their schools.

As a 1000 Smiles volunteer since the program’s inception I have been involved in providing clinical dental hygiene services, oral health education and health promotion.
services, and helping with continued planning and development. One of my main roles has been as the education coordinator. As such, I have collected and developed resources and lesson plans for providing oral health education in schools in Jamaica. Coming from a community health background where I have worked in school programs, I encouraged Great Shape! Inc. to consider the realm of oral health information that could be provided during a classroom session. They first suggested we could teach toothbrushing to the children. I supported this but explained that there is so much more to oral health. Besides toothbrushing, I suggested we teach the children more foundational information - why brushing and flossing are important; the importance of teeth; the connection between oral health and overall health; causes and preventive measures for dental diseases; and how they can make choices that support good health. The intent of providing students with more information in these areas is to increase their knowledge and personal skills, and thereby support them in feeling empowered about their oral health.

During my time in schools in Jamaica, I have seen many students become empowered. The students ask great questions; many of the questions showing signs that they are reflecting on their own oral health and their role in taking care of it. Walking around the school yard during breaks, it is not unusual to see a child using the new toothbrush they just received during one of the lessons. Parents have shared that their children have told them what they learned during class, resulting in many parents learning new information indirectly from the lessons.

Helping the students become empowered has had a reciprocal effect on me – it has empowered me as a dental hygienist. Seeing the passion Jamaican children have for learning and the excitement they have as they implement new skills and realize they can take ownership for their own oral health, is contagious. This encourages me as a dental hygienist to strive to help more and more. It also encourages me to want to learn new things, and has provided me with opportunities for this learning. Working in Jamaica has taught me a lot about Jamaican people and their culture; it has helped exercise and build my cultural competence skills.
Checking assumptions

The first year of the project I arrived in Jamaica with lesson resources I thought might be suitable. Some of my family members and friends helped create puppets, games and story boards adapted from lessons I had seen used in Canadian schools. I soon discovered that Jamaican children reacted differently than Canadian children to these resources. Since many Jamaican children have never seen puppets, they were in awe of these funny characters; even junior high age students were enthralled. But when we hid behind a desk with only the puppets visible, and tried to present an oral health message through a puppet show, the message did not seem to be understood. We then tried the puppet show without hiding ourselves, so the children could see the puppeteers as well as the puppets, and the children clearly understood the same dialogue. It seemed that the idea of puppets talking by themselves was too unfamiliar and therefore distracting, since the students were not familiar with this presentation modality. What this taught me is that I sometimes make very basic assumptions, but I need to check these assumptions. I assumed that puppet shows are an effective presentation for children, but discovered that is not always true.

I also assumed that I had chosen pertinent oral health topics and messages for the lessons. While this was true in a lot of ways, interacting with children in the schools and different staff from the Jamaican Ministry of Health over the years has shown me that there are oral health topics that are applicable to Jamaican life which I had not included in the initial lesson development. For instance, I had not realized that the majority of Jamaican people believe it is natural for a person to eventually lose all their teeth. Once I realized that, I ensured the lessons explained and emphasized the idea of keeping teeth for a lifetime. Another topic I had not considered when developing the lessons was sugar cane. Questions from students made it evident that many of them had questions about sugar cane. The main question being – is sugar cane good for my teeth? After being presented with this question, I asked for more background on the use of sugar cane in Jamaica. I learned that it can be common to chew on sugar cane, with people believing that this cleans their teeth since it is fibrous.

As I looked at these facts I realized that not all lesson formats were working as well as I thought and pertinent topics were missing from the lesson plans. I decided it would be great to create some new lesson materials. It would be invaluable to have lesson materials with a Jamaican perspective that Jamaican children can relate to and identify with even better.

A children’s story

I thought a good starting place would be a children’s story about a child in Jamaica facing some of the same situations as the children in the schools. The story could talk about the child’s daily events and how those events impact his oral health. How exciting this would be! I love children’s stories and had always wanted to write one.

But then I paused. Had I not just learned that when I am working with people who have different experiences than me, that I do not always know the resources that are going to be most accepted or used by them? Had I not just learned that I do not know all of the topics that are going to be pertinent for a Jamaican child? After asking myself these questions I realized that I was not the best person to write this story. Instead, I needed
someone who could look at it through the eyes of a Jamaican child.

This idea sparked the creation of Tooth Tales – a story competition inviting Jamaican high school students to make a difference in the health of younger Jamaican children by writing stories 1000 Smiles could use when visiting elementary schools. The contest details specified five certain oral health points that had to be included in each story. We hoped that high school students who participated in the contest would learn more about dental health and then feel empowered to make a difference in the health of others in Jamaica by sharing this knowledge.

It was evident at the inaugural Tooth Tales competition in 2010 that many Jamaican high school students were empowered. By October of that year, great stories had been submitted for the contest. It was clear the students had researched dental health and invested time in writing their stories. These stories were fabulous! The stories were creative, original and exciting. Some of the stories involved situations about going to the dentist and about eating too many sweeties – a term commonly used to describe candy in Jamaica. There were stories about aliens, fairies, animals, and human beings.

All stories captured the main oral health points through their different settings and characters. A lot of the stories covered the dental topics just as well, if not better, than I could have done as a trained dental professional. The students became teachers! I was struck by the fact that while the stories had a Jamaican flare, some of the themes were very similar to what students in Canada would use when writing a story. I had assumed that they would be extremely different, but I saw that children in both countries imagine things like fairies and aliens. Once again, I was reminded that my assumptions are not always correct.

November 2010 saw the most difficult task of the story competition – choosing a winner from all the great entries. A judging committee was formed with members from Great Shape! Inc. and its partners in 1000 Smiles - Sandals Resorts, the Ministry of Health and the Ministry of Education. The committee worked together to determine the top four stories. These top four authors were then invited to a celebration dinner in which representatives read their stories to the group, and the winners were announced and provided with monetary prizes for themselves and their school to help with their futures. The contest attracted Jamaican media, which also helped to raise awareness about oral health.

The winning story is now being finalized in an illustrated version that can be used in Jamaican elementary schools. A graphic artist has drafted some illustrations for the story, and I am liaising between the artist and the student; asking the student for feedback on the illustrations to ensure they depict her story in a way that fits with how she pictured it when she wrote it. Watching her see her story come to life through these illustrations is exciting. She is seeing more and more how the work she has done can help others learn about dental health. She is empowered!

And watching her has empowered me! My whole experience with 1000 Smiles has empowered me. Volunteering with this project continues to challenge me as a dental hygienist, to learn new things and help in new ways. It has taught me to remember how lucky those of us who have access to dental services are. It has taught me about how people can be truly enthusiastic about learning. And one of the most important things, it has taught me to remember that knowledge is not limited to professionals - students can be teachers!

Learn from Leanne at the Breakfast Mini Spots May 4, 2012 as part of the CRDHA Annual Continuing Competence Event.
The University of Alberta’s School of Dentistry recognizes the importance of preparing students to provide treatment for individuals who face physical challenges. The clinical mandate of the Oral Health Services program at the Glenrose Rehabilitation Hospital (GRH) includes the provision of dental services to inpatient and outpatient populations. The existing dental clinic at the GRH specializes in providing comprehensive service for the treatment and prevention of oral disease in frail, older adults and for individuals with physical disabilities or other care needs.

In 2009, Dr. Paul Major, Lead of the School of Dentistry, approached the GRH to partner with the University of Alberta in raising funds to update the existing dental clinic with new equipment and expand the clinic capacity from four dated operatories to eight new operatories. In return, the expansion would provide students with an increased opportunity for hands-on learning in a unique environment.

In October of 2011, the School of Dentistry’s Dental Hygiene Program Director, Dr. Sharon Compton and Karen Frost, Senior Development Officer from U of A, met with the CRDHA board and presented details around this priority fundraising project. After deliberation with their board, the CRDHA agreed to provide significant monetary support for this important community initiative. In recognition of their support, an open walled learning operatory will be named for the CRDHA.

As the population of older adults is greatly increasing, it is critical for students to receive more exposure with this patient group prior to graduation. Additionally, as students increase their involvement and provision of care with seniors, they may be more likely to seek out practice opportunities in settings with complex patients. The new clinic will also allow opportunities to work collaboratively with dentistry students and with other healthcare members. The learning environment at GRH will facilitate enhanced interdisciplinary practice which aligns with our overall educational philosophy at the School of Dentistry.

With the increased capacity of the expanded and updated dental clinic, it is anticipated that four dental hygiene students will spend two-days per week at the clinic and four DDS students will spend three-days per week for a total of 30 weeks each academic year of student involvement. They will focus on providing treatment and prevention of oral disease.

Oral Health Services at the Glenrose Rehabilitation Hospital include the provision of dental care services to both inpatient and outpatient populations. Established in 1989 as a partnership between the University of Alberta, Faculty of Dentistry and the Youville Hospital, it was originally located at what is now the Edmonton General Hospital prior to moving to the Glenrose Rehabilitation Hospital in 1996. Renamed the Glenrose Dental Clinic, it specializes in providing comprehensive dental service for the treatment and prevention of oral disease in frail, elderly patients and adults over 18 years of age with physical disabilities or other care needs. The majority of clients served in the Glenrose Dental Clinic are over 65 years of age.

The services provided at the Glenrose Dental Clinic include periodontal care, fillings, crowns and bridges, root canals, full and partial dentures, and extractions. The patient populations treated at the Glenrose present with chronic conditions and injury-related sequelae that render the provision of oral health services more challenging when compared with the general population. The complexities associated with treating frail seniors and patients with disabilities correspond with an increased need for skilled and experienced oral health professionals, specialized equipment such as patient lifts and universally-designed facilities.

Providing dental care to older adults with chronic conditions and to individuals with disabilities requires increased awareness, attention and accommodation by oral health professionals. Located within a teaching hospital, the Glenrose Dental Clinic provides dental and dental hygiene students with an understanding of the
issues associated with providing oral health care to older adults and to people who have disabilities. Students represent the health system’s investment in the future and the clinic aims to provide students with the skills and experience to serve vulnerable populations.

Goals of an Enhanced and Expanded Service at GRH

The goals/objectives of this project are multiple and serve patient care, education and research objectives.

Patient Care:

• Improve access to specialized dental services for older adults and individuals with disabilities.
• Support Alberta Health and Wellness service standards for continuing care for access to oral health services.
• Offer oral health screenings to all Glenrose Rehabilitation Hospital inpatients.

Education:

• Increase the number of dentistry and dental hygiene students with a supervised experience with challenging populations related to co-morbidities, polypharmacy, behavioural and positioning considerations.
• Provide resident and fellowship placements in specialized areas of care.
• Build future capacity for delivery of specialized oral health care in the community.

Research:

• Establish research competency focused on evaluating the clinical delivery of care to vulnerable populations.
• Support the research agenda of the School of Dentistry.
• Foster a clinical research culture.

For information on how to donate to this important community project, please contact Karen Frost, Senior Development Officer at the School of Dentistry. 780-492-5061 or by e-mailing kfrost@ualberta.ca

The expanded Oral Health Services Clinic will serve patient care, education and research objectives.
Thursday, May 3, 2012, evening session

Open Space for Open Minds: While the main focus of the session is directed to business-minded dental hygienists, this session will be of interest to dental hygienists in all practice settings. Helgi Eyford will engage participants in a workshop about Cultural Competence in the Workplace; Felicia Eaton will share her experience with the DECOD (Dental Education in the Care of Persons with Disabilities) Program which she took in preparation for opening an independent dental hygiene practice; and Lisa Adair will share her experiences about developing and making presentations in the community and explain how the presentations are of mutual benefit for dental hygienists as well as the targeted audience. In addition, attendees will have the opportunity to share educational or volunteer opportunities they have undertaken to enhance their dental hygiene practice or business foundations.

Friday, May 4: Breakfast Mini Spots

The purpose of the Breakfast Mini-Spots (informal topical interest group conversation) is for CRDHA members to engage with insightful colleagues regarding a pre-selected topic of interest to the table host presenter and table guests. It is an opportunity to share knowledge, experience and expertise as well as for attendees to meet other people at the event. The brief presentation and resulting conversation is intended to pique some interest and encourage participants to further explore topics such as:

- Orofacial Myology...Function Matters. Vera Horn, RDH
  Are we as a profession properly addressing function? Join Vera for an insight to the potential influence of resting and swallowing functional patterns.

- CDHA Job Market and Employment Survey - The Alberta Story
  Ondina Love, CDHA Executive Director and Ann Wright, CDHA Director of Dental Hygiene Practice
  Curious about the findings of the CDHA job market and employment survey? Learn about the findings and share your personal experiences.

- Consider Continuing Competence Opportunities with the CDHA: Online or Otherwise?
  Victoria Leck, CDHA Manager of Professional Development
  Courses, webinars and more. Find out what CDHA offers and meet with CDHA’s Manager of Professional Development to share your ideas on preferred learning methods.

- Who are AboutFace and What Do They Do?
  Jessica Fitzpatrick, Manager of Marketing and Outreach
  AboutFace promotes emotional and mental well-being of individuals with facial differences through social and peer support, information and educational programs. Meet with Jessica to hear the AboutFace story.

- DECOD: Dental Education in Care of Persons with Disabilities:
  Felicia Eaton, RDH
  Of interest to anyone working with medically compromised individuals and those dental hygienists considering setting up an independent practice.

- Students Can Be Teachers! Empowering Children in Jamaica
  Dream about the land of green and sun; consider how support for oral health comes in many forms, from various sources - including high school students.
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
• 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

2012 Industry Participants
• 3M
• Dentsply
• GC America
• GlaxoSmithKline
• Hedy Canada
• Hu-Friedy
• Maxill
• Oral Dent Pharma
• Oral Science
• Premier Dental
• Progressive Edge
• Sterling Dent-A-Prises (PDT Inc.)
• Sunstar Canada
• …and more!

2012 Agency and Not for Profit Participants
• AboutFace
• Alberta Health Services: Addiction and Mental Health
• Alberta Milk
• Canadian Dental Hygienists Association
• Health Canada: Canada Vigilance
• Poison and Drug Information Services (PADIS)
• The Tomorrow Project
• WorkSafe Alberta
• …and more!

Friday, May 5 one day only:
Community Connections Showcase
A popular component of the ACC Event. We appreciate the participation of not-for-profit and industry representatives. Visit them to learn more about services, programs and products related to the dental hygiene profession.

Friday, May 4, late afternoon:
CRDHA Council Reception
After a day of learning, join your colleagues and CRDHA Council and President for light refreshments and appetizers before heading for home or for an evening with friends. Pre-registration is requested for catering arrangements.

Saturday, May 5 early morning:
CRDHA Annual General Meeting (AGM).
Take this opportunity to interact with colleagues and CRDHA Council. Council election results will be announced at the AGM. Pre-registration is requested for catering arrangements.

Register Now!
May 3-5, 2012

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

Leagues for three full days of learning. All members of the oral health team are welcome.
The Fund For Dentistry

General Information

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

For more information on applying for research funding in connection with THE FUND FOR DENTISTRY, contact Ms. Pat LaPointe, Department of Dentistry, University of Alberta, Edmonton, AB T6G 2N8; phone 780-492-8041; or Email plapoint@ualberta.ca. The deadline for application is October 15, 2012.

The Tomorrow Project

Cancer affects thousands of Albertans each year shortening lives and reducing the quality of life for so many. While great advances have been made in cancer treatment, there is little doubt the best way to fight disease is through prevention.

Alberta Health Services is home to the Tomorrow Project; the largest health research project undertaken in Alberta. Its goal is to find out more about the causes of cancer and other health conditions. Knowing more about what causes conditions will help scientists develop better strategies for improving health. Being part of the Tomorrow Project now is a chance to make a difference. The Tomorrow Project is looking for 50,000 volunteers aged 35-69 who have never had cancer to participate. Once enrolled, participants are asked to fill out a survey about their health and lifestyle, and go to a study centre where they will be measured by trained staff, and asked to donate a sample of urine and blood or saliva.

There are permanent Tomorrow Project study centres in Calgary and Edmonton, and also mobile study centres that travel to communities across Alberta.

Please visit www.in4tomorrow.ca or call our toll free number at: 1-877-919-9292 for more information.

Visit with representatives of the Tomorrow Project and PADIS at the Community Connections Showcase, Friday, May 4, 2012 at the CRDHA Annual Continuing Competence Event.
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:

Skills Enhancement for Public Health (PHAC)
FREE Internet based modules in French and English designed for public health professionals (including dental professionals) on the core competencies for public health. Modules offered all year round.

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.

Meet CDHA representatives at Breakfast Mini Spot and Community Connections Showcase at the CRDHA Annual Continuing Competence Event.

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:

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<th>Courses from these providers are eligible for only 50% of the credits indicated by the provider.</th>
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<td>Dimensions of Dental Hygiene (Belmont)</td>
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<td>Arc Mesa (Pharmacy Times)</td>
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<td>American Dental Hygienists Association</td>
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<td>Health Studies Institute</td>
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April

**Dental Hygiene Refresher Course**  
University of Alberta Continuing Dental Education (CDE)  
April 30 - May 3, 2012  
Edmonton, AB  
Email cde@dentistry.ualberta.ca  
Contact CDE: 780-492-5391  
E-Mail: cde@dentistry.ualberta.ca

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May

**CRDHA Annual Continuing Competence Event**  
Connect the Thoughts  
May 3, 4 & 5, 2012  
Calgary, AB  
http://accevent.crdha.ca  
Contact CRDHA: 780-465-1756  
Toll free: 1-877-465-1756  
E-mail: info@crdha.ca

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**Jasper Dental Congress**  
Alberta Dental Association & College  
May 24 - 27, 2012  
Jasper, AB  
https://www.adamembership.com/meetings/register.aspx  
Contact ADA&C: 780-432-1012; toll free at 1-800-843-3848

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**Canadian Academy of Periodontology Annual Meeting**  
Canadian Academy of Periodontology (CAP)  
May 31 - June 2, 2012  
Calgary, AB  
http://www.cap-acp.ca/en/meeting/  
Contact CAP: 613-523-9800  
E-mail: info@cap-acp.ca

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September

**Northwest Dental Exposition**  
September 21, 2012  
Edmonton, AB  
Contact EDDS: 780-642-8270  
E-mail: eddsconnect@hotmail.com

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**U of A Continuing Dental Education**

The University of Alberta’s Continuing Dental Education (CDE) program provides specialized education and certification programs to postgraduate dentists, dental hygienists, dental assistants and dental laboratory technicians.

Using innovative, evidence-based educational activities, CDE develops, provides and evaluates learning opportunities and resources and as a result, the CDE participants are better able to meet their own professional development requirements.

Courses of interest to registered dental hygienists include:
- Business in Dentistry
- Dental Hygiene Refresher Course
- Local Anaesthetic
- Nitrous Oxide Oxygen Conscious Sedation
- Orthodontic Module

**The 2012 Dental Hygiene Refresher Course will be offered April 30 - May 3, 2012 by the University of Alberta Continuing Dental Education.**

For the most up-to-date course information visit http://www.dent.ualberta.ca/continuingeducation.cfm  
Telephone: (780) 492-5391

Email cde@dentistry.ualberta.ca for more information or to be added to an electronic mailing list to receive updates on Continuing Education Courses.
The Informed Entrepreneur: A Primer for the Business of Dental Hygiene

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

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

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

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

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

(please print)

CRDHA ID #

Name

Mailing Address

Phone (H): ___________ Phone (W): ___________

Email: ___________

Employment Handbook for Dental Hygienists

Have you wondered about overtime pay, general or statutory holidays, vacation entitlements, or pre-employment interview representations? The Employment Handbook for Dental Hygienists will walk you through employment issues, contract and self-employment facts, and legal workplace requirements. The resource is available on the CRDHA website www.crdha.ca. Member Login is required.

Infection Prevention and Control Videos

CRDHA acknowledges the Alberta Dental Association and College (ADA+C) and Alberta Health Services for developing these Infection Prevention and Control (IPC) instructional videos and for providing CRDHA members with access to them. The videos are an excellent IPC resource for all members of the oral health team. The content of the videos is consistent with the September 2010 ADA+C Infection Prevention and Control Standards and Risk Management document which has been adopted by ADA+C, CADA and CRDHA.

The videos are available on the CRDHA website www.crdha.ca. Member login is required.

Reprocessing Dental Devices Module 1

Includes information about critical, semi-critical and non-critical dental devices, 2 step process disinfectant, one-way work flow from dirty to clean, and proper personal protective equipment (PPE).

Reprocessing Dental Devices Module 2

Includes information about the proper procedures for cleaning used dental devices and preparing them for sterilization.

Reprocessing Dental Devices Module 3

Includes information about proper procedures for sterilizing dental devices, use of chemical and biological indicators, and proper storage of sterile devices.

Moving? Change of Name and Address Notification

The Dental Hygienists Profession Regulation requires that members of the College of Registered Dental Hygienists of Alberta (CRDHA) ensure that their mailing address is always current. Incorrect or out of date addresses can lead to missed mailings which may include important notices and documents. S. 31(1) of the Dental Hygienists Profession Regulation requires that members must provide a home address, telephone number, email address and fax (if applicable) when there are any changes to the information or at the request of the Registrar. Your personal profile changes can be submitted in writing or updated on the CRDHA website www.crdha.ca. Name changes must be submitted in writing.

Name (in full) CRDHA ID Number

New Name (in full) Old Address

New Address Home Phone Email

Effective Date Signature

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

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

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Visit [moreaboutmilk.com](http://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 Annual Continuing Competence Event, Community Connections Showcase
Have you considered the benefits of a personally owned disability insurance program?

A personal disability insurance policy will protect you from the financial hazards from an accident or illness with no risk to you of...
- the contract being cancelled by the insurer;
- any provision of the contract being altered;
- the premiums being increased.

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

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

Anna Pattison is coming to Alberta!!
June 1st & 2nd

A lecture and “Hands On” root instrumentation skills workshop will be held in conjunction with the Annual Canadian Academy of Periodontology Meeting in Calgary.

To reserve your space go to: www.cap-acp.ca

Celebrate National Dental Hygienists Week™
April 8-14, 2012

DVD Quarterly of Dental Hygiene

One of Alberta’s Top Sources of Continuing Education for Dental Hygienists.
- “NEW” – now available for streaming directly to your computer
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