2016 • Volume 3 • Issue 6

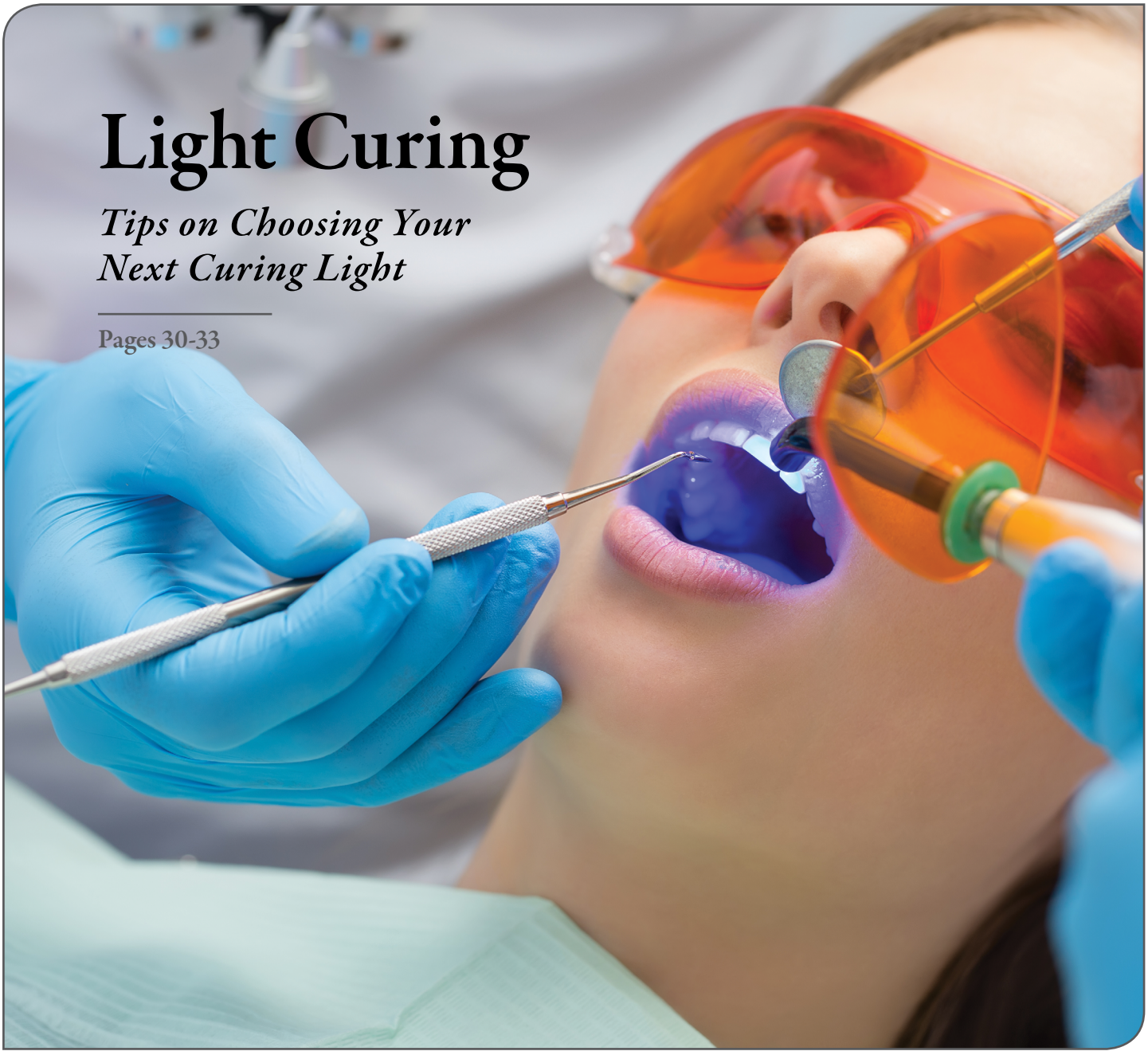
Noncompliant Dental Products
Not Worth the Risk
P. 7

Thought Leaders Series: Teledentistry
Will It Transform the Profession?
P. 23

Managing Medical Emergencies
Anaphylactic Reactions
P. 27

CDA essentials

The Canadian Dental Association Magazine



Light Curing

Tips on Choosing Your Next Curing Light

Pages 30-33

PM40064661

NO TOOTH LEFT BEHIND

Unique round CrossAction brush head

Unlike a rectangular head, the round prophy-inspired ORAL-B® brush head cups each tooth for better bristle contact.

Oral-B® GENIUS™ CrossAction Cleans Better than Sonicare DiamondClean*

Oral-B® Pro CrossAction
Oscillating/Rotating Pulsating Action

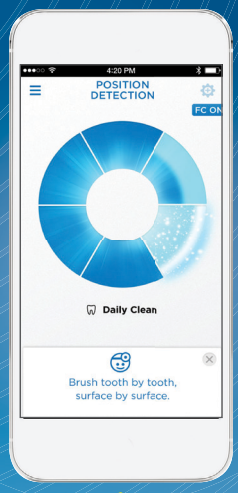
Sonicare DiamondClean
Side-to-side Action

Brush pressure monitoring system

Only Oral-B® has a Triple-Pressure Control System to detect over-aggressive brushing and provide the patient with a visual 360° SmartRing alert.

Innovative Position Detection

Smartphone app helps the patient improve their brushing technique by showing the areas they're missing.



Bluetooth®

Recommend Oral-B® GENIUS™ to your patients so they never miss a zone.

Oral-B GENIUS

* Based on multi-week clinical studies
Sonicare is a registered trademark of Koninklijke Philips N.V.

© P&G 2016 ORAL-20485

CDA essentials

2016 • Volume 3 • Issue 6

CDA MISSION STATEMENT

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

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

CDA BOARD OF DIRECTORS

President
Dr. Randall Croutze

President-Elect
Dr. Larry Levin

Vice-President
Dr. Mitch Taillon

Dr. James Armstrong
British Columbia

Dr. Roger Armstrong
NWT/Nunavut/Yukon

Dr. Linda Blakey
Newfoundland/Labrador

Dr. Heather Carr
Nova Scotia

Dr. Tobin Doty
Alberta

Dr. Frank Hohn
Saskatchewan

Dr. Richard Holden
Prince Edward Island

Dr. Alexander Mutchmor
Manitoba

Dr. Lynn Tomkins
Ontario

Dr. Daniel Violette
New Brunswick

Editorial Disclaimer

All statements of opinion and supposed fact are published on the authority of the author who submits them and do not necessarily express the views of the Canadian Dental Association (CDA). Publication of an advertisement does not necessarily imply that CDA agrees with or supports the claims therein. The director reserves the right to edit all copy submitted to *CDA Essentials*. Furthermore, CDA is not responsible for typographical errors, grammatical errors, misspelled words or syntax that is unclear, or for errors in translations. Sponsored content is produced by Keith Communications Inc. in consultation with its clients. The *CDA Essentials* editorial department is not involved in its creation.

CDA Essentials is published by the Canadian Dental Association in both official languages.
Publications Mail Agreement No. 40064661. Return undeliverable Canadian addresses to:
Canadian Dental Association at 1815 Alta Vista Drive, Ottawa, ON K1G 3Y6. Postage paid at Ottawa, ON.
Notice of change of address should be sent to CDA: reception@cda-adc.ca

ISSN 2292-7360 (Print)
ISSN 2292-7379 (Online)

© Canadian Dental Association 2016

Director, Knowledge Networks
Dr. John P. O'Keefe

Managing Editor
Sean McNamara

Project Manager, CDA Oasis
Chiraz Guessaier, PhD

Clinical Editor, CDA Oasis
Dr. Suham Alexander

Writer/Editor
Tricia Abe
Geneviève C. Gagnon

Coordinator, Publications
Rachel Galipeau

Coordinator, Electronic Media
Ray Heath

Graphic Designer
Janet Cadeau-Simpson

CDA Essentials Contact:

Rachel Galipeau
rgalipeau@cda-adc.ca

Call CDA for information and assistance toll-free (Canada) at: **1-800-267-6354**
Outside Canada: **613-523-1770**
CDA Fax: **613-523-7736**
CDA email: **reception@cda-adc.ca**

Advertising:

All matters pertaining to advertising should be directed to:

Keith Communications Inc.
1464 Cornwall Rd, Unit 8, 2nd Floor
Oakville, ON L6J 7W5

- Tel.: **905-849-7777**
- Toll-free: **1-800-661-5004**

Display or web advertising:

Peter Greenhough, ext. 18
pgreenhough@keithhealthcare.com

Classified advertising:

John Reid, ext. 23
jreid@keithhealthcare.com

cda-adc.ca
jcdaoasis.ca

CanadianDentalAssociation
Oasis Discussions
CDAADC

@CdnDentalAssoc
@JCDATweets
@jcdaoasis
@CDAOasisLive

Building Positive Team Culture
Page 13

Oral Health Status of Immigrant and Refugee Children in North America
Page 35

CDA at Work

News and Events

CONTENTS

Will Teledentistry Transform Our Profession? **Page 23**

Managing Medical Emergencies: Anaphylaxis
Page 27

What Should You Look for in a Curing Light? **Page 31**

3M Science. Applied to Life.™

Your performance matters, because their performance matters.

3M Oral Care has simplified posterior restorations. Using our four innovative technologies together can help you move through posterior restoratives with speed and simplicity - and keep your day on schedule.

Because there are things in life you don't want to miss.

3M™ Scotchbond™ Universal Adhesive

3M™ Filtek™ Bulk Fill Posterior Restorative

3M™ Elipar™ DeepCure-S LED Curing Light

3M™ Sof-Lex™ Spiral Pre-Polishing and Diamond Polishing Wheels

How well is your curing light performing? Contact 3M Oral Care at 1-888-363-3685 to book a checkMARC® test.

3M, 3M Science. Applied to Life., Scotchbond, Filtek, Elipar and Sof-Lex are trademarks of 3M. Used under license in Canada. checkMARC is a trademark of BlueLight Analytics Inc. © 2016, 3M. All rights reserved.

Noncompliant Dental Products: Not Worth the Risk

CANADIAN DENTAL ASSOCIATION

I attended the Dental Industry Association of Canada (DIAC) annual general meeting in Toronto this year, where the issue of grey market and counterfeit products (collectively known as noncompliant products) was top of mind. Despite efforts by dental companies and organized dentistry to educate dentists about the dangers of using noncompliant products, this long-standing issue persists in Canada and around the world.

The general feeling among the folks I spoke with at the DIAC meeting is that the Canadian market for noncompliant products is growing, although nobody knows for certain because sales of non-compliant products can't be accurately tracked. To be compliant, a product must have a Health Canada product licence and be sold by a dealer with a Health Canada establishment licence. If a product's document trail doesn't lead back to both types of Health Canada licenses, the effectiveness and safety of a product (and by extension the risks it presents to a patient) are unknown.

It's quite easy to unwittingly purchase noncompliant products. They can often be purchased at a much lower price and they look just like the real thing! But using anything other than fully compliant products—those that have been shown to be effective and safe according to Health Canada regulations—risks diminishing the quality of care we provide to our patients. This is unquestionably too high a price to pay for a bargain.

How can dentists know for sure that the products they are bringing into their practice are authentic? One way is to use DIAC's step-by-step protocol for checking products (p. 21). DIAC recommends assigning one member of your dental team as a product checker (the person who typically orders and receives supplies). This designated individual should be knowledgeable about the products and will be responsible for working through the DIAC protocol each time new products arrive in the office.

At a glance, noncompliant products can look very similar to legitimate products, but the DIAC checklist tells you what to look out for specifically. For instance, check the packaging (e.g., is the writing in both English and French?), its contents (e.g., is it the same size, shape and colour as advertised?) and keep both the ordering materials (e.g., flyers and catalogues) and the product packaging until the product has been entirely consumed. This way, you can go back to the manufacturer or dealer if problems are detected later on.

To give you a sense of how difficult it can be to discern a phony from a genuine product, Bernie Teitelbaum, recently retired executive director of DIAC, provides some side-by side comparisons of compliant and noncompliant versions of products on page 20 in this edition of *CDA Essentials*.

The unscrupulous people profiting from the sales of noncompliant dental products are not the ones held to account if something goes wrong with a patient's treatment. The onus is on us as dentists, in collaboration with our dental team members, to make sure that our patients receive only the best care, starting with the products we choose to purchase.

RANDALL CROUTZE, BSC, DDS

president@cda-adc.ca

My WiFi is connected.

My water is good.

My cassette is not pushed all the way in.

Just sayin' :-)

Fast, Gentle, Reliable. *And Now Smart.*

STAT*IM* G4 Cassette Autoclaves.

STAT*IM*® is the world's fastest cassette autoclave from start to sterile™, gentle on your instruments due to its innovative steam process and relied upon by the busiest of practices.

STAT*IM* G4 Technology, now WiFi enabled, automatically records, monitors and helps troubleshoot every cycle 24/7 so you can operate with the utmost efficiency. It detects human or mechanical error before it costs you time and money.

The future of sterilization is at www.scican.com/STAT*IM*G4

Sends data to any device.

SciCan
A Sanavis Group Company

Your Infection Control Specialist™

scican.com

STAT*IM* is a registered trademark and *from start to sterile* and *Your Infection Control Specialist* are trademarks of SciCan Ltd.

Wellness and Ethics

Among Issues Discussed at Student Leaders Meeting

Student representatives from Canada's dental schools gathered in Ottawa in June for the Federation of Canadian Dentistry Student Associations' (FCDSA) 4th Annual General Meeting.

The meeting included a review of the key outcomes of last year's FCDSA activities and a look ahead to upcoming initiatives. Two projects proved particularly successful and will be repeated in the future: the National Forum of Dentistry Students, a web conference organized for students to discuss challenges they are facing and formulate possible solutions, and a virtual town hall meeting that brought together a panel of experts and dentistry students to discuss ethical cases.

Student representatives also established two new committees. The Dental Student Conference Committee will be responsible for overseeing preparations for a new conference to be held in 2018, and the Student Wellness Committee will address students' physical and emotional well-being. Dr. John O'Keefe, CDA director of knowledge networks, facilitated the planning session where these topics, along with finances and internal and external communications, were discussed. External guests included representatives from the American Student Dental Association (ASDA), the Student Professionalism and Ethics Association (SPEA), the Association of Canadian Faculties of Dentistry (ACFD), the Canadian Dental Regulatory Authorities Federation, CDSPI, and the National Dental Examining Board (NDEB).

Continuing to work toward its vision of creating a "nationally integrated community enhancing the student experience in the dental profession," the FCDSA will focus on six priority projects in the year ahead:

- Development of a sustainable financial model
- Representation at key events
- Website consolidation
- Issue management
- Dental student conference
- Student wellness

The FCDSA meeting was also the occasion to appoint committee and working group members, and to elect members of the Executive. Members of the FCDSA Executive for 2016–17 are:

Khashayar Gharavi (Toronto '17): President

Ivy Fangyu Lin (McGill '17): Vice-President

Kerri-Lyn Chong (UBC '18): Regional Councillor, Western Canada

Julie Delcorde (Toronto '18): Regional Councillor, Central Canada

Kelsey Eatmon (Dalhousie '18): Regional Councillor, Eastern Canada

Khashayar Gharavi, who will be serving as FCDSA president for a second term, is pleased with the outcomes of the meeting. "This past year was very productive and I'm glad to report that we have accomplished our goals and objectives," he says. "At the meeting, I referred to the upcoming year as 'the year of action'. The Federation, along with its partners (CDA, ACFD, CDSPI, NDEB, ASDA and SPEA), will focus on producing meaningful content for dental students, helping to improve standards of education, and bringing dental students together as a well-connected community."

FCDSA Executive 2016-17: (L. to r.) Kerri-Lyn Chong (UBC '18), Kelsey Eatmon (Dalhousie '18), Khashayar Gharavi (Toronto '17), Ivy Fangyu Lin (McGill '17), Julie Delcorde (Toronto '18).

THE DENTAL SOLUTIONS COMPANY™

Dentsply Sirona

EXCLUSIVE FREE 1-HOUR
ON-DEMAND WEBINARS
ENGLISH & FRENCH AVAILABLE!
WWW.CAVITRONWORLD.COM

Shape Matters PART I - Curved Inserts for Perio
FURCATION ADAPTATION

Implement better ultrasonic techniques immediately! Curved ultrasonic instruments can enhance clinical outcomes as they offer superior access in furcations, concavities and curved root surfaces. This online tutorial will guide clinicians through the principles of left and right insert selection and adaption in furcations.

Shape Matters PART II - Curved Inserts for Perio
POSTERIOR SEXTANT DEBRIDEMENT

Implement better ultrasonic techniques immediately! Curved ultrasonic instruments are more perio suited than straight ultrasonic or manual instruments. These instruments can enhance clinical outcomes as they offer superior access in furcations, concavities and curved root surfaces. Building on the principles from Part 1, this tutorial will guide clinicians through extensive adaption of left and right inserts on posterior teeth.

Shape Matters PART III - Curved Inserts for Perio
FULL MOUTH DEBRIDEMENT

In this final webinar in the series, the unique benefits of curved ultrasonic instruments in anterior sextants will be addressed. The previously addressed concepts of curved

INSERT RECYCLING PROGRAM

Recycle any 6 Ultrasonic Inserts and Buy 2, GET 1 FREE!

Free goods must be of equal or lesser value. Cannot be combined with any other Dentsply Sirona offer. *Insert Recycling Program - Free Insert Redemption form online.

Program valid until December 31, 2016

WWW.CAVITRONWORLD.COM

www.dentsply.ca | 1.877.393.3687 /DentsplyCanada

CDA Practice Support Services Website: *Don't forget to register office staff members*

Geoff Valentine

If you're already registered on the CDA Practice Support Services (PSS) website (services.cda-adc.ca) you have likely used the website to:

- ✓ subscribe to CDAnet
- ✓ subscribe to the ITRANS Claim Service
- ✓ download the CDA Digital ID
- ✓ maintain office information that is transmitted to insurance companies—including updates when a dentist joins or leaves a practice

But it's also important to identify the office staff members who are responsible for the day-to-day administration related to CDAnet, ITRANS, and claims processing, and get them registered on the PSS website.

Managing the risks associated with an electronic records management system requires that individuals with access to the system are identified and authenticated. "Whatever you do, don't share your sign-in credentials with anybody!" stresses Geoff Valentine, CDA manager of health informatics services. "Many provinces now have data privacy regulations that require unique sign in credentials for each user of a system that processes patient information—so sharing your username and password for the PSS website isn't just bad practice, it could be a regulatory violation."

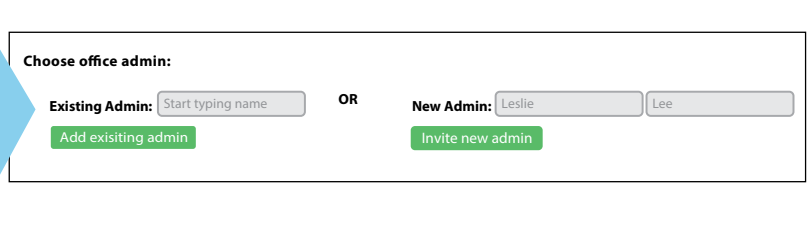
To register an office administrator with their own sign-in credentials on the PSS website, follow these two steps:

Step 1: The dentist creates the invitation

Sign in to the PSS website as a dentist using your username and password.

- **Click** the office number for the location where you want to add an office staff administrator.
- Click the **Invite office admin button**. Administrative permissions for Junior admin or Senior admin roles can be viewed by clicking **Check role details**.

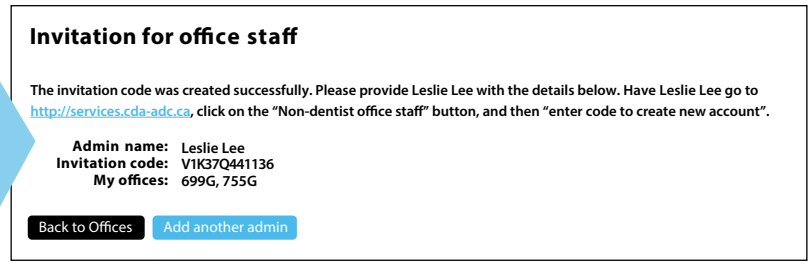
  Where it says **New Admin**, type the staff member's first and last name.



- Click **Invite new admin**.

Select the office(s) where you want to add the office staff administrator and then select their role (Junior admin or Senior admin).

- Click **Create Invitation**, which brings you to an Invitation for office staff. **Print** this page with the **Invitation Code** and give it to the office staff member, or copy the text and email it to the staff member. **Log out** of the PSS website.



Step 2: The staff member signs in

The staff member must then sign in to the PSS website (*make sure the dentist has logged out first*) as **Non-dentist office staff**.

- Click **Enter code to create a new account**.

Enter the invitation code from the **Invitation for office staff**.

- Click **Validate Code**.

Complete the information required for registration, including **username** and **password**.

- Click **Join**.

For any assistance with the PSS website, call the Help Desk at **1-866-788-1212**.

DUO-LINK UNIVERSAL™

Ultimate Cementation for All Ceramic, Zirconia and CAD/CAM Restorations

$254.40 20% off*

Regular price ~~$318.00~~

DUO-LINK UNIVERSAL SYSTEM KIT
1 Dual-Syringe DUO-LINK UNIVERSAL Shade: UNIVERSAL (Base/Catalyst, 8g mixed)
1 Bottle ALL-BOND UNIVERSAL (6ml)
1 Bottle Z-PRIME Plus (2ml)
1 Bottle Porcelain Primer (3ml)

*Oral Health Promo: OH-DUO
Expires October 31, 2016

ALL-BOND UNIVERSAL™ is the first TRULY UNIVERSAL dental adhesive that combines etching, priming and bonding in ONE bottle.

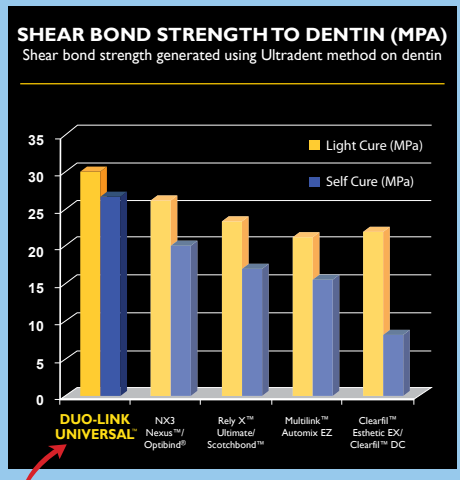
PORCELAIN PRIMER is a silane coupling agent used to improve the chemical bond between porcelain restorations and resin cements resulting in increased bond durability over time.

DUO-LINK UNIVERSAL™ adhesive resin cement is specially formulated for cementation of ALL indirect restorations and provides all of the desired properties for universal cementation.

Z-PRIME™ Plus is a single-component priming agent used to enhance adhesion between indirect restorative materials and resin cements. It is a versatile primer for surface treatment of zirconia and alumina ceramics as well as metals/ alloys, composites and endodontic posts.

BISCO's new DUO-LINK UNIVERSAL™ is perfect for reliable, high strength cementation with easy clean-up! DUO-LINK UNIVERSAL is specially formulated for cementation of ALL indirect restorations.

- ☑ Quick and easy clean-up
- ☑ Easily identified on radiographs for an effective diagnosis
- ☑ Low film thickness ensures the restoration is completely seated
- ☑ Extremely high degree of conversion / ensures a long lasting restoration placement
- ☑ Ideal for all CAD/CAM restorations
- ☑ DUO-LINK UNIVERSAL KIT: Outstanding bond strengths to multiple substrates- Zirconia, Ceramics/Lithium Disilicate, Alumina, Metals, Endodontic Posts and Composites.



DUO-LINK UNIVERSAL outperforms other cements in shear bond strength.

Data on file. BISCO, Inc.
Trademarks are property of their respective owners.

BISCO CANADA
BISCO DENTAL PRODUCTS CANADA INC. | Head Office: 800.667.8811 | Français: 800.211.1200

Value is demonstrated. Trust is earned.

BUILDING POSITIVE TEAM CULTURE

Trust and Value Working Group

is a unique collaboration of provincial and national dental leaders that focuses on developing communications strategies to promote the benefits of good oral health for all Canadians.

Imagine one of your patients as they walk into your practice. Most likely they are greeted at the front desk when they confirm their appointment, and perhaps speak with a dental assistant or dental hygienist. They may even chat with other patients as they wait. Multiple interactions can happen before they see you, their dentist.

While you may be the leader of your dental team, your patients interact with a variety of other people in your office. The sum of those interactions reflects your team's organizational culture and therefore who you are as a health care provider.

What is organizational culture?

Organizational culture is easy to define in theory but sometimes tough to recognize in practice. Essentially, culture is a reflection of beliefs, values, priorities and relationships. In the work environment, it can dictate how a team behaves, dresses, talks, and performs tasks. It becomes the essence of who you are and how you do your job.

In a typical dental office, the various interactions between patients and team members will create an impression, often referred to as a vibe.

Your office culture will determine the level of satisfaction of the patient experience before they even reach the dentist. In effect, your office culture is *you*.

Why is organizational culture important in the dental office?

A dental team's culture conveys many things, including your team's level of trust in you. For example, does your team work well together? Do they communicate positively? Do they seem to enjoy their work? Does the way you work together reflect your values?

How your team conveys your office culture will let patients know, without telling them explicitly, whether or not you are trusted. If patients get the impression

that your team is unhappy or unsupportive, they may doubt you as the authority on oral care. Not addressing inter-team issues can potentially take the focus away from the needs of the patients. On the other hand, addressing inter-team issues and reviewing the team core values on a regular basis will catch issues before they can affect the patient.

A positive culture is a key part of patient-centred care.

How can we reflect a positive organizational culture in the dental office?

With a small investment of time, you and your team can define your organizational culture, which in turn will be noticed by your patients.

1. 

Discuss: Reflect on what you want your practice and your team to convey to patients. How do you want them to feel when they're in your care? What values do you want to have shine through?

Once you've established your values, have an open discussion with your team to establish ways those values can be put into action in your practice. Dedicate a staff meeting during a quiet time in the office or outside of office hours. Are there ways to improve teamwork or workflow? Do your team members feel they can talk to you and to each other? Does your team reflect your values to your patients? An open discussion with your team can help illustrate any gaps or areas in need of improvement. Once those factors are determined, write them down and refer to them when needed. You can also revisit this discussion in team meetings to stay on track and reinforce the systems that work for your practice.

2. 

Act: Now that you've discussed and articulated what you want your organizational culture to be, decide how to put those values into action. Are there ways your practice can better convey your culture? What ways can you and your team behave to showcase your values to patients? Every interaction, from the front door all the way to the operatory, should reflect a positive culture and the good work of your team. For example, think about how your values are reflected in the way your patients are greeted, how information is conveyed to team members, and how fees are discussed with patients.

As the team leader, consider occasional team-building or social activities to reinforce comfort and teamwork.

3. 

Reassess: Now that you've articulated your values and applied them in your daily life at the practice, occasionally reassess and communicate with your team on a regular basis to determine if anything needs to be revised. Talk with your patients to see if your culture resonates with them as well. Ask them if they like a new process you've implemented or if they received enough information to make an informed decision. The manner in which you get feedback, such as face-to-face conversations, surveys, or otherwise should also reflect your culture. Patients will notice the practice's positive culture by the way you and your team provide exceptional care.

Organizational culture does not change overnight. It takes time and effort to build a culture-centric practice. However, the effort you put into communicating with your team regularly to review goals and values will reflect positively with your patients and be well worth the time invested.

Protect Your Success

with Canada's specialized dental office coverage

If you've recently added or upgraded equipment or furnishings in your practice — or renovated your office — your insurance might not have kept up. With adequate insurance, you can save many thousands of dollars out of your own pocket if disaster strikes at your dental office.

TripleGuard™ Insurance provides three types of office coverage in one economical package:

- Office Contents
- Practice Interruption
- Commercial General Liability

You can also choose additional options — such as coverage if you own your office building or for equipment breakdown.

A licensed insurance advisor at CDSPI Advisory Services Inc. can help you get a handle on your office protection needs. Call today and take advantage of our 50 years of working with the dental community.

To apply for TripleGuard™ Insurance, visit
www.cdspi.com/tripleguard-insurance

or call us at
1-800-561-9401

TripleGuard™ Insurance is underwritten by Aviva Insurance Company of Canada. The plan is a member benefit of the CDA and participating provincial and territorial dental associations. Insurance planning advice is provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply to advisory services in certain jurisdictions.

CDSPI

CDSPInow company/CDSPI @CDSPI

Announcements

Nova Scotia dentists:

Earn CE points by completing online case conferences

Nova Scotia Dental Association

CDA Oasis discussions.ca

CDA Oasis Discussions and the Nova Scotia Dental Association (NSDA) have launched a pilot project that allows Nova Scotia dentists to earn continuing education (CE) credits by completing two online case conferences:

- **Post-operative complications following connective tissue graft**, presented by Dr. Peter Halford, a periodontist in private practice in Saint John, New Brunswick
- **CBCT use in diagnosis and treatment planning a trauma case,** presented by Dr. Isabel Mello, associate professor and division head of endodontics in the department of dental clinical sciences at Dalhousie University

NSDA executive director Steve Jennex says the pilot project offers NSDA members living in more remote areas access to CE and provides all members with a cost-effective way to complete CE from the comfort of their own homes. "The NSDA is excited to be part of this new and innovative online CE project," he says.

According to Dr. John O'Keefe, CDA director of knowledge networks, CE collaborations with other provincial and territorial dental associations could be on the way. "This is a great initiative and I see potential for more similar collaborations," he says.

To earn CE points, Nova Scotia dentists will log in to the NSDA website (nsdental.org) to view the case conference videos and provide their answers to questions about the cases. Dentists in other parts of Canada can also view these two case conferences and respond to the questions through the Oasis Discussions website at **oasisdiscussions.ca**. However, dentists outside of Nova Scotia will not be eligible to earn CE points.

> *The NSDA is excited to be part of this new and innovative online CE project.*
>
> — Steve Jennex

For more information, contact David Smith of the NSDA at **dsmith.nsda@eastlink.ca**

New Horizons In Dentistry

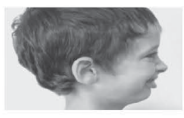
- Expand your practice with Orthodontics
- Grow Your Income
- Enhance Patient Care
- Personal Case Study
- Combine Business With Pleasure

The One-on-One Learning Experience:
A Mentorship Program Like No Other.

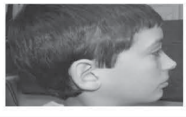
ADA C·E·R·P

Experience a mentored mini residency in Toronto.
LIMITED to 10 discerning doctors.
10/2 day sessions.

Before



After



Visit our website or call use personally to discuss details, Dr. Robert Bond: 519-372-4747; Dr. Alan MacDonald: 519-587-2703
www.cswfop.com

Dr. Jeffrey Bonang Appointed NSDA President

Dr. Jeffrey Bonang has been appointed 2016–17 president of the Nova Scotia Dental Association (NDSA) for a one-year term.

The Cole Harbour dentist received his DDS from Dalhousie University in 1987. After briefly practising in Ottawa, he returned to his home province where he now maintains a general practice with his wife, Dr. Laurie Campbell-Bonang.

In addition to being actively involved in provincial organized dentistry, Dr. Bonang is the director of events and fundraising websites with Craig's Cause Pancreatic Cancer Society.

Dr. Kirk Preston Elected New Brunswick Dental Society President

Dr. Kirk Preston of Fredericton has been elected 2016–17 president of the New Brunswick Dental Society (NBDS).

A 1995 graduate from Dalhousie University, Dr. Preston later pursued specialty studies in prosthodontics at the University of Toronto. He maintains prosthodontics clinics in both Fredericton and Saint John.

Dr. Preston is a member of the Fredericton Dental Society and has been actively involved with the NBDS for many years. He is also currently an examiner in prosthodontics for the Royal College of Dentists of Canada.

Dr. Neil Gajjar Appointed Vice-President of the Academy of General Dentistry

Dr. Neil Gajjar of Mississauga, Ontario, recently became vice-president of the Academy of General Dentistry (AGD, an association representing more than 40,000 general dentists across North America.

"Being elected as vice- president is truly an honour and privilege," says Dr. Gajjar. "We have a lot of work ahead of us, which I am confident we will accomplish with the great team, staff, and support of our members."

A native of Newfoundland, Dr. Gajjar obtained his DDS from the Howard University College of Dentistry in Washington, D.C., in 1999. He then moved back to Canada and started practising in Mississauga. In addition to maintaining a private practice, Dr. Gajjar is a clinical instructor in oral diagnosis and radiology with the University of Toronto. He has also been a lecturer in oral and maxillofacial pathology and a clinical instructor with the Canadian Academy of Dental Hygiene.

Dr. Gajjar has been actively involved in organized dentistry for many years and has served in various capacities with the Ontario Dental Association, the Canadian Dental Protective Association, the South Asian Dental Association, the Royal College of Dental Surgeons of Ontario, the National Dental Examining Board of Canada, the Academy of Dentistry International, CDA and AGD.

Dr. Gajjar has received several accolades in recognition of his dedication to advancing the profession. He is a fellow of the Academy of Dentistry International, the Pierre Fauchard Academy, the International College of Dentists and the American College of Dentists.

Medicom®

SafeMask®

NEW
ASTM LEVEL 2

Master Series

Feel the colour

ASTM LEVEL 1

ASTM LEVEL 2

#feelcolor

DIAC News

Results of the 2016 DIAC Future of Dentistry Survey

How dental practices are using the Internet at record high levels

The Internet is changing the dental profession, from the way dentists promote and run their practices to a patient's approach to learning about dental treatment options. According to results from the Dental Industry Association of Canada (DIAC) 20th annual Future of Dentistry Survey, here's where growth in online activities is happening:

• **Practice promotion:** Over 50% of respondents use social media as a promotional tool—a number that has steadily increased from 13% of respondents in 2012, when DIAC first started asking about social media use in its survey. Notably, in just one year (between 2015–16) social media jumped from the least used tool to the third most popular tool. Asking for referrals and promoting new technologies remain the top two ways for dentists to publicize their practices.

• **Patient education:** For the first time in the survey's history, the Internet was ranked as the top patient source for information about dental treatment options, outranking family members, friends, and the dentist and dental team.

• **Internet use in the practice:** All respondents had an internet connection in the office in some form—another survey first—and 92% had an Internet connection at the front desk.

• **Dental purchasing:** More than 80% of dentists reported making dental purchases online, marking an all-time high. In 2000, only 8% of dentists reported making online purchases.

DIAC Survey Contest Winners

Participation in the DIAC Future of Dentistry Survey made dentists eligible to win prizes. **Dr. Loida Coronel** of Brampton, Ontario, was this year's Grand Prize winner of a $2500 travel voucher.

Three Ontario dentists won a $500 runner-up prize: **Dr. Leslie Laing Gibbard** (Toronto), **Dr. Atul Joshi** (Ottawa) and **Dr. Armando Mastropaolo** (Woodbridge).

Ten dentists won $100 travel vouchers as consolation prizes: **Dr. Donald Allen** (Windsor, ON), **Dr. Maryam Khan** (Mississauga, ON), **Dr. Hana Chatila** (Dorval, QC), **Dr. Stephen Vanwieren** (Sherwood Park, AB), **Dr. Jas Bhattal** (Abbotsford, BC), **Dr. Deanna Bubola** (Guelph, ON), **Dr. Vasant Ramlaggan** (Toronto, ON), **Dr. Naima Liamani** (Montreal, QC), **Dr. George Cadigan** (Winnipeg, MB), and **Dr. Curtis Soong** (Aldergrove, BC)

Over 200 practising Canadian dentists responded to the 2016 DIAC survey, with proportional distribution across the country. Survey results have an accuracy of +/-6.8% 19 times out of 20.

Protect your patients and your reputation: WATCH FOR NONCOMPLIANT PRODUCTS

Use of noncompliant dental products is a problem in Canada that puts patient safety and dentists' reputations at risk, according to Bernie Teitelbaum, recently retired executive director of the Dental Industry Association of Canada (DIAC).

❶ Luting Plus (top) authorized for sale vs. Luting 2 (bottom) not authorized in Canada.

It's difficult to know exactly how big the problem is, precisely because noncompliant products—grey market and counterfeit items—are distributed through unauthorized, and therefore untrackable, channels. "There's no way to accurately monitor this," says Mr. Teitelbaum. "But based on DIAC's survey of dentists, I estimate that about 15% of consumable dental products used in Canada today are noncompliant."

To comply with Health Canada regulations, dental products must have a valid Health Canada product licence (health-products.canada.ca/mdall-limh/index-eng.jsp) and be sold by a manufacturer or dealer with a valid Health Canada establishment licence (health-products.canada.ca/mdel-leim/index-eng.jsp).

Grey market products may look similar to—or even exactly like—a product licensed for sale in Canada, but have been rerouted from their intended markets. "What this means to the dental practice is that the product was exported by a manufacturer from somewhere in the world, passing through many hands before making its way to North America," says Mr. Teitelbaum. "Nobody really knows how these products were shipped, stored or handled, so the consistency of a product's quality and its overall condition is anyone's guess."

Telltale markings like "Not for sale in North America" or country-specific product numbers can reveal if a product is part of the grey market, but other signs are more difficult to detect. Mr. Teitelbaum recommends always checking the packaging and its contents against the picture in the catalogue to make sure the product you receive is the same as advertised. "The pictures usually depict a legal product, but the product you actually receive could be different," he explains. "The name could be a little bit different or it may have a different package size, colour or shape."

❷ Medical device license cancelled in Canada (l.) vs. valid license (r.)

❸ Compliant (l.) vs. Noncompliant (r.) packaging update from Carestream.

> *Nobody really knows how these products were shipped, stored or handled, so the consistency of a product's quality and its overall condition is anyone's guess.* — Bernie Teitelbaum

Counterfeit products, which can be indistinguishable from a compliant product, are perhaps more dangerous than grey market goods because nothing is known about the manufacturing process. Mr. Teitelbaum believes counterfeiting of dental products is on the rise because manufacturers are making it more difficult to reroute products. "Counterfeiting is going to be the issue that smacks dentistry across the head," he claims. "Even manufacturers can't identify a counterfeit product—the only way to really know is to test it."

To ensure you purchase only compliant products, Mr. Teitelbaum recommends that dentists always buy from authorized sources and follow DIAC's suggested protocol for determining if a dental product is legally for sale in Canada (see below). A key point is that every dental practice should assign one individual to check dental products when they arrive in the office. He estimates it should take a dental team member about five minutes to go through the DIAC protocol, once they're aware of what to look for. "You're making absolutely sure that what the dentist is putting in a patient's mouth is licenced for sale in Canada—and what can be more important than that?"

Visit Oasis Discussions to watch Mr. Teitelbaum's full interview and download DIAC's suggested protocol for identifying noncompliant products.

oasisdiscussions.ca/2016/06/07/ncp/

DIAC's Suggested Protocol for Checking Product

1. Assign one knowledgeable person to check all product purchases when they arrive in the office.
2. Keep all ordering materials (catalogues, flyers, etc.) used in ordering the product(s) until the product has been checked in, and keep the package until the product has been entirely consumed.
3. Manufacturers will be happy to send you a picture of their licensed products and their packaging.
4. Check each product when it arrives in the office:
   - ☑ Is it the same product you ordered?
   - ☑ Does it have the same name as advertised?
   - ☑ Does it have the same product number?
   - ☑ Is it the same package that was advertised?
   - ☑ Are the contents the same as advertised? (quantity, sizes, shapes, colours, etc.)
   - ☑ Is the package in English and French?
   - ☑ Have any markings been removed/scratched out?
   - ☑ Is the product in its original package (or a zip lock bag or other substitute container)?
   - ☑ Do the lot number and expiry date on the package match those on the contents?
   - ☑ Does the package or contents have markings that indicate it may have been rerouted (e.g., "India only" or "Not for sale in North America")
   - ☑ Is equipment CSA approved (or equivalent)?

DIAC
Dental Industry Association of Canada
Association Canadienne de l'Industrie Dentaire

EndoPilot
Mobile Edition

- Locate
- Rotate
- Reciprocate

Featuring a battery backup, smaller footprint, wireless foot pedal and smaller contra angle head size.

Designed to aid in the art and science of endodontics.

Apex Locator
Endo Motor
Contra Angle

$3,495.00

Endo/Tech 1-888-554-3636 www.endo-tech.com

thought leaders series

Will teledentistry transform our profession?

Dr. Jeff Glaizel is a general dentist in private practice in Toronto and also serves as the Consumer Health Innovation and Development Lead at the Ontario Telemedicine Network (OTN). He wrote a regular column for CDA called "Plugged In" that examined the use of digital communications and e-health technologies in practice management and patient care. We asked Dr. Glaizel to tell us how telemedicine is being practised today and if it has the potential to transform dentistry.

Dr. Jeff Glaizel

jglaizel@otn.ca

Ontario Telemedicine Network
otn.ca

What are the most important developments in telemedicine in dentistry today?

Technology is coming at us faster than we know how to deal with it. Part of the work we do at OTN is to identify, validate and then scale those solutions that show promise in health care. But it isn't about technology—it's about workflow, integration with the clinician's practice, and serving the needs of the health care system.

What sorts of activities is telemedicine facilitating in Canada?

I can tell you specifically about Ontario; OTN is the largest network in the world doing telemedicine. We had 600,000 clinical events last year, which means any interaction between a patient and a provider, a provider and provider, or a case collaboration on a patient detail. It's an interaction that could take place on different levels; it could be a video discussion about your health or it could involve remote patient monitoring. It's amazing what we can do. For example, right now in Ontario it takes about 3 months from referral to get an appointment with a dermatologist. But OTN has a teledermatology program where a general practitioner can take a picture, upload it, and receive a response from a dermatologist in about 2 days.

What factors are driving telemedicine forward so fast?

There are 3 main factors. The first one is that patients want it. They don't want to go to a doctor's office; if they can do their banking online, why can't they consult a doctor online? The second driver, from the government's side, is cost. The cost of delivering health care services is very expensive. It's a question of how to provide excellent care in the lowest cost setting with the lowest cost provider. And thirdly, from the physician's side, there is demand for their services and a need to support the care of more patients. The efficiency that comes with digital technology can help support these demands.

What are the potential applications of telemedicine for dentistry?

Teledentistry in the future will be about a dentist, in collaboration with the dental team, interacting with the patient about their health care needs. For example, they could interview

→

This interview has been edited and condensed.

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

me on their app, we could talk about their concerns, and they might even be able to take a picture with an intraoral camera hooked up to their phone. Once they're in the office and a diagnosis is made, I could provide an interactive education package that allows them to communicate with me about the implications of their treatment choices. That's the level of interaction that teledentistry would support.

With the proliferation of dental therapists in the U.S. and the expanded scope of dental hygienists, we have to ask ourselves what the role of a dentist is now? Our expertise as dentists is in diagnosis, communications and patient education. Teledentistry applications should support the dentist in sharing their expertise with the patient and other health care providers.

To watch the interview with Dr. Glaizel visit **oasisdiscussions.ca/2016/06/17/td-4**

How can dental associations help prepare dentists for teledentistry?

The number one thing we can do is share knowledge about practices and about what you're doing. I think there needs to be recognition that we need to support big data in dentistry. We have a gold mine of knowledge in our practice management solutions that could provide us with excellent decision-making tools, and yet associations do not seem to access that knowledge or know how to use it effectively. Why do we not have real-time analytics for the profession? Real time analytics would help a dentist answer the following questions in real time with certainty: Am I paying my staff proper wages for the area I'm in? Am I competitive? How many patients did you see, and what were the diagnoses? It's about connecting our practices together and understanding how to look at the data.

Do you think solo practitioners will be reluctant to share data?

I understand why some may feel nervous about it, but in an era where corporate dentistry is starting to take off, those corporate dentistry agencies are making decisions based on numbers from many practices at once. So if we want to stay in the age of the solo practitioner being in charge of their own domain, they have to be empowered with the knowledge of their group or association. In dentistry we don't have the analytics base that would enable us to provide better services in the long run. The problem with practising as a solo practitioner now is that you're blind to the rest of the world.

What can dentists do to prepare for teledentistry?

One thing is to change our mindset. We are no longer the owners of dental knowledge. Google owns dental knowledge these days; any patient can look up what a filling is, what a crown is, what a periodontal procedure is. Rather, we are the facilitators of knowledge. We facilitate by helping patients understand the implications of the treatment they are choosing or not choosing, by making a proper diagnosis and providing treatment options. It's really understanding the needs of your patients and trying to support them; how can I empower the patient with more knowledge, more ideas.

Our expertise as dentists is in diagnosis, communications and patient education. Teledentistry applications should support the dentist in sharing their expertise with the patient and other health care providers.

Designed to Perform. Made to Inspire.

A-dec Inspire™ Dental Furniture Collection

Everything about A-dec Inspire is designed to simplify, streamline and help you perform. It's the pinnacle of efficiency and comfort, blended with a multitude of design options, from unique infills and elegant glass vessel sinks, to ergonomic swing-out shelves. Ergonomic, practical and beautiful, it's designed for all the things that inspire you.

Smart Ergonomics
Streamlined Workflow
Simplified Technology
Personalized Design
Worry-Free Reliability

Be Inspired at a-dec.com/inspire.

a-dec®

©2016 A-dec Inc. | All rights reserved.

WELCOME TO OUR NEW HOME IN CANADA

Try our SomnoDent® devices, created for the treatment of mild to moderate obstructive sleep apnea. Our SomnoDent SUAD™ device is known for its trademark casted frame structure and is built to last. Our SomnoDent Fusion™ device is comfortable with a precision fit.

SomnoDent SUAD
Save $145

SomnoDent FUSION
Save $145

Now you can save $145 off SUAD with promo code **SUADCAN** or $145 off Fusion with promo code **FUSCAN.**

Save $145 on SomnoDent SUAD with promo code SUADCAN or $145 on SomnoDent Fusion with promo code FUSCAN through December 31, 2016.

* This promo cannot be combined with any other discount or offer. Unlimited redemptions during the promo period. Be sure to enter the promo code on your order form for quick redemption.

Submit your order form to our facility below by mail or fax.

221 Talbot Street West, Leamington, Ontario, Canada N8H 1N8
Phone: 1-800-339-4452
Fax: 519-322-1320

℞ Only 903291RevB

SomnoMed®
The Leader In COAT
(Continuous Open Airway Therapy)®
www.somnomed.com

Managing Medical Emergencies: Anaphylaxis

According to Health Canada, an estimated 600,000 Canadians may be affected by life-threatening allergies.[1] Would you know how to recognize the signs of—and respond to—anaphylaxis should a patient experience it in your office?

Many drugs and materials commonly used in dental offices can trigger allergic reactions—antibiotics, analgesics, local anesthetics, resins, etc. It is important to respond promptly to any suspected anaphylactic reaction as it can develop quickly and potentially be fatal. If you suspect a patient might be going into anaphylactic shock, consider following the Anaphylaxis Emergency Plan developed by the Canadian Society of Allergy and Clinical immunology (CSACI)[2]:

1. Administer epinephrine at the first sign of a known or suspected anaphylactic reaction.
2. Call 911 or your local emergency local services.
3. Administer a second dose of epinephrine after 5 to 15 minutes if the reaction continues or worsens.
4. Transfer the patient to the nearest hospital (ideally by ambulance), even if the symptoms are mild or have stopped.
5. Call the patient's emergency contact person.

Management of Anaphylactoid Reactions

Anaphylactoid reactions present with the same clinical manifestations as anaphylactic reactions, but are not caused by an immunoglobulin-mediated response. Patients may therefore experience anaphylactoid reactions without prior sensitization to an allergen. Anaphylactoid reactions are managed the same way as anaphylactic reactions.

Following Injection of Epinephrine

It is recommended to raise the legs of a person in anaphylactic shock to improve blood circulation to the heart. CSACI urges to avoid "having an individual immediately sit up or stand after receiving epinephrine as these sudden changes of position may lower their blood pressure, worsen their condition, and potentially result in death."[2] If the patient feels sick or is vomiting, place them on their side.

***Table 1:** Signs and Symptoms of Anaphylaxis*

Skin system	hives, swelling (face, lips, tongue), itching, warmth, redness
Respiratory system	coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
Gastrointestinal system	nausea, pain or cramps, vomiting, diarrhea
Cardiovascular system	paler than normal skin colour/ blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
Other	anxiety, sense of doom, headache, uterine cramps, metallic taste

Source: Canadian Society of Allergy and Clinical Immunology. Anaphylaxis in Schools & Other Settings. 3rd Edition. 2014.

The cautionary measure of keeping the patient in a lying position still applies after the emergency medical team has arrived. "Even if the person is feeling 'better', they should ***not*** stand up or walk themselves to the ambulance," stresses Food Allergy Canada (formerly Anaphylaxis Canada) on its website.[3]

Administration of Epinephrine

Dr. Mark Donaldson, a pharmacist and member of the *Journal of the American Dental Association* editorial board, says that epinephrine is one of the drugs that should make up the minimal emergency kit of any dental office. Epinephrine opens up the airways, helps decrease swelling and increase blood pressure, and increases heart rate (which can help prevent cardiovascular events).

Auto-Injectors

The most commonly known epinephrine auto-injector is the EpiPen® (Pfizer). Some may also have used the Allerject® auto-injector, but it is no longer available following a voluntary recall of all lots in late 2015 as "they were found to potentially have inaccurate dosage delivery," explained Sanofi in a press release.[4]

While they are the only option available to patients themselves, auto-injectors might not be the best suited option for a dental practice, warns Dr. Donaldson. Additionally, they are the most expensive option and have a shelf life of only 18 months.

- **Many units are required.** "Epinephrine has a half-life of about 2 minutes, which means that if the emergency medical team cannot get to your office within minutes, you may have to administer a second dose. And in some cases, especially if you practice in a remote area or if you're dealing with a patient who's a hyporesponder (i.e., shows little response to epinephrine injection), you may in fact need a third dose. So I would recommend that dentists carry at least 3 EpiPen® devices at their practice." Dentists treating pediatric patients should also carry at least 3 EpiPen® Jr devices.
- **Safety of use.** To ensure that people are comfortable using an EpiPen®, Pfizer created the EpiPen® Training Device. This device is identical in shape and size to the real injector, but it doesn't contain a needle or medication. Although it comes with a different colour label and the mention "training device", its similarities with the actual EpiPen® lead many people to confuse one for the other. Training devices should never be kept in the emergency kit or with the actual EpiPen®. Occurrences of health care professionals accidentally self-injecting epinephrine in a digit because they held the EpiPen® incorrectly are also fairly common, according to Dr. Donaldson.
- **Efficacy.** "Auto-injectors all have a 25-gauge, ½ inch needle. Yet the literature shows that you need at least a 3 cm (~1.2 inches) needle to correctly deposit the medication into the vascular bed within the vastus lateralis thigh muscle for the epinephrine to be taken up in the blood system back to the heart. That is why manufacturers tell patients to continue to hold and press for at least 10 seconds after self-injecting." And it might be even more difficult to reach the vascular bed in patients who are overweight. When contacted by Dr. Donaldson, Pfizer responded that "the EpiPen® Prescribing Information does not address dosing considerations in the pediatric and adult populations that are overweight or obese. There are uncertainties about appropriate needle length required for intramuscular dosing in patients who are overweight or obese."

To learn more about the administration of epinephrine and the options available to dentists, watch an interview with Dr. Donaldson at **oasisdiscussions.ca/2015/11/09/epipen**

Ampules

The single epinephrine ampule 1:1000 (1 mg/mL) might be a better option for dentists, based on efficacy, safety, cost, and shelf life (about 2 years).

Never manipulated glass ampules? Given the very low cost of epinephrine ampules, "you can get many, practise often and get skilled at removing the medication in a timely fashion," says Dr. Donaldson. To break into an ampule, he suggests placing a 2" x 2" piece of gauze around the neck of the ampule and exerting some pressure. The neck will snap, giving you access to the epinephrine. Using a syringe with an appropriate length needle, administer 0.3 mL (0.3 mg) [or 0.15 mL (0.15 mg) for pediatric patients] in the patient's vastus lateralis muscle at a 90-degree angle. Should the patient need a second or third dose, simply inject another 0.3 mL dose.

Vials

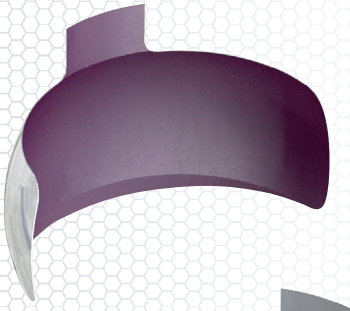
Although a little more expensive than the ampules, 1-mL (1 mg) epinephrine vials can be an alternative for those who do not want to manipulate glass ampules.

References

1. Health Canada [Internet]. *Severe Allergic Reactions*; 2008 Oct 24 [accessed 2016 Jan 7]. Available from: hc-sc.gc.ca/hl-vs/iyh-vsv/med/allerg-eng.php
2. Canadian Society of Allergy and Clinical Immunology. *Anaphylaxis in Schools & Other Settings. 3rd Edition* [Internet]. 2014 [accessed 2016 Jan 7]. Available from: csaci.ca/patient-school-resources/
3. Food Allergy Canada [Internet]. Did You Know?; 2016 [accessed 2016 Jan 7]. Available from: foodallergycanada.ca/about-allergies/anaphylaxis
4. Sanofi [Internet]. *Sanofi Canada issues voluntary nationwide recall of Allerject® due to potential inaccurate dosage delivery*; 2015 Oct 28 [accessed 2016 Jan 29]. Available from: http://sanoficanada.mediaroom.com/2015-10-28-Sanofi-Canada-Issues-Voluntary-Nationwide-Recall-of-Allerject-Due-to-Potential-Inaccurate-Dosage-Delivery

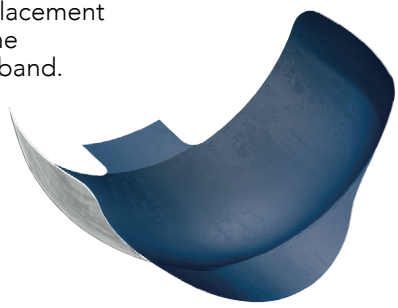
Composi-Tight® 3D Fusion™

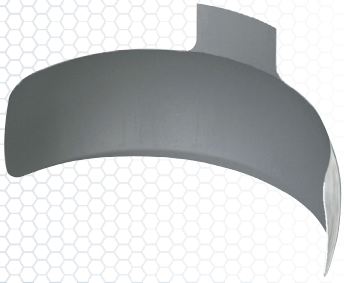
NEW! Full Curve Non-Stick Matrices



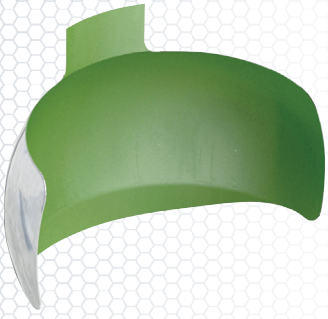
Wrap it up – Full Curve bands wrap further around the tooth, out of the way, making ring placement easier. Still dead-soft and a skinny 0.0016" thin, they're the perfect choice.

Keep tabs on 'em – An occlusal placement Grab-Tab™ gives you excellent control with any placement instrument you choose. Just bend it over the adjacent tooth after you've positioned the band.

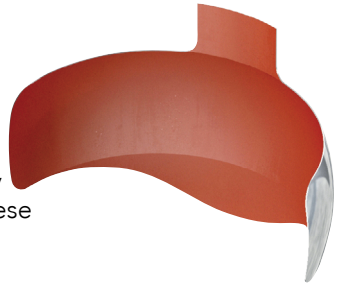




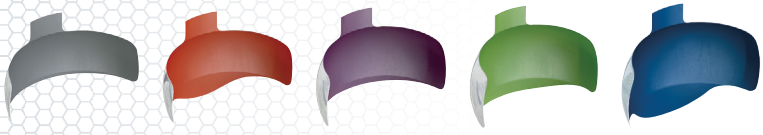
Go deep or wide – Improved subgingival extensions and added wrap-around length mean improved results on those more challenging restorations.



Easy in – Even though 3D Fusion Full Curve Matrices are made from the same ultra-thin dead-soft stainless steel as our other non-stick bands, their advanced curved form improves structural rigidity, making them our easiest-to-place band ever.



Easy out – 3D Fusion Full Curve matrices wouldn't be complete without the Slick Bands coating invented by Garrison. It reduces the adhesion of bonding agents and composites by a massive 92%. Regardless of your materials, these bands will slide right out!



3D Fusion™ Bands

Description	Item	Qty.	Kit
Fusion Band Kit: 5 sizes	FXB01	420	*$690
Fusion Band Kit: 5 sizes	FXB02	210	*$360

*Prices are Canadian MSRP. Contact your authorized Garrison Dealer for pricing.

ORDER TODAY! 888.437.0032 or contact your authorized Garrison dealer.

Garrison Dental Solutions

Toll-free 888.437.0032 • Fax 616.842.2430
gds@garrisondental.com • www.garrisondental.com

ADCACDA0916

Tips for Success in Light Curing*

Shade	Seconds
A1	10
A2	15
A3	20
B1	10
B4	30

1 **Inspect** tip, **Clean** if necessary, **Apply barrier**

2 **Check** light is set to correct mode and time according to manufacturer's instructions

3 Verify access to restoration **Position** light to minimize thermal damage to soft tissue, air cool

4 1-5 mm

Cover restoration with tip **Position** tip near restoration if ≥ 5mm distance, increase exposure time

5 **Wear Eye Protection, Stabilize** tip, **Watch** position of curing light

6 Keep tip close to restoration Light cure restoration for **Recommended Time**

7 **Clean** and disinfect unit **Check** output regularly

* Resource based on Halifax 2014 Symposium on Light Curing, courtesy of Dr. Richard Price, professor and head of fixed prosthodontics, department of dental clinical sciences, faculty of dentistry, Dalhousie University. **Email:** rbprice@dal.ca

What should you look for in a curing light?

The Panel Experts

Dr. Howard Strassler (**HS**) *is professor and director of operative dentistry at the University of Maryland School of Dentistry in the department of endodontics, prosthodontics, and operative dentistry.*

Dr. Joe Oxman (**JO**) *has a PhD in organic chemistry and is a corporate scientist with 3M's Oral Care Systems Division. He is also the 3M Director of Research for the Minnesota Dental Research Center for Biomaterials and Biomechanics at the University of Minnesota.*

Dr. Frederick Rueggeberg (**FR**) *is professor and section director of dental materials at the Dental College of Georgia at Augusta University in Georgia.*

For long-lasting, durable restorations, you must select the right curing light for your practice. But sifting through manufacturer's claims and deciding what type of curing light to choose can be a daunting task. To help shed some light on this question, CDA convened a panel discussion with three light curing experts who attended the *2014 Symposium on Light Curing in Dentistry* in Halifax.

On the importance of **access**

HS: From a clinician's viewpoint, access is a very important criterion. I want to be able to access the tooth I'm restoring from the occlusal, buccal, and lingual aspects, knowing full well that not every patient can open their mouth adequately to get full access. A curing light should work well for both adult and pediatric patients with the light held at right angles to the surface and as close as possible without interfering with the composite.

On the importance of **light intensity**

JO: From my perspective as a photopolymer scientist, I believe there are several key factors one should investigate when you are considering buying a new curing light. The curing light should have enough intensity to ensure a good and comparable cure at both the top and bottom of the composite restoration, without generating too much heat. I would suggest lights with intensity values of 750 to no more than 2,000 milliwatts per square centimetre. Those with outputs higher than this amount potentially generate excessive heat, without curing the composite any faster. Most recent studies show that higher intensity does not result in shorter curing times due to the nature of today's curing chemistries. One should follow the suggested curing times of the composite manufacturer and not that of the light manufacturer.

On the importance of **choosing a blue-only or a multiwave/multipeak curing light**

FR: With LED-based curing lights, you're usually faced with 2 choices: a light that emits only blue light or a light that emits both blue and violet light, also known as a multiwave (or multipeak) light. A blue-only LED light activates a photoinitiator in the restorative material called camphorquinone, whereas a multiwave light polymerizes materials by activating both camphorquinone and an alternative initiator.

To watch the full panel discussion with Drs. Strassler, Oxman and Rueggeberg, visit: **oasisdiscussions.ca/2015/09/21/lcc/**

What difference does it make? Materials with both an alternate initator and camphorquinone—the ones you expose to a multiwave light—will cure better at the top surface than if you use a blue-only LED light. However, the blue light penetrates very deeply into the composite and that's where the bulk strength of the material comes from. With a blue-only light, the blue output is much more intense compared to the blue output of a multiwave light, so it's a trade-off. You're likely going to optimize curing performance if you select a light and a specific composite from the same manufacturer—but you often don't have that luxury.

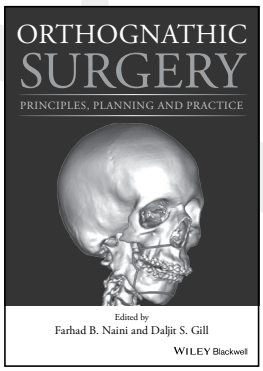
JO: I would argue that, based on today's light curing chemistries and much of the supporting literature and data, those curing lights with 2 distinct LED wavelengths may or may not provide any additional benefit to the curing chemistry itself. The bottom line is, I think we need to keep things simple.

HS: In general, a buyer of a multiwave light also needs to be aware that the blue and violet light-emitting diodes are placed in distinct locations in the curing light head. The section of the light head that has the violet LED will not effectively cure the surface of a composite that is only blue light sensitive. This means when the light illuminates the surface of a restoration, one area is exposed to violet light and another area is exposed to blue light. The locations of where the violet and blue lights fall within the cavity preparation become of clinical relevance.

On the importance of a **uniform light beam**

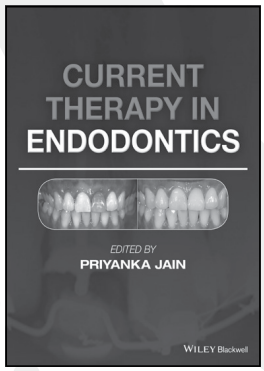
JO: I believe it's important to select a curing light that provides a light beam that is relatively homogenous or uniform over the entire tip at clinically relevant distances, somewhere between 3–10 mm. Preferably, the light should not have a distribution of what I call cold or hot spots; the goal is to ensure an even curing across the entire restoration.

Assisting you through every step of the procedure



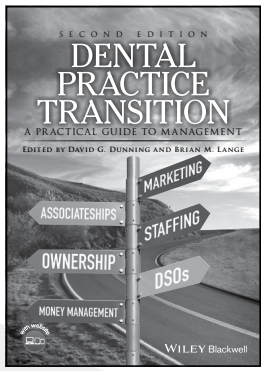
9781118649978 | $275.99 | December 2016

Orthognathic Surgery: Principles, Planning and Practice is a definitive clinical guide to orthognathic surgery, from initial diagnosis and treatment planning to surgical management and postoperative care.



9781119067559 | $137.99 | October 2016

Current Therapy in Endodontics encompasses the recent advances in materials, armamentarium, and procedures available for endodontic treatment in one clinically relevant volume.



9781119119456 | $95.99 | September 2016

Offers a practical guide to key practice management aspects, such as starting a practice, associateships, and buying an existing practice with helpful information on business systems, marketing, staffing, and money management.

Visit wiley.ca/go/dentistry to browse our complete library of dentistry journals, books, and more.

Available wherever books and eBooks are sold.

WILEY

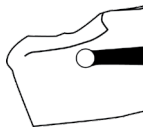
16-251501

Tips to Help You Choose Your Next Curing Light*

? Has the light been independently tested and approved for use in your country?

For example, does it have the CE mark? ✓

? Does the light come with support, contact information, and a warranty?
Can the light be easily disinfected?
Does the light feel robust?

Easily cleaned & robust. ✓

? When measured accurately, does the light deliver at least 500 mW/cm² in standard mode?

Unless they are matched to a specific resin system, be wary of lights delivering > 2,000 mW/cm², or offering exposure times less than 10 seconds.

<500 mW/cm² ⊘

>2,000 mW/cm² ⊘

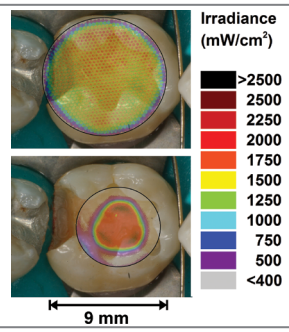
? Will the curing light tip completely cover most of your restorations, or will overlapping exposures be required?

Ideally light manufacturers should show that their light delivers a wide and uniform light output without irradiance 'hot' or 'cold' spots.

Can the light access all restorations in the mouth?

✓ Wide tip with a uniform output

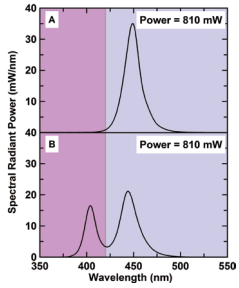
⊘ Small tip with 'hotspots' of high irradiance



? Ask the resin manufacturer if a single peak LED curing light is sufficient?

OR:

Would a broad-spectrum multi-peak LED curing light be beneficial to activate all the photoinitiators they use in their resins?



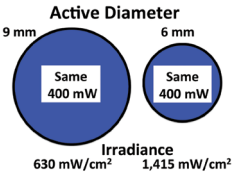
SINGLE PEAK (all blue LEDs) are most effective on camphorquinone.

MULTI-PEAK (blue **and** violet LEDs) to activate both camphorquinone **and** alternative photoinitiators.

! A low power (Watts) light can still deliver a high irradiance (mW/cm²) if a small tip diameter is used.

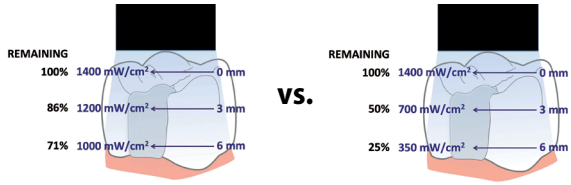
Because:

Irradiance = Power/Tip Area



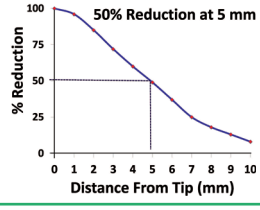
Decreasing the tip diameter by 3-mm will double the average irradiance.

! Choose a light that is least affected as the distance from the light tip increases.



! Learn how to increase exposure time to compensate for the decrease in irradiance as distance between light tip and resin increases.

A 50% decrease in irradiance means you must double the exposure time.



* Resource courtesy of Dr. Richard Price, professor and head of fixed prosthodontics, department of dental clinical sciences, faculty of dentistry, Dalhousie University. **Email:** rbprice@dal.ca

Make Your Move

Build Your Investments with **CDSPI Funds**

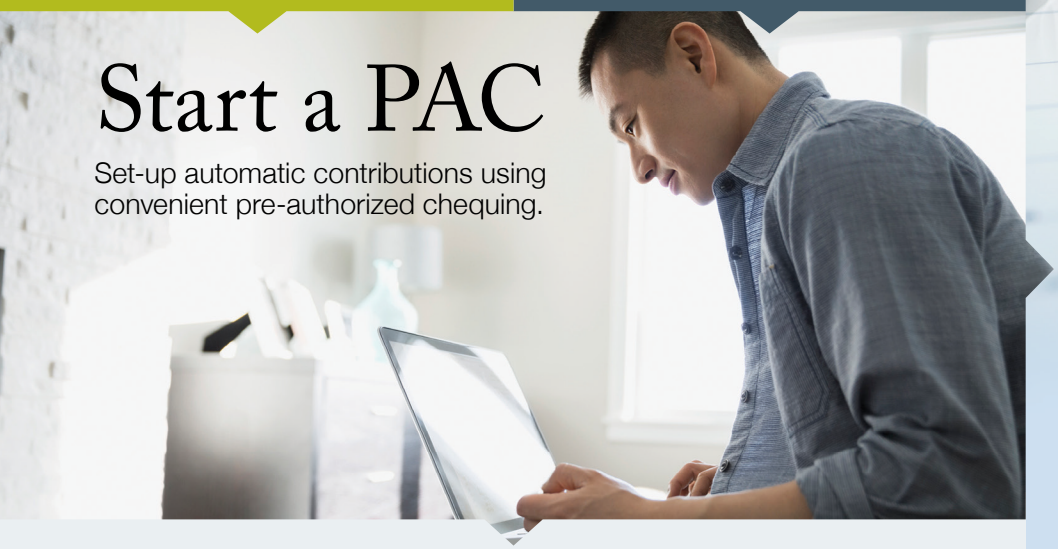
OPEN AN ACCOUNT

Make a deposit

You can contribute by telephone, fax or mail.

Start a PAC

Set-up automatic contributions using convenient pre-authorized chequing.



Visit www.cdspi.com/invest

or call **1-800-561-9401**

CDSPI

CDSPInow company/CDSPI @CDSPI

CDSPI is a not for profit organization whose members are the CDA and participating provincial and territorial dental associations. We provide insurance, investment and financial planning solutions to help dentists succeed at every stage.

CDSPI FUNDS

Low MERs[1]

No-cost, non-commissioned financial planning advice[2]

25 of 33 funds have a Morningstar rating of 4 or 5 stars[3]

1 Management fees are subject to applicable taxes.

2 Advisory services are provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply to advisory services in certain jurisdictions.

3 As of March 31, 2016. Morningstar ratings are based on analysis by Morningstar, Inc. of CDSPI funds with performance records of one year or more. For more details on the calculation of Morningstar ratings, please see www.morningstar.ca.

Research Summary

*The following is based on a research article originally published in the "Applied Research" section of **JCDA.ca**—CDA's online, open access scholarly publication that features articles indexed in Medline, Journal Citation Reports and Science Citation Index.*

Oral Health Status of Immigrant and Refugee Children in North America

A Scoping Review

Mona Reza
BSc

Maryam S. Amin
DMD, MSc, PhD

Adam Sgro

Angham Abdelaziz
DDS

Dick Ito
DDS, MSc, FRCD(C)

Patricia Main
DDS, MSc

Amir Azarpazhooh
DDS, MSc, PhD, FRCD(C)

amir.azarpazhooh@dentistry.utoronto.ca

Dental caries is a major children's oral health concern in Canada: among 6–19-year olds, the prevalence is approximately 60% and the mean number of affected teeth is 2.5.[1,2] In particular, disadvantaged children, such as most refugee and immigrant ("newcomer") children, appear to be at higher risk for dental diseases.[5] In Canada, immigrants represent 20.6% (6,775,800) of the total population.[6] The aim of this scoping review was to assess the oral health status of the children of refugees and immigrants; the barriers to appropriate oral health care and use of dental services; and clinical and behavioural interventions for this population in North America.

Promoting the oral health status of newcomer children in North America requires timely knowledge about the underlying factors affecting their access to oral health care. This scoping review of selected studies on newcomer children in the United States and Canada specifically addresses the following research questions:

- ***What is the oral health status of children of newcomers?***
- ***What are potential barriers to their use of dental services?***
- ***What interventions have been developed and implemented to improve their oral health?***

Results

Search Results

Several stages of screening reduced the number of articles that met our criteria to 32 studies published between 1996 and 2014.[3-5,8,12-39]

Oral Health Status of Children of Newcomers

Children of newcomer families tend to exhibit poorer oral health compared with their non-newcomer counterparts, especially those whose families speak languages other than English at home.[5,25,26,29,37] When compared with children of Canadian-born parents, children of newcomers presented higher mean decayed/extracted/filled primary teeth (DEFT) scores (3.05 vs. 1.83, $p < 0.05$) and mean decayed/missing/filled permanent teeth (DMFT) scores (0.73 vs. 0.42, $p < 0.05$).[37] Similarly, in the United States, compared with children of US-born parents, children of immigrants had a significantly larger number of carious surfaces (11.5 vs. 9.4, $p = 0.01$)[5] and twice the prevalence of early childhood caries (odds ratio 2.06; 95% confidence interval 1.47–2.88).[4] The situation was even worse among refugee children, who exhibited a greater number of untreated caries (up to about 75%).[14,16,20,26,32]

More Online

Full article and references available at **jcda.ca/g3**

Use of Dental Services for Children

A smaller proportion of children of newcomer families have regular dental visits compared with non-newcomers.[4,13,24,26-28,36-39] In addition, newcomer children are most likely to visit a dentist for emergencies or when in pain.[26,28,31,36-38]

It seems that parental education remains a predictor of dental care utilization. A study among Chilean newcomer families in Montreal shows that children of parents with a university education are twice as likely to visit a dentist compared with children of parents without higher education.[30]

Limited English proficiency has also been shown to hinder access to dental care for children of newcomer families.[12,13]

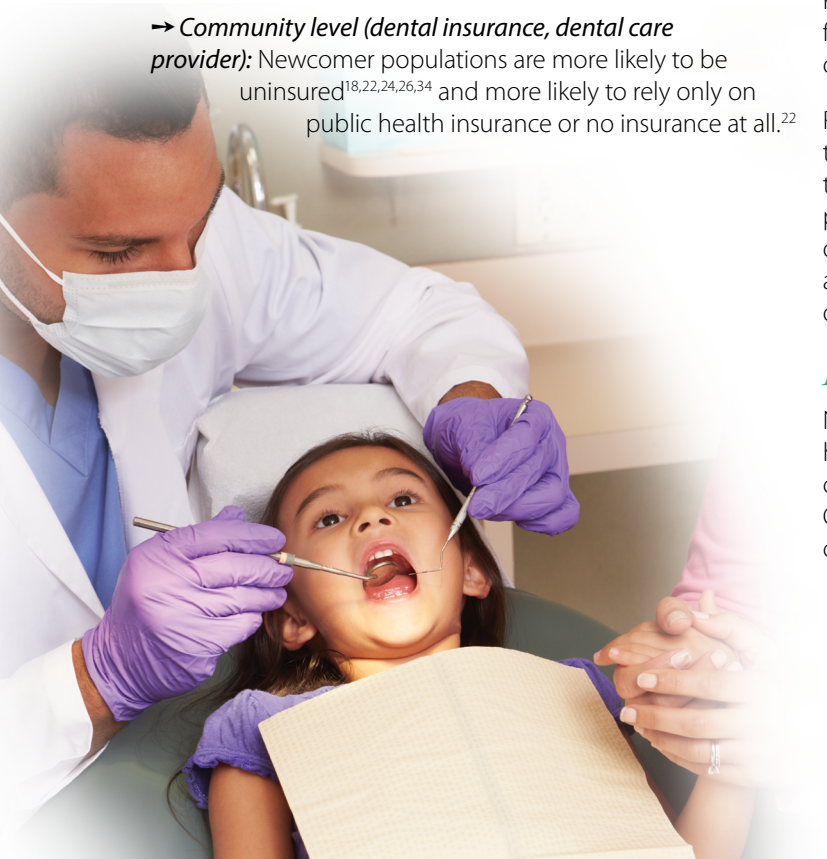
Barriers to Appropriate Oral Health for Newcomer Children

Risk factors reported to act as barriers to achieving and maintaining adequate oral health for children of newcomers were grouped into 3 levels: child, family and community.

➞ ***Child level (oral hygiene practices):*** Children of newcomers and foreign-born parents differ from non-newcomers in their oral hygiene practices; tooth brushing or flossing is not carried out regularly (or at all),[14,37,40] nor are these practices valued by the children or their parents.[12]

➞ ***Family level (parenting practices, oral health perceptions):*** A higher percentage of foreign-born mothers of 19-month-old infants in Alberta reported the use of nursing bottles compared with Canadian-born mothers (85% vs. 62%).[35]

➞ ***Community level (dental insurance, dental care provider):*** Newcomer populations are more likely to be uninsured[18,22,24,26,34] and more likely to rely only on public health insurance or no insurance at all.[22]



Interventions for Newcomer Children

Three studies[3,8,19] explored intervention programs developed to improve the oral health status of newcomer children; 2 of them targeted parents and the other targeted children.

➞ ***Programs for parents:*** An educational program among 20 newcomer Latino parents of low socioeconomic status was successful in improving the knowledge of 10 participants; however, only 5 showed an improvement in reported behaviour.[8] In a health promotion program in Vancouver, British Columbia, designed to educate Vietnamese mothers of preschool children with extensive tooth decay, mothers who had more than 1 counseling session reported significant reductions in the use of a nursing bottle for their children during both sleep time and day time.[19]

➞ ***Programs for children:*** In a school-based program, dental services provided for newcomer and impoverished children were successful in reducing the need for restorative care in the second year of its implementation.[2]

Discussion

This scoping review aimed to provide a better understanding of the oral health of newcomer children in North America. Although various oral health strategies, including increased accessibility and some publicly funded dental services (usually for emergency care) are in place for children from low-income families or those on social assistance,[41] many Canadians still do not have easy or affordable access to dental health services.

A case in point is the proposed cuts to dental benefits for newcomers to Canada under the Interim Federal Health Program.[9] The limitations and problems with this program, for both providers and newcomer patients, have been outlined in a report by Amin and colleagues.[42]

Regardless of their birthplace, many studies have shown that children of newcomers have worse oral health than their non-newcomer counterparts.[5,16,37] Several barriers play a role, such as cost of regular dental care, insufficient dental insurance coverage, language and parental beliefs and practices that put the children at higher risk for dental diseases.[26,36,37]

Higher Levels of Caries

Newcomer children have consistently been shown to have higher levels of caries.[33] A more detailed study of these children is needed to identify which group is in the majority: Canadian-born children of newcomer parents, foreign-born children who have been raised in Canada or foreign-born

children recently moved to Canada. If those born or raised in Canada exhibit more disease, this would reflect the need for prevention and treatment programs that target such children as early as possible (e.g., school-based oral health programs).

Variations in Oral Health Status by Location

Children of newcomers living in different parts of the new country may exhibit different oral health characteristics.[3,4] Hence, a general policy may not be applicable to all newcomer children in all regions.

Language Literacy

Newcomer children are less likely to receive routine or preventive dental care.[29] Language barriers have been consistently associated with less use of dental care[29] and issues of communication with health care providers.[34] General education programs to improve language literacy (in one of the official languages) as well as more specific programs to improve oral health literacy could overcome cultural beliefs and practices that are harmful to the oral health of children and help increase the use of dental services.

Awareness of the Importance of Oral Health

Although dental insurance is an important determinant of the use of dental care services, newcomer children use dental care less, regardless of their insurance status.[18] This may be related to newcomer children relying mainly on publicly funded dental programs, where practitioner reimbursement rates are relatively low.[22] In addition, the required co-payments may be a financial burden.

It is essential to realize that less use of dental services may be a result of lack of parental understanding of how preventive services and routine regular dental visits can be effective in improving the oral health of their children.

Comprehensive Accessible Dental Care

Newcomer children are at higher risk of dental caries compared with non-newcomer children. They are also more likely to live in poverty or come from low-income households where the cost of dental care is a burden.[24] Providing free (or perhaps affordable) accessible and comprehensive dental care may be the most efficient way to eliminate caries in newcomer children who are in urgent need of dental care.[42]

Conclusion

Children of newcomers are associated with worse oral health outcomes, including lower utilization rates, higher dental status scores and higher prevalence of caries compared with their non-newcomer counterparts. Barriers that play a role include cost of regular dental care, insufficient dental insurance coverage, communicating with dental care providers because of language barriers and parental beliefs and practices that put these children at a higher risk of dental diseases.[18,26,36,37] The increase in disparities between newcomer and non-newcomer children can be reduced through:

- ✓ implementation of more effective preschool and school-based oral health programs for young children
- ✓ improving newcomer parents' literacy in the official language(s)
- ✓ educating newcomer parents regarding good oral health practices
- ✓ providing affordable (ideally free) comprehensive dental care (the most efficient way to eliminate caries in children who are in urgent need of care)

The dental profession in Canada can contribute to improving the oral health of newcomers and disadvantaged populations by treating patients covered under publicly funded dental programs and supporting the work of organizations seeking to expand and improve these programs by advocating appropriate oral health policies.

References

Complete list of references available at: jcda.ca/g3

> *Regardless of their birthplace, many studies have shown that children of newcomers have worse oral health than their non-newcomer counterparts.*

NEW RULES

Increase Investment Transparency

Ron Haik

MBA, CFP®, CIM®, FCSI®, CIWM®, TEP

Vice-President, Investment Advisory Services, CDSPI Advisory Services Inc.

1-800-561-9401, ext. 6859

rhaik@cdspi.com

Most investors are aware of the Management Expense Ratios (MERs) that are charged by investment fund companies, even if they don't fully understand where that money goes. While you don't pay these expenses directly (they're deducted from the fund's assets before its returns are published), they can have a significant impact on your funds' returns. Similarly, some investors have difficulty understanding the performance of their investments from the reports they receive. New securities regulations now require investment dealers to provide added clarity to both management fees and fund performance reporting.

Trailer Fees

A significant portion of the fees included in MERs are trailer fees, which are the ongoing fees that are paid to the brokerage companies and financial advisors who sell the funds for the services they provide. They are applied every year to the funds you hold for as long as you hold them. They can range from 0.25% to 1.5% of the value of your investment, but are typically about 1% for equity funds and 0.5% for bond funds.[1]

It may seem sensible to pay an advisor's fee for the service of distributing funds and providing investment advice; however, there is a potential problem with objectivity. Since trailer fees vary from fund to fund, an investor might reasonably question who is benefitting most when a particular fund is recommended.

Benefits of Increased Transparency

In response to these and other concerns, new disclosure regulations were recently implemented by the Canadian Securities Administrators (CSA). Called the Client Relationship Model, Phase 2 (CRM2), the regulations give clients a much clearer idea of how much investment dealers stand to gain on each transaction they recommend, and they allow clients to weigh the cost of advice versus the real rates of return that accrue from their investments.

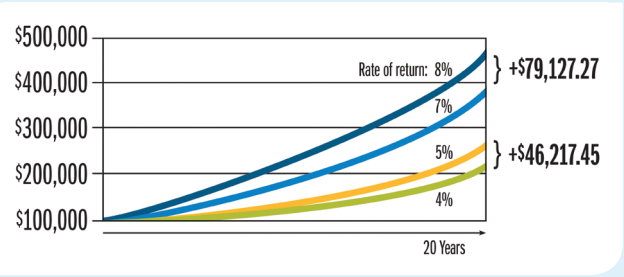
What You Can Expect

Investment dealers are now required to provide two reports to investors: an *annual report on charges and compensation*, and an *annual report on performance*. Since the third and final phase of CRM2 began on July 15, 2016, investment firms have until July of 2017 to provide enhanced fee and performance reports. However, many of them are expected to base reports on the calendar year, so you may receive them early in the new year. This is what you can expect to see in the near future:

- ***The annual report on charges and compensation.*** This will comprise a number of direct and indirect costs related to your account, including the amounts you paid for:
  1. general administration of your account,
  2. specific purchases, sales or other transactions,
  3. trailer commissions and other fees paid to provide services on your account.

Do Fees Make a Difference?

You be the judge. This chart shows two examples of the incremental returns you would achieve with a 1% fee advantage on an investment of $100,000 over 20 years.



Reports will not show the compensation paid to individual advisors, but rather to the investment companies they work for, and they must also provide a brief explanation of what trailer commissions are.

For mutual funds, it's worth noting that CRM2 disclosure regulations only deal with the portion of your MER that is paid to your investment firm. To find out about the fund management fees associated with the funds you own, you would still need to check the product disclosures for those funds.

- ***The annual report on performance.*** This is designed to give investors a better understanding of their personal rate of return after costs have been deducted. It provides results for your full account, which may include individual equities, bonds, mutual funds, or cash. The report must show, in percentages and actual dollars, the market value at the beginning of the year, deposits, withdrawals, dividends, any change in market value, and the closing balance at the end of the year. It will also show your compounded, annualized rate of return from the time you originally opened the account with the institution, as well as your returns for the past 3, 5, and 10 years if that information is available.

The purpose of this article is to provide a brief overview of the new reporting requirements. For further explanation of all the particulars of phase three of CRM2, we suggest that you speak to your financial advisor or investment firm.

1. Source: *Business News Network*, 2015
2. Management fees are subject to applicable taxes.

If You Hold CDSPI Funds

Since CDSPI Funds are segregated funds, which are regulated by the insurance industry, CRM2 requirements do not apply to them. That being said, your Investment Planning Advisor can provide similar information to that required by CRM2 at your request.

It's important to point out that CDSPI funds do not charge trailer fees, and there are no front-end or back-end "loads" (commissions) when buying or selling a fund. **Since advisors from CDSPI Advisory Services Inc. do not work on commission, they can be objective about the investments they recommend.** Their financial planning advice is offered as a member benefit of the CDA and participating provincial and territorial dental associations.

A benefit of our structure is that we are able to leverage the buying power of the dental community to negotiate lower fees, which helps lower the MERs for our funds. While MERs for funds in Canada can reach as high as 3% or more, the average MER for CDSPI funds is 1.26%.[2] As you can see from the accompanying chart, it's important to consider fees in any investment decision.

If you would like to learn more about the advantages of investing with CDSPI Funds, I invite you to contact us at **1-800-561-9401** or send an email to **investment@cdspi.com**.

CDSPI

CDSPI is a not-for-profit organization whose mission is to provide a full range of financial solutions that meet the unique needs of the Canadian dental community throughout their lives. Our members include the CDA and participating provincial and territorial dental associations.

Advisory services are provided by licensed advisors at CDSPI Advisory Services Inc. Information in this article is for informational purposes only and is not intended to provide financial, legal, accounting or tax advice. Restrictions to advisory services may apply in certain jurisdictions.

TORONTO

Metro Toronto Convention Centre
South Building

Celebrate **150** Years of Leading Oral Health

SAVE THE DATES • MAY 4-6, 2017

ASM150

1867-2017

Ontario Dental Association | 150 1867-2017

CANADIAN DENTAL ASSOCIATION

Featured Keynote Speakers

Stephen Lewis, CC is a celebrated humanitarian and former UN Special Envoy for HIV/AIDS in Africa and the opening keynote for ASM150. Mr. Lewis is one of Canada's most influential commentators on social affairs, international development, and human rights. He researches his talks with obsessive care, enlivens them with personal anecdotes, and is both passionate and political. In 2003, Stephen Lewis was appointed a Companion of the Order of Canada, Canada's highest honour for lifetime achievement. In 2012, Mr. Lewis was an inaugural recipient of Canada's Queen Elizabeth II Diamond Jubilee Medal.

Steven Page, iconic musician, is a natural in front of a crowd. Having shot to international fame as the co-founder of the Barenaked Ladies, Page now boasts an impressive solo career, where he continues to showcase his creative genius. A witty, endearing, and honest speaker, Page continues to earn his rightful place in our national conversation. He became host of television's popular program, *The Illegal Eater* in 2013.

CLASSIFIEDS

Orders and Enquiries to:

John Reid, ext. 23
jreid@keithhealthcare.com

c/o Keith Communications Inc.,
1464 Cornwall Road, Unit 8, 2nd Floor
Oakville, ON L6J 7W5

Tel: 1-800-661-5004
905-849-7777

Placement of ads by telephone not accepted.

Send all box number replies to:

Box...JCDA
1464 Cornwall Road, Unit 8, 2nd Floor
Oakville, ON L6J 7W5

The names and addresses of advertisers using box numbers are held in strict confidence.

Display Advertising Rates

1 page	2500	1/3 page	900
2/3 page	1650	1/4 page	820
1/2 page	1420	1/8 page	420

Regular Classified Rates

$250 for the first 50 words or fewer, each additonal word $1.50.

For colour add $250

All advertisements must be prepaid.

10% discount to dentists who are members of a CDA Corporate Member association (10 provincial/territorial dental associations) or an affiliate (individual) member of CDA in Quebec.

* Ads are published in the language of submission.

Visit jcda.ca for more classified ads

Offices & Practices

ALBERTA - Provost: Well-established practice, gross 620K in 190 days of work, low overhead, low rent, 4 ops, 85% on insurance. Located in the medical centre, hospital privileges, lovely and rich location - 83% oil patch, farming and agriculture. Contact Dr. Maria Iova at (780) 753-0768 or email mciova2005@hotmail.com. D11845

BRITISH COLUMBIA: Central Vancouver Island. Family practice of 30 years with 18 years in present location. Owner retiring. Solid lease on 1,800 sq. ft. street level retail space. Excellent visibility with ample free parking. Four ops with cost-sharing arrangement with dental specialist. Owner works 2.5 days/week with 4 days/week hygiene. Annual gross 600K. Contact: nick@fabris-law.com. D11840

BRITISH COLUMBIA - Burnaby: Cost share practice in Burnaby located in commercial plaza; good exposure, main street, free parking, easy access to Skytrain. 6 ops in facility (2 mainly used by seller), rotating 4 days/week with monthly gross $44000+/month, expenses about 40%, about 1000 patients. If interested, please email: densinvaginatus@gmail.com. D11314

ONTARIO - Greater Toronto Area: Practice wanted! Altima Dental Canada seeks to purchase practices within 1 hour of the Greater Toronto Area. Thinking about selling? Contact us about our exciting purchase incentives. For more information visit our website at www.altima.ca or email us at dentist@altima.ca. D95Ø1

Positions Available

ALBERTA: We are a busy and thriving group of dental practices looking for an energetic, intrinsically driven and team-oriented dentist. We are looking for a true leader who will be a positive role model for the office. Excellent people and communication skills are a must. We are looking for someone who is hungry to learn about all aspects of dentistry. With several experienced dentists at our offices, mentorship is a big part of what we have always offered to our associates. Key focuses in our practice are comprehensive dentistry, maintaining a positive and fun work environment, and creation of a fantastic patient experience. We are looking for someone who can get onboard with these values and be a part of what we think is a phenomenal team! Partnership/ownership is an option for the right candidate. If you are interested in speaking with us further, please email your CV/resume to: albertadentalclinic@gmail.com. D11173

ALBERTA - Calgary: We are a busy and thriving dental practice located 30 minutes outside of Calgary. We are looking for an energetic, intrinsically-driven and team-oriented dentist. Excellent people and communication skills are a must. Key focuses in our practice are comprehensive dentistry, maintaining a positive and fun work environment, and creation of a fantastic patient experience. We are looking for someone who can get on board with these values. We have the option of FT or PT. If you are interested in speaking with us further, please email your CV/resume to: ourdentist1@gmail.com. D11652

ALBERTA - Calgary: Modern fully digital 16 op general practice in a busy retail area seeking highly motivated full or part time associate, to take over from departing associate. With the opportunity to practice all disciplines of dentistry the candidate can develop a wide range of clinical skills. Some evenings and Saturdays will be required. Mentorship from two very experienced clinicians will allow the candidate to accelerate their clinical skills and patient management in an autonomous

A BRUSH WITH DESTINY.

PATIENTS ARE WAITING FOR YOU.

MAS Placement now has a network across Canada to match the potential candidate with the right office.

Whether you are looking for full time, part time, possible buy in or locum we are here to serve your needs.

ONE POINT OF CONTACT – we can connect you with an office locally, or across the country. We are here to ease your transition.

EXPERIENCE – MAS is led by a professional with 25 years of experience in the business – you want to deal with someone who understands your ambition and knows your industry.

NETWORK – MAS has a wide network of Dentists and Dental Practice openings – let us find the right match for you.

MAS Placement INC

MAS Placement Inc.
nltoothfairy@gmail.com
t: 709-237-7875
c: 709-699-8723
www.nltoothfairy.com

For more information, please contact Melonee Steele.

D11852

environment. If desired the opportunity to learn the skills of practice management to run a large family practice will be available and the chance to buy in does exist for the right candidate. southcalgary.associate@shaw.ca. D11817

ALBERTA - Calgary: Full-time associate required. Accepting resumes for full-time, Wed to Sat associate position, minimum 3-years experience required. Our busy south Calgary assignment clinic provides all aspects of general and advanced cosmetic dentistry all supported by a highly-skilled team. Forward cover letter and resume including references to: airlies@shaw.ca. D11870

ALBERTA - Edmonton: Smiles Dental Group is seeking a compassionate, ambitious, patient-friendly dental associate who is proficient in many areas of general dentistry, and has strong communication skills. A preventative restorative philosophy is an asset. Our clinics are modern (renovated or new), digital (x-rays, CBCTs, PAN/Ceph, paperless charting), and our highly-trained team is ready to support the successful candidate in providing quality dentistry and achieve their production goals. Established clinics, with steady patient flow, new family and emergency patients, are a hallmark of all our established dental practices. Part-time and full-time positions available, flexible hours. Please reply in confidence to: dentalassociate888@gmail.com with your CV or resume. D11687

ALBERTA - Grande Cache: Full-time associate required for Grande Cache Dental Care, located in the beautiful Rocky Mountains of Alberta. The successful applicant will be fully-booked from day one. Must be comfortable with all aspects of general dentistry with special emphasis on diagnostic, restorative, oral surgery and endodontics. Strong communication and personal skills are essential. No weekends or evenings required. High gross/net office - associate can expect above-average remuneration. Experience preferred, new Grads are welcome to apply. Please email resume: grande.cache.dental.care@gmail.com. D11572

D11710

ALBERTA - Okotoks: Seeking associate immediately. We have a busy practice established 20 years in Okotoks (15 minutes south of Calgary). Our practice environment is family focused on patient care and comfort. State-of-the-art facility. Endo, implant, and sedation are assets. Email CV to: Sherry: manager@okotoksfamilydental.com. D11667

ALBERTA - Redcliff: Full-time associate required immediately to join a well-established, high-grossing family practice located in Medicine Hat area. Excellent opportunity to replace existing associate with a large existing patient base and strong new patient flow. The successful applicant will be fully booked from day one. Please email: redcliffdentalom@gmail.com. D11733

ALBERTA - Stony Plain: Group practice in Stony Plain seeking associate to join our team. We are located half an hour west of Edmonton in a community-oriented town. Successful candidate will enjoy "small town by big city living", and working with children and the elderly. We are offering 3 days per week, increasing to full-time, with excellent earning potential, friendly staff, and loyal patients. Interest in aesthetics, implants, and/or IV sedation would be a rapid practice-builder. In-office childcare is available. Please email: stonydentist@yahoo.ca with your resume. D10977

BRITISH COLUMBIA - Kimberley: Seeking a full-time associate to join our modern, family-oriented dental practice. Large established patient base with excellent staff. Kimberley is a great place to raise a family and to enjoy the outdoors. The community offers a great lifestyle with skiing, fishing, boating, hiking and camping all within minutes of town. Please forward resume to: drdnelson@shaw.ca. D11789

BRITISH COLUMBIA - East Kootenay Valley: Wanted: associate who is interested in living and working in the most beautiful valley in Western Canada, the East Kootenay Valley. Short drive to Montana, Idaho and Washington States. Less than 4 hours to Calgary. Fabulous outdoor activities of all descriptions; houseboats, skiing, and on and on. Should have at least 2-3 years

of working experience in all aspects of dentistry and needs to be an easy-going individual with a sense of humour and great outlook on life. Please respond to: jwnesbitt@shaw.ca. D11518

BRITISH COLUMBIA - Okanagan: Fantastic 5-op state-of-the-art practice with billings 1.3-1.5M. A beautiful office with natural daylight throughout. Use only the best equipment while enjoying fantastic views and a low cost of living. Superbly managed: fully digital/paperless, very profitable, excellent staff, efficient bookings & collections. Room for an associate with tremendous growth potential. Contact Ron at: mackenz@telus.net or (604) 685-9227. D11832

BRITISH COLUMBIA - Terrace: Full-time associate wanted to complement our 3-dentist team. If you are seeking opportunities to learn new skills, provide a variety of services, or enjoy a lower stress lifestyle, we may be the perfect fit for you. Our established, busy family practice is well organized, computerized, fully digital with CBCT scan in a modern facility. We have long-term, family-oriented, fun & supportive staff that contribute to an enjoyable work environment. This area offers exceptional scenic beauty with outdoor recreation moments away. Multiple daily flights to Vancouver provide easy access for city getaways. Email resume: parkavenue@telus.net or fax: (250) 635-4537. D11725

BRITISH COLUMBIA - Vernon: Seeking conscientious, skilled associate that is a motivated team player with great communication skills and bedside manner to join my practice in Vernon, BC. Proficiency in restorative, surgery and endodontics required. Graded compensation and option to purchase. Forward resume to: vernondentalsmiles@gmail.com. D11826

BRITISH COLUMBIA - Victoria: Full-time associate wanted in the Westshore of Victoria, BC. Our office offers Cerec, Invisalign, implants, surgery and orthodontics. We also have a periodontist on staff, as well as 8 hygienists. We are located in one of the fastest growing communities on the island. Experience, skill, and a pleasant personality an asset. Please contact: (250) 474-5308 or email resume to: dawn@westshoredental.com. D11698

BRITISH COLUMBIA - Victoria: Opportunity available for an associate to join our recently expanded and renovated patient-centred general practice located in beautiful Victoria, BC. We are seeking a motivated, caring and ethical individual to join our team. 3-4 days/week, established patient base with a healthy new patient flow makes this an excellent opportuniy with high earning potential. Email: sdbdental@gmail.com. D11768

BRITISH COLUMBIA - Victoria: Excellent associate opportunity available at large central Victoria practice. The incoming associate will take over a fully booked schedule from an associate who is leaving. Expect exceptional patient flow while serving a divers patient base in a practice focused on providing comprehensive care in a single location. Inquire at cerecvictoria@gmail.com. D11863

MANITOBA: Two hour flight from Winnipeg. Well-managed modern dental practice looking for a full-time or part-time associate. Experience preferred but new grads welcome to apply. Ability to work independently is desirable. Above average pay package. Travel and accommodation reimbursement available. Email interest to: dentris2012@yahoo.ca. D11761

NEW YORK: Partnership opportunities are available for dentists at Aspen Dental-branded practices in Central New York. Working with one of Aspen's most successful owners, you'll be able to learn from the best and grow your career. Contact Info: For more information, contact Dawn phone 315.480.2443 or by email: DRajkowski@aspendental.com. D11856

ONTARIO - Kenora: Seeking full-time associate to join our busy dental practice on beautiful Lake of the Woods in Kenora, ON. We are a modern, newly renovated office, with the most current, up-to-date equipment including digital x-rays and Trios 3-shape digital scanner. If you are enthusiastic, career-oriented, and seek a busy work environment, we would love for you to join our team. Please contact us by email at: littleliz@hotmail.ca. D11835

ONTARIO - Kingston: Full-time associate dentist with experience and excellent chair side manner required for large group practice in well-established office in Kingston, Ontario. Candidate would need to be proficient in general dentistry, with special interests in oral surgery and endodontics. No weekends or evenings required. Please email CV to: nycpkf@gmail.com. D11860

ONTARIO - Kingston: Live and work in the beautiful city of Kingston that offers you a different lifestyle. Waterfront living with beautiful parks in a historic city vibrant with arts, entertainment and culture. We are now hiring a full-time Associate Dentist for our very busy, successful practice with an established patient base in Kingston supported by a talented team of professionals. Apply: www.altima.ca and click on 'Join our Team' or via email at hr@altima.ca. D11873

ONTARIO - West of Toronto: Part-time periodontist required for large, well-established dental practice. Newly renovated, modern office with a value-driven environment is waiting for that unique person with a positive attitude. Email resume to: foxteeth14@gmail.com. D11804

ONTARIO - West of Toronto: Full-time/part-time dentist needed for large, busy dental practice. Schedule fully booked from day one. Exposure to all specialties. Email resume to: toothdds14@gmail.com. D11807

PRINCE EDWARD ISLAND: Associate dentist required immediately for a busy family practice. Enjoy a full schedule while working in a newly constructed, bright and spacious clinic with an exceptional team. Clinic houses 3 dental and 2 hygiene operatories and is home to over 6500 patients. Located in beautiful western PEI, one can enjoy a variety of leisure activities as world-renowned golf and breathtaking scenery are within arms reach. Perfect opportunity for either a new grad or seasoned practitioner. For more information please contact: dr.r.ramsay@gmail.com or (902) 859-2366 (West Prince Dental Clinic). D11743

SASKATCHEWAN - Regina: Full time, guaranteed salary. Campus Dentist in Regina is currently looking for an outgoing, enthusiastic

dentist to join our team. This truly is a very unique opportunity for a sole full-time dental associate in a modern university setting. The facility is bright, modern with paperless charting and digital x-ray. The ideal candidate will be self-motivated, have strong communication skills, be highly organized, have a positive attitude and a sense of humour. If you are someone who wants join Campus Dentist dynamic team please email: marzena@campusdentist.com. D11755

UNITED STATES: General Dentists Needed-Multiple States. Familia Dental has great opportunities for General Dentists and Orthodontists in Wisconsin, Illinois, Texas, Indiana, New Mexico and Iowa. We show our doctors how much we value their skills by offering high compensation with earning potential over $300,000 annually & $500,000 for Orthodontists. Other benefits include sign on/relocation bonuses of up to $30,000, up to three weeks paid vacation, Travel Allowance, License Reimbursement, health insurance, malpractice insurance, Continuing education, and H1B and Permanent residency sponsorship. For more information contact Vito Losuriello 847-915-3019 or send your resume to Doctor@familiadental.com. D11788

Equipment Sales & Service

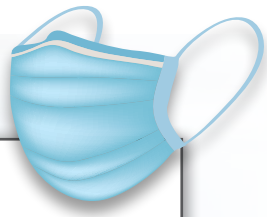
INTRAORAL X-RAY SENSOR REPAIR: We specialize in repairing Kodak/Carestream, Dexis Platinum & Gendex GXS 700. Repair & save thousands over replacement cost. We purchase old/broken sensors. Refurbished sensors are also available for purchase. FAST TURNAROUND. www.RepairSensor.com / (919) 924-8559. D11811

Advertisers' Index

Do you have any burning clinical questions related to your everyday practice? Are you facing a challenging clinical case and need advice? Send your queries to Oasis Discussions *for expert guidance.*

oasisdiscussions@cda-adc.ca
or **1-855-71-OASIS**

CDA*essentials*



Are you our next "Masked Dentist"?

Have you any funny or memorable incidents to share based on your experiences in clinical practice?

We are looking for dentists who would like to share their stories with their colleagues—in a safe, anonymous and nonjudgmental manner. We take this approach because we believe that the sharing of experiences is worthwhile and educative, and we don't want to hinder such sharing if people have a concern about being identified.

Please feel free to contact
Dr. John O'Keefe at
jokeefe@cda-adc.ca

REMEMBERING DENTISTRY LEADERS

DR. GEORGE SWEETNAM

Dr. George Sweetnam of Lindsay, Ontario, passed away on July 12, 2016. He was 74 years old.

Dr. Sweetnam obtained a degree in microbiology from the University of Guelph before graduating from the University of Toronto's dental school in 1971. He maintained a private practice in Lindsay for 43 years.

Dr. Sweetnam never dreamed of becoming a leading figure of the dental profession. Yet a simple request from his local dental society to become involved started a domino effect that would bring him to the highest levels of organized dentistry. "Around the same time that the Peterborough and District Dental Society approached me, I wrote a letter to the communications committee of the Ontario Dental Association (ODA) with my thoughts on how they should be fighting capitation," he once told CDA. "The next thing I knew, I was on both the dental society's executive and ODA's communications committee!" Dr. Sweetnam had found his calling.

Dr. George Sweetnam and his big band were noteworthy entertainment at his CDA president's installation dinner in 2001.

Passionate about advancing the profession, Dr. Sweetnam would assume many pivotal roles at the local, provincial and national levels. After being actively involved with the ODA for many years, he became the association's president in 1993. He also sat on CDA's board of governors and executive council, as well as on numerous committees, task forces and councils. When he became CDA president in 2001, Dr. Sweetnam focused on the needs and desires of Canadian dentists, while also ensuring that all stakeholders worked toward the same goals. "He was a true consensus builder," says Dr. Tom Breneman, CDA president in 2002–03. "I remember a particular meeting when the Board of Directors was having a hard time coming to grasp with an issue. During a coffee break, George went around and talked to every one of us individually to try to achieve consensus outside the meeting, for us to move the issue along. And he managed to do just that. That's the kind of leader he was: he heard everybody's concerns, and then worked toward blending them so we could come to a solution that benefited everybody."

His dedication to the profession was recognized by many organizations. Dr. Sweetnam was a fellow of the International College of Dentists and the Pierre Fauchard Academy, and he received the ODA Barnabus Day Distinguished Service Award in 2007.

Dr. Sweetnam's mantra of giving back to his community also held true in his personal life. An aviation enthusiast, he chaired the board for the Lindsay Airport. He served as president of the Lindsay Lighting Bolts Swim Club and senior official with Swim Ontario, swimming being a passion shared among members of his family. In his spare time, Dr. Sweetnam played the trombone in a big band. "George truly loved music," says Dr. Breneman. His band—including Dr. Sweetnam himself—even made a special appearance at his CDA president's installation dinner. "But above it all, his number one priority always remained his family. His wife and children were always top of mind," adds Dr. Breneman.

Dr. Sweetnam is survived by his wife of 49 years Marian and their three children, Steven, Nancy and Peter.

Reduce Chairside Time with...

CLEARFIL MAJESTY™ ES Flow

Superior Polish in Seconds!

COMPARISON OF GLOSS AFTER WIPING WITH ETHANOL

CLEARFIL MAJESTY ES Flow
KURARAY

Supreme Ultra Flow**
3M ESPE

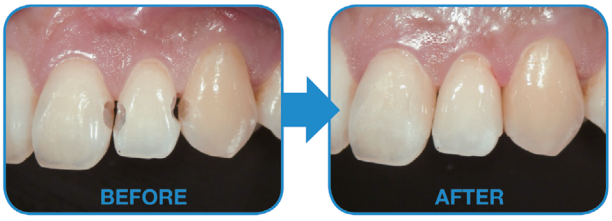
Grandio So Heavy Flow**
VOCO

Tetric EvoFlow**
Ivoclar

Surefil SDR**
DENTSPLY

** Not a trademark of KURARAY Co., Ltd

Easy, Durable and Versatile!



Photos courtesy of Dr. Hirofumi Tashiro

EXAMPLE RESTORATION DONE WITH
CLEARFIL MAJESTY ES Flow

Limited Time Special

During the month of September visit us at: **clinicalsamples.com** Choose: **CLEARFIL MAJESTY ES Flow** as your sample and enter the code "**ID**" for an additional bonus.

ask Koala

kuraraydental.com/ask-koala

Q. Which is the best bonding agent to use with CLEARFIL MAJESTY ES Flow?

A. An ideal bonding agent for use with CLEARFIL MAJESTY ES Flow is CLEARFIL SE Protect. CLEARFIL SE Protect is a two-step; self-etch; light-cure bonding agent which ...

Find out more at kuraraydental.com/ask-koala.

Visit: kuraraydental.com
Call: 844-kuraray (587-2729)
Email: info@kuraraydental.com

kuraray Noritake

"CLEARFIL" and "CLEARFIL MAJESTY" are trademarks of KURARAY Co.,Ltd.

Are you juggling with MULTIPLE BONDS?

FUTURABOND U can do it ALL!

Dental PRODUCT SHOPPER
BEST PRODUCT 2014

- ONE adhesive for ALL your adhesive dentistry
  - Self-etch, selective-etch or total-etch
  - For all direct or indirect materials / no extra activator
  - Bonds to all light-, dual- and self-cure resin materials
  - Bonds to metal, zirconia, aluminum oxide, silicate ceramic without any extra primers
- VOCO's new patented *SingleDose* System eliminates the solvent evaporation problem that is a known problem with bottle systems – this ensures reliable high bond strength with each application.
- Fast and easy one-coat application (apply, dry and cure in 35 sec.)
- Over 30MPa of adhesion to dentin and enamel with LC composites while reaching high total-etch adhesion levels with DC and SC composites.

Futurabond U

Dual-Cure Universal Adhesive

The ONLY bond for ALL your adhesive dentistry, without the need of any extra primers or activators.

Call 1-888-658-2584

VOCO THE DENTALISTS

VOCO Canada · toll-free 1-888-658-2584 · Fax 418-847-0232 · infousa@voco.com · www.voco.com