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To register or find out more, contact Dr. Lori Simoens at:  
[lori@waverleydental.ca](mailto:lori@waverleydental.ca)

We hope to see you in-person for the 2021/22 GPSC Year of sessions, however we will also be prepared to deliver our lectures on-line should this be required.

**Facilitators** – GPSC is looking for any seasoned MDA Members that may wish to become involved as a Facilitator with our GPSC Sessions. Please email Greg Guenther at [gguenther@manitobadentist.ca](mailto:gguenther@manitobadentist.ca) expressing your interest and to find out more about your role as a Facilitator..

**Planned 2022 Dates and Topics:**

**Friday, January 28th** - Pediatric - **Dr. Carla Cohn**  
**Saturday, March 12th** - Implant Restoration - **Ken Chizik**

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Manitoba  
**Dental**  
Association



# MDA Bulletin



The MDA Bulletin is published on a quarterly basis; submission deadlines are: February 20, May 20, August 25 and November 20.

Full colour, 8 1/2 x 11 published quarterly.

Circulation is approximately 1000 to Manitoba dentists and dental professionals.

Published online at [ManitobaDentist.ca](http://ManitobaDentist.ca).

Advertisements may be submitted by email or CD accompanied by hard copy.

Please email submissions to: the Manitoba Dental Association by email:  
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## PRESIDENT'S MESSAGE

The shorter days of Fall have arrived and yet the days still feel long with isolation, public health restrictions, vaccination cards, and continued high case counts and ICU admissions. Our members continue support vaccination efforts through participation in clinics and gratefully receiving their third doses as health care providers in close contact with patients. The Province of Manitoba has reached out to our profession once more to help with the vaccination efforts this time for children 5-11 years of age. If you able to assist with this please do so.

The last 19, 20 months has been difficult and stressful for all of society but particularly Health Care Providers. The staff and the Board of the MDA as well as myself particularly want to congratulate our members on their continued excellent care of the dental patients of Manitoba. The stresses of COVID issues at home and work have hung on our members and made this time very difficult. I am tired and I see the fatigue throughout the province and in our profession but we must all continue to pull on the proverbial rope of public health excellence, using our knowledge, skill and judgement to logically implement our COVID guidelines including patient screening, PPE use and care in our personal time in the office and out of the office. This pandemic is not over and we need to continue to do our parts to protect ourselves, our families, our staff and most important of all our patients. To paraphrase Churchill "we will look back at this time as our finest hour. Until that time keep on the track."

Throughout this Pandemic the CDA has provided monthly updates for all the provincial dental associations as well as research and economic analysis. The CDA has been the national voice of dentistry and provided the family dining room table for exchange of information across the country. To help support yourself and your staff visit the CDA COVID-19 update page for useful information on all aspects of the Pandemic.

Another important patient pool that has had a difficult time during this period are those on employment income assistant. We are working closely with the Department of Family Services to ensure timely access to dental care is maintained. In order to do this, the MDA requires the cooperation of members when submitting claims for reimbursement. Please keep these important aspects of the program in mind:

**1. Preauthorization:** Not sending in treatment plan (preauthorization) before extracting teeth. Example is extracting all remaining teeth and patient is not eligible for a denture as they just had a partial denture fabricated a couple years ago. These requests are approved at early dates sometimes, but preauthorization is necessary.

### 2. Checking patient eligibility

**3. Radiographs:** Not sending x-rays that were taken by referring dentist to specialist (pedo or oral surgeon) when referring. Charging for x-rays that are not legible, or sending light, fuzzy x-rays that the consultants cannot read.


**4. Specialist Services:** Please check with EIA to determine eligibility for services. This would include sedation services.

**5. Extra billings:** You must have private agreements with patients for services not covered by the EIA schedule of services. Balance billing for services covered by EIA is not within the spirit of the agreement.

**6. Dentures:** Preauthorization of denture repairs and new dentures is required.

When my wish for Christmas gets delivered and we are able to hold our annual convention in person I am looking forward to seeing all my alumni association members, you know who you are. April 22 and 23 will hopefully be a joyful in person reunion of the dental profession in Manitoba. I hope as many members and guest attend to make this a great return to normalcy.

While you wait for this much hoped for return to normalcy feel free to use the new MDA website and upload your CE information into the new self-serve CE system. You will have received information on how to do this which will make the easy-to-use new system accessible to all members.

Enjoy the upcoming season of friends and family as safely and joyfully as possible in these trying times. 



## MDAA PRESIDENT'S MESSAGE

As we enter a new winter season with this Pandemic, we can appreciate that life will not reach an Endemic state anytime in the immediate future. Our winter made its presence with a vengeance as some Manitoba winters can do. So, we will carry on to the best of our abilities and manage a winter season with the continued hope of increasing normalcy in our lives.

We have the return of the Manitoba Dental Association Annual Meeting and Convention to look forward to this Spring. This is normally a time to reconnect and learn with our peers, which so many of us greatly missed last year. I can speak for myself that having the virtual option is of certain benefits but a down side would be that we are not able to see and visit with our loyal sales representatives for new ideas and of course all that “Winnipeg” free swag.

Our recent October CE session was a success, as our Infection Control sessions are always well received with

very positive feedback and responses. We hope to continue to offer the virtual CE options as this provides a wider platform where those RDAs in rural areas can have access to CE sessions more readily. The Manitoba Dental Assistants Association will have details about our 2022 Annual General Meeting soon, along with some continuing education lecture options.

The MDAA along with the CDAA recently shared the exciting news that the future classification of Dental Assistants will be listed as “skilled workers” in the NOC or National Occupational Classification. Until now, the Dental Assisting profession has been listed under the category of “unskilled workers”. There is still much work to be done but this is progress and it is something that will be very exciting for RDA’s.

As a reminder, do not forget to visit our webpage for updates and information on our RDA of the Month draw and

details, as well as for more information on our Manitoba Dental Assistants Education award.

I encourage everyone to continue to be responsible and safe and follow the current IPC guidelines which are still posted on both the MDA and the MDAA websites. We as an association also support the Manitoba Dental Association in the vaccination recommendations...

***“Vaccination continues to be an effective preventative tool for all Manitobans in the fight on COVID-19, including against the alpha and delta variants of concern. The MDA strongly recommends vaccination against COVID-19 for all dentists and dental assistants.”***

Thank you and be well.



## REGISTRAR'S MESSAGE

### Becoming a better dentist in 30 minutes

In this world of seemingly endless information and often overwhelming demands on our time, I understand the desire for efficient solutions, even though we know there are no shortcuts to complex issues, like striving to become a better dentist. I, too, am a practicing dentist and co-owner of a dental office, as well as a parent, partner and so many other things and, therefore, understand the constraints in time and where it may prevent us from examining macro issues of our profession, such as ethics.


If I can give Manitoba dentists one time-efficient recommendation to make themselves a better dentist, it would be to spend the 30 minutes it should take to read our Bylaw for the Code of Ethics which resides in the Legislation Section of our new website at [www.manitobadentist.ca](http://www.manitobadentist.ca). I believe what truly makes dentistry unique as a profession is the central role that ethics play in the daily determination of how great we are at what we do.

Many dentists rightfully see themselves as being highly ethical and not in need of review or reflection on ethics. Our morality and ethical choices are extensions of our conscience and are proven to be affected by our personal experiences and influences over time and, therefore, in need of nurturing.

The MDA's Bylaw for the Code of Ethics is by no means intended to be all-inclusive, but it does serve as an excellent base which establishes the minimum requirements and expectations for Manitoba dentists in fulfilling their duties to their patients, to the public, to the profession, and to their colleagues. As a self-regulated profession, this document codifies who we are and what it means to be a dentist in Manitoba.

You will notice that the Code came into effect in 2002. Minor revisions to the bylaw have been made since then, but it remains relatively unchanged since it was first developed. Times have changed dramatically and unpredictably yet, remarkably, the work that the committee did almost twenty years ago remains relevant and usable. For

example, while no one could predict that COVID vaccination status would be an issue, the document does a great job in guiding dentists in how that information should and should not be used. The Code is substantially relied upon in our Peer Review Committees and has sustained scrutiny in the judicial system.

When reading the Code, I would also ask members to consider changes or clarifications they would feel are necessary for today as well as the future. As part of our commitment to ensuring regulatory excellence, the MDA will be undertaking a review of the Code of Ethics. The Board has struck an ad hoc committee of individuals with proven commitments to professionalism who will work under the leadership of Dr. Peter Kowal as its chair and Ms. Linda Berg as the MDA staff liaison. As the committee completes its work, I am certain the membership will have the opportunity to provide input into this very important task. 

Respectfully,  
Arun Misra DMD, LLB  
Registrar





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**Sarah Hyslop**

Healthcare & Professional Specialist  
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204.290.7256

**Kenny Luro**

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## DEAN'S MESSAGE

The completion of the term and winter holidays are approaching fast. Our Fall Term saw the arrival of our first-year dentistry and dental hygiene students, the completion of our strategic plan and the initiation of our dentistry curriculum review.

For the first time since the COVID-19 pandemic began, we were able to hold an in-person Opening Assembly to welcome dental hygiene and dental

**“One of the goals outlined in the strategic plan is a curriculum review, which is now underway.”**


students to the profession. While honored guests, guest speakers, family and friends followed the proceedings online, our students were able to don their white coats and have their pictures taken with members of the faculty and myself. It was gratifying to be able to do this after a couple of years of remote events.

During this term we were also able, after a series of consultations with faculty, students and staff, to prepare and finalize our Strategic Plan which will be circulated this upcoming month to all our stakeholders. In this plan we will be focusing our efforts on 5 Pillars: Education, Research and Innovation, Our People, Community and Partnerships, and Sustainability and Impact.

Our overarching goal for the Education pillar is to ensure our students have a broad and diverse evidence-based learning experience in varied settings,

while our Research pillar focusses on the continued development, expansion and support of collaborative research and innovation. Given the upheavals we have all experienced with the COVID-19 pandemic, and the need for societal changes, our third pillar will focus on our academic and patient community to ensure we have a positive, respectful work and

learning environment for all. Our fourth pillar involves our Community and Partnerships supporting the need to continue fostering community engagement, and our fifth pillar addresses Sustainability and Impact. We have already started some of the work required to achieve the goals outlined in our strategic plan and I look forward to working with everyone to attain them.

One of the goals outlined in the strategic plan is a curriculum review, which is now underway. This is a very important exercise for the College as we hope, with feedback from students, alumni and faculty, to be able to reflect better upon the educational needs of an oral healthcare professional for the 21st century. Currently we are also mapping the infrastructural needs of the College so we can gain a better understanding of the tools required to support the new curriculum. The curriculum review will take at least two years to complete, but will be comprehensive in scope. 

With the end of 2021 approaching, I want to wish all of you Happy Holidays and a Healthy and Peaceful New Year.





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DR. JOEL ANTEL, D.M.D  
CDA BOARD REPRESENTATIVE



# CANADIAN DENTAL ASSOCIATION MESSAGE



After an unseasonably warm and wonderful October and November, winter came on us in a flash. Time to change over to our winter activities (and of course mitts and toques). It is also time to resume some of the organizational work that can sometimes slowdown during the summer months.

It has been busy as usual at the Canadian Dental Association even though not much is new. Sometimes that's a good thing. This may be my shortest CDA update article yet. When I wrote my last bulletin article it was the early stages of a number of activities. The federal election had just been called, the CDA governance review had just begun, a joint planning session with the CDA board and representatives of the provincial dental associations was planned and of course government mandates to separate the regulatory and member service functions of our dental associations was and still is a predominant issue for dentists and dental associations locally and nationally.

Following the results of the federal election, Prime Minister Justin Trudeau conducted a significant overhaul of his cabinet. CDA staff provided timely analysis for the CDA and the provincial dental associations. Their report included a full list of new cabinet ministers, their portfolios, brief outlines of each and key take aways from prominent issues including health issues. The throne speech will have

taken place by the time this MDA bulletin is published and CDA staff will be hard at work analyzing all aspects of the government's agenda.

The CDA Board of Directors met on October 21 to discuss the findings in the Phase Two Summary of Priorities document prepared by CDA's governance review consultant. As the governance review proceeds there are a number of milestone points for reporting and approval prior to moving on to the next stage. The consultant's phase two report provides a framework for phase three of the review now underway.

The outcomes from the joint planning session with the CDA board and representatives of the provincial dental associations will assist the CDA Board in setting its priorities for the coming year, not only as they relate to the provincial dental associations but to individual dentists. A further meeting is scheduled in April at the time of CDA's Annual General Meeting.


The CDA Oasis Bulletin has a new look and enhanced features. It has been renamed the CDA Newsletter. You will continue to receive a weekly round-up of the latest CDA knowledge products, including posts, videos and articles to support your clinical practice. The newsletter is made "smart" through technology that curates content based on your individual needs and preferences. The more you open and

click through articles in the curated section, the more it will be customized to your individual preferences.

Covid update meetings, briefings for CDA and provincial dental association representatives on the latest covid information domestically and internationally, have been taking place on a regular schedule since the onset of the pandemic. The last of the scheduled meetings was held recently and will now be on an as required or as information and issues develop basis. A summary meeting will be held in the late winter / early spring on lessons learned and how to prepare for the next pandemic.

Remember to watch for the CDA Secure Send app that is expected to be available by the end of the year. It will be available in both Android and iOS formats.

It is an important time for all dental organizations to be as relevant and valuable as possible. This depends on individual dentists being heard, making their expectations known. Please let me know your thoughts or questions about the Canadian Dental Association. I welcome your input.

As always, I am grateful for the opportunity to serve as Manitoba's representative on the CDA Board of Directors. 

Joel



# Advocacy

## Canadian Dental Association benefits for Manitoba Dentists

The Canadian Dental Association (CDA) helps dentists in Manitoba in four principal areas: *Practice Support, Advocacy, Non-Insured Health Benefits and Access to Care and Knowledge.* Over the years, CDA has been extremely effective in all four domains.

On the Advocacy front, CDA has worked closely with the MDA on several key public policy issues including federal tax proposals that had potentially crippling ramifications for the profession. Dentistry has been especially active and successful on the following issues:

### Taxation of Health and Dental Benefits

Given the impact that taxing people's health and dental benefits would have on Canadians and the delivery of health services, CDA has coordinated a national grass-roots advocacy campaign, in collaboration with the MDA and the other provincial dental associations, and organized strategic alliances with various stakeholder groups to persuade the federal government to not impose taxes on these benefits. The advocacy campaign was successful, and the Prime Minister of Canada rose in the House of Commons in 2017 to indicate that there would be no taxation of health and dental benefits.

### Tax Planning Using Private Corporations

Given the major impact that the federal government's tax proposals on Canadian-controlled private corporations (CCPC) would have on Canadian dentists, CDA, in collaboration with provincial dental associations, took an active role in

designing and implementing an advocacy strategy to oppose such tax measures. CDA played a support role in the organization of a national alliance of stakeholders who were united against these CCPC proposals. This coordinated advocacy campaign was successful as the federal government withdrew its plans related to capital gains and modified its proposals on passive investments and further clarified its policy on income sprinkling. In its 2018 Budget, the federal government made further modifications to its proposed tax measures that went a long way in addressing many of dentistry's concerns.

### Media Relations

As part of its advocacy efforts, CDA handles several urgent and ongoing media inquiries on topics such as access to dental care, flossing, fluoridation, sugar reduction and teeth grinding. CDA also facilitates media training to provincial dental association presidents and staff.



DR. CHRIS COTTICK, D.M.D.  
PRESIDENT, MDA



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Dr. C. J. Cottick, President,  
Manitoba Dental Association

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**JACKIE JOACHIM**  
COO, ROI CORPORATION

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After the last 18 months we have had, people are always asking when they should sell their clinics. Today most owners want to know if one should sell during a pandemic.

After the last 18 months we have had, people are always asking when they should sell their clinics. Today most owners want to know if one should sell during a pandemic.

The easiest and yet ironically most complex answer is simple – sell when you are really ready to let go of ownership as long as you can afford to. There are many factors that determine the best timing for selling a practice — the financial position of the owner, valuation of the office, potential for further growth, past performance and history, as well as the current market. Healthcare has proven over the last 15 years to be both recession and now pandemic resilient. Practice values have not gone down and in fact, during the pandemic, values have increased.

The best place to start is to ask 2 simple questions: can you afford to sell and are you ready to walk away without looking back? The financial question is easier because it is all about the math. Has financial security been achieved? If yes, then by all means, pass go and collect. The second question, is truly the toughest. An owner might be very attached to their office and maybe even more than they think. After all, many owners feel they have invested a significant portion of their life to its success and handing their “baby” over may not be easy.

Most owners want to sell when they know they can maximize the price. However, owners should also consider what they are giving up in order to delay the sale for the ultimate price. Doing

a cost-benefit analysis is a worthy exercise to undertake. For example, let’s say a clinic is valued at \$1,000,000. The owner, after 30 years, is getting tired of managing all aspects but if they can sustain their current pace for another 2 years, they may achieve a price of \$1,200,000. In other words, is \$200,000 worth it when someone feels they are reaching their limit? For some, it may definitely be the case but what if the owner wants to work less, travel more? What if the current pace is causing health issues? How much are these factors truly worth?

Before any decision is made, the most important step to take is to have a valuation completed. Knowing the value of the clinic helps the owner to determine if a sale would meet

their objectives. The next step is to discuss the sale with an accountant. Understanding the tax position of the owner is critical. Too many times, the owner wishes to sell but the professional corporation is not in its purest state to facilitate the best possible outcome.

The next key factor to consider is what will the owner do post-sale. Is the owner ready to stop practising? If the new owner wants the vendor to stay on, is this realistic? An owner needs to truly do some soul searching and decide after so many years of ownership if they can go back to marching to the beat of another owner's drum. Relinquishing control sounds easy but for many owners it is not as simple as it sounds.

A sale does not mean the end of an owner's identity. It also does not mean the end of a career either. A vendor can certainly discard the chains of administration and management in order to seek other opportunities – such as working part-time, doing locum work, or teaching.

So going back to the original question, when is the best time is to sell. Practice owners can quite honestly sell whenever they are ready. The present economic environment most definitely facilitates the successful sale of a practice. In our current economy, buyers continue to exceed sellers which always creates a robust exit market. We have yet to see the flood of baby-boomer business

owners ready to sell. Banks continue to provide 100% financing over 12 years to buyers.

Healthcare in general – be it for people or animals, despite or in spite of a pandemic, has proven to be a profitable business with a continued good economic future. Therefore, a vendor never needs to feel forced into a sale. Instead, every vendor must simply decide if the time is right for them. Vendors need to do some homework and then move forward with confidence.

Jackie Joachim is Chief Operating Officer of ROI Corporation. Please contact her at [jackie.joachim@roicorp.com](mailto:jackie.joachim@roicorp.com) or 1-844-764-2020.

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## INTEGRATING MINIMALLY INVASIVE PRINCIPALS in the management of complex dental problems, including the correction of UN-ESTHETIC ANTERIOR IMPLANTS

### Dr. Frank Spear

Friday September 23, 2022

On a regular basis in practice, clinicians are faced with patient presentations that go beyond the simple decision of, does a tooth need a restoration or not? Those more difficult decisions often involve situations such as, an anterior tooth is fractured at the gingival margin, should I do endo and a post and core, or extract and place an implant, what do I need to look at to make an informed decision? A patient presents with an existing un-esthetic three-unit anterior FPD, should I replace it, or do an implant and 3 single unit restorations? What needs to be evaluated? What does the literature say about the 5, 10, and 20 year success of FPD's vs Implants?

This presentation will focus on these kinds of dilemmas involving tooth retention and restoration, vs removal and replacement. The specific clinical dilemmas covered, in addition to the two listed above, will be, teeth with apical root resorption, internal or external resorption, ankylosis, advanced bone loss, horizontal root fractures, and existing failing endodontic treatment. Clinical examples and literature support will be presented for all of the above listed dilemmas. In addition, the interdisciplinary management of deficient alveolar ridges in the esthetic zone will be covered. This will include the treatment options available to manage the deficient ridge, and also how to decide between implant or tooth supported restorations. And finally, a decision tree on predicting the prognosis for anterior implant esthetic success will be presented, as well as a segment on the treatment options and decision process for correcting un-esthetic anterior implants.

#### LEARNING OBJECTIVES: The attendees will learn:

1. An algorithm of key questions to ask when deciding whether to retain and restore vs remove and replace.
2. What the literature findings are regarding the long-term success rates are for the different treatment options available for the conditions listed above.
3. How the age of the patient impacts the treatment decision of whether to retain and restore vs remove and replace, the concept of "Management vs Cure".
4. The importance of looking forward to, "What is next", can impact the choice of what to do now.
5. What to evaluate to predict the esthetic outcome of anterior implants.
6. What to evaluate and what options exist to manage existing anterior un-esthetic implants.



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### About Frank M. Spear, D.D.S., M.S.D.

As the founder and director of Spear Education, Dr. Spear continues to be recognized as one of the premier educators in esthetic and restorative dentistry in the world today.

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– Dr. M

"Dr. Spear is an amazing lecturer. I've learned so much about occlusion today and Tx planning!" – Dr. Y

"He's a genius!!! Thank you." – Dr. T

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#### TIME:

8:00–8:30am: Registration & Continental Breakfast  
12:30–1:30pm: Lunch  
Lecture ends at 4:45pm

#### PRICING:

**EARLY BIRD** (Before January 31, 2022)

▶ Dentists: \$599<sup>+HST</sup> ▶ Team Members: \$399<sup>+HST</sup>

Edropin / AGD

▶ Dentists: \$569<sup>+HST</sup>

**REGULAR** (After January 31, 2022)

▶ Dentists: \$699<sup>+HST</sup> ▶ Team Members: \$499<sup>+HST</sup>

#### TO REGISTER:

Online: <https://certifysimple.com/e/321>



Academy of General Dentistry Approved PACE Program Provider

FAGD/MAGD Credit

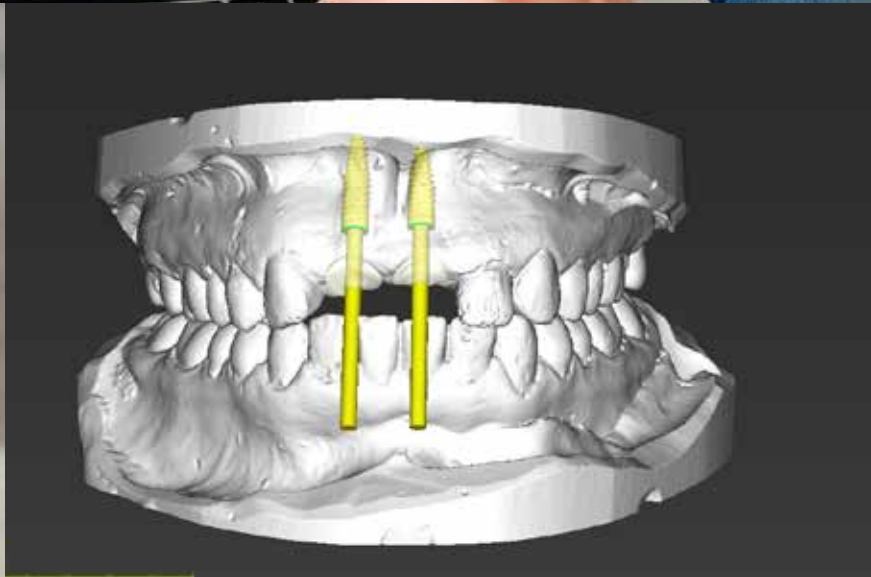
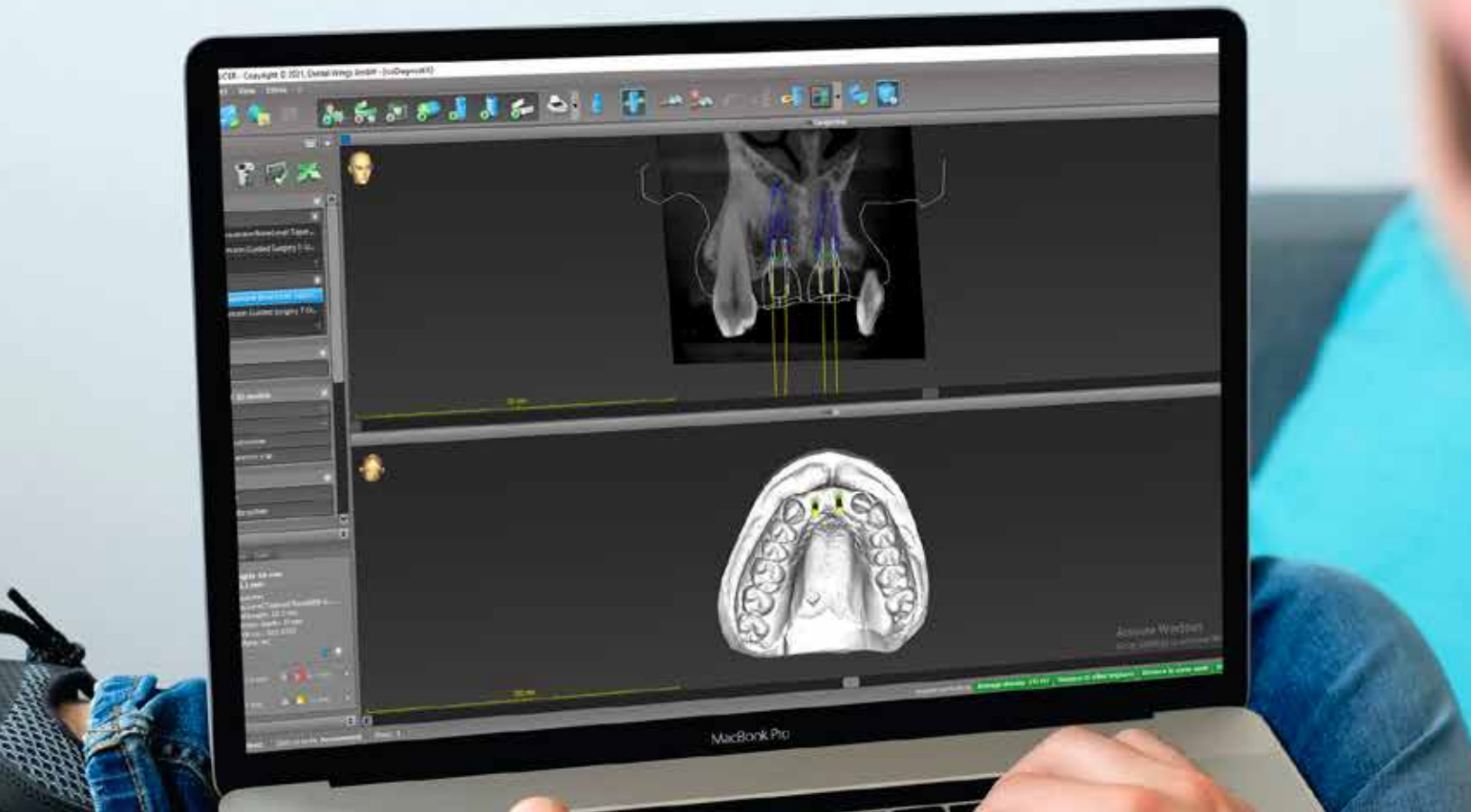
Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement.

7/1/2021 to 6/30/2023 Provider ID# 395924

This activity has been planned and implemented in accordance with the standards of the Academy of General Dentistry Program Approval for Continuing Education (PACE) through the joint program provider approval of edropin and (Durban Dental Labs). edropin is approved for awarding FAGD/MAGD credit.



# LET'S PLAN TOGETHER



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## FINDING THE RIGHT FINANCIAL PLAN IS A BALANCING ACT

BY CDSPI

How can you do it all? Financial plans aren't just a matter of finding the right savings strategies and investments. They're about balancing goals.

“That’s what Dr. Anna Thompson and her husband, Jason, found when they worked with Michael Tyler, an Investment Planning Advisor with CDSPI Advisory Services.

In late 2019, Anna was six years into dental practice. She and Jason, a physiotherapist, lived with their three children in Gimli, Manitoba. The couple was all over the map regarding their future. They wanted to save for retirement and for their kids’ education. Those were longer-term objectives. Shorter term, they were thinking of

either renovating their home or buying a new one. And Anna wanted to buy her own practice.

“It’s easy to get overwhelmed,” says Anna. What was she looking for in an advisor? “To be truly heard,” she says.

When she and Jason approached Michael, they weren’t looking for a product. Even the solution was secondary at that point. They just wanted to make sure, for starters, that they were asking the right questions to plan for their future.

The first thing Michael did was listen. He wanted to uncover everything he could about what made the family tick, their situation, their needs and their dreams.

“What became clear was that there were a lot of competing goals,” says Michael, who’s based in Winnipeg. “So I put together a plan to prioritize things in terms of importance and also in terms of timing.”

For over 60 years, CDSPI has been advancing the financial wellness of

dentists at all stages of their lives and careers. These are the only clients we serve, so we bring a unique insight to your financial requirements. As a not-for-profit organization, we're driven by your interests, and tailor our expert advice and leading investment and insurance solutions to your needs.

In the case of Anna and Jason, we worked to weigh their personal and professional goals, and find a path forward that would make everything possible. Michael likens it to constructing a house. You get the foundation right, and then you can build on that.

His plan showed how the couple's goals could be on track. Get that in place, and then it's a matter of fine tuning or accelerating the plan.

As Michael explains, "It becomes less about whether we're going to be able to

meet the goals. Now, it's about how to meet the goals as efficiently as possible. Or as quickly as possible, which opens an exciting world of opportunities. We showed them how, and they knew they were going to be okay."

Sometimes, there are bumps along the way. For Anna and Jason, a lot of the planning and shifting of assets was taking place right at the start of the pandemic. That upended life and work for the couple, as it did for all of us, and also put the financial markets into turmoil. Throughout, Michael was the voice of reason, timing the movement of their assets just right, and revisiting the plan as needed.

"First and foremost, we took care of short term, but also didn't lose sight of the long term," says Michael.

Adds Jason, "We really appreciated Michael's calm approach."

Fast forward to spring 2021. The family has moved into a new home in Castlegar, B.C., where Anna bought a practice. She says she thought those short-term goals would be a five-year plan; they ended up happening in just one year.

"We were so grateful for all of the advice, and would highly recommend CDSPI," says Anna. "They gave us a plan that was catered to our goals and our family, and we've already noticed significant changes in our life."

*A financial plan can help you stay on track to achieve your goals. Visit [cdspi.com](http://cdspi.com) to book a meeting with an Investment Planning Advisor\* from CDSPI to get started.*

\*Advisory services are provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply in certain jurisdictions.



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## Manitoba Dental Association's new website with self-reporting of continuing education



## Step by Step Guide:

### New Website Frequently Asked Questions (FAQ's)

1. I am having trouble logging into my account?
  - Note this process varies from RDA to Dentist.
  - We suggest for ease of access you use your MDA Affiliated Email Address.
  - **RDA's Member Login**- use your MDA Member affiliated **email address OR the last 4 digits of your Member ID #**
  - **DENTIST Member Login** - use your MDA Member affiliated **Email Address OR the last 6 digits of your MDA member ID # ie. 000-000** (ex if your MDA ID is 770-237-602 use 237-602 and you must insert the hyphen).
2. Where can I view the Bylaw for Continuing Education – all members are encouraged to review this bylaw.  
You can view the bylaw on the MDA Website.

**3. I went to a multiple day course, how do I enter more than 8 hours credits?**

Courses should be added on a per day basis. Proof of participation needs to be uploaded for each separate submission. Where each day does not have a separate title, notation such as “Day 1 of 3” etc should be added to the title to avoid the appearance of duplicate entries that may negate credit.

**4. Why can't I enter in my CPR and other courses eligible for CE credit?**

Not all courses can be submitted through the online portal and need to be sent to [ce@mantiobadentist.ca](mailto:ce@mantiobadentist.ca) for entry by the MDA Staff. Courses such as CPR, Advanced Study, Authorship, credit for part time and full time teaching, and a few others have complex reporting requirements and cannot be entered online.

**5. The course I took used the MDAs scan card system, do I still need to enter in my course online?**

No, all courses that use the MDA Scan Card Systems should not be entered in online to avoid duplicate entries. Providers of CE will make it clear when online entry is not needed.

**6. I entered in hours for a course but then when I went to check my portfolio, it shows a different amount of credits?**

Some entries are modified automatically to meet limitations set in the Bylaws. If you note an error, contact [ce@manitobadentist.ca](mailto:ce@manitobadentist.ca) with the course name, date and justification for the credit hour adjustment in your report.

**7. Why are some numbers showing Red in my Portfolio?**

When numbers on your Portfolio are shown in red, it identifies potential compliance issues with the MDA Bylaws. It is the professional responsibility of all Dentists and RDAs to ensure their own compliance with the requirements of all MDA bylaws; the online portfolio is intended only to assist members in identifying those issues.

**8. I didn't get proof of attendance for the course I attended, can I still get credit?**

No - As per the Bylaws, whether submitted online or to the MDA directly, proof of participation must always be submitted to attain credit CE credit.

**9. The submission form doesn't accept the format that my proof of attendance came in, what should I do?**

The online CE submission portal accepts a large number of file types such as jpeg, jpg, png, gif and pdf. If not received by the member or registrant in one of these formats, digital copies are easy to create using scanners or programs such as Adobe Acrobat. Members encountering difficulties can submit a document to the MDA at [CE@manitobadentist.ca](mailto:CE@manitobadentist.ca) or regular mail to the attention of Diane McDonald.

**10. If I have any questions on how to use the online submission form who can I contact?**

If members have any question on how to use the online submission portal they can contact the Deputy Registrar at [deputyregistrar@manitobadentist.ca](mailto:deputyregistrar@manitobadentist.ca)



profession

# touchpoints of patient communication

There are five key moments of interaction with your patients during their visit to your clinic. Each component can influence your patients' overall experience and their level of satisfaction.



## The initial contact

The initial clinical encounter sets the tone for all other interactions throughout the visit. It may also be your best opportunity to avoid future misunderstandings or mismatched expectations between you and your patient.

### Get the patient encounter off to a good start.

As we know, first impressions matter. Try to spend a few moments to slow down and focus your attention on meeting your patient's needs.

- 1 Introduce yourself and be the first to greet your patient in the operatory.
- 2 Greet every patient with a friendly smile.
- 3 Call patients by name.
- 4 Introduce any colleagues who may accompany you.
- 5 Introduce them to staff members who will be providing care.
- 6 Sit at eye level.
- 7 Listen attentively to their concerns.
- 8 Explain what will happen during their visit.
- 9 Ask permission to examine the patient.
- 10 Don't use technical jargon or terms that convey value judgments.
- 11 Take the leadership role and guide the patient through the appointment.

nal



## The dental examination

The dental examination is one of the most important and perhaps under-appreciated components of the dental visit. For most of us, this is a routine procedure, but for many patients it is perhaps the highlight of their visit and maybe the point at which they can best interact with you. It is an opportunity to educate your patients as to what is involved in the examination process.

Most patients have no idea what the dentist does or what the dentist is looking for during the dental exam. An open discussion with your patient will help them better understand the value of what you do and enhance the relationship you have with them.

- Point out that you are checking things such as gum condition, overall health and function of the jaw, soft tissue condition, teeth spacing and bite, and so on.
- Explain what you are looking for as you proceed through the examination and provide the patient with a summary of your findings when you are finished.
- Encourage patients to ask questions so that they feel they are an active participant in their oral health care.

## Discussing treatment options

In order for your patients to feel like true partners in their oral health care, they must be fully informed of the treatment options available to them. Be thorough in your explanation of treatment options so the patient understands the pros and cons of each.

This is an opportunity to demonstrate your clinical expertise and to build trust in your abilities and motivations.

Use plain language to describe the recommended courses of treatment; avoid using jargon as much as possible:

- 1 Lay out the options in a logical manner. For example, from the least complex (and costly) procedure to the most complex. Explain the reasons that account for each option.
- 2 When possible, provide simple printed materials for the patient to take home.
- 3 Avoid being judgmental about the patient's choice of treatment.
- 4 Ensure that all instructions for any treatment are as detailed and specific as possible.
- 5 Check that you have been understood. Ask the patient if they have any questions and correct any misunderstandings as necessary.
- 6 The more complex, expensive or unpredictable a treatment option is, the greater the need for documentation of the information the patient receives about the procedure and their consent to it.

## INFORMED CONSENT

In the context of a dental office, informed consent is “consent given with full knowledge of the risks involved, probable consequences, and the alternatives.” No treatment should be performed without the express or implied consent of the patient. The onus is on you, the health care provider, to ensure that whatever decision a patient makes, to accept or decline treatment, it must be informed. Consent must be obtained in advance of treatment – not in the middle and not after the fact. Remember to document consent decisions in the patient chart.



## 4 Discussing fees and dental plans

Let's face it — discussing fees with our patients is rarely easy. But if we deal with the cost issue with honesty and openness, we can avoid misunderstandings and dissatisfaction after the fact. Many patients are embarrassed to ask about fees, so it's important for us to take the lead.

### Dispelling misconceptions

Some patients may think that they are charged differently depending on whether or not they are covered by a dental plan. Your patients need to know that recommended treatment and the fees charged are the same regardless of dental plan benefits.

Be transparent about fees before treatment begins. The fee discussion is then a golden opportunity to build trust and confidence in your relationship with your patient.

You should be thorough when explaining fees to patients so they understand and appreciate the underlying value of the oral health care services you and your staff perform.

Your patients need to know that fees are determined on the basis of a relative value system that takes into account a variety of factors; factors which are constant regardless of your patient's insured status. It's important to point out the range of variables that are included in determining fees, including:

- The time it takes to perform the procedure.
- Responsibilities related to scientific and specialized knowledge necessary to carry out the procedure.
- The cost of specialized materials or appliances required.
- Costs related to overhead, staffing and laboratory services.

## 5 Concluding the visit

The last few minutes of the patient consultation are just as important as the first.

Ask your patient if they understand the treatment option discussed or have any questions.

- 1 Look at your patient when speaking to them and avoid turning your back while anyone is speaking to you.
- 2 At a minimum, use your patient's name at the beginning and at the end of the interaction.
- 3 Confirm your patient's treatment plan or follow-up.
- 4 Don't conclude your final conversation en route to the door or when walking away.
- 5 End the consultation with a reinforcing-type of physical contact. When appropriate, personally escort your patient to the reception area.





## Caring for Persons with Special Health Care Needs:

### New Case Complexity Assessment Tool



Dr. Timucin Ari



In November, the Canadian Dental Association (CDA) launched a case complexity assessment tool to help dentists and the dental team in making referral decisions when seeing patients with special health care needs (SHCN). Practitioners can use the new assessment form as part of their patient records as well as an adjunct in determining when to treat or refer patients. This tool, available in both English and French, was co-developed by CDA and clinician members of the Canadian Society for Disability and Oral Health (CSDH).

The new resource gives background on the priority of caring for persons with SHCN, the purpose of the assessment form, and information on how to use it. The tool enables a dental practitioner to assign a level of complexity to an individual, which helps both the practitioner and caregiver better understand the factors that can contribute to the patient's dental treatment needs.

There are three levels of case complexity: routine (green), moderate (yellow) and complex (red). Categorization is based on a number of factors for each patient. It identifies potential barriers for dental care for SHCN patients, such as communication, care-resistant behaviour, medical and dental history and treatment needs, along with other criteria. The form makes case selection for persons with SHCN more efficient and consistent to document.

Dr. Timucin Ari, a certified specialist in pediatric dentistry in London, Ontario, played a significant role in developing the new case complexity assessment tool. "After many years of experience working with patients with SHCN, I noticed how challenging it was for caregivers or parents to find a dental home for their loved ones," says Dr. Ari. "Most of the time, these patients are unnecessarily referred from one specialist to another, so they often end up being too late for the actual treatment," he says. "This tool should help dental practitioners see more patients with SHCN in their offices to get their routine dental check-ups regularly, and make the decision-making process easier when a referral to a specialist is required."



The assessment form is intended to help the dental practitioner make referral decisions, to demonstrate case complexity of patients with SHCN, and to help determine a practitioner's comfort-level—based on their existing knowledge, experience and/or physical clinical space—to provide treatment or make modifications to treatment.

## CDA's Action Plan on SHCN Patients

In 2018, CDA engaged a research firm to gather views from dentists on how to further improve communication and access to oral health care for patients with special needs. Nearly 1,500 dentists across Canada participated in the survey and shared their views on areas where further training or support were needed when caring for patients with intellectual and cognitive disabilities.



**This tool will be helpful in many situations. It provides information to help dentists determine when to treat, when not to treat, or when to refer patients with SHCN to other areas of care.**

Based on these research results, CDA's National Coordinating Working Group on Access to Care for Children and Seniors realized the importance of providing deliverables to address dentists' needs. Dr. Heather Carr, CDA vice-president, served as chair of the working group from 2016–21. "At times, dentists are uncertain about the best way forward with complex SHCN patients. Some report minimal training while in dental school and, as with all patients, there are unique considerations in providing dental care," she says. "As a practising dentist, I provide care for many SHCN patients in my own practice with minor modifications. However, this case complexity assessment tool will be helpful in many situations. It provides information to help dentists determine when to treat, when not to treat, or when to refer patients with SHCN to other areas of care," adds Dr. Carr. "The goal is to have general dentists comfortable treating patients with SHCN whenever possible thus improving access to care. Dr. Ari's work has made this much easier," she says. Dr. Dana Coles, CDA board member for P.E.I., is now leading the working group as the new chair.

The working group devised an action plan to help address dentists' top knowledge and training needs when working with/caring for persons with SHCN. Launching the *Dental Treatment Case Complexity Assessment Form and Recommendations for Persons with Special Health Care Needs*

completes the latest component of the resource series. Other available SHCN resources include:

- The *Dental Care for Persons with Special Needs* page on the CDA website. Launched in November 2019, this page provides links to existing, high-quality patient information resources on autism spectrum disorder, Alzheimer's and other types of dementia.
- A set of brochures *Getting Started: Oral Health Care for Persons with Autism Spectrum Disorder, Alzheimer's Disease, or Dementia*. Launched in April 2021, these resources provide basic care instructions for members of the dental team and parents and caregivers.

Spearheaded and informed by Dr. Clive Friedman, certified specialist in pediatric dentistry from London, Ontario, CDA's working group, is currently finalizing a transition tool to help guide patients, families and oral health care providers through the process of transition when an adolescent with SHCN moves from pediatric to adult oral health care, or when an adult with SHCN moves from one dental practice to another. ➔



The new case complexity tool is available at: [cda-adc.ca/assessment](https://cda-adc.ca/assessment)

Access more resources on SHCN patients at: [cda-adc.ca/specialneeds](https://cda-adc.ca/specialneeds)



Watch an interview with Dr. Ari on CDA Oasis at: [bit.ly/329wB07](https://bit.ly/329wB07)



# Key Decisions for Vaccination Policies

By Wanda Loewen – Manager, HR @ Your Service

As a human resource consulting practice, our HR @ Your Service team has been fielding many questions from organizations that are considering a vaccination policy for their staff. As these organizations reopen in some form, whether fully or partially, whether to create a vaccination policy is a question that can be rather daunting (even for HR!).

There is no cookie-cutter approach to designing a policy as no two organizations are alike. However, it is clear that these policies should be aligned with legislation and reflect the organization's needs. Ultimately, the policy should state the reason for its existence, list accompanying procedures, and be easy for employees to follow — even if they are not happy or disagree with it.

Involving employees in drafting a policy may be best practice but that can open employers up to a range of opinions and potentially heated arguments. So, while some consultation may be wise, the policy should be carefully planned with a level of compassion and respect for the varying opinions. Those who can lend their wisdom include health and safety committees, operational representatives, individuals with customer lines of sight, and union representatives.

Reviewing literature surrounding this topic reveals the following key considerations when introducing a vaccination policy:

## **The safety risk involved with having unvaccinated employees at work**

Under the safety legislation across provinces, employers are responsible for the safety of their employees. The pandemic has shown employers that they need to pay attention. Early on, safety protocols revolved around distancing, masking, hygiene, and managing outbreaks. With vaccines now fully available, employers are looking at how this tool can sharpen their approach to safety.

As with any safety policy consideration, employers need to consider the risk factors to their stakeholders. This includes the characteristics of customers and employees, such as vulnerable populations, as well as the type and length of contact to provide service. Identifying risk factors provides a basis for the type of policy required.

Employers should consider whether they can mitigate the risks involved in implementing a vaccination policy. One way to mitigate risks is to require vaccination, other ways include requiring regular testing and continued use of personal protective equipment, remote working, or modified shifts.

## **Applicable legislation that governs the business**

The Federal Government has mandated vaccination for all employees who are federally regulated including air, rail, and marine transportation sectors. This is not a choice for employees. Other industries such as health care, education, and childcare workers have been provincially directed.

With these employers moving ahead with vaccination policies, there is also movement in other industries such as construction, banks, and professional services.

This does lead smaller businesses to wonder whether to jump on board with a full vaccination policy or whether they can sustain employees who have chosen not to vaccinate. The concerns range from the

ability to enforce the chosen policy and the costs that may be incurred to accommodate employees who are choosing not to vaccinate, whether it is a personal choice or for a reason such as a health condition or religion.

### Selecting the right policy type for your organization

Once an organization determines that a vaccination policy is their best course of action, there is a range of policies that businesses can choose from:

- Full vaccination required of all staff without exceptions (rare and not usually recommended as this is the highest risk scenario since it does not allow for accommodations where acceptable).
- Full vaccination required with exemptions and accommodations only provided in the cases related to protected grounds under the Human Rights Legislation of the applicable province (usually this would relate to a disability or religious ground).
- Full vaccination required with exemptions and accommodations provided in the cases related to protected grounds under the Human Rights Legislation of the applicable province **and** for those who do not wish to have the vaccine for various other reasons.

The decision on which policy to create will be based on the considerations noted above. Consulting with safety experts and a lawyer is not uncommon as there are certainly arguments being made related to privacy and personal freedoms. Until cases have been tried in court and precedents have been set, there is a level of risk in these decisions.

Finally, consider what to include in a vaccination policy. Key elements to consider are:

1. If it is a mandatory vaccination policy, what is the timeline for employees to comply? How are they to show compliance — through self-declaration or by showing proof of vaccination?
2. Access to employees' vaccination status, and any associated medical information, should be limited based on the governing privacy legislation. Only those required to know an employee's vaccination status should have access to the information and only for as long as the information is required.
3. The necessity of the policy will dictate the type of policy required. Outlining the reasons for the policy should be noted for employees. Those who are vaccine-hesitant will want to know why it is required and any alternatives for accommodation.
4. If employees are accommodated for any reason, make it clear what the protocols are for each case, as an employer would for any situation of accommodation. These plans are often individually based and will range from accommodation at home, to PPE protocols in the workplace.
5. Provide a venue for continual review and updating as the pandemic is an ever-evolving situation. Ensure that updates are made when there are new requirements such as booster shots or new and acceptable treatments.
6. Ensure employees understand the consequences of not adhering to the policy and who in the organization they can share any concerns with. Stay respectful of these concerns and ensure that communication lines are open.

With many organizations keen to open their doors to employees again comes the decision of requiring employees to be vaccinated or not. Consider the above recommendations as the return to the office is

planned and ensure that your stakeholders have been consulted. This will confirm that a thoughtful and considerate approach is taken.

Finally, plan to be flexible. If there's one thing we've learned to be certain with this pandemic, it is that change is just around the corner.

# PandaPay®

The Manitoba Dental Association is proud to announce that PandaPay has agreed to preferred Member pricing for terminal and online payment processing.

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## Who is PandaPay:

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- In-person presence in all major Canadian cities
- +\$2.5billion in processing each year
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- is the highest rated processor in Canada at 4.7 on Google

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**Savings for members** - most dental practices that are doing between \$45-50,000 per month in credit card will save **\$2500 to \$3000** per year. If you are a larger clinic the savings can be into the \$10,000+ per year.



## Senior Solutions Advisor

David Morrell

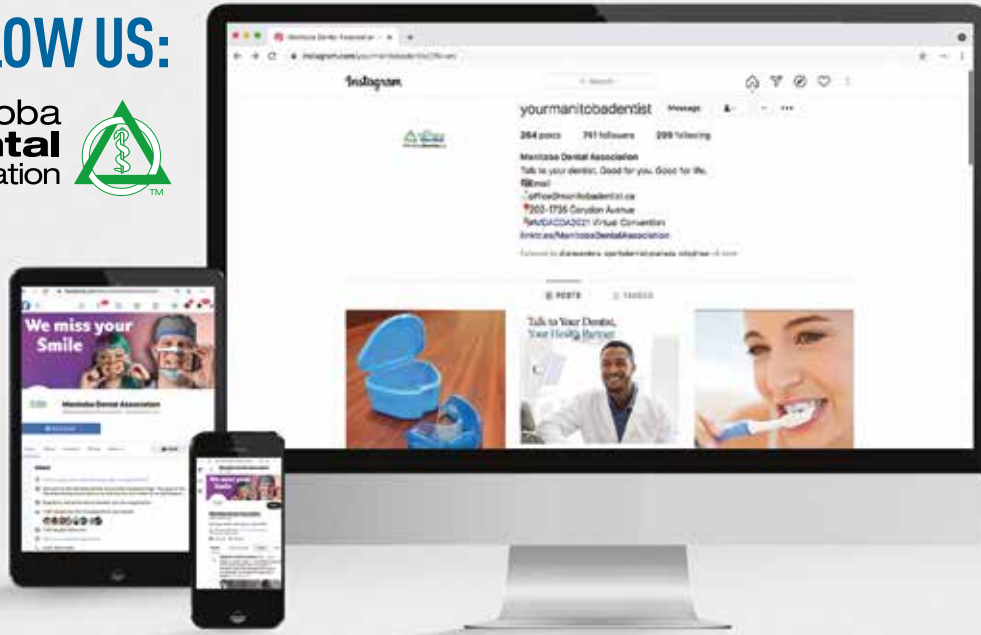
Ph: 613.299.9543

Email: [dmorrell@pandapay.ca](mailto:dmorrell@pandapay.ca)

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**Call David for a comparative analysis of your current terminal and online processing fees for free.**

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### VISION STATEMENT

The Manitoba Dental Foundation serves as the unified centre of professional philanthropy for the dentists of Manitoba.

To those of you who already make annual and monthly donations, please know the significant impact of your contributions.

Our ask on behalf of those who desperately need our expertise is straightforward, please make a monthly contribution of \$43 the fee associated with Code 01204 (specific examination).

Over the calendar year you will receive a Charitable Tax receipt for \$516. After deducting Federal and Provincial tax credits your actual cost will have been roughly \$291.

For more information about your Manitoba Dental Foundation, please visit our website: ([manitobadentalfoundation.ca](http://manitobadentalfoundation.ca)). You may also make your pledge by scanning the QR code to the right.

Sincerely,

Pat Kmet, Chair of Fundraising  
Manitoba Dental Foundation

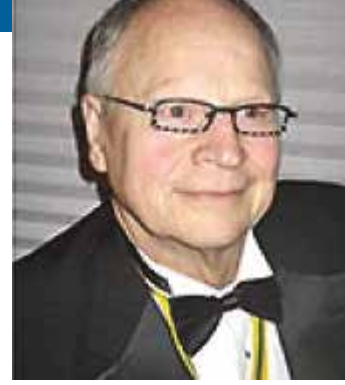
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Manitoba Dental Foundation

**Become a Manitoba  
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## OBITUARY

It is with profound sadness and an abundance of love that we mourn the passing of our husband, father, papa, brother, uncle and friend. Mark passed away peacefully on Monday, August 30, 2021, with family by his side.

Mark was born in Humboldt, SK, on September 5, 1941. Mourning his loss are his wife Joy and their four children, Cindy (Rob), Kerry, Dan (Leah), and Brian (Eun Hee); grandchildren, Isabella, Hanna, Alyssa, Maren, Ben, Kayden and Raya; brothers, Vern (Marion), Eugene (Evy), and Dave (Ann); sisters-in-law, Maureen Mahon, Evelyn, Fay, Janet, and Darlene, and numerous nieces and nephews. He was predeceased by his loving parents, Albert Sr. and Mary; brothers, Len, Norbert, Alvin, Miles, Albert Jr.; sister-in-law, Marion, and extended family members from Saskatchewan.

Mark was number seven of nine boys, raised in St. James, SK, where the Buettner family farmed. He completed his high school in Muenster at St. Peter's College in 1959. He followed some of his brothers in the early 1960s working for Sask Power and saving for his future university education. Mark attended the University of Saskatchewan in Saskatoon where he obtained his pre dental science qualifications in 1966. He moved to Winnipeg where he had been accepted to the University of Manitoba (U of M), Faculty of Dentistry. It is here that he met the love of his life, Joy. Mark received a Doctor of Dental Medicine degree from the U of M in 1970.

Upon graduation, he received seven clinical awards and the Xi Psi Phi Gold Key for the highest standing in all four years of dentistry. Upon passing the National Dental Examining Board exams and the American Dental Board exams, he accepted a position in the

thriving pulp and paper community of Ocean Falls, BC, occasionally flying to Bella Bella, BC to offer dental care in that community. Mark and Joy made many dear friends in Ocean Falls and remained very close with them over the years.

They returned to Winnipeg in 1972. He established a practice in Tuxedo and concluded his dental career with the Tuxedo Dental Group, along with his loyal and dedicated staff that were like family to him. His Phase II dental assistant, Joanne, was with him for 30 years and was like his right hand. Their chairside chatter and jokes provided endless entertainment for their patients over the years.

Mark was a part time Clinical Instructor for the Faculty of Dentistry at the U of M, where he was an inspirational and devoted mentor to many dental students for 43 years. He served on the National Dental Examining Board of Canada from 1995 to 2000. He was a member of the Canadian Dental Association, the Manitoba Dental Association, of which it was Mark's honour to serve his profession as President from 1994 to 1995, the Winnipeg Dental Society, of which he became a lifetime member, and was an affiliate of the American Dental Association. During his career, he was honoured to become a Fellow of The International College of Dentists and a Fellow of The Pierre Fauchard Academy.

Our mother's unwavering and selfless devotion, love and support for our father made it possible for our dad to successfully practice dentistry for over 50 years and accomplish everything he wanted to. He was a wonderful husband and father, and the love and pride he had for his wife, children and grandchildren was endless and

abundant. He faithfully phoned Mom every weekday at noon.

Dr. B, as everyone referred to him, will be fondly remembered by colleagues, patients and friends as a humble man with a dry, but punchy sense of humour, and a huge heart. He loved a great joke and told some doozies himself. Be it on the golf course, in his office, or at a dinner party, his jokes and baritone laughter that followed were enjoyed by all.

By his wife, and four children, he will be remembered as a loving husband and father who looked forward to sitting around the dinner table for a family meal, laughing and joking with us, teaching us, and challenging us.

Dad loved a good old fashioned, cross country, family road trip, and with four children, the adventures were epic! He travelled the world with our mom and spent quality time in Palm Desert with family and close friends, including David, whom he enjoyed hiking with immensely.

He cherished time at our Victoria Beach family cottage where many memories were made. An avid photographer, he was always excited to catch the beautiful sunsets over the water, then head over to the Moonlight Inn for ice-cream. Whether at Victoria Beach or his treasured back yard pool where his family gathered for years and grandchildren learned to swim, we are truly grateful for the candid and touching moments he captured. Thankfully, his two boys inherited his photography gene, allowing for some memorable, father-son worldly adventures.

Many of his patients will recall the ceiling tiles above the dental chair where



he displayed a variety of his sunset, wildlife, or landscape shots. Being raised on the farm, he enjoyed capturing pictures of grain elevators, old barns and farm implements. He certainly took some publish worthy photos. He was most proud of the photos of his children and grandchildren that he always had on display.

Dad was athletic his whole life. He played baseball and hockey as a child, football for the U of M Faculty of Dentistry football team and curled in his early years in Winnipeg. He loved to golf, canoe, fish and enjoyed both cross country and downhill skiing with all four children. He taught all of us how to play tennis and was competitive on

the squash circuit, which he took up as a long-time member of the former Carlton Club. Dad was a huge Winnipeg Jets and Blue Bombers fan, and we all remember calling “dibs” on who got to go to the games with him.

Our family would like to acknowledge Doctors Joel Gingerich and Kevin Coates for their exceptional care and genuine respect for which we extend our heartfelt appreciation.

Many friends and colleagues have already donated blood to Canadian Blood Services in Mark’s memory, as it was transfusions that allowed Mark to have more quality time with his family. Others may choose a donation to a

charity of their choice.

Dad, we know your spirit will guide us and your memory will always be with us. We will love you forever and we promise we will look after Mom. In time, we will all be “two thumbs up”, as you always used to say.

As a man of great faith, he has been laid to rest in the Garden of the Good Shepherd, Chapel Lawn, where a private family graveside service has taken place. A Celebration of Life announcement will be published in the obituary section of the Winnipeg Free Press once the uncertainty over Covid protocols subside.

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