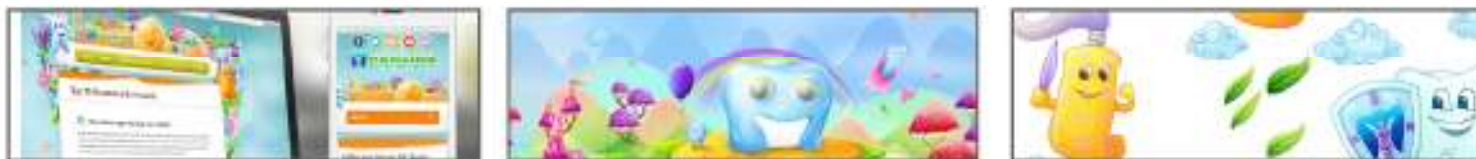


Nova Scotia Dentist

NSDA
Nova Scotia
Dental
Association

Nova Scotia Dental Association Member Magazine, April/May 2014
Volume 30 No. 6

The Relaunch of HealthyTeeth.org



> More Updates From the Community Fund
> MSI & Tariff Negotiation Updates
and
a recap of April Oral Health Month

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Partnership

As practitioners we all build partnerships every day with suppliers, labs, colleagues and patients. What about the partnerships of the association, of which, as members you may not be aware? Partnership is referred to in the NSDA's mission statement as one of our goals; to establish and foster relationships necessary to reach our strategic outcomes.

The NSDA as a corporate member of the CDA works on many joint projects. The most recent project is the National Oral Health Action Plan (NOHAP). Recently Dr. Graham Conrad, Steve Jennex and I were part of this historic symposium in Ottawa. The symposium brought together representatives from a cross section of national organizations, including both internal and external stakeholders, to discuss the oral health status of Canadians. Some of these organizations included the Canadian Medical Assoc., Canadian Paediatric Assoc., Canadian Teachers Federation, just to name a few. The focus of the symposium was to identify and address the oral health needs of those facing barriers to care. As the symposium drew to a close it was obvious there was a commonality among

the attendees with regards to the inequities of oral health of Canadians and a strong desire to make improvements. The CDA as a result of this NOHAP symposium has agreed to coordinate a national clearing house on oral health initiatives by various corporate members. This will allow ideas to be shared easily with stakeholders across the country.

Another partner the NSDA has is CDSPI, which is our own not-for-profit corporation. The NSDA is well represented by Dr. Jeff Williams on the board and Dr. Terry Logue as the corporate representative. At first glance, as a key supplier of insurance and financial products to dentists, it might appear as they simply advertise in our magazine, put on a great breakfast at our AGM, but that is just a tiny piece of what they contribute to the NSDA. Their open ears policy allows the NSDA to get creative and think outside the box for ways to benefit the membership - like the new Retiree Benefits Program. This year they have funded our revamped suggested fee guide and membership directory. They have begun talks with the NSDA and Dal Dental School to become part of the mentorship program in the future. CDSPI



Dr. Stuart MacDonald, NSDA President

has a great relationship with the NSDA and every year they contact us and ask "what can we do for you".

One of the most important partnerships the NSDA has is with its members. This year upwards of 95 members are involved with committees, working groups, governing council and table officers. A very important committee this time of year is the AGM Planning Committee. This committee chaired by Dr. Tom Raddall III has been working hard for quite some time to ensure this year's AGM at White Point Lodge is a great success. Please sign up early space in some activities is limited and we do not want anyone to be disappointed.

This past month has been busy with travel to regional society meetings. I would like to thank each region for their hospitality they have extended to Steve and I. The presentations have been well received and often generated much discussion on current NSDA issues.

Finally I would like to recognize two NSDA members who have recently received awards from the CDA at the April AGM in Ottawa. I was proud to attend the awards luncheon and see these two long serving NSDA members receive recognition.

Dr. Bill MacInnis was awarded the Honorary Membership Award. This was a very deserving award given to him for his outstanding contributions to the dental profession over the course of his career. As most of us are aware Dr. MacInnis is a former NSDA president, former Dean of Dalhousie Dental School, and Registrar of the Provincial Dental Board of Nova Scotia up until his retirement last year. His accomplishments are much too long to mention in this column, suffice it to say it was a well-deserved award.

Dr. Grahame Usher received the Award of Merit. Dr. Usher over the years has served on many NSDA committees including serving as NSDA president. He is an instructor at Dalhousie Dental School. He was a member of the CDA board of directors as well as various committees, including being chair of the CDA convention organizing committee the last time it was held in Halifax. His dedication to organized dentistry is greatly respected

Congratulations to both Bill and Grahame.

I have certainly learned nothing gets completed without the help of others and the NSDA is fortunate. As a whole I think the NSDA has been very successful with the partnerships it has forged in the past. May they continue to grow in the future. Henry Ford once said

"Coming together is a beginning, keeping together is progress, working together is success".

Dr. Stuart MacDonald, President
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Nova Scotia Dentist

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Steve Jennex, Executive Director

A year of many successes, and one slow start

Executive Director's Message

Each April marks the beginning of a new fiscal year for the NSDA, as we begin to formulate plans for the coming year and a budget to present at the Annual General Meeting in June. The financial audit takes place and committees and working groups wrap up their activities with submissions towards our Annual Report to membership. Your governing body takes a frank and honest look at how far we've progressed towards the goals of the current NSDA strategic plan.

It's also a good time to look back upon the past twelve months and gauge the highs and lows, the hits and the misses and what was accomplished along the way. 2013/14 was a year characterized by many successes and one slow start. First, the high points.

The NSDA new member website finally launched. After many months of development and testing and delays with system connection "bugs" with our database, the new member website www.nsdental.org was finally launched and has proven to be worth the wait. Thanks go out to the Oral Health Promotion Committee and NSDA staffers Eliot Coles, Arnaud Kubwakristo and Donalee Ward.

NSDA publications were modernized & improved. A re-design of NS Dentist and our membership directory and suggested fee guides has resulted in easier to use and more visually appealing products.

Non-Dues Revenue became a new focus. At the direction of governing council, the NSDA began new forays into non-dues revenue generation with website advertising and publication sponsorships. These endeavours went better than we had predicted.

Practice efficiency E-Tools arrived on the new website. A by-product of our involvement with the dental economic consortium and RKH & Associates, brand new self-serve dental practice efficiency e-tools are now available for all to use on the member website. We're proud of these new offerings and plan to expand this section of the site in future.

Government relations took flight. During the summer of 2013, NSDA staff and senior volunteers met with the province's opposition party health critics to discuss access to care priorities. One of the meetings was with the then Liberal health critic, Leo Glavine, who is now Minister of Health and Wellness. In late March of this year, we again met with him to discuss shortcomings of the current children's dental program and the need to expedite the dental tariff negotiation process towards a new (and improved) tariff.

The NSDA/Dalhousie Dental Student Mentor Program launched. This new initiative pairing students with

mentors in practice has been a success that will serve as a model for other programs across Canada. A big thank you goes out to Dr. Kirk Blanchard and his Student Affairs Committee (Drs. Chris Lee, Caleb Porter, Frances Tompkins and Paul McLaughlin plus dental student Monica Monroe) as well as Jon Bruhm at Dal and the 41+ volunteer mentor dentists.

Immigrant Integration activities scored a touchdown. A seminar and instructional video have been delivered to help acclimatize immigrant dentists new to Nova Scotia. A huge thanks is owed to the volunteer committee chaired by Dr. Terry Ackles (Drs. Menashe Cieplinski and Asraa and Asile EIDarahali) and our partners at ISIS.

Water Fluoridation was successfully defended, again. While many jurisdictions across Canada are busy putting a halt to the beneficial effects of fluoridated public water systems, Nova Scotia has stood firm. This past year, despite the attempts by anti-fluoridation activists in HRM, the NSDA and its fluoride partners have maintained water fluoridation in the fight against tooth decay. Drs. Ross Anderson and Tom Boran were instrumental in this effort.

Applause for the new Infection Prevention & Control guidelines. In early autumn, the NSDA distributed its brand new infection prevention and control document to membership. The hard work and long hours by Dr. Peter Thompson and his Clinical Affairs Committee (Drs. Mark Sutherland and Vivian Khouri) should be noted.

Some of the high points came from the efforts of individuals and organizations outside the NSDA, like the new Retiree Benefits Program launched by CDSPI, the new Atlantic Provinces Insurance Liaison Committee setup by NS, NB, PEI and Newfoundland Labrador to help address issues with dental insurance carriers, and of course the Atlantic partnership bringing the new oral health section to Living Healthy in Atlantic Canada magazine. These are all positive initiatives that will pay dividends in terms of beneficial outcomes for years ahead.

The "slow starts" focus squarely on the Chief Dental Officer and the continued efforts to get government to officially open new tariff negotiations for the MSI Children's Oral Health Program. After writing to government last summer and requesting new tariff talks to address the many serious issues with the current MSI tariff, the NSDA and its tariff committee chair polled membership and met with a number of dentists who limit their practices to children. Issues and problems were identified and assembled into a list of "critical fixes" sent to government staff in early autumn and the focus of a face to face meeting. Considerable effort has been put into the process of gathering input and researching the MSI program statistics by your Tariff Committee Chair, Dr. Phil Mintern. At the time of writing this column, the NSDA has just been advised of its first meeting with government to begin the negotiation towards a new tariff. This will happen at end of May – much later than we had hoped for.

We have expressed our disappointment to the Minister over the sudden cancelation of government funding for a provincial Chief Dental Officer, as promised by government last year. This role is one the NSDA has advocated for in past as being essential to make oral health part of public health policy.

Thanks to all for a good first year in this chair – especially Stuart and the table officers for their ongoing patience.

Steve Jennex, CAE
Executive Director



The Benefits of Going Global

Earlier this year, a group of 8 Dalhousie dental students and one dentist travelled to Guatemala in order to offer dental help in rural San Bernardino County. The trip was a huge success with over 450 extractions and 240 restorations completed during the five days of clinic. The trip was student organized and led by Benjamin Lawlor and Heather Patry. Although it took a year of planning, the trip was an incredible experience and the benefit to the Guatemalans was immense.

Hailing from Maine, but studying in Nova Scotia, Lawlor and Patry used the American Dental Association website to connect with Partners In Development (PID) out of Ipswich, Massachusetts as their partner on this project. PID is a non-profit organization that operates clinics in Haiti and Guatemala. The clinic in Guatemala consists of two offices, a pharmacy, three examination rooms and a slightly dated operatory. The examination rooms were converted to operatories for triaging and extractions while the single working hand piece was used for restorations. The beautiful weather even permitted the use of a make shift operatory on the covered patio behind the clinic.

The trip was supervised by Dr. Matt Valentine, who practices out of St. George, Utah, who had experience with international volunteer efforts, and happened to speak fluent Spanish as well. But it may have been his teaching and team management skills that were most helpful of all. By the end of the week, he had so much faith in the team, that he let them restore his own tooth that had chipped during lunch!

The other members of the group included from Dalhousie included: Ben Lamarche, Ryan Millet, Tom Dickson Sarah Lawlor, Joseph Carter and Marcos Klemig.

Even though they had 4 translators to assist them, they quickly found out that knowing a little bit of Spanish might actually be worse than knowing none at all. On the back patio, one of the students asked a young male patient to swallow. Well, he thought he was asking him to swallow, but what came out was the word for spit. The young boy looked up quizzically and upon hearing the command again, he followed through. The response caught the students off guard. They also learned that the Spanish translation of year, "año" can sound like an inappropriate word if not pronounced correctly. The Guatemalans were very courteous however and only acknowledged our conversational deficiencies

with a repressed smile.

The language barrier didn't stop the people from expressing their thanks however. Hugs and handshakes were the norm after a successful extraction. Many of the kids would come back day after day with their shiny new toothbrushes in hand to show that they were now "brushers". Kids were the predominant focus during this trip.

PID did a fantastic job of ordering supplies ahead of the group's arrival, setting up appointments for local community members, providing translators and a non-stop supply of patients.

The impact was substantial and every student who participated feels vastly more confident in both extractions and properly dealing with pediatric patients. If carried out properly, an international trip can be one of the greatest learning experiences of a dental student's academic career. The group has many fond memories from their first outreach trip but is confident that it will not be their last.

If you are interested in more details on the group's trip to Guatemala, or getting involved in the trip next year already starting to be planned, contact:

Ben Lawlor
Benjamin.Lawlor@Dal.Ca
902 789 3454

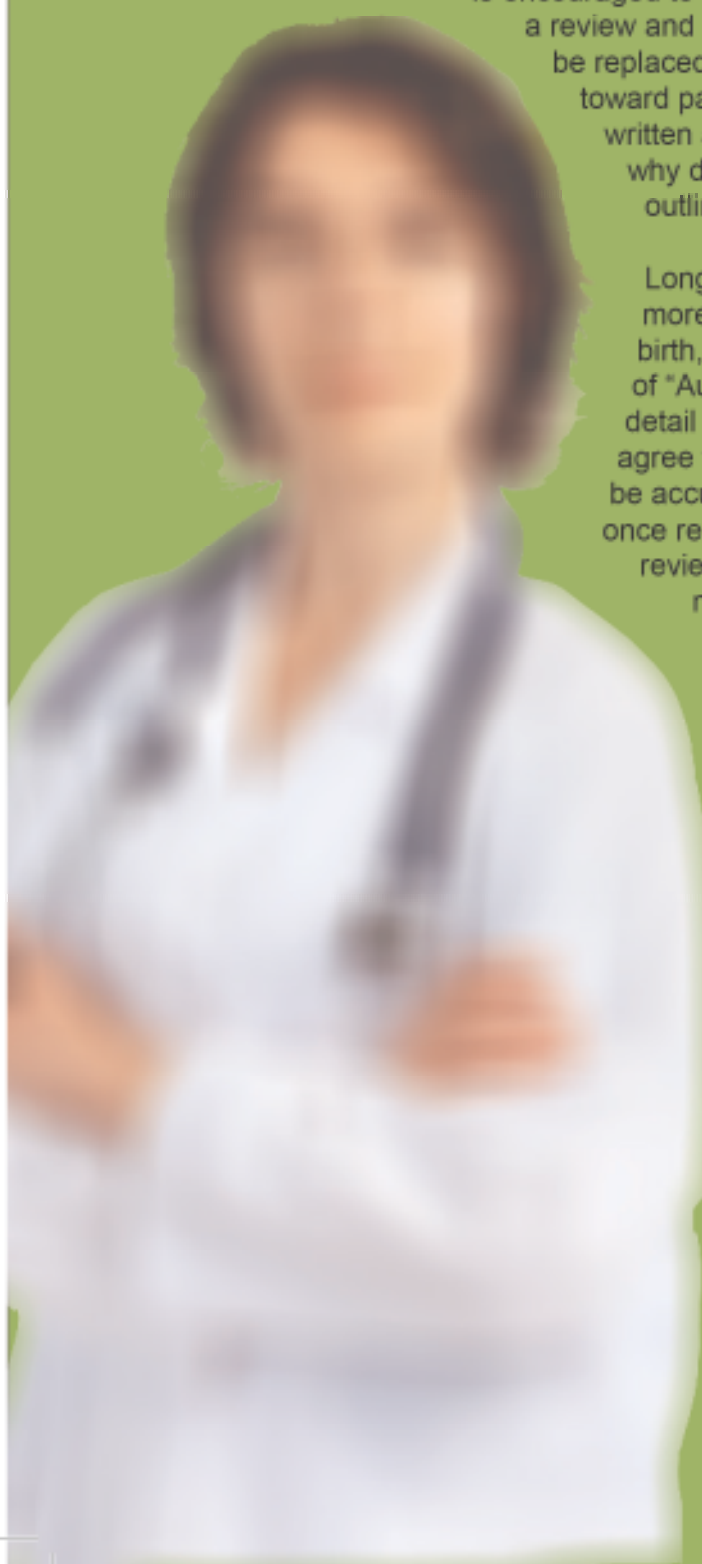


Complaints, Audits & Dental Records

The Provincial Dental Board of Nova Scotia (PDBNS) has a "Record Keeping Guidelines" document on their website that every NSDA member is encouraged to read (1). It may be a 2006 edition and might benefit from a review and update – similar to PIPEDA for example, which will soon be replaced by PHIA - but, in a time where there is pressure to move toward paperless offices, it does state the guidelines apply to both written and electronic dental records. Basic information such as why dental records are kept and what needs to be recorded are outlined in detail.

Long gone are the days when a patient's chart contained little more than their name, address, phone number and date of birth, and progress notes consisted of an entry along the lines of "Aug. 1/72 #1-5 MO AR \$54". Some may argue that too much detail is just as bad as too little detail but I don't necessarily agree with that train of thought. Obviously the information must be accurate, legible and relevant to the patient's treatment. I once read a progress note that might as well have been a movie review; there was great detail of the patient's anxiety and the many steps the provider took to help calm the patient, but nowhere did it indicate the treatment provided. In this case, the patient was billed for an extraction but there was no record of the procedure in the patient's chart. We've all heard the expression "if it's not written down then it didn't happen". Since the chart is a medico-legal document, imagine defending it in a court of law if a post-op complication were to occur!

Although dental records should not be completed in anticipation of an audit or a complaint, they should be comprehensible in the event of a third party review. Today, everyone seems to have their own versions of symbols, abbreviations and acronyms to record the greatest amount of information with the least amount of effort or space. The only potential problem with this is the lack of one standardized list employed by all can easily allow for unintended room for interpretation. If you use them regularly, they should be consistent from entry to entry and from chart to chart and consider keeping a list or legend of their explanations in the office. Otherwise, it could lead to confusion and lack of clarity in the record. It's interesting to note the American



Dental Association produced a guide in 2008 for their members on the use of abbreviations, symbols and acronyms for dental terminology; while many are commonly used and accepted in the literature, others are unfamiliar and perhaps unique to our American colleagues (2).

Case in point:

When third party carrier representatives call the NSDA to ask if Dr. X can do such-and-such a procedure, I have to ask them to elaborate. Do they mean "can" as in does it fall within their scope of practice or "can" as in a specific procedure for a specific patient? Generally speaking, I can address the former situation but for the latter, I advise them to speak directly with the provider of care; the only person who can respond accurately regarding services rendered. Occasionally, a dentist will have taken a Continuing Education course in a discipline such as endodontics, for example, and will feel more comfortable treating some of the cases that would have previously been referred to a specialist. The insurance company's computerized network will detect the increased number of endodontic treatment claims submitted by patients in Dr. X's practice and a red flag goes up followed by calls to the dental office about billing practices. Good record keeping will go a long way in helping with these situations.

Complaints, which are typically handled by the PDBNS except when they concern dental fees, are more likely scenarios when your charts might be called into question. Although explaining the cost of dental treatment should be the responsibility of the dentist, sometimes the Association is able to assist with generalities but then the patient is advised to discuss specifics with their dentist. Patient complaints tend to come in clusters of three with the most recent batch about "dental freezing" lasting for days and /or weeks. One patient researched on the internet (reliable source for all things scientific) and wanted a referral to a neurosurgeon for treatment. If this sounds familiar, you may need to sit down for a discussion with your patient when they call.

In a perfect world, the PDBNS wouldn't need a Complaints or a Discipline Committee but, it's not and so they're a necessity. Should a patient file a complaint, it will be the information contained in the patient's chart that will be invaluable. By following a consistent routine for completing chart entries there is less chance of errors or omissions. Potentially, this should be an advantage for the electronic chart if the software program prompts you to complete fields but you still need to complete each field even if it is to indicate "within normal limits (WNL)".

There is no sure-fire way to avoid complaints; however you can try to prevent them by having honest and open discussion with patients regarding treatment options and fees, by recognizing the limit of your abilities and referring to a specialist as needed, or by documenting everything. So for these reasons and no doubt any number of others, it's my humble opinion it would be wise to read over the Board's guidelines for record keeping.

Resources:
Provincial Dental Board of Nova Scotia
<http://www.pdbns.ca/recordkeepingguidelines.aspx>
American Dental Association
https://www.ada.org/sections/professionalResources/pdfs/dentalpractice_abbreviations.pdf

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The program is not affiliated in any way with the licensing board.

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The Making Of A MasterPiece

After much deliberation, the Oral Health Promotions Committee decided the HealthyTeeth.org domain was too valuable in terms of web search optimization and brand recognition to leave by the wayside. Following the feedback and outcomes from the 2013 AGM member interactive session, 2 lists were



created: things to keep and things to scrap. The old healthyteeth.org & mindyourmouth.ca have been combined into one high-powered interactive website, that will continue to add and update student and teacher educational resources alike on a regular basis.

Explore the site for yourself to discover all the new interactive elements - and send along your suggestions for more things you would like to see online.



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CommunityFund

Hawthorn Elementary School | Dartmouth, Nova Scotia | Dr. Robert Melanson

Hawthorn Elementary School is a small school in downtown Dartmouth which is home to about 200 students and 110 families. It is situated in mixed demographic area yet features a close-knit and active school community.

At the beginning of 2013, the school was advised by HRM that the wooden playground structure adjacent to the school was suffering from rot and would need to be removed completely. By that time, some components had already been removed from the site. Having a functional playground proximate to the school was seen as imperative.

With great support from HRM, the school community set out on a project to renew the playground. Community consultation sessions were held, design ideas were gathered, and a professional designer was brought in to aid with the development of the renewed playground structure. The resulting design was one which endeavoured to capture the main ideas coming out of the consultations, particularly accessibility, consideration of age differences, and the 'flow' of play throughout the playground. A regrading of the ground is also a major component of the project.

In the meantime, another group of parents set out to raise funds for the project in an attempt to reach a fundraising goal of \$90,000. Nova Scotia Health & Wellness was another major contributor, along with the city. Local businesses, groups, and individuals stepped up and the total raised was \$87,000, which includes the very generous contribution of \$3,000 from the Nova Scotia Dental Association Community Fund. The Hawthorn community is particularly appreciative of Dr. Melanson who endorsed our application to the Community Fund.

So, while we fell just short of our fundraising goal, we have an amount that meets the requirements for our design and we are moving forward. We have a playground design that encourages activity for the children, provides for a safer fall area with a wood-fibre surface, offers different play elements for different age groups, and features a wheelchair ramp and wheelchair access stations.

HRM has tendered the project and the contract is in place. The removal of the existing playground structure is scheduled to begin as early as possible in April, with the construction of the new playground to follow immediately after. With luck, the children at Hawthorn Elementary and in its downtown Dartmouth neighbourhood will have a safe, new playground in May 2014; thanks, in no small part, to the Nova Scotia Dental Association Community Fund.



Have You Protected Your Dental Office Against Possible Risks?

Fire, water damage and ice storms were just some of the catastrophic events that disrupted the lives and businesses of Canadian dentists last year. Using past real-life claim examples, I'll show you how taking preventive measures can protect your dental office against possible risks and minimize interruptions. This information can save you money and allow you to resume normal office routines as soon as possible, if disaster strikes.

Water Damage

Situation: On a Friday evening in winter, a dentist closed his practice for the weekend. Upon returning to the office on Monday morning, he discovered the office under a foot of water. A window in the washroom had been left open, causing water in a toilet bowl to freeze and split the bowl, and the water lines for a dental unit to rupture and flood the office. The floor was warped. The basement ceiling had collapsed, and wooden cabinets were damaged beyond repair.

Water damage is a leading cause of property insurance claims in Canada, with an annual average of about

\$1.7 billion paid by insurers in recent years, according to the Insurance Bureau of Canada. It's also a top reason for claims in the Canadian Dentists' Insurance Program's TripleGuard™ Insurance plan.

In the above claim situation, a walk-around inspection of the premises to check that windows and doors were secure could have prevented the approximately \$50,000 in damages that occurred. In cold weather it's also important that sufficient heat is maintained to avoid freezing of water lines and, if you have a master solenoid switch to control the water lines, ensure it is in the correct position at the end of the day.

If you are in your practice when a water leak begins, you can take steps to reduce the severity of the damage. Turn off the water supply immediately and clear floor drains of any obstructions. Carry movable items from the flooded area to a dry area of your practice. Mop or wet vacuum the floors and wipe excess water from furniture. To speed drying, open drawers and cabinets and, in seasonable weather, open windows. If the practice has a basement level, installing a backwater valve



*Renata Whiteman
CDSPI Advisory Services Inc.*

can stop sewage from entering the basement. Contact your municipality for information about installing a backwater valve.

Extended Power Failure

Situation: An ice storm caused power lines near a dental practice to buckle. The dental practice was closed for several days until power was restored. The dentist's practice interruption coverage reimbursed his income loss of nearly \$10,000 while the office was closed. The office lost power during cold weather, which could have caused plumbing to freeze and burst. Therefore, a plumber drained the pipes in the office to prevent damage from flooding.

In this situation the dentist was back to work quickly, so he did not need to establish a temporary office. However, his TripleGuard™ Insurance plan

would have covered expenses related to setting up and operating a temporary location, if one is needed. If closure of the practice is expected to last several weeks or months, your contingency plan may include renting an office elsewhere or sharing another dentist's office. Storing secured back-up computer files at an off-site location can allow you to continue your practice at another location if your office is inaccessible.

Fire

Situation: The timer on a sterilizer unit failed. The unit overheated and started a fire in the dental office. Luckily everyone escaped injury, but the fire caused \$11,000 in damages to the practice. To avoid a similar situation, ensure electrical appliances are monitored and not left unattended for long periods of time. All equipment, including sterilizers, should be serviced regularly to prevent

malfunctioning.

If, in spite of such precautions, a fire occurs, evacuate everyone from the office immediately and call the fire department, since a small fire can get out of control quickly. Install approved fire alarm systems and test and maintain them regularly. As well, hold regular fire drills, showing all your employees how to exit the building safely and quickly. Keeping updated video evidence of your office contents and copies of receipts for office purchases at an off-site location will help you provide proof of your loss to the insurance adjuster in a claim situation.

Approximately one in 15 dentists will experience a fire or other office mishap this year.¹ Being adequately insured can reduce the financial impact on your practice if disaster strikes. Before an emergency happens, find out the current replacement cost of all the items in your office, including your

dental equipment, furnishings and supplies, and buy office contents insurance coverage based on that amount. If you own the building in which your dental practice is located, ensure that you have sufficient coverage to allow you to rebuild in the event of a total loss.

To report a TripleGuard™ Insurance claim, contact CDSPI's Insurance Claims Customer Service at **1-800-561-9401** (outside business hours, call 1-866-556-2821). For assistance protecting your office with appropriate insurance and keeping it up-to-date, please call me at **1-800-561-9401, ext. 6806** or send an email to rwhiteman@cdspiadvice.com.

¹Source: Based on data from the Canadian Dentists' Insurance Program.

TripleGuard™ Insurance is underwritten by Aviva Insurance Company of Canada.

Renata Whiteman, a licensed life and health insurance agent and a licensed general insurance broker, is a Professional Insurance Advisor at CDSPI Advisory Services Inc.

Oral Health Month



From Your Nova Scotia Dental Association

Oral Health Month in Nova Scotia

With another Oral Health Month in the books, the NSDA wanted to highlight some of the Oral

Continued on Page 16

Health Month activities you may have noticed going on around the province. You may have seen some familiar faces on television being interviewed on the news, or heard the catchy jingle "We Be Brushin". It's been a busy month for staff and members alike, but here is a quick review and thank-you to everyone who volunteered.

"We Be Brushin"

The NSDA re-branded an award winning public service announcement (PSA) created by the Manitoba Dental Association for use in Nova Scotia. This catchy music video aimed at children was played over 650 times on CTV, CTV2, CTV Sydney and Global Halifax throughout the month of April. The closing credits of the 30 & 60 second commercials indicate viewers can watch the full-length 2 minute video on our new website, healthyteeth.org.

By using this telemaster certified PSA, the NSDA received 1 promotional spot free of charge for every spot purchased during this campaign. Other local media outlets including Eastlink have also put this into their PSA rotation at no cost, to help educate and create awareness of the importance of oral health care.

CTV and Global News

A second television component of our Oral Health Month campaign featured news stories and interviews on the respective networks throughout the month. This included 4 Global Morning News interviews with Drs. Debora Matthews, Michael Creighan, Stuart Richardson and Joel Powell, and a segment on CTV Live@5 with Dr. Scott MacLean.

Atlantic Provinces Oral Health Month Partnership

The 4 Atlantic Provinces partnered for an additional campaign during Oral Health Month featuring dental interviews with dentists from across Atlantic Canada on CTV Morning News. In addition to these stories, there was over 100 oral health month promotion commercials, and a billboard ad/link on ctvatlantic.ca directing traffic to the NSDA website. Interviews for this part of the campaign featured Nova Scotian dentists Drs. Michael Creighan and Lyn Fitzpatrick.

Thanks to all of these members for volunteering their time and expertise.



Dr. Debora Matthews (left), Dr. Stu Richardson (middle) speak with Global Morning News and Dr. Michael Creighan (right) speaks with CTV Morning Live during April.

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As the local CDSPI advisor for the Maritime Provinces Region, I work exclusively with dental professionals. This specialization gives me an extensive understanding of the issues many dentists will encounter during their careers. Let's talk soon.

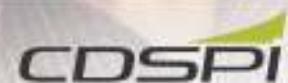
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34-180 02/14

CommunityFund

Foyer-École Centre scolaire de la Rive-Sud | Cookville, Nova Scotia | Dr. Philip Mintern

Dear members of the Nova Scotia Dental Association:

On behalf of the Foyer-École (Home and School Association) at Centre scolaire de la Rive-Sud in Cookville, NS, I want to thank you very much for the generous grant we received from your association. As we outlined in our proposal, we purchased an industrial-grade popcorn maker and the necessary supplies and equipment to go with it. We received our popcorn maker in October 2013, and have been using it regularly since then. We use it as an in-school fundraising initiative and for special fundraising events in the community, and our partners at the school use it for their special events.

With very sincere appreciation,
Mary Dillon
Foyer-École President, 2013-14



Nova Scotian Dentist Making an Impact In Ontario

NOTE FROM THE MANAGING EDITOR:

I was recently in Nova Scotia visiting my elderly parents. Not long before, my dad, George Kuipers, had had a partial denture installed by his dentist, Dr. Mariette Chiasson of Halifax. Because he requires oxygen therapy to breathe and has problems with mobility, making the trip from his home to Halifax to have adjustments made to his denture is an exhausting and often painful process for Dad.

Like many general practitioners, Dr. Chiasson has a busy schedule and her days are filled with appointments. Yet she took the time to visit Dad, not once but three times, over the course of a few weeks to adjust the denture and ensure it was comfortable and secure. She made these house calls after her own long day was finished, arriving with a little tool kit — and smiles, laughter and hugs to cheer Dad up.

Of course Dr. Chiasson, who has been my family's dentist for many years, has our appreciation — but I wanted to take this opportunity to also say thank you to a Nova Scotia dentist! Dr. Chiasson is indeed an example of a dentist making a difference.

Thank you,
Julia Kuipers

Julia Kuipers in the Managing Editor for Ontario Dentist Magazine. This note was published in the January/February 2014 edition.

Notices

The  presents **Oral Cancer Survivor Eva Grayzel**



Every day nine new cases are confirmed and every eight hours one person in Canada will die from oral cancer. Eva Grayzel came close to being the "next" in this statistic. The evening details about Eva's delayed diagnostic situation, thinking about enhanced patient care and education, a frequent and ongoing, Eva reveals the devastating effects of treatment, diving forward to take responsibility for early intervention. Eva speaks from heart to heart making her message memorable and a catalyst for change.

Objectives:

1. Integrate screenings with patient education
2. Motivate patients to save lives through early detection
3. Communicate the value of screenings to patients and care providers

Understand the journey of an oral cancer patient and learn to value early detection.

Sunday, June 8th
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