

Nova Scotia Dentist

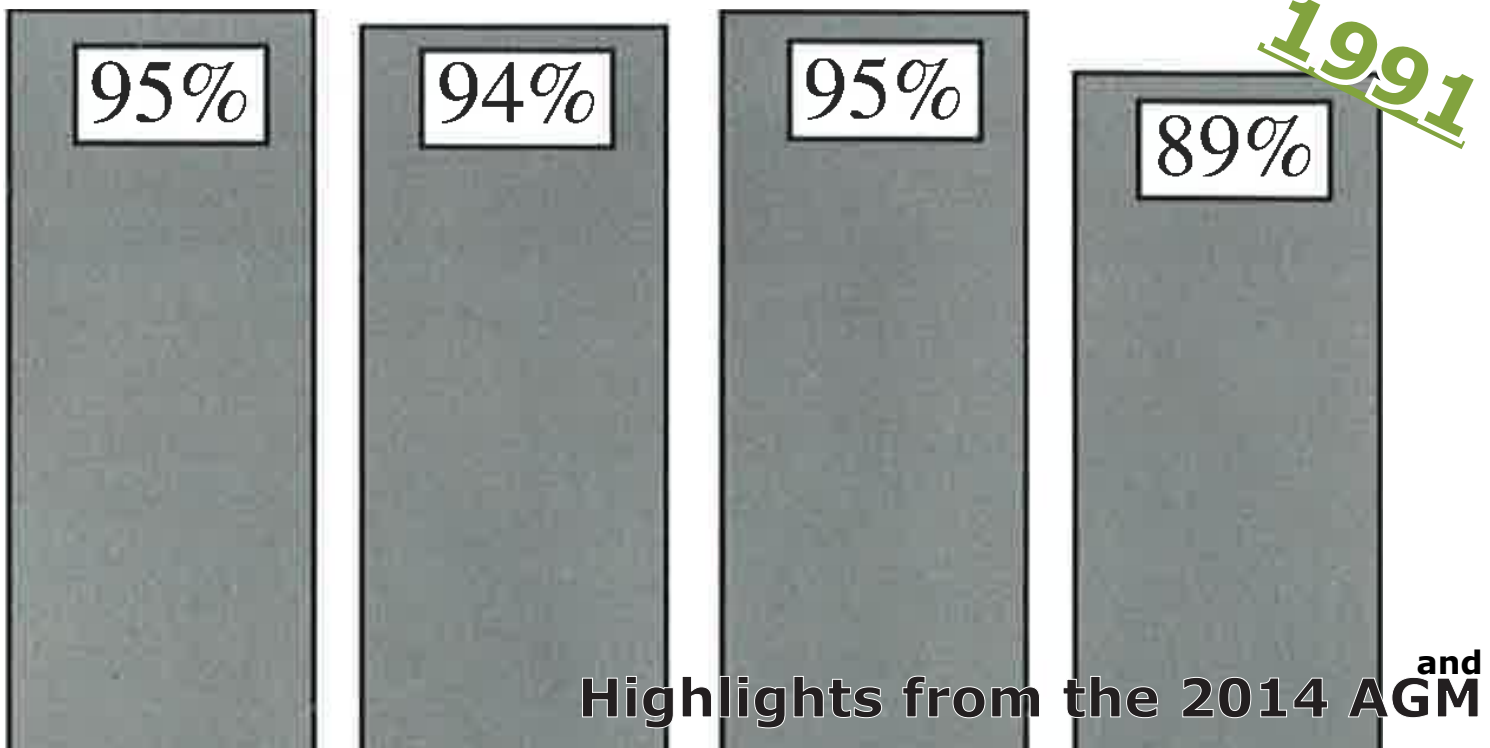
NSDA

Nova Scotia
Dental
Association

Nova Scotia Dental Association Member Magazine, June/July 2014

Volume 31 No. 1

An update from the Trust & Value Working Group
How does the profession compare to 1991?



and
Highlights from the 2014 AGM



Return undeliverable Canadian addresses to:
NSDA Suite 101, 1559 Brunswick Street, Halifax, NS B3J 2G1



NSDA President's Message

One Final Address

Serving as President this year allowed me to meet colleagues from not only across the province but also across the country. I thoroughly enjoyed the camaraderie and spirit displayed by these individuals to work on behalf of their profession for the greater good of dentistry.

I have come to realize we all come from different geographic areas but for the most part we have similar concerns and issues in dentistry.

One of these issues that is on the forefront across the country is corporatization. The NSDA is in the process of putting together the terms of reference for a new *Self Determination of Dentistry Working Group* to look at the issue of corporatization in dentistry. The issue was brought to focus at the 2014 Dentistry Leaders Forum convened by CDA in April. In larger provinces like B.C. and Ontario, they feel it is becoming a bigger issue. In the Atlantic Provinces it is certainly on a much smaller scale but no less important.

When talking about corporatization you have to perhaps distinguish that not all corporate entities are unacceptable. Dr. Jim Armstrong, a practising dentist and professor at the Sauder School of Business in B.C. suggests there are various forms of corporatization and they can be conceptualized as a continuum. At one end of the corporate continuum is where the dentists "own" their charts, they are 100% responsible for their own revenue and clinical decisions, and have easy access to exit the practice without incurring a penalty. As well there is no pressure to reach profit targets to meet third-party shareholder/investor needs. This form of corporatization is likely to be consistent with values held by most of the profession.

Dr. Armstrong suggests at the other end of the corporatization continuum decisions are based on economic or management criteria rather than the clinical needs of patients. The charts are owned by the corporation and the corporation sets clinical treatment rules. In this model the autonomy of the treating dentist is in question, which is of great concern.

By now members should have received a questionnaire on Corporate Dentistry/Self Determination. Please take the time to fill out this survey. The *Self Determination of Dentistry Working Group* will be asked to review the information gathered by the NSDA's member e-survey and establish an NSDA position statement and recommendations for steps to safeguard the self-determination of the profession. Provincial input will be fed upward to the CDA who will act as a repository. The autumn 2014 national meeting of presidents & CEOs will use this information gathered coast-to-coast to formulate steps moving forward.

While I am on the topic of member participation in surveys, I would remind everyone who has received a request to participate in this years RKH economic survey to please complete and return. If you have not



Dr. Stuart MacDonald, NSDA President

been asked ,but would like to participate, please contact the NSDA. The data is vitally important to the *Fee Guide Committee* in helping to generate our annual Suggested Fee Guide.

It has been said many times before and I'll say it again in this final column, volunteers drive the NSDA. This year we had well over 90 members involved with various aspects in the NSDA. When we travelled across the province to the different regional societies it was encouraging to see in all areas the new members who attended these meetings and wanted to be involvement at the local and provincial level. With continued support from members we will continue to reach the goals we set as an association. We have to look no further than our own strategic plan. The goals we had set out in the most recent strategic plan are being reached quicker than anticipated and that is in no small part because of member involvement.

It has been an honour to serve as the NSDA President this year. Going into my soon to be 25th year of practice, it will be remembered as a true highlight. I need only to look back at the many members that have held this same position and worked so tirelessly on the NSDA's behalf to know that the profession is indeed fortunate. This trend is sure to continue with the leadership of Dr. Graham Conrad, who will no doubt serve us well. Congratulations Graham. To my successor Graham I will leave these words of advice "Be who you are and say what you feel, because those who mind don't matter and those who matter don't mind".
-Dr. Seuss

Respectfully Submitted,
Dr. Stuart MacDonald, President
samco@ns.sympatico.ca

Nova Scotia Dentist

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Steve Jennex, Executive Director

Spring/Summer W r a p - u p

Executive Director's Message

The Pitfalls of E-Communication

Earlier this past spring, the NSDA provided resources for members to enable compliance with Canada's new Anti-Spam legislation governing e-communication. These resources (visit the member section of www.nsdental.org and check under "Your Practice", "Office Management Resources") aim to provide guidance as the law became effective in July of this year. Creating them caused the NSDA staff to re-evaluate our own e-communication with membership.

Since the launch of our new website last autumn, the NSDA's E-Dispatch newsletters have all been created with a new online tool that enables us to track how many people receive the E-Dispatch newsletter and open it. Consistently, our "receive and open" rate is less than 50%, and caused us to wonder if email is truly the most effective means of communicating important messages to membership.

To answer the question, the NSDA inserted a query into the annual RKH Census Survey asking by what format members preferred to receive their NSDA news. Much to our surprise, despite the low "receive and open" rate for E-Dispatch, the census survey results revealed that 87% of members prefer email to hard copy. Our challenge going forward will be to figure out why we don't have more members reading E-Dispatch and what we can do to change that. Your suggestions are always welcome. Send us an email at nsda@eastlink.ca.

Patient Information Consent and 3rd Party Audits

Increasingly, the NSDA hears from members who have been contacted by 3rd party dental insurers requesting patient information for the purposes of auditing claims. The question of patient privacy is always raised. Your association, in conjunction with dentistry's Atlantic Provinces Insurance Liaison Committee, created a bulletin offering guidance on the requirement to obtain patient consent to release information during an audit. NSDA legal counsel helped fine-tune the resource which is now available under the Office Management page of the NSDA website nsdental.org.

Dentistry's Self-Determination and how you can have a say

A recognized mega-trend within dentistry is the impact of "big business" ownership of dental practices and the trend of more dentists becoming employees rather than practice owners. The NSDA and the other provincial associations across the country are looking at the benefits and downsides to this trend that has caught fire south of the border and is set to make in-roads here in Canada. We need your thoughts and input to feed up through the system as we look at this nationally. At the time of writing, the e-survey has just been sent out to the membership. We appreciate your time in completing this survey, and look forward to sharing the results with you.

MSI Tariff negotiations finally underway

In late May, the NSDA and government negotiators met for the first of what will be a lengthy series of meetings towards a new tariff for the MSI Children's Oral Health Program (COHP). The many issues members have had to deal with under the current tariff have been summarized into a list of what we are calling "Critical Fixes" and these have been taken to government who are in the process of estimating the impacts on their budget. Meetings will continue this summer.

The AGM –a big thanks to our organizing committee, exhibitors and presenters

While the sun did not shine, much, the weather did not dampen the good times and great discussions held at the NSDA's 2014 AGM at White Point Beach Lodge. For those that might feel the business meeting dodges thorny issues and does not offer opportunity for discussion, I beg to differ. This year, the Open Forum session of the meeting openly dealt with a number of topics from the MSI debate to "big business" corporate dentistry and the Member Interactive Sessions provided direction and insight going forward with the Children's Oral Health Program. I hope to see even more attendance and lively discussion next June when we will be gathering in Halifax to mark the NSDA's 125th Annual General Meeting.

My sincere thanks to the people organizing this year's event – the local committee (Drs. Tom Raddall, Blair Raddall and Kelly Hatt) and some of the wonderful people I work with every day (Patricia, Eliot and Donalee). This group of six did an amazing job. I would be remiss if I did not also thank our CE presenters, Dr. Ross Anderson and Linda McLarty, Dr. Phil Mintern and Frank Edwards who assisted in leading the interactive session debates, as well as our many exhibitors and CDSPI, who sponsored much of our meeting. See you all next June (12-14) at the Marriott Harbourfront Hotel in Halifax.

Dentistry for seniors in LTC – a bright, new project

Seniors' oral health and their access to care has been an identified objective for organized dentistry at both the provincial and national levels for some time. Nova Scotia has been viewed as a leader in some ways in this area with the innovative "Brushing up on Mouth Care" project led by Dr. Mary McNally and her team. Now, a member in the Annapolis Valley is spearheading a project to provide an in-house dental clinic in a 107-bed LTC facility in Bridgetown, NS. Dr. Jim Inglis, working with the administrators of Mountain Lea Lodge, has arranged for a dedicated space within the building to provide dental care to its residents. While Dr. Inglis and the staff at Mountain Lea Lodge have managed to acquire most of what they need (donated supplies and surplus equipment), there are items remaining on their needs-list. If you have something you no longer use and can donate, visit the Mountain Lea Lodge List on the member section of the NSDA website where you can find an inventory of what's needed.

Patience is a virtue

On a personal note, my thanks to our outgoing president, Stuart. It's not easy stepping into the role of president of your professional association in a year where most of the NSDA staff members were new to their respective roles. Stuart rolled with the punches and steered us through some water that was choppy at times.

Have a terrific summer.

Steve Jennex, CAE
Executive Director

'Building Trust and Value in the Patient Experience'

The Trust & Value Working Group has recently completed the second round of research collection, mimicking similar internal and external research conducted in 2010. The purpose: to compare how the views and reputation of the profession of both the public and dentists themselves across the country has changed over the course of 4 years, while also identifying key issues and challenges apparent in perception discrepancies.

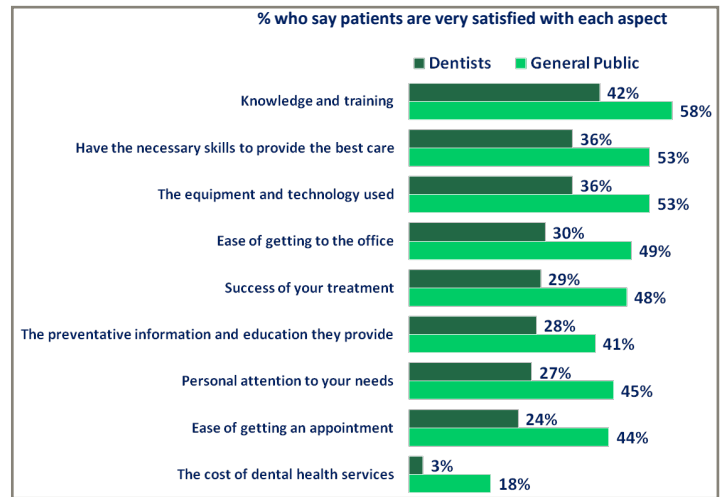
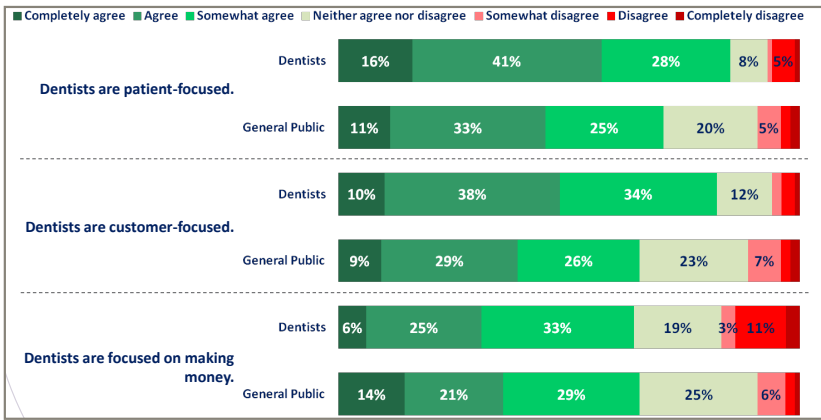
Although the work of this committee is often unknown and unbeknownst, outcomes from the work of this committee include the development of effective communication skills for the benefit of members and their patients, identifying areas of need/focus for public education promotional efforts, reputation management of the profession, identification of key issues and challenges, and resource and knowledge sharing amongst the provincial association members.

Some Key findings from external (public) audience research [nationally]:

- **The relationship between dentists and their patients are often described as transactional, and therefore dentists are often seen as business people first, health care providers second.**
- **When the public talks about dentists, they often include opinions about their hygienist.**
- **The education and qualifications required to practice dentistry are poorly understood.**
- 95% of Canadians say oral health is important.
- 69% of Canadians agree oral health is an important component of overall health.
- 60% of Canadians continue to have a positive or very positive view of dentists.
- 71% of Canadians believe dental care is a worthwhile investment. Even among those without dental coverage, only 15% of Canadians would eliminate a dental visit to save money.
- While the cost of dental care is an important determinant of whether a patient will visit the dentists or not, it only has moderate importance compared to other factors such as convenience and the dentist's skills and training.
- The stronger the patient's relationship is with their dentist, the more frequent their dental visits. 62% of Canadians say that when the dentist explains clearly what they have found during their dental exam, they are more likely to agree to the dentist's advice. 46% say that they receive this explanation from their dentist.

Internal research (dentists' perspective) of their profession and their patients experience [nationally]:

- **Dentists are harder on themselves/their profession than the general public actually is.**
- **They are less likely to think the public have positive views than they actually do, and less likely to think patients are satisfied with a range of aspects of care than they actually are.**
- **Dentists recognize that perceptions of trust, value and respect for the profession have declined.**
- **Dentists recognize the importance of communication to their relationships with patients and understand that patient expectations in terms of care and information are higher than ever before.** 89% of dentists feel their patients are researching recommendations on the internet.
- 92% of dentists feel communication exam findings, diagnosis and recommended treatment directly to patients, while only 30% feel addressing cost with patients is important. This research indicated that 71% of dentists leave all discussions of cost up to their staff.



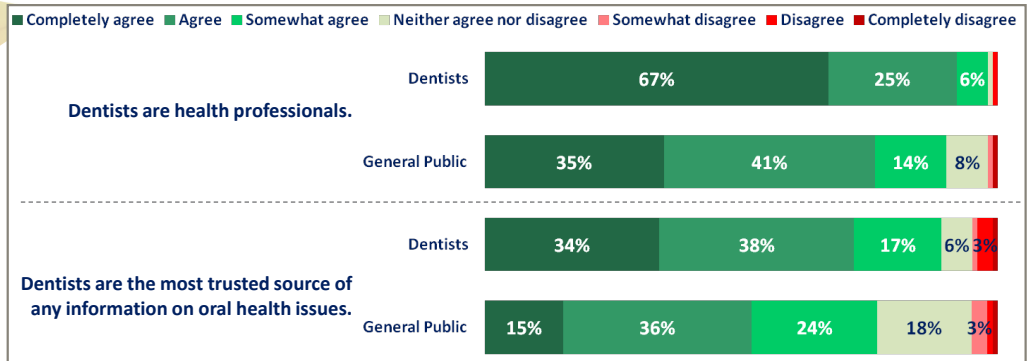
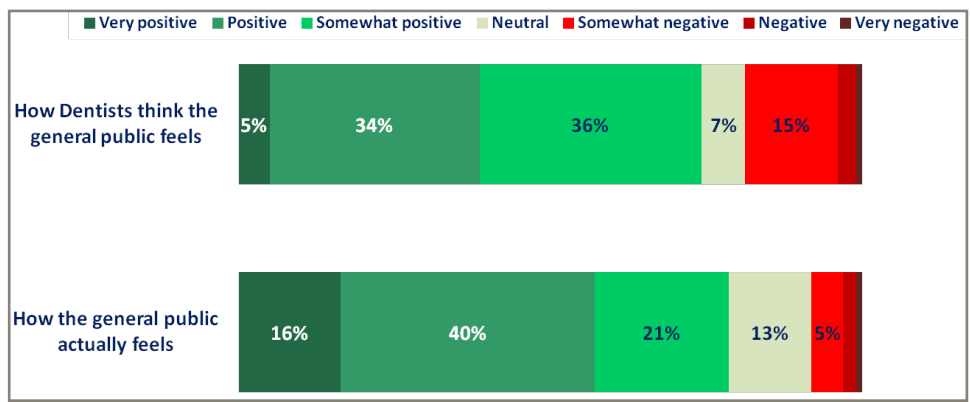
69% of dentists say rising costs are their top challenge.

When dentists were asked why dentists believe the public views their profession negatively, 41% responded they believed other dentists may be recommending unnecessary treatment options clouding the profession's image. The general public responded to the same question only indicating 16% of the public believed they were receiving unnecessary treatment recommendations.

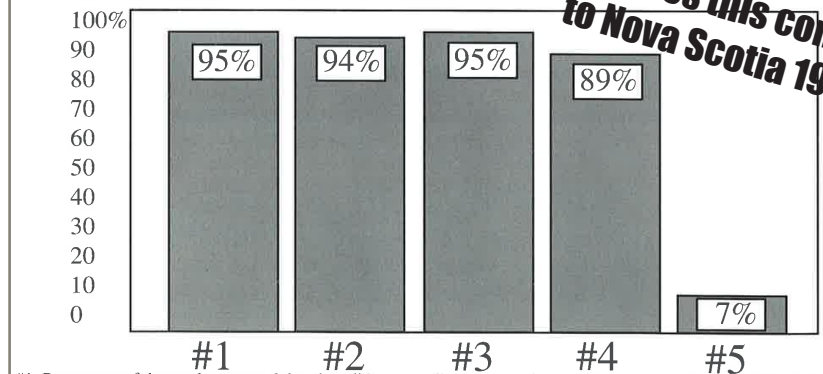
The end findings from the research indicated that the membership took notice of the importance of patient communication that was evidently lacking in the research results in 2010.

Going Forward

The Trust and Value Working Group has no upcoming projects planned, but will continue to function as a platform for provincial associations to share communication tools and monitor national trends in oral health perception.



HOW NOVA SCOTIANS VIEW DENTISTRY:



How does this compare to Nova Scotia 1991?

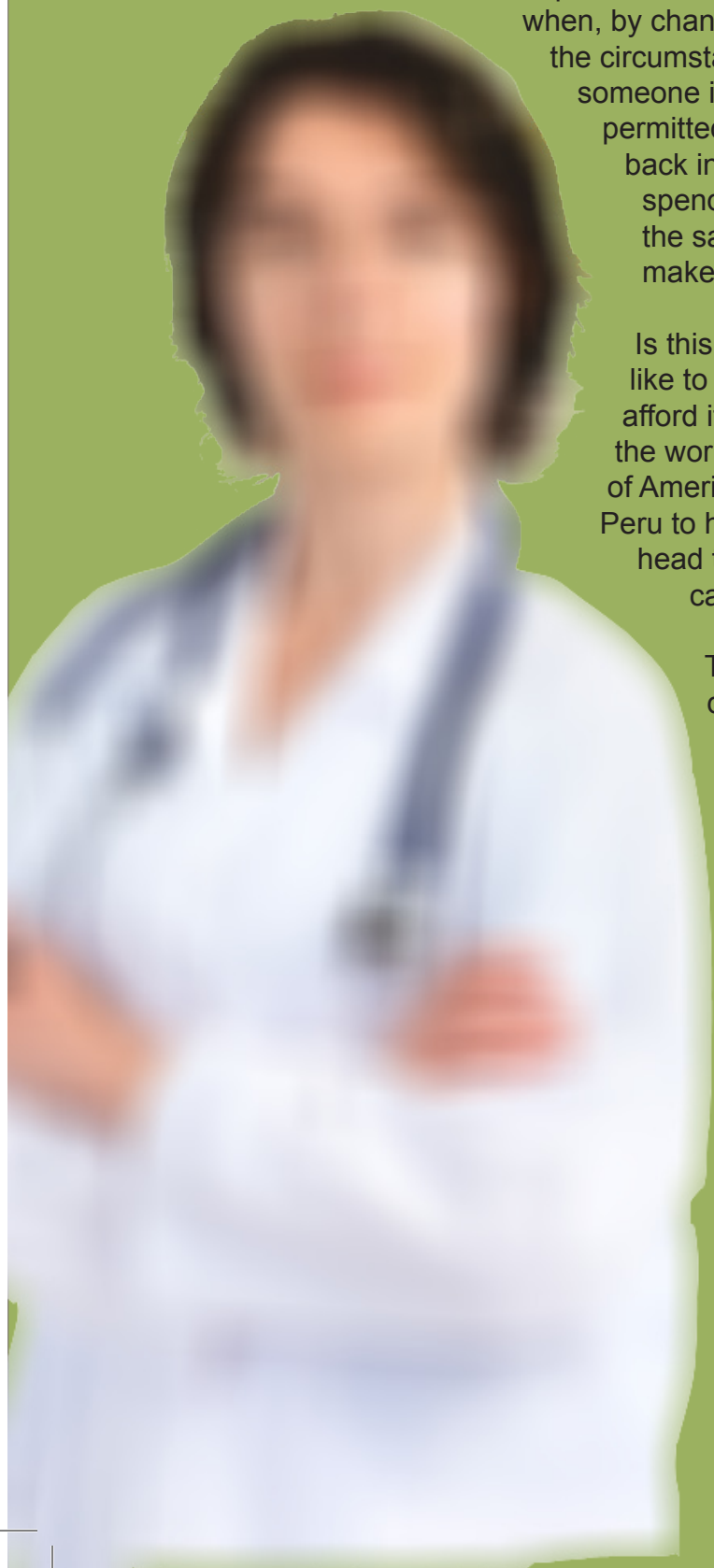
- #1: Percentage of those who reported that they did not usually have a problem getting an appointment with their dentist.
- #2: Percentage of those who reported their dentist takes the time to discuss their patients' dental problems.
- #3: Percentage of those who trust the dental advice given to them by their dentist.
- #4: Percentage of those who believe their dentist uses the most modern techniques in their practise.
- #5: Percentage of those who believe their dentist is more interested in making money than providing quality dental care.

CROSSING BORDERS FOR DENTAL CARE

It's not unusual for Canadians, including Nova Scotians, to head south of the border to indulge in a little retail therapy. Some claim there is more variety or better prices than they can find at home; some happen to be on vacation when, by chance, they happen upon a village of outlet shops. Whatever the circumstance, both buyers and sellers are happy (unless of course someone inadvertently exceeded the maximum spending limit permitted and are stopped and searched as they cross the border back into Canada)! What's the harm in looking for a way to spend less to get more? New clothes, new gadgets – perhaps the same as you could buy at home but at bargain prices that makes us feel how? Good? Satisfied? Happy?

Is this any different from your patients saying as they would like to go ahead with your proposed treatment plan they can't afford it and have decided to travel south (or east or west) to get the work done? And I don't mean south as in the United States of America. Most patients are travelling to Mexico, Costa Rica or Peru to have their dental treatment completed while others may head to countries in Asia or Europe to save on the cost of dental care.

This growing trend is often referred to as dental tourism, dental vacations or cross-border dentistry. It's in fact becoming so popular that Dental Tourism agencies have been established to assist interested persons with all of the necessary arrangements including travel, hotel accommodations and screening of the dentists who will provide the care. On a side note, it's not clear how the screening is conducted or by whom or what criteria was used to allow the agency to recommend the dentist except for testimonials from satisfied "patients". So who runs these agencies? In at least one instance it seems a business opportunity was recognized following the individual's own personal experience with dental tourism. The appeal is obvious – dental treatment while vacationing in an exotic locale at a total cost less than you would pay at home just for the dental care and someone else is taking care of the details. To the consumer, aka patient, this saves both time and money and causes fewer headaches. There is no data to indicate whether dental tourists are more likely to utilize an agency to arrange their dental care, utilize an internet



search engine on their own to find a dentist in their dream destination or rely on word of mouth from a friend or family member. But as we know, passing along a good experience or successful treatment with a particular dentist anywhere in the world goes along way with patients.

Cosmetic surgical procedures have been the main draw for medical tourism over the years and so it should be no surprise that requests for cosmetic dental procedures or full mouth reconstructions including dental implants, crowns, bridges, partial and complete dentures and veneers are at the top of the list for dental tourism. Once in the foreign dental office, it appears that patients often decide to have other dental treatment completed including radiographs, scaling, root canal therapy, extractions and fillings, all at a fraction of the cost they may have been quoted at home.

The benefit of saving money on dental care is the primary focus for the patient but, at what risk? The choice of dentist may or may not be a problem. In any country you will find dentists who are skilled and the few who are not so skilled just as you will find those who are ethical and those few who may not be quite as ethical as you would hope. In Canada, dentists are expected to provide a standard of care which is regulated by our licensing body and in part by the government. Although there may be differences, other countries also have requirements dentists must meet. For the consumer, who has the right to choose, it means they need to do their homework before making a decision regarding their oral health care provider.

A major concern for the dental tourist should be what happens if the treatment is unsuccessful and requires follow-up care. Will they travel back to their vacation destination for further treatment? If there are more serious complications, will the patient have the ability to make legal claims in a foreign country? What if the patient returns to your office and expects you to “fix” what was begun outside of Canada? There are no easy solutions for the patient. If you decide to treat, you have the right to bill the appropriate fee for service to address the concern but may end up opening the proverbial can of worms. From an ethical point of view, you really shouldn’t make negative comments about another dentist’s quality of work but if the work does not meet expected standards, you will somehow have to explain this to the patient. In these situations, the patient may not have saved any money at all.

If you have a patient interested in destination dentistry, it would be preferable to know this before rather than after the fact. This would allow you the opportunity to educate your patient about potential risks and benefits, such as infection control, treatment complications and your practice policy on continuing care, rather than judging their decision. The British Columbia Dental Association has created a patient information sheet titled “Dental Care Outside of Canada” which lists the recommendations they feel patients should consider before seeking dental treatment outside of our country. It is well written in a positive manner and covers a number of things many patients might not otherwise think about. Most importantly, it includes the patient’s involvement in the decision making process of dental care and overall quality of health. The link has been provided below.

www.bcdental.org/YourDentalHealth/YourDentalHealth.aspx?id=10389

Professional Support Program - just one phone call away

The Professional Support Program offers confidential help to dentists and their families who are experiencing problems – whether they are personal or professional, financial or psychological, psychiatric or addictive.

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

You are not alone; support is just one call away. (902) 468-8215. All calls are confidential and will be returned within 24 hours.

NSDA AGM 2014 W

Wet and windy weather couldn't dampen the mood at White Point Beach Resort over the June 13-14th weekend, as the Southern Hospitality shined as brightly as ever.

Close to 80 NSDA members, some with their families & staff took in the weekend's festivities which featured some of the best social events & dining, engaging CE sessions and passionate member debate in the interactive sessions.

Friday

Controversy struck on the golf course at the Annual Aurum Golf Tournament, with debate over the true "winning team" spilling over into the evening.

Lobster and steak were on the menu Friday night for this pub-style evening, featuring entertainment supplied by our own Dr. David Moore and "Mid-life Crisis". Attendance pushed 170 dentists, family members and exhibitors.

Saturday

CDSPI hosted their annual breakfast – and although the late night prior may have kept a few from attending this early morning session, those who did attend – were impressed.

The trade show and luncheon was the largest the NSDA has seen in years – with 28 organizations represented. Perhaps one of the most unique booth offerings was a live-tutorial of the eReferral system put on by CDA.

The business meeting – much like the CE sessions hosted by Dr. Ross Anderson, Linda McLarty (Germiphene) and the interactive sessions led by Dr. Phil Mintern and Frank

Weekend Highlights

Edwards (RK House) reinforced the dedication and commitment of our members to bettering their profession. Discussion and debate on important topics like children's dentistry and MSI coverage, "big business" dentistry and corporatization and infection prevention and control are only a few of the hot topics in dentistry our membership are so engaged and passionate about preserving.

Saturday saw the Chain of Office pass from Dr. Stuart MacDonald to Dr. Graham Conrad, Dr. Heather Carr thanked for her efforts on Table Officers, and the welcoming of Dr. Jeff Bonang as the new Vice-President.

Dr. Eric Hatfield was awarded the P.S. Christie Award for his Distinguished Service to Dentistry, while Dr. Harold Boudeau was award the Community Service Award. The Clinical Affairs Committee was recognized for their efforts over the year, by being awarded the Volunteer Award. This committee includes Drs. Peter Thomson, Vivian Khouri and Mark Sutherland.

The weekend festivities wrapped up with a tour of the world through food and wine. Cuisine from Canada, Italy, France and New Zealand were on display, as guests put their scrubs and casual clothes away for the evening, and dressed up to salute the newly past President and new leadership at the President's Gala.

Next Year

June 12-14th at the Halifax Marriott Waterfront.

It's never too early to plan for next year – as the 125th anniversary of the NSDA AGM is poised to be the biggest and best ever.

AGM 2014



Notices



*The members of the East Coast Endodontic Study Club would like to congratulate their mentor
Dr. Robert S. Roda DDS., MS,
on becoming President
of the American Association of Endodontists (AAE)*

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How to avoid hiring the **WRONG** people in your practice

By David Harris | CEO Prosperident | May 26, 2014

Much has been written about hiring the right people for dentists. Finding a good personality fit and ensuring that employees properly project your office's personality are things others know far more than I do, so there is little that I can contribute to that discussion.

However, my background as a private investigator and the CEO of the world's largest dental embezzlement investigation firm provides some insight into how "serial embezzlers", who are the very LAST people you want to hire, successfully conceal unsavory pasts. I'd like to share what I have learned about their tactics.

Let's start by profiling typical embezzlers. They are smart, organized, and have strong computer skills. They present well in interviews, and convey an understanding of the preciousness of your time, and commit to creating an environment where that time can be used most effectively. They present an attractive resume without typos (seemingly a rarity today). And, of course, they have dental experience, although you don't yet fully comprehend the nature of that experience.

You are likely thinking that I have just described a perfect employee. One of the ironies of embezzlement is that thieves superficially resemble the perfect employee. Fortunately, there are areas where embezzlers differ from truly ideal employees, and this article will help you differentiate.

The most obvious area is that many, but certainly not all, serial embezzlers have criminal records. A properly conducted criminal records check will uncover this, and allow some rotten apples to be foregone. Two things should be kept in mind here. Many embezzlers don't have criminal records either because charges were never brought, or because of the agonizing slowness of the justice system. Also, since a criminal record could reside in several different places, criminal background checking is complicated and best contracted out to professionals.

My next advice is that, when checking with former employers, verifying education etc., eschew any phone number provided by an applicant. We have seen many cases where doctors thought they were speaking to former employers, finding out much later that it was actually a friend of the applicant pretending. So when verifying past experience or a credential, locate the phone number independently so that you know with whom you are speaking.

Now that you are speaking with the right person, let's consider what you should check. What you are seeking is the "undisclosed job" that the applicant wants to conceal. This job can be hidden either by covering it with non-employment ("home with children", "travelling through Europe" etc.), or by "stretching" the dates of other employment to cover what they want to hide.

If an applicant claims a lot of time out of the work force, request a copy of their tax return and Notice of Assessment from CRA. Like any document, a tax return could be forged, but the nature of this form makes the forgery **a lot** of work, so most applicants trying to hide something will simply move on to another victim.

My other suggestion is to ask each former employer (and you should normally contact all employers from at least the last five years) a few strategic questions.

- Get them to provide exact dates of employment. Don't prompt them with the dates in the resume and ask for verification; human nature may result in them agreeing without verifying.
- Verify job title and responsibilities.
- Ask who the previous and subsequent employers were (most former employers know this).
- Finally, ask each former employer a very specific question, "if this person were available and if you had a suitable opening, would you rehire them?" The attractiveness of this question is that, while former employers are often cautioned by attorneys to avoid derogatory statements, most will find this question, which simply asks about future intent and not about specific actions or characteristics, to be a "safe" question to answer. And a single word answer, like "no" (or anything short of an enthusiastic "yes"), shouts volumes about the applicant.

Compare all answers to the resume, and reject any applicant where dates or job history do not line up exactly with the information you determined independently.

While there is no foolproof means of identifying resume cover-ups, the simple techniques outlined here give you an excellent chance of spotting situations when resumes have been "doctored". Also, while the focus of this article is on finding criminal activity, techniques shown here will also help uncover "resume embellishment", which is a definite concern-- published studies suggest that over 40% of resumes contain some form of lying.

Please feel free to visit our web site at www.dentalembezzlement.com to obtain more resources that will help you detect and mitigate embezzlement.

David Harris is the CEO of Prosperident, the world's largest dental (and orthodontic) embezzlement investigation firm. Prosperident's Halifax head office can be reached at 902-422-0592, or on its web site at www.dentalembezzlement.com

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Invest with Your Head – Not Your Heart

Beware the pitfalls of emotional investing

CDSPI

Time and time again, financial planning professionals advise investors that the best way to reach their goals is to maintain a consistent and rational approach to investing. But in reality, when markets rise or fall, so do emotions. This creates a classic struggle between the heart and head – a struggle that can greatly affect returns.

I've seen this happen often, and a recent study confirms my observations. A report reveals that almost 60 per cent of Canadians have made impulsive investment decisions at least once.¹ So if you've hung on to a losing investment a little too



*Tim Bugden CFP, BA, B.Ed.
CDSPI Advisory Services Inc.*

long, or bought a “sure thing” based on a business page headline, you are certainly not alone.

What causes this emotional behaviour? As humans, we are constantly weighing the possibility of a big gain versus the risk involved. Brain imaging studies have even documented that parts of our brain compete with each other during this battle between greed and fear.² While our brains are busy processing, emotions naturally take over.

It can be financially damaging to get swept up in emotions, especially when large sums of money are involved. That’s why it’s so important to work with an advisor you trust to make objective, educated decisions based on the actual numbers in your portfolio. A good advisor can keep you on an even keel, even when the market is volatile and emotions are running high.

When I meet with my dentist clients, I ask them a few important questions about their investment goals. For example, “What is your required rate of return?” If they are unsure of the answer, we can calculate it together by examining how much they’ve saved versus how much they need to achieve their goal. I will also ask how much time they have to reach their financial objective (i.e., their investment horizon). Armed with the answers to these

questions, I can then suggest the right types of investments to help achieve their goal in the right time frame.

Having this type of plan will help you avoid making reactive decisions. Along the way, you will undoubtedly feel the emotional consequences of investing, such as the temptation to sell a losing investment during a drop in the market. But if your asset allocation is structured on an investment horizon of ten years for example, you shouldn’t be concerned with short-term market fluctuations. Unless your personal circumstances or investment objectives have changed, you should remain invested for the full ten years.

What happens to investors who don’t stay the course and instead try to time the market? Many of them miss the peaks, not just the valleys. According to Invesco, investors who missed just the 10 best single-day performances of S&P/TSX Composite Index between January 30, 2004 and January 30, 2014 saw an average annual total return of 1.31 per cent. By contrast, people who remained invested for the full ten-year period saw a return of 7.66 per cent. Assuming an initial investment of \$10,000, the emotional investor lost out on more than \$9,500 in gains.³

Another strategy to defuse emotional investing is to look at absolute returns instead of

relative returns. An absolute rate of return measures your portfolio’s performance without comparing it to an index or benchmark. This allows you to easily assess its performance against your own personal goals and objectives.

Letting your emotions determine your financial future is a risky proposition. We can help you create a solid financial plan and aid you in selecting investments that will help you achieve your objectives. Together, we can take the emotion out of investing.

For personalized assistance with your retirement savings and other investment goals, please call me at (902) 800-1121 or 1-888-220-1441 (toll-free).

CDSPI provides the Canadian Dentists’ Insurance Program and the Canadian Dentists’ Investment Program as member benefits of the CDA and other participating provincial and territorial dental associations.

SOURCES:

1 *Psychology of Investing Report*, BMO 2012. <http://newsroom.bmo.com/press-releases/bmo-psychology-of-investing-report-canadians-lett-tsx-bmo-201211280837495001>

2 *How to react to market volatility* by Patricia Lovett-Reid. <http://money.ca.msn.com/investing/patricia-lovett-reid/how-to-react-to-market-volatility>

3 *Why the smart money remains fully invested*, Invesco *Investment Insights*.

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CDSPI Advisory Services Inc.

Immigration Integration Working Group & Workshop



The Nova Scotia Dental Association hosted the first of what hopes to become an annual Immigrant Integration Workshop for dental professionals on April 11th & 12th. The newly formed Immigration Integration Working Group was tasked with planning this orientation workshop for Internationally Educated Dental Professionals (IEDP) to introduce them to the culture of dentistry in Nova Scotia. In consultation with ISIS (Immigrant Settlement and Integration Services) and the Provincial Government of Nova Scotia, they also created a video depicting a typical day in a dental practice and invited presenters from the dental field to interact and discuss topics of interest to these dentists wanting to practice in NS.

Participants from several different countries with varied levels of experience in general or specialty dentistry and at different stages of the licensure process attended the conference. Speakers covered topics such as the dental team, communication, alternate practice settings, alternate career choices within the dental profession, office management, insurance and investments, organized dentistry, regulations, work-life balance and even the environmental differences between rural and urban practice.

In total, 12 participants benefitted from the shared knowledge and experience of our volunteers and working group. Each was given the opportunity to ask questions keeping the attendees so engaged, they ran late each day of this Friday evening & Saturday morning event; much to the pleasure of everyone involved.

Thanks to everyone who volunteered throughout the weekend and in production of the 40 minute instruction video, with a special Thank-You to the entire team at the Chain Lake Dental Center.

The video can be found broken down into segments on the NSDA YouTube Channel (search Nova Scotia Dental Association on YouTube) or on the NSDA Facebook page.

Immigration Integration Working Group members include:

Drs. Terry Ackles, Menashe Cieplinski, Asile El-Darahali, Asraa El-Darahali, Mr. Nabil Moussa (DDS Student)

Dalhousie Dentistry's YouTube Star

Jon Bruhm | Dalhousie Faculty of Dentistry | Alumni Officer

Removable prosthodontics is considered by many to be an important cornerstone of dentistry, but the subject matter can be rather daunting at times. Dr. Robert Loney, the Chair of Dalhousie's Department of Dental Clinical Sciences and Head of its Division of Removable Prosthodontics, has made it his mission to make learning removable prosthodontics stimulating, educational, fun and accessible.

Along with his vibrant and entertaining lectures, and his novel Prosthodontic Olympics competitions, Dr. Loney has created a website that features a wealth of his homegrown presentations, manuals and videos that are available not only to Dalhousie students, but to oral health professionals around the world.



In May, the video channel of his website hit a new milestone: 250,000 cumulative views and 1,800 subscribers on YouTube in just under two years – without any advertising or website optimization.

"I never expected that response when we went online," says Dr. Loney. "The most popular video, 'Finishing a Complete Denture Waxup,' has received nearly 27,000 hits to date."

At least eleven North American universities including University of Toronto, McGill, Western University, University of Saskatchewan, Temple University, University of Pennsylvania and the University of Minnesota use Dr. Loney's resources, and the site receives plenty of hits from over 140 countries including Egypt, India, the United Kingdom and Australia.

Dr. Loney initially posted his materials online without restriction so that Dalhousie faculty members and students could access them without having to remember passwords or to be enrolled in specific courses. To his surprise, the content became quite popular, and is currently the number one hit on Google searches for "removable prosthodontics."

"Students and clinicians from around the world were looking for free resources for learning and most of that free material was of poor quality, so I decided to leave my resources open and free for everyone," he says. "I get emails of thanks and online comments from around the world. My manuals have been translated into other languages and modified for use at other universities. I'm glad that sharing my resources has benefited other students and dentists in our global community. It's been very rewarding for me."

Visit Dr. Loney's website at www.removpros.dentistry.dal.ca

Managing Dental Anxiety

Professional Support Program

Patients with dental fear and anxiety can produce a considerable amount of job stress for dentists and having an understanding and approach in these situations is essential. While 2/3 of the general population experience some apprehension around dental visits, dental anxiety consistently affects 10 -

20% of the population in spite of advances in pain management. Those patients undergoing periodontic and endodontic procedures experience higher anxiety than those receiving restorative or prophylactic treatments. The most common causative factor cited is previous, unpleasant dental experiences. Because of their tendency to avoid dental care, these patients often have poorer dental health.

It is important to remember that managing pain is not the same as managing anxiety. Anxiety can influence pain due to the strong cognitive influence that results in altered pain expectancies and perceptions. Although receiving a local anesthetic can be one of the most anxiety-producing experiences in the dental office, other issues include a perceived lack of control and the unpredictability of the dental experience. Other concerns include fear of choking or gagging and the sight or thought of blood. Underlying psychological issues such as depression, social and other phobias, fear of germs and even a past history of sexual abuse can reduce dental visits.

Front office staff has an important role to play in the management of these patient. Behaviours such as pacing, repetitive hand or leg movements, changing seats and a history of missed or broken appointments can indicate dental anxiety. Consider including questions about dental anxiety on comprehensive health questionnaires for new patients. It is important that the dentist recognize and discuss the patient's fears.

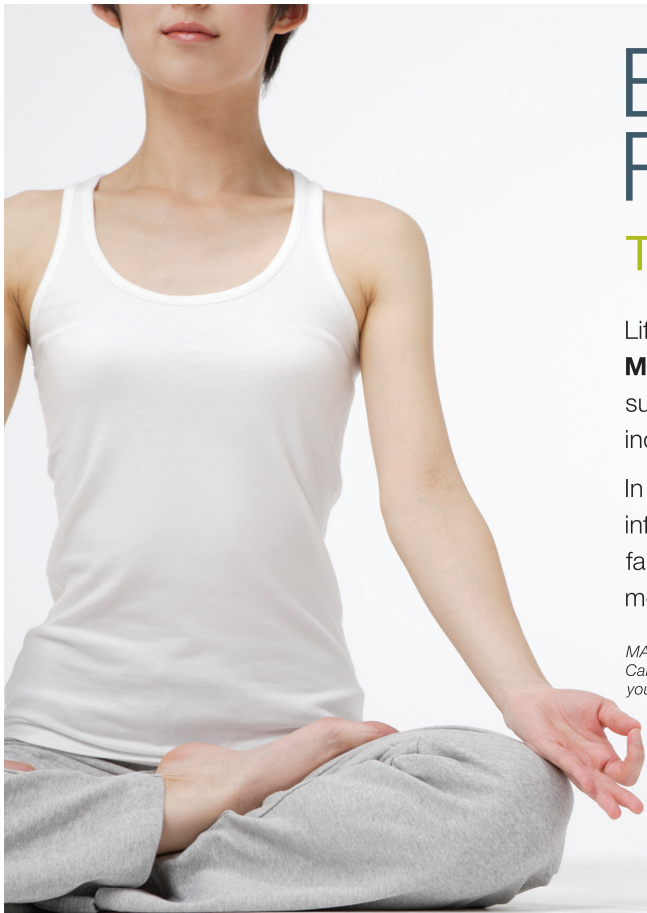
According to the Seattle System by Milgrom et. al., dental fear and anxiety can be broken down into four categories, each with specific management strategies. Fear of specific stimuli such pain as well as the sights, sounds and smells of the dental office can be ameliorated by gradually exposing the patient to the stimuli and encouraging them to use relaxation techniques to reduce their anxiety levels. Patients employ relaxation techniques such as progressive muscle relaxation, guided imagery and breathing exercises that can be learned in advance of their visits.

With fear or medical catastrophe, the patient worries that something will happen during the treatment such as a heart attack. These are often the patients who claim to be "allergic" to local anesthetic, possibly due to a previous autonomic response to the epinephrine. They fear having too many instruments in their mouth at once or the use of a rubber dam because of choking or an inability to breathe. It is important to take their concerns seriously rather than making statements such as "it'll be fine". These concerns can be managed by using a small test dose of anesthetic, gradual introduction of instruments and the use of relaxation techniques.

Patients with generalized dental anxiety don't sleep well the night before their appointment and are exhausted afterward. They worry about the procedure, how they will respond and if they will be perceived in a negative light by dental staff. Gradually exposing these patients to a dental setting and giving reassurance before, during and after the procedure can be helpful. Stay in the present and deal with one procedure at a time rather than discussing a course of treatment.

Patients who are distrustful of dental personnel can be argumentative and sarcastic. They often talk about previous negative dental experiences and are concerned about their sense of control. They are also concerned about how they are perceived by staff. These patients are best managed by involving them in their treatment plan, giving information and asking permission during various aspects of a procedure. Information should include correcting misperceptions and discussion around the length of treatment and the sensations the patient can expect.

Dr. Carolyn Thomson
Professional Support Program Coordinator



Because Life Requires Flexibility

The Members' Assistance Program

Life's challenges can be overwhelming at times. Fortunately, the **Members' Assistance Program** (MAP) provides various types of support to help dental professionals manage issues resiliently, including health, work, relationship and other concerns.

In addition to free short-term counselling, MAP offers referral and information services for dentists, dental office staff members and their families. Call **1-800-268-5211** for confidential assistance. To learn more, visit **www.cdspi.com/map**.

MAP is offered by CDSPI. However, Shepell•fyi, the largest provider of Member Assistance Programs in Canada, operates and provides this confidential program. Similar services may also be provided locally by your provincial or territorial dental association.



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Expert Financial Advice is Close to Home

Financial planning is an ongoing process, since your personal and professional goals can change over time.

I can give you peace of mind by providing key financial planning advice to ensure your investment portfolio remains appropriate for your evolving needs.

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.

Phone: (902) 800-1121 or 1-888-220-1441 (toll-free)

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14-160 05/14