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Resource for Dental Hygienists in Ontario

JULY 2008

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College of Dental
Hygienists of Ontario

•
L'Ordre des hygiénistes
dentaires de l'Ontario



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SELF-INITIATION COURSE RECEIVES RAVE REVIEWS

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MISSION STATEMENT

The mission of the College of Dental Hygienists of Ontario is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario.

ÉNONCÉ DE MISSION

La mission de l'Ordre des hygiénistes dentaires de l'Ontario consiste à réglementer l'exercice de la profession d'hygiène dentaire de sorte à favoriser l'état de santé global et la sécurité du public ontarien.

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PRESIDENT'S MESSAGE Cathie Mazal-Kuula

Recently I had the pleasure of attending an oral health care summit sponsored by the Ministry of Health and Long-Term Care (MOHLTC) titled "a common vision of Quality in long-term care". It was a consultation process and was attended by various people representing nursing, management, owners, seniors groups, family support groups, an independent practising dental hygienist and a public health dentist. The group was diversified and all in attendance had submitted an application to attend.

It was with great interest that the participants listened to me present the vision of the CDHO to a dental hygienist who has worked in long-term care and a public health dentist who had also worked in long-term care, all presenting in the interest of better oral health. It became very evident that oral health care had not been foremost in most of the attendees' minds when they were thinking of health care for residents of long-term care homes. I was informed that in most facilities the only oral health question that was asked of new residents was "do you wear dentures?" This required basically a yes, no, top, or bottom answer.

That oral care is a lifelong necessity was not questioned. Yet it was somehow overlooked by the other health care providers as something with which they should be concerned. This is where I hope collaborative care will start to open the eyes of other health care providers. We need to bring the message that good oral health is linked to good overall health.



Proper dental care is important for our seniors. However, due to physical, psychological and/or financial reasons many seniors are not receiving adequate oral care. Seniors, especially women, need more care; women live longer and are more often uninsured than men. Women are three times more likely to have carpal tunnel syndrome than men; as well as arthritis. Special needs items such as toothbrushes that are easier to grip, floss wands, oral irrigators and other aids can be modified to be senior user friendly. Dental hygienists are experts in oral hygiene instruction and could help to modify dental aids to fit the needs of individual clients and thus help improve their homecare.

Both men and women require regular preventive care to limit complications and compromises of their health. The rising cost of living often causes seniors to cut back on oral health care. Seniors sometimes find it difficult to access oral health services. Many have decreased mobility or capacity forming the commitment to make a dental appointment. Senile dementia increases with age affecting 20-30 percent of the population by age 85. Seniors may often experience depression, frustration, or stress related to the

death of loved ones, to retirement or to their own physical impairment. All of which will affect their judgement on coping with their health. When seniors do see their oral health care provider, the client's psychosocial status could be assessed at the time of the taking of a medical history, and monitored at recare visits.

Poor oral health leads to a diminished quality of life for seniors. Poor oral health with its related problems such as bad breath, not being able to eat properly, not wanting to smile or be seen with missing or broken down teeth causes social stress. Seniors can feel frustrated at not being able to address these problems. Many are living away from their home community and do not have a relationship with a dental professional; be that a dental hygienist, denturist or a dentist and may be at a disadvantage as to how to find one. Even when care is needed some seniors who are incapacitated may not recognise it and have a difficult time understanding that other medical conditions are made worse by poor oral health such as diabetes, heart disease, oral lesions, xerostomia and Sjogrens Syndrome to name a few.

Seniors need more and better oral health care as they age. We as oral health care professionals know that and we need the recognition and support of the other health

care professions in this province to reinforce this message, to believe it and to understand it. It may seem that it is obvious to all of us that good or poor oral health can influence a persons overall health and well being but I can tell you right now that we, as oral health care professionals have our work cut out for us to make that recognition a reality.

Our edentulous clients require oral care to ensure their dentures are fitting properly and not rubbing and irritating the tissues, as irritation sites can become cancerous over time. They need to be assessed for oral lesions; bacterial infections can start under dentures that are not removed and cleaned properly on a regular basis. Medications, infections, weight loss or gain all can change the surface and shape of the oral cavity. Dentures that are not properly cleaned and disinfected can harbour harmful bacteria, which could be greatly reduced by removing and soaking in a cleaning agent overnight. Is this being done for our long-term care home residents who are not capable to do it themselves?

Seniors in our long-term care homes need to understand that proper oral care is important to their overall health and well being. We need to ask our seniors in long-term care a

few basic questions:

1. Do you find it difficult to physically reach certain parts of your mouth?
2. Do you suffer from pain that makes it difficult to brush and/or floss?
3. Are their limitations that make it difficult for you to brush twice a day?
4. Do you wear your denture overnight when you sleep?
5. What can we do to help you look after your oral health?

We welcome collaborative care and we at the CDHO hope for the day when a person's oral condition is included in all health care assessments just as all other important aspects of their overall health are. We are encouraged by the MOHLTC's quest for greater collaboration among the health professions and look forward to the day when the oral health professions are not an afterthought but automatically included when the "complete physical" is done on all new clients in residential care.

We at the CDHO stand by our mission statement that *"the mission of the CDHO is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario."*





MESSAGE FROM THE REGISTRAR

Fran Richardson

PROFESSIONALISM: A word or an attitude

Very few people will dispute the fact that the practice of dental hygiene has evolved over the past fifty years – actually, there are new advances in our scientific research every year, if not sooner. Each generation of dental hygienists is different from their predecessors, and depending on one's perspective, perhaps, even better. The equipment and technology have improved; there are new dental materials almost daily and the journals are full of advertisements for new dental products.

But one thing that has not changed is the need for "professionalism." Self-regulation, direct client care, new standards of practice and codes of ethics all contribute to the professionalism of an occupation. However, if the individual registrant does not behave in a professional manner towards his/her clients, peers or to the public at large, then all could be lost.

In this age of fast-paced media, accessible Internet sites and constant bombardment from advertising, it is often hard to determine the appropriate way to represent ourselves to the world. The CDHO has

regulations for advertising and conflict of interest, but it is up to each individual dental hygienist to maintain how the public views dental hygiene as a profession.

With the advent of direct care, registrants have been experimenting with names for their businesses. While some of these considerations have been "cute" or "catchy" they may not be professional or convey the image that dental hygiene is about preventive health care and not just another arm of the cosmetics industry.

Dental hygienists who choose to participate on web sites such as *Face Book* or *You Tube* may wish to consider the image they are portraying about their chosen profession. Web sites are useful ways of getting the message out but those sites must be tasteful and professional and not cause the public to lose confidence in the judgment of their chosen health care practitioner. While the CDHO can only regulate the names of dental hygiene professional corporations, and while the CDHO will review all advertising medium for accuracy, it is up to the registrants to use their professional judgment when it comes to their professional image.

Putting the needs of the client first, before the needs of the practitioner, is also the mark of a professional. A true professional does not compromise their standards of practice or their codes of ethics for business reasons. This is not always easy, but it is always possible.

In this day and age, the media blasts that "image is everything"! If that truly is the case, then dental hygienists need to present themselves to the public as caring health care practitioners that are:

- Competent
- Regulated
- Educated
- Current

Professionals also advance their profession by engaging in citizenship activities such as voting, advocacy for the vulnerable in society, participation in their professional associations and in giving back to their community. A new set of national dental hygiene standards will soon be available. CDHO has been a significant participant in the standards development and Council will consider their formal adoption at their October 2008 meeting. Not only will individual registrants be required to adhere to these new standards, but all dental hygiene programs will be required to incorporate them into their curricula.

All health care professions are under increasing scrutiny by the public. Now that dental hygienists have the option of direct client care, that scrutiny will only increase as will the diligence of the College. Professionalism comes from within; it is not just a title or a certificate on the wall; it is an attitude.

GEORGE SMITHERMAN

July 9th, 2008

Ms. Fran Richardson
Registrar/Chief Administrative Office
College of Dental Hygienists of Ontario
69 Bloor Street East, Suite 300
Toronto, ON M4W 1A9

Dear Ms.  Richardson,

Thanks for your kind letter of congratulations regarding my recent appointment as Minister of Energy and Infrastructure.

Your words of appreciation for the accomplishments our government has made in health care are greatly appreciated.

Please forward my appreciation to all of your members for the passion for health care that you offer Ontarians on a daily basis.

Sincerely,


George Smitherman

CONSIDERATIONS FOR DENTAL HYGIENISTS GOING INTO BUSINESS

As all Ontario dental hygienists know, the amendments to the *Dental Hygiene Act* that came into force and effect last September, allow dental hygienists to self-initiate their authorized act of "scaling teeth and root planing, including curetting surrounding tissue". This must be done in consideration of the CDHO's contraindications regulation and the dental hygienist must have been authorized by the CDHO to self-initiate. (www.cdho.org/What'sNew)

The CDHO's principal objective in doggedly pursuing the amendment over more than a decade, was to enhance the public's access to an important health care service, especially to improving access to oral care for the homebound, residents of long-term care homes and retirement homes, the economically disadvantaged and residents of rural, remote and Aboriginal communities and other under-served areas.

In order to provide these services, a significant number of the dental hygienists who are authorized to self-initiate have decided to, or at least are thinking about, setting up their own businesses. It is in the public interest that these businesses be as stable, efficient and effective as possible. Accordingly, the CDHO initiated contact with the Business Development Bank of Canada (BDC), a federal Crown corporation with the mandate to provide small and medium-sized businesses with flexible financing, affordable consulting services and venture capital that supports the needs of entrepreneurs at every stage of growth.

The BDC, in collaboration with the CDHA, has taken steps to assist dental hygienists who are looking to set up their own businesses. The BDC's services will be available not only to dental hygienists in Ontario, but also in other provinces where they are permitted to self-initiate. The initial launch of this strategic partnership will be in Ontario.

Working with 800 individual companies annually in Ontario, BDC consulting is very familiar with the challenges facing new start-up businesses. By offering both financing and consulting, BDC is in the unique position of having a full complement of key business start-up services. Therefore, the BDC is prepared to assist dental hygienists who are ready to begin providing direct care to their clients.

The BDC start-up loans are intended to help those who have been authorized to self-initiate by the CDHO. Jasmin Ganie-Hobbs, an account manager in BDC's Toronto Entrepreneurship Centre has been appointed to manage the finance applications. According to Ganie-Hobbs, although each application will be looked at on an individual basis, dental hygienists will be required to go through the normal loan approval process.

Financing on its own is usually not enough to start and sustain a successful new business. In conjunction with loans, BDC will also provide mentoring and advisory services to dental hygienists. "The business coaching offered by our consulting team has proven to be of significant assistance to new start-ups," commented Patrick Pardoe, Managing Partner with BDC Consulting in Ontario.

Rony Israel, Partner with the Market Impact Team, will deliver coaching to those registrants who express interest in providing direct care. The cost of this service is determined by the amount of assistance required. As of now, BDC does not plan on holding any seminars specific to dental hygiene practices. However, Pardoe says that it is a possibility, if the demand is sufficient.

Although it may take a while for people to get used to the idea of not having to go to a dentist's office to see a dental hygienist, recognition is slowly coming. The Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) believes in the importance of oral health care. As many seniors continue to be dentate, OANHSS encourages long-term care facilities to look into the benefits of an independent, mobile dental hygienist who will provide good oral hygiene services on-site.

Whether you've already started your business or you're thinking about starting one, it's important to use the tools available. Financing and advice from a mentor who has experience with small and medium-sized enterprises, such as BDC, would be an asset to building a successful business. If you are interested in applying for financing, Jasmin Ganie-Hobbs can be reached by phone at 416-973-5242, or via email, jasmin.ganie-hobbs@bdc.ca.

The CDHO reminds all registrants who have incorporated, or are thinking of incorporating, a business to deliver dental hygiene services that they must register the professional corporation with the CDHO and comply with all of the regulatory requirements, the most important of which is that the shareholders, directors and officers may only be registered dental hygienists. Family members, members of other professions or laypersons cannot be shareholders, directors or officers of a dental hygiene professional corporation.

All registrants are reminded that no matter their choice of practice setting or employment relationship, they and only they are responsible for ensuring that CDHO Standards of Practice and Code of Ethics are applied in all their client interactions.

For additional information on business practices, please contact the ODHA (www.odha.on.ca) or the CDHA (www.cdha.ca).

GUIDELINE FOR INCORPORATING CULTURAL SENSITIVITY INTO DENTAL HYGIENE CARE

Background: All dental hygiene interventions are based on the Dental Hygiene Process of Care regardless of the clients' cultural or socioeconomic background. Dental hygienists must incorporate the elements contained in the CDHO Code of Ethics, Standards of Practice and *"What to Expect from Dental Hygiene Care"* into each client contact.

Assessment: Communicating with the client as to their dietary preferences as related to their general and oral health (e.g. increased staining of teeth may occur with certain food groups). Obtaining a thorough medical/dental history may require the assistance of a translator. In addition, the dental hygienist should discreetly enquire as to other concerns that may preclude the client being comfortable and engaged in the dental hygiene process.

Example: A sheet or blanket may be offered to cover the legs of a female client who is prone in the operator chair.

Planning: The client must be a willing and integral partner in the process. The use of basic terms and phrases to explain treatment options may reduce confusion. If necessary, a translator may be used. However, a copy of the written plan provided to the client will assist in minimizing any misunderstandings. Also, the scheduling of appointments should be with the consideration of the client's observance and dietary requirements. Expectations of both parties must be clear.

Example: A client who is fasting for religious reasons should have their appointments scheduled in the morning when their blood sugar is highest.

Implementation: As with all clinical interventions, the dental hygienist should explain each procedure to minimize any anxiety. These explanations may include an opportunity for the client to observe the instruments in operation external to the oral cavity. The length and number of appointments may require adjustment to accommodate the needs of the client.

Example: Clients who have not received oral care previously or have been in abusive situations may find the instruments frightening. Extra time in explaining each procedure may be required.

Evaluation: Evaluation of the tissues and subsequent planning must be in consideration of the client's expectations, desires and abilities. Initially, a short interval may be necessary in order to provide feedback to the client and to assist with any problem areas.

Example: A client who has always had bridged calculus in the lower anteriors may perceive that parts of the teeth have been removed during clinical therapy. A short interval between appointments and subsequent evaluation may alleviate these concerns.



SELF-INITIATION COURSE RECEIVES RAVE REVIEWS

Close to 100 dental hygienists have already enrolled in the self-initiation course and the response that the CDHO has been receiving has been overwhelmingly positive. So much so that the Quality Assurance Committee after reviewing the course content is recommending this course for all dental hygienists who wish to ensure that they have current knowledge in dental hygiene theory and practice regardless of whether or not they wish to apply for self-initiation. Upon completion of this course, dental hygienists will demonstrate that they have a comprehensive knowledge of: the dental hygiene process of care; current technology and therapies; and changing practice environments.

The course consists of 8 sections:

- Section 1: Introduction
- Section 2: DH Process of Care – Assessment
- Section 3: DH Process of Care – Diagnosis & Planning
- Section 4: DH Process of Care – Implementation
- Section 5: DH Process of Care – Evaluation
- Section 6: Clients with Special Needs
- Section 7: Jurisprudence and Record Keeping
- Section 8: Health and Safety

Section 1 provides an overview of the course and establishes the rationale upon which decisions are made within the Dental Hygiene Process of Care on whether or not to proceed with dental hygiene treatment for clients. Sections 2 to 5 review all components of the dental hygiene process of care including health and personal histories which includes multicultural influences; information analysis and synthesis and establishing oral care priorities and goals. Evidence-based practice is emphasized throughout and the best sources for client education and scientific resources are presented. Section 6 focuses on clients with special needs, discussing demographics, especially of the aging population as well as effectively caring for clients who may have some form of sensory deprivation or dementia. Section 7 reviews the contraindications legislation clause by clause to assist registrants in making a professional judgment about the necessity to refer or postpone treatment. The requirements of informed consent and record keeping are also considered. The final section of this course concentrates on the safety and protection of

both clients and caregivers in the dental hygiene environment by reviewing the prevention and management of medical emergencies and pertinent health and safety legislation.

A resource manual has been developed for the course. It can be downloaded and printed as a complement to the course. The manual is a valuable learning tool with learning outcomes, pre-tests, learning activities, summaries, post-tests, and suggested additional resources such as links to websites, etc. The learning activities have been designed to contribute to the knowledge required to pass the final examination.

The required textbook for this course is the Darby and Walsh, 2003, Dental Hygiene Theory and Practice 2nd edition, St. Louis: Saunders. It may be ordered online at www.elsevier.com or at www.amazon.ca. There is also a list of resource and reference materials: print and electronic in the resource manual.

Registration for the course is done online and the course is completed online in the comfort of your home, at your convenience and your pace. You may pause at any time, continuing days later from where you left off. It is anticipated that the entire course will take up to 33 hours to complete; however, you can take as much time as you need. You may wish to break up your learning into several shorter sessions.

A pre-test is presented at the beginning and a post-test at the end of each section. A final timed multiple choice examination is administered upon completion of the course. Upon successful completion of the examination a certificate of completion issued by the Canadian Dental Hygienists Association may be printed from your computer.

To find out more about the self-initiation course or to register, please visit the CDHA website at www.cdha.ca

Ce cours est aussi offert en Français.

SUMMARY OF DECISION & REASONS FOR DECISION



Four discipline hearings were held in February, 2008.

1) Patricia Pepper

In a hearing held on February 25, 2008, a Panel of the Discipline Committee of the College of Dental Hygienists of Ontario found Ms. Patricia Pepper guilty of professional misconduct in that she failed to reply to the College, contravened the legislation and engaged in conduct that would be reasonably considered disgraceful, dishonourable or unprofessional.

The Notice of Hearing contained the following allegations:

1. Ms. Patricia Pepper was a duly registered dental hygienist in Ontario.
 2. Under the Quality Assurance regulations, registrants of the College were required to comply with the requirements of the College's Quality Assurance program. Those requirements include the following:
 - a) developing and maintaining a professional portfolio.
 - b) during every year participating in continuing quality improvement activities sufficient to indicate that the registrant continues to have and to apply in her/his dental hygiene practice the knowledge, skills, judgment and attitudes required to practise dental hygiene in compliance with the College's standards of practice and ethics.
 - c) accurately and completely documenting those activities in the registrant's professional portfolio, and
 - d) cooperating with an assessment of her/his professional portfolio, quality improvement activities and practice to evaluate the registrant's knowledge, skills, judgment and attitudes.
 3. Ms. Pepper has consistently failed to cooperate with the Quality Assurance Committee and with the College. Particulars include the following:
 - a) On or about March 16, 2007, Ms. Pepper declared on her 2007 annual renewal form that she had maintained her professional portfolio and participated in continuing quality improvement activities for the year 2006.
 - b) On or about April 5, 2007, the College sent Ms. Pepper a letter requesting that she submit her 2006 professional portfolio to the College by May 6, 2007. Ms. Pepper did not respond.
 - c) On or about May 28, 2007, the College sent Ms. Pepper a follow up letter requesting her 2006 professional portfolio by June 12, 2007. Ms. Pepper did not respond.
 - d) On or about June 25, 2007, the College sent Ms. Pepper another letter advising of the consequences of failing to respond. The College requested a reply by July 16, 2007. Ms. Pepper did not pick up that letter which had been sent by registered mail.
 - e) On or about July 23, 2007, a College representative left a telephone message for Ms. Pepper. Ms. Pepper did not respond.
 - f) On or about August 13, 2007, a College representative left a further telephone message for Ms. Pepper. Ms. Pepper did not respond.
 - g) On or about August 15, 2007, the College sent Ms. Pepper another letter advising that the Executive Committee met to consider her conduct and requested a reply by September 14, 2007. Ms. Pepper did not respond.
 - h) On or about September 24, 2007, the Registrar of the College telephoned Ms. Pepper's residence and left a message with the person who answered the telephone, stressing the importance of Ms. Pepper returning the call. Ms. Pepper did not respond.
4. Ms. Pepper did not respond to any of the communications particularized above and did not comply with the requests of the Quality Assurance Committee.
5. It was alleged that Ms. Pepper was ungovernable.
6. The conduct alleged above constitutes professional misconduct as defined in paragraphs 30 (failing to reply to the College), 42 (contravening the legislation) and 47 (disgraceful, dishonourable or unprofessional conduct) of section 15 of Ontario Regulation 218/94, as amended, under the *Dental Hygiene Act, 1991*.

An affidavit of service was filed showing that Ms. Pepper was duly informed of the date, time and place of the hearing, pursuant to Part IV of the *Dental Hygiene Act, 1991*. After an appropriate interval, the hearing commenced without her presence and/or that of her legal counsel. A plea of "not guilty" was entered, given Ms. Pepper's failure to attend upon the hearing. When a registrant refuses or fails to appear at a discipline hearing, when duly served, the Discipline Committee has the jurisdiction to proceed with the hearing in the absence of the registrant. A registrant cannot avoid the discipline process by a failure to respond to the Notice of Hearing.

The College filed a Book of Documents and called several witnesses to support the allegations in the Notice of Hearing. The Panel considered the documentary evidence and oral testimony and found that the allegations of fact set out in the Notice of Hearing were supported by the information contained in the Book of Documents and further supported by the testimony of the witnesses. The Committee found specifically that Ms. Pepper failed to co-operate with the College as required under the Regulations. She did not respond to any of the written or telephone communications from the College and did not comply with the requests of the Quality Assurance Committee.

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The Panel made the following order on penalty and costs:

1. Ms. Pepper's certificate of registration shall be revoked.
2. Ms. Pepper shall pay to the College the amount of \$5,000.00 in costs within 30 days of the Discipline Panel's Order becoming final.

The Panel wanted to send a strong message that compliance with the regulations governing the Quality Assurance program was a fundamental obligation of each registrant. The Quality Assurance program is one of the means by which the College ensures public protection, by requiring dental hygienists to:

- Reflect upon his/her own performance in the provision of client/patient care
- Identify areas of performance that require modification or improvement
- Develop appropriate Continuing Quality Improvement (CQI) activities

These requirements are intended to ensure that the registrant maintains and improves her/his competence through the continuous acquisition of knowledge, skills and judgment. As the Panel stated in another case, the Quality Assurance program is very important and strongly connected to safe and effective client/patient care.

Ms. Pepper's failure to respond to the College and her non compliance with the requests of the Quality Assurance Committee demonstrated a clear disregard for the College's mandate to govern its registrants. Consequently, the Panel found Ms. Pepper to be ungovernable. The findings of the Committee are serious, involving deliberate misconduct on the part of Ms. Pepper.

It was the intent of the Panel that the penalty of revocation served as a specific deterrent to the registrant and other registrants in general. Unprofessional behaviour such as failing to submit the professional portfolio as requested and failing to respond to the College's communications are a serious breach of the regulations governing dental hygiene and will not be tolerated.

The Panel considered the following aggravating factors in this case:

- Continued failure to respond to the numerous communications from the College over a period of several months.
- Disrespect for the legislative mandate of the College.
- Conduct that clearly indicated that Ms. Pepper was ungovernable.
- The attempt to thwart the efforts of the Process Server to serve legal documents.
- Absence from the hearing and failure to respond to the Notice of Hearing.

The only mitigating factor in this case is that this was Ms. Pepper's first time before the Discipline Committee.

The Panel concluded that Ms. Pepper by the proved misconduct was ungovernable and has forfeited her claim to a certificate of registration as a dental hygienist in Ontario. Revocation was the appropriate remedy in such circumstances.

2) Ursula Wisniewski

In a hearing held on February 25, 2008, a Panel of the Discipline Committee of the College of Dental Hygienists of Ontario granted an Order for an indefinite adjournment with respect to allegations against Ms. Wisniewski as she had signed an Undertaking with the College in which she agreed to resign from the College. The Panel was satisfied that the process followed by the College protected the public interest.

3) Beth Martin

In a hearing held on February 26, 2008, a Panel of the Discipline Committee of the College of Dental Hygienists of Ontario found Ms. Beth Martin guilty of professional misconduct in that she engaged in conduct that would be reasonably considered disgraceful, dishonourable or unprofessional.

The Panel accepted a statement of facts in which it was agreed that, in or about April 2005, Ms. Martin was randomly selected to submit her 2004 professional portfolio to the College under the Quality Assurance Program, which resulted in the requirement of successful completion of a professional portfolio development course and submission of her completed 2005 professional portfolio to the College by November 1, 2006. Ms. Martin did not meet this deadline. Subsequently, Ms. Martin was granted an extension to complete the quality assurance requirements. Ms. Martin did not fulfill these requirements and as a result the Quality Assurance Committee referred Ms. Martin to the Registrar for failure to comply with the Quality Assurance Program. As a consequence of this, Ms. Martin signed an undertaking to successfully complete an ethics and jurisprudence course, a professional portfolio development course and to resubmit her professional portfolio within a specified time-frame. Ms. Martin failed to meet the deadlines for any of the requirements.

A joint submission on penalty and costs was accepted resulting in the following Order:

1. Ms. Martin shall receive a reprimand, the fact of which shall be recorded on the register.
2. Ms. Martin's certificate of registration shall be suspended for four weeks.
3. The Registrar shall suspend two weeks of the suspension ordered in paragraph 2 herein and Ms. Martin shall be required to serve those remaining two weeks if she fails to comply with the remainder of this Order. If any dispute shall arise between Ms. Martin and the College as to whether she is in breach of a provision of this Order, the dispute shall be referred to a Panel of the Discipline Committee for further adjudication. The parties shall have the opportunity to make full submissions to that Panel before it renders a decision. If thereafter, the Panel determines that Ms. Martin has breached a provision of this Order, then and only then shall she be required to serve the remaining two weeks of the suspension, to commence on a date to be fixed by the Registrar.

4. The Registrar shall impose a specified term, condition and limitation on the certificate of registration of Ms. Martin requiring her to successfully complete, in the opinion of the Registrar, an Ethics and Jurisprudence course acceptable to the Registrar, at Ms. Martin's own expense, within three months of the date the Discipline Panel's Order becomes final.
5. Ms. Martin shall pay to the College the amount of \$1,500.00 in costs at the rate of \$62.50 per month, starting on the 15th day of the first month after the completion of her two week suspension, to be paid in full within twenty-four months after the completion of her two week suspension. No interest will accrue on the outstanding amounts so long as they are paid on time. Ms. Martin shall be at liberty to increase the amount of her monthly payment, solely at her discretion.

The Panel concluded that the penalty was appropriate to meet the objectives of public protection, general deterrence, and specific deterrence. The requirements of the College under the quality assurance regulations are designed to assess a registrant's knowledge, skills, judgment and attitudes. The conduct of a registrant failing to comply with these requirements hinders the College in performing the assessment required to advance and protect the public interest. Registrants must fulfill their professional obligations under the regulations. If they do not, the Discipline Committee must take action to deter such conduct.

The Professional Portfolio is a component of the College's Quality Assurance Program designed to ensure that each dental hygienist maintains and improves upon her/his level of competence through continuous acquisition of knowledge, skills, judgment and attitudes, by:

- Reflecting upon her/his own performance in the provision of client/patient care,
- Identifying areas of performance that require modification or improvement, and
- Developing appropriate Continuing Improvement (CQI) activities.

The quality assurance regulation is not only important for ensuring that dental hygiene practice is current and meets the College's standard of practice, but is also strongly connected to safe and effective client/patient care.

The Committee accepted that the proposed penalty and costs accomplished these objectives and were sufficient to deter Ms. Martin from future failures to comply and to serve as a message to the profession that failure to comply will not be tolerated.

The Committee noted that the proposed penalty was within the range of penalties ordered for similar misconduct in other cases. The principle that "like cases should be treated alike" is met.

In considering the penalty order, the Committee took into account that there were no prior incidents of professional misconduct in the 30 years of Ms. Martin's practice as a dental hygienist. This was the first discipline referral for Ms. Martin. Ms. Martin had pleaded guilty early in the discipline process, saving witnesses from having to testify and thereby saving time and expense and she had co-operated fully with the College and demonstrated remorse for her misconduct.

In considering the proposed Order, the Committee also took into account the personal and medical difficulties of Ms. Martin at the time of the misconduct.

At the conclusion of the hearing, Ms. Martin waived her right of appeal and the reprimand was administered.



4) Lucie Vézina

In a hearing held on February 26, 2008, a Panel of the Discipline Committee of the College of Dental Hygienists of Ontario found Ms. Lucie Vézina guilty of professional misconduct in that she was found guilty of an offense relevant to her suitability to practise. At Ms. Vézina's request a French translator was available throughout the hearing.

The Panel accepted a statement of facts in which it was agreed that, on or about May 3, 2007, Ms. Vézina was found guilty in the Quebec Court (Criminal and Penal Division) of 16 counts of having unlawfully performed dentistry procedures delegated to dental hygienists, without holding valid and appropriate licensure in Quebec, in that she scaled teeth and took x-rays. Ms. Vézina was fined \$9,600.00, as well as processing fees of approximately \$222.00.

A joint submission on penalty and costs was accepted resulting in the following Order:

1. Ms. Vézina shall be required to appear before the panel to be reprimanded, the fact of which shall be recorded on the register.
2. Ms. Vézina's certificate of registration shall be suspended for three weeks on a date to be set by the Registrar, to be fully served within nine months of the date the Discipline Panel's order becomes final.
3. The Registrar shall impose a specified term, condition and limitation on the certificate of registration of Ms. Vézina requiring her to successfully complete, in the opinion of the Registrar, an Ethics and Jurisprudence course acceptable to the Registrar, at Ms. Vézina's own expense, within six months from the date the Discipline Panel's Order becomes final.
4. Ms. Vézina shall pay to the College the amount of \$1,500.00 in costs, at the rate of \$62.50 per month, starting on the 15th day of the first month after the date the Discipline Panel's order becomes final, to be paid in full within twenty-four (24) months after the date the Discipline Panel's order becomes final. No interest will accrue on the outstanding amounts so long as they are paid on time. At all times, Ms. Vézina shall be at liberty to increase the amount of her monthly payment, solely at her discretion.

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The Panel determined that the order proposed jointly was appropriate in the circumstances. It sent a strong message that the law governing the practice of dental hygienists must be complied with. The penalty proposed satisfied the principles of specific deterrence against repeat misconduct by Ms. Vézina and served as a warning to other registrants and thereby satisfied the principle of general deterrence.

The offence for which Ms. Vézina was found guilty raised an ethical issue. Clients/patients have the right to expect ethical and professional conduct from all health care practitioners. The ethics and jurisprudence course that Ms. Vézina must take as part of the Panel's order was designed to meet the need for rehabilitation by assisting her in understanding not only the legislation that governs her dental hygiene practice but also the ethical principles that guide the conduct expected of registrants. Appropriate registration in the jurisdiction in which one practises dental hygiene, is the means by which the public is protected and Ms. Vézina's failure to do so in Quebec, deprived the public of Quebec that protection. The ultimate end of the process is that the public be protected and that registrants practise ethically

and with integrity. Failure to do so will not be tolerated and will result in an appropriate order being made by the Discipline Panel.

The Panel noted that there was no issue about the competence of Ms. Vézina's clinical practice. Failure to comply with the law and the requirements of provincial regulation was the issue in this case.

The Panel took into account as mitigating factors the fact that Ms. Vézina had no prior discipline record and that she co-operated with the College and admitted her guilt at an early stage of the discipline process. With respect to costs, the Panel noted that the order jointly proposed took into account the fact that Ms. Vézina has already paid a fine and costs by order of the Quebec Court. This has been an expensive lesson, when suspension and the costs order of the Panel are taken into account as well.

At the conclusion of the hearing, Ms. Vézina waived her right of appeal and the reprimand was administered.

THE COLLEGE TAKES LEVEL II DENTAL ASSISTANT TO COURT FOR ILLEGAL PRACTICE

Upon investigation, the College determined that Ms. Lully (Luljeta) Tota, a Level II Dental Assistant, had held herself out as a person qualified to practise as a dental hygienist and had performed the controlled act of scaling. In her Affidavit, Ms. Tota stated that she had attended two classes practising supragingival scaling on stone models using a sickle scaler while in her Level II Dental Assistant course at CDI College in Toronto and as a result, had told her employer, Dr. Karl Lederman of Toronto, that she was trained to perform supragingival scaling and subsequently Dr. Lederman directed her to perform supragingival scaling as well as polishing, fluoride and x-rays on his patients. Ms. Tota admitted in her Affidavit that she had performed the controlled act of scaling. There was no evidence that either Dr. Lederman or Ms. Tota checked with the appropriate regulatory authorities to determine if scaling was permitted by Level II Dental Assistants. Dental hygienists and dentists are the only two professions in Ontario that are authorized to perform the controlled act of scaling.

On January 16, 2008 the Honourable Mr. Justice Jarvis, Ontario Superior Court of Justice, ordered that Lully (Luljeta) Tota comply with sections 4 and 9 of the *Dental Hygiene Act, 1991* and section 27 of the *Regulated Health Professions Act, 1991* and in particular that Ms. Tota refrain:

- a) from holding herself out as a person who is qualified to practise in Ontario as a dental hygienist or in a specialty of dental hygiene; and
- b) from performing controlled acts including scaling or root planing.

Mr. Justice Jarvis wrote detailed reasons for his decision. There was no order for costs for a number of reasons including the judge's view that the employer should have made inquiries to ensure that Ms. Tota was qualified to perform scaling before permitting her to do so. A copy of Justice Jarvis' reasons for decision can be found at <http://www.canlii.org/en/on/onsc/doc/2008/2008canlii6936/2008canlii6936.html>

REGISTRANTS STATUS UPDATE

New Registrants – February 21, 2008 - June 13, 2008

Name	Reg ID	Name	Reg ID	Name	Reg ID	Name	Reg ID
Abad, Maricel,	011938	Do, Linh,	011856	Lizak, Danielle,	011951	Salmeron, Vanessa Carolina,	011866
Aguila, Cleotilde,	011955	Dorchik, Arielle,	011928	Lounsbury, Tara Dawn,	011887	Saltsman, Kathleen,	011963
Agyapong-Mensah, Kimberly,	011855	Draper, Kelli Lynette,	012016	Maciejewski, Angela,	012014	Sartisoehn, Ashleigh,	011932
Aldeias, Amanda,	011897	Eveleigh, Brad,	011854	MacNeil, Andra,	011920	Savage, Lisa,	011935
Archer, Rachel,	011853	Fedoruk, Grazyna,	011978	Maierovits, Bella,	011904	Schmidt, Lisa Ellen,	011857
Arora, Thiviya,	011880	Ferreira, Diana,	011907	Markou, Joanna,	011930	Shantz, Sydney,	011939
Arruda, Valerie,	012013	Fidanoski, Boban,	011901	Mataseje, Miranda Lynne,	011875	Shenouda, Hanan,	011998
Arsenault, Tracy,	011929	Function, Liene,	011899	McFaul, Kaylea-Bell,	011886	Si, Mei Ling Joanne,	011972
Berceanu, Marieta,	011995	Galvez, Mary Rosalynn R.,	011924	McKeigan, Kathryn Michelle,	011965	Sidhu, Gemma,	011936
Bielec, Katarzyna A.,	012005	Gambacort, Brittany Leanne,	011902	Medeiros, Jennifer Lynn,	012001	Sitzer, Elysse,	011906
Black, Jevgenia,	011900	Ganowska, Kamila,	011877	Messina, Laurie,	011910	Slessor, Jody Robin,	012003
Blanco, Mary,	011943	Gauthier, Jocelyn Sharon,	011851	Mian, Riffat,	011975	Soor, Jagpreet Kaur,	011960
Blenkhorn, Christine,	012000	George, Nancy Diane,	011992	Minhas, Balwinder,	011967	Sotelo, Alexandra,	011968
Bogovic, Diana,	011926	Gibson, Shonna,	011996	Mistry, Bhavna,	011961	Sousa, Jennifer,	011892
Bratscher, Erin,	011852	Gill, Anudeep,	011989	Moezipoor-Tehrani, Delaram,	011891	Stephenson Rusnak, Keenan Elizabeth,	011864
Bray, Helen Celeste,	011946	Gonzales, Sarah Jane,	011898	Montgomery, Heather Leanne,	011949	Stevenson, Michelle,	011884
Brophey, Erin Lorena Joan,	011927	Grant, Katie M.,	011908	Mullen, Lori,	011976	Sun, Chen Chen,	011940
Brown, Deneeka,	011918	Grossi, Costanza,	011883	Muralikrishnan, Deepa,	011952	Suri, Eva,	011937
Burke, Nicole,	011878	Guevara Moreno, Lida Estella,	011999	Murray, Tanya Marie,	011894	Suriyan, Yashoda,	011911
Burt, Jennifer Lee,	012002	Hajhashemi, Mona,	011882	Naeimi, Sara,	011860	Tang, Wing Ki,	011945
Cakmakci, Nilay,	011912	Han, Lu,	011983	Napolitano, Gerald,	011959	Thapar, Nancy,	012004
Cambay, Jane,	011925	Haugner, Lee-Anne,	011903	Nassif, Eveline Gomes,	011919	Thapar, Shveta,	011931
Campbell, Jonathan Bruce,	012012	Hill, Candace,	011934	Newman, Michelle,	011997	Tilley, Deanna Annette,	011991
Campbell, Julie-Ann,	011868	Huyhn, Hang,	011977	Niazmand, Golnaz,	011980	Todorova, Maria,	011890
Campbell, Samantha Vanessa,	011923	Jafari Milani, Bahareh,	011993	Pal, Rimpay,	011881	Tumulak, Cheryl,	011893
Catterson, Chelsea,	011956	James, Ashley Jolene,	011874	Paul, Jodi Lynne Patricia,	011865	Tyabjee, Malaika,	012007
Celic, Elvira,	011922	Joshi, Jignasa,	011954	Pendon, Michael Louie,	011858	Uwimbabazi, Providence Marie,	011873
Channa, Rita,	011870	Jovanovic, Sladjana,	011895	Persaud, Amanda,	011862	Vandermeer, Melissa Anne,	012015
Chehadeh, Rawia,	011867	Kaadan, Faten,	011979	Pinto, Viviana,	011876	Volodarsky, Eduard,	011909
Chin, Christine A.M.,	011990	Kent, Alexandra,	011944	Piper, Ruth Marie,	012009	Wang, Xin,	011905
Cipolla, Julie Anne,	011863	Khalil, Akram,	011914	Pirani, Shamira,	012006	Weber, Andrea,	011917
Clark, Maxine,	011933	Khamvongsa, Phon,	012010	Plunkett, Pam,	011988	Wilkinson, Erin Heather,	011888
Cochrane, Erin,	011950	Komazec, Maja,	011957	Poorsina, Sania,	011966	Wong, Jenny,	011941
Coluccio, Tanya,	011971	Lafontaine, Leah,	011982	Pratt, Chary,	011861	Ye, Jacqueline,	011981
Corsaut, Lindsay Erin,	011859	Lakic, Natasa,	011885	Privitera, Monia,	011985	Yin, Liyuan,	011871
Craig, Angela Dawn,	011986	Lambkin, Lawrence McNeil,	011915	Ramnarine, Reema,	011964	Yip, Holly Bo,	012008
Craig, Loralee,	011921	Lang, Victoria,	011994	Ranu, Amanpreet,	011953	Young, Stacey Dawn,	011947
Cumming, Christina,	011987	Laqua, Nicole Michaela,	011879	Rojas Villagran, Ester Violeta,	011984	Zhang, Xiao Su,	011970
da Silva, Isabel,	011913	Leblanc, Josee-Lynn,	011942	Rubakha, Kristina,	011896	Zheng, Zhai En,	011916
Dastmalchi, Saeideh,	012017	Legeny, Andrea,	011889	Rush, Deborah,	011958	Zielinski, Arleta,	011974
de Melo, Erin Ann,	011869	Leonard, Brenda Lee,	011948	Sabdao, Joanne,	011973	Zivanovic, Marija,	011969
Del Sol, Yanetsys,	011962	Li, Tongbo,	011872	Saldanha, Katty,	012011		

Authorized for Self-Initiation – February 21, 2008 - June 13, 2008

Name	Reg ID	Name	Reg ID	Name	Reg ID	Name	Reg ID
Adler, Rosalind,	000282	Bilick, Brandie Lee,	009803	Capacchione, Laura P,	008230	De Jeu, Jacqueline R,	004343
Agozzino, Nicolina,	002806	Black, Lorraine Sara,	007068	Casanova, Ana Cristina,	006129	De La Barra, Sofia,	008733
Aiello, Tonia Marie,	004363	Blanchard, B Colleen,	003771	Chamberlin, Peggy,	003048	Del Bel, Janice-Lee,	004740
Allen, Marnie,	008871	Blundon, Patricia Lynn,	004858	Chan, Vivian,	009426	Dell'Erede, Michelle A,	000712
Alpaugh, Cheryl Dianne,	003173	Boen, Sylvia,	001358	Charron, Kimberlee Dawn,	006157	Delorme, Mary Ann,	000946
Anad, Suhad,	010240	Bolduc, Julie,	008979	Childs, Ann Helen,	003853	Dendekker, Wendy Marie,	005727
Anderson, Nancy Marie,	003631	Bonnell, Donna May,	002067	Choi, Sally Se Lee,	009249	Derro, Leslie Lynn,	003445
Anderson, Stephanie Lyndsy,	009976	Bottos, Pamela Jane,	004728	Ciancio, Inesa Marie,	004055	Dhamrait, Jagdeep,	008922
Andrego, Jennifer L,	009549	Bowes, Donna Lynn,	001942	Ciccarelli, Kimberly Ann,	007772	Di Nicolo, Lidia,	005664
Annis, Michelle Therese,	005648	Boyd, Suzanne Patricia,	003583	Cino, Patricia,	002556	Di Paolo, Kimberly Ann,	005318
Antohi-Kominek, Angela Gabriela,	009644	Brassard, Linda Anne Marie,	003841	Clarey, Jocelyn Patricia,	004843	DiGiovanni-D'Isabella, LAnita,	002543
Armstrong, Bobbi J,	007123	Brewer, Eleonora A M,	001835	Clarke, Kimberly Ann,	002450	DiNardo, Julie Suzanne M,	003188
Asselstine, Nicole Yasmine,	007056	Brooks, Becky Jane,	007014	Clifford, Linda,	004586	Ditner, Tracey Jeanne,	008072
Auld-Laird, Angela Louise,	007701	Brown, Lynne Elizabeth,	010171	Clifton, Katherine Elaine,	005353	Doidge, Tara Jocelyn,	009073
Baelde, Shirley Ann,	008530	Brown-Nichols, Beverlea C,	002185	Cockburn, Leona Islay,	000785	Domanico, Anna,	002489
Bagley, Arden Lynn,	001163	Brucki, Dorota Maria,	009829	Colanardi-Farrell, Cristina,	007083	Dos Santos, Marina,	006350
Balfe, Kelly Anne,	007404	Brunne, Dorothy Natasha,	007684	Collins, Josephine,	006087	Double-Coonan, Rosemary M,	004291
Ball, Susanne Mary,	003092	Buie, Marlene Yvonne,	000536	Collison, Pamela Ellen,	004076	Dowd, Brenda Lynn,	002046
Ballantyne, Julie,	008454	Bullock, Lael Patrice,	003456	Consoli, Milena,	009286	Draper Swit, Julie Ann,	002026
Barat, Michelle Lynn,	010216	Burns, Emily Rose,	009334	Cooney, Anne Elizabeth,	006934	Dulay, Anggela,	006310
Barker, Nancy Jennifer,	008453	Butler, Elizabeth,	008878	Cooper, Angela,	005830	Dunford, Karen Lynn,	006737
Bartley, Sonia Hyacinth,	007887	Butler, Marian Elizabeth,	005195	Cooper, Jennifer Lyn,	008253	Dunn, Gillian,	005783
Begin, Michele P,	003586	Calvo, Stacey Marie,	010164	Corby, Jane Elizabeth,	001920	Dygun, Susan Helen,	003215
Belliveau-Primeau, Judy L E,	002680	Cameron, Joan Muriel,	002171	Cordone, Keitha Joy,	004391	Edwards, Karen Evelyn,	001521
Berdugo, Karen Ruth,	004136	Cameron, Patricia Louise,	001470	Couture, Isabelle,	010274	Eisenberg, Evelyn Fay,	000295
Berman, Alyssa,	003534	Campbell, Cheryl Kathryn,	004491	Cranstoun, Tammy Lou,	006551	Eudemoni, Dana Katherine,	009200
Bernard, Giann Pauline,	009475	Campbell, Natalie,	007989	Cross, Rhonda Gail,	004111	Fahim, Dalia Ramsis,	010143
Bernardi, Kathleen Maureen,	001626	Campeau, Guylaine,	007689	Clubb, Marcia Anne,	002629	Falla, Elaine Norma,	003119
Berube, Michele Blanche Marie,	005800	Cane, Catherine Ann,	005935	Czechowicz, Agneta Theresa,	005296	Fallico, Christina,	009276
Biersteker, Dana Lynn,	007149	Cantarelli, Jodie,	006586	Danen, Janice,	005798	Farinaccia, Joanne,	008907

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Name	Reg ID	Name	Reg ID	Name	Reg ID	Name	Reg ID
Ferreira, Veronica,	007247	Kerr, Mary,	004152	Mohan, Luisa,	006269	Sage, Ann-Marie,	001087
Finn, Mary,	003535	Kiatipis, Karen Joanne,	001690	Mohendran, Bhaminy,	009491	Salisko, Mary Jane,	000377
Flanagan, Sheena Mary,	008974	Kinkade, Lori Ann,	005571	Mongeau, Kacia Manon,	009299	Samuels, Dorma Delvene,	004153
Fodchuk, Jenny Henrietta,	000573	Kiryk, Cheryl,	006163	Moreau, Krista,	009148	Sandhu, Gagangeet Kaur,	009619
Fodchuk, Kayly,	009338	Kiselchuk, Rachel Lynn,	005540	Moreno-Garcia, Jose Armando,	008748	Santagati, Paula,	010194
Forgues, Tracy Lynn,	006289	Klarman, Judith Ann,	002318	Morgan-Eloise, Rosula B,	002941	Sally, Carolina,	005692
Fox, Christina Lea,	009547	Kloos, Kimberly Ann,	005207	Morrison-Csont, Stephanie Beth,	007173	Scott, Heather Ann,	008319
Francis, Joanne Beryl,	004827	Kohlsmith, Emily Yonhee,	005833	Mortensen, Louanne Frances,	002250	Scott, Robin,	002060
Frenette, Laurie Ann,	007162	Kordos, Anna Lorraine,	009791	Mudie, Debbie L,	007188	Shahriari, Sara,	009621
Friesen, Kari Alene,	009687	Kostakis, Sophie,	008320	Mulrooney, Michelle Melissa,	008656	Sivilotti, Melissa M L,	007505
Furtado-Andrade, Irene,	005651	Kostich, Vesna,	001277	Munoz, Paulina,	007211	Skribe, Marcy Deanne,	006861
Gallant, Lori Joanne,	007368	La Scala, Joanne,	007189	Munro, Lana Constance,	003970	Smith, Christine E,	004045
Garas, Vivian,	008806	Laferrière, Donna Lynn,	008212	Murphy, Barbara-Ann,	003605	Smith, Shelley Leanne,	004450
Garrett, Maria,	003336	Lake, Jennifer Alison,	005149	Murphy, Jayne,	002690	Smith, Stephanie Anne,	004451
Gastman, Ellen Marie,	002454	Lall, Sharan Chitura,	009787	Murzello, Valerie,	009005	Soan, Melanie Leigh,	007067
Gauthier, Chantal Nathalie,	005485	Lalonde, Linda Esther,	003788	Nadeau, Anne Marie,	005948	Sorger-Bonomo, Katherine M,	002035
Genoe, Kelly Lynn,	004342	Lambier, Patricia Elaine,	001333	Nadeau, Celine,	006076	Sosa, Gina M,	004231
Gethke, Cherie Ann,	007855	LaMorre, Janet Michelle,	007160	Neal, Nicole L,	005821	Spark, Connie,	001012
Gillespie, Jennifer Lillian,	005515	Lance, Vicki Jean,	001290	Nichols, Pennie J,	002383	Stewart, Barbara Ann,	005224
Ginz, Michelle Lisa,	009734	Lange, Nancy,	001305	Nishimura, Katherine Ruth,	004416	Stewart, Barbara June,	009054
Goldberg, Cathy Ann,	000953	Langille-Garaway, Andrea Lynn,	010111	Nolan, Leanne,	005915	Stewart, Brenda,	005686
Goltz, Sherri Christine,	010031	Latour, Patricia Beth,	000971	Okhayian, Janet Yuko,	007478	Stewart, Gillian Meredith,	006836
Gooding, Shannon Jane,	001969	Lau, Linda Wing-Shan,	002820	Orton, Kimberley Rose,	006739	Stoughton, Lisa Jenny,	006840
Gordon-Ball, Lynette Grace,	004852	Lauriault, Lisa,	009633	Owen, Brenda Lynn,	005690	Surace, Grace,	004952
Green Turney, Tracey,	004774	Lawrence, Erica Louise Anne,	008029	Ozanic, Jelena,	006513	Swin, Alana Marie,	004796
Greenwood-Milne, Karen Jayne,	003878	Lechner, Laurie Joy,	000967	Pachler, Karin,	003682	Szommer, Tanya Lisbet,	009173
Grey, Marlene,	010112	LeDuc, Kelly Ann,	007346	Paiement, Renee,	007168	Szucs, Jessica Ulrike,	008912
Griffo, Domenic,	005599	Lehn, Giovanna,	005524	Pang, Rose Marie,	005215	Tamburrini, Grace Victoria,	010049
Grolleman, Julia M.,	009185	Leonard, Brenda Lee,	011948	Pannell, Chantal Marie,	006833	Tantalo, Judy Anne,	006362
Groot, Sarah Rose,	009794	Leroux, Pauline,	007803	Papacosmas, Tina,	009428	Tasoulis, Ioanna Joanne,	008218
Grossi, Nella,	003536	Lipska-Ishmael, Paulina Wanda,	008982	Parker, Sharon Ellen,	002506	Terry, Rhonda Marie,	005342
Groves, Angela Dawn,	005181	Little, Mary Gwen,	003084	Parke, Penny Suzanne,	004398	Teslak Chan, Darlene Ann,	006354
Guenette, Karen,	004983	Loiselle, Ronda Ann,	006925	Parkin, Jeanette S,	005355	Tiveron, Marilyn Sue,	005976
Gustafson, Dawn Marie,	001862	Lopez, Renee Collette,	002968	Patel-Masih, Rozina,	005035	Trepanier, Phyllis Margaret,	002517
Hagan, Deanne Michelle,	009888	Lunn, Michele A,	002187	Paterson, Kelley D,	007759	Triance, Lisa Marie,	005421
Hagar, Lesley E,	004148	Lupton, Angela D,	008239	Pattysen-Boyle, Kathleen Susan,	003793	Tsang-Munro, Angela,	006800
Hall, Nancy,	008848	Luzzi, Bonnie,	007201	Pavao, Angela Coreen,	007485	Turner, Laura Irene,	002588
Halliwell, Tracy,	004006	Ly, Dung Yvonne,	008438	Peace-Hall, Cassandra Jean,	009548	Ugulini, Leah Margaret,	006104
Hancock, Martha,	006112	Mabey, Tracy Lynne,	005880	Peacock, Nicola Anne,	007170	Upsdell, Laurie Jean,	003860
Hanke, Barbara-Ann,	008275	Macchi, Cindy Joanne,	006389	Penny, Catherine D,	003587	Van Spall, Caroline Sylvia,	006555
Hanzel, Debbie Susan,	007675	Macfie, Carol Elizabeth,	003123	Petersen, Leona Karin,	007424	Van Wijnen, Carolyn Jane,	001001
Hasanali, Shanaaz,	008069	Maciejewski, Angela,	012014	Petrella, Christina,	005331	Vavaroutsos, Barbara,	006559
Hawley, Linda Jean,	003460	MacIntosh, Diana Lynn,	003439	Peura, Kimberly Carol,	003363	Velikov, Marina,	009246
Herald, Elaine Michell,	005390	MacKenzie, Phyllis Arlene,	008847	Philbin, Catherine Anne,	002533	Vilcek, Johnna L,	007210
Hermack, Sharon Lee,	004702	MacKinnon, Patricia Ann,	000356	Pirani, Tasneem,	007914	Viveiros, Conceicao (Connie),	008118
Hill, Sandra,	005258	Macoretta, Sandra,	003236	Piva, Lois Geraldine,	001246	Wagner, Deborah E,	000727
Holland, Carol Lorraine,	001117	Magi, Janice Lynn,	000879	Plunkett, Laura Lynn,	006109	Walker, Katherine E,	000445
Holmes, Kathleen Hannah,	005087	Mahadeo-Subryan, Neranjanie,	008399	Pocrnic, Kristina Darlene,	007378	Walker, Tanya Denise,	007116
Holmes, Melissa,	009353	Mahar, Lisa Marie,	008550	Poirier, Danielle L,	004877	Walkovich, Suzanne Wendy,	003872
Hoodfar, Susanne,	003900	Malig, Rita Carol,	001712	Pope, Lisa Marie,	003650	Walters, Heather Anne,	002042
Hoodfar Sedaghat, Ashraf,	005029	Mallen, Jane Marie,	005148	Pumber, Eha Lea,	000875	Wardley, Karen Lynne,	004670
Horne, Barbara Jean,	002765	Marchand, Gail Elizabeth,	005227	Ramsay, Karen Ann,	004526	Wdowczyk, Justyna,	010192
Hou, Yungaha,	002613	Margach, Deborah,	010225	Raposo, M Filomena,	005804	Wetendorf, Sherry Lynn M,	002571
Hrenar, Dean Joseph,	006206	Marquis, Susan G,	002477	Real, Patricia Ann,	002161	Whalley, Nancy,	007816
Huneault, Leanne,	006659	Marriott, Veronica,	004855	Rees, Donna Louise,	004902	Whibbs, Lori Ann,	002816
Hunte, Colleen,	004308	Martella, Michelle C M,	005704	Reid, Andrea Margaret,	009146	White, Laura Lee,	003209
Iannetti, Teresa,	006232	Martin, Dayna-Lynn,	009242	Reid, Susan Lynn,	001114	Whiteley, Katherine,	003317
Innes, Robyn Wendy,	004514	Massad, Candace Tamara,	009720	Renaud, Josee,	005417	Wiebe, Annette,	004856
Irish-McKay, Kathleen Marie,	001102	Mayhew-Hammond, Kathy Ann,	000729	Richardson, Chantelle Christienne,	007697	Wilde-Padyk, Kathleen Michelle,	008757
Ito, Mary Jean,	004832	McAndrew, Karen Elizabeth,	001644	Rideout, Paula Marie,	004370	Wilkie-Ellis, Linda Marie,	002443
Iulianetti, Tania,	008058	McCargar, Yvonne Marie,	004124	Rinaldis, Christine Marie,	008780	Williams, Janice Mae,	001182
Jacob, Judith Veronika,	000305	McCarten, Nancy Louise,	001747	Rizkalla, Salwa,	006018	Willms, Sylvia,	001019
Jacobs, Kerry Anita,	005488	McCaughey, Tina Darlene,	010181	Roberts-Hunt, Judith,	001996	Wilson, Carole C,	004015
Jamieson, Linda Marie F,	004713	McClelland, Gemma,	005734	Robins, Dianne Elizabeth,	002170	Winkler, Loretta,	003225
Jamieson, Maureen P,	003079	McGuire, Vivian Anne,	000852	Robinson, Barbara Leslie,	003748	Wolfe, Lisa F,	008284
Jarvie, Debra Ruth,	004703	McIntosh, Elizabeth Anne,	002174	Robinson, Debby Christine,	004056	Wood, Natalia Elisabeth,	008495
Jeffrey, Kim Michelle,	002876	McIntosh-Henry, Carol Maureen,	002911	Rondinone, Maria,	003838	Yaeger, Gail M,	002210
Johnson, Amy,	010057	McKee, Christine Elizabeth,	010053	Rooney, Maryanne,	004182	Yakubov, Tatyana,	009184
Johnson, Marla Ellen,	007281	Mehrani, Kamar Jahan Ara,	010161	Rosa Donati, Nadia,	003068	Yan, Bernadette Ann,	004636
Johnson, Stevie,	008820	Mercier, Josee,	003408	Roscoe, Elizabeth P,	002247	Yong, Agatha,	009031
Jones, Kimberley Nicole,	008130	Merk, Alicia Ann,	010239	Roy, Sheryl Anne,	005257	York, Dana,	008391
Kaidonis, Angela Christin,	006581	Meyers, Ghiselle Bernice,	009715	Ruffolo, Flaminia,	002980	Zangrilli, Liana,	005119
Kallonen, Ann-Marie Elizabeth,	009442	Miller, Joan Louise,	000357	Rushlow, Hilda M,	011108	Zarosa, Olya Anastasia,	010011
Kalomiris, Leman,	009396	Miller, Melissa Dawn,	008803	Ryan, Ida Mary,	005223	Zylstra, Susan Meredith,	007063
Keeping, Pamela Joy,	003146	Millions, Graziella,	004354	Ryan, Jennifer Marie E,	009675		
Kennedy-Baker, Christeen Anne,	008734	Mills-Taylor, Sandra Irene,	002176	Sabatino, Antonietta,	004892		
Kenwell-Simpson, Leslie Susan,	003514	Milne, Maya L,	007749	Sabourin, Julie,	006531		

STATUS UPDATE

Suspended/Revoked/Resigned Registrants

In accordance with section 24 of the *Regulated Health Professions Act* (Code), the following registrants have been suspended/revoked for non-payment of the annual renewal fee. These registrants were forwarded notice of the intention to suspend and provided with two months in which to pay the fee. If a registrant who has been suspended for non-payment does not reinstate her/his certificate of registration, that certificate is deemed to be revoked two years after the failure to pay the annual fee. Some registrants choose to resign from the College at renewal time.

Resignations – February 21, 2008 - June 13, 2008

Name	Reg ID	Name	Reg ID	Name	Reg ID	Name	Reg ID
Alousis, Katherine Anne,	004096	Gupta, Meeta,	008203	Moloney, Sherry,	007614	Shapiro, Karen Elizabeth,	001880
Banting, Wendy Sharon,	000145	Hall, Teena Marie,	007031	Morgan, Karen Denise,	007430	Skypas-Gard, Debbie,	005338
Beaudry, Josee Michelle,	009926	Hopkins, Cheryl Ann,	010120	Noble, Susan Diane,	005967	Smith, Marlene A,	000175
Benc, Jennifer,	008580	Kaila, Leenu,	010701	Northrup, Michelle Ruth,	009931	Szulewski, Teresa,	010283
Bury, Diane Michelle,	009314	Kowalski, Tammy Lynn,	007541	Pavlovic, Tanya Katarina,	007293	Tommy, Heather Lynn,	000792
Coleman, Marcy Elizabeth,	004692	Lachance, Jocelyne,	002363	Perchuk, Oksana,	011236	Trapani, Lianne Emma,	009885
Cummings, Rekha Lynne,	006512	Lang, Trina Angel Paulene,	009509	Pollard, Del,	000767	Urbaitis, Ruth,	006467
Dobie, Shelley Dale,	007251	Liu, Jiu,	010315	Pomeroy, Shelley Denise,	010772	Vaillancourt, Chantal Jacynthe,	004635
Gayowski, Michele Anne,	002398	Loranger, Shana,	011391	Pozzobon, Melissa Anne,	009212	Yip, Lo-Yee,	004600
Gosse, Kaye Grace,	011255	MacIver, Katherine J,	007407	Rieder, Laura,	011085	Zammit, Shannon Kerry,	008105

Reinstated – February 21, 2008 - June 13, 2008

Name	Reg ID	Name	Reg ID	Name	Reg ID	Name	Reg ID
Adkin, Cheryl Elaine,	006013	Corriveau, Chantale,	009915	Hill, Teresa L,	008223	Santos, Delcy,	008654
Arbuckle, Alisa Leanne,	007596	Cripps, Kerri Lynn,	009727	Joynt-Bowie, Karen F,	008246	Smith, Shannon,	008964
Bajaj, Rashmi,	011000	Cyr, Jennifer Anne,	011367	Kim, Chanda,	011301	Tan-Ferguson, Erelin,	011297
Baker, Nancy,	010687	Desjardins, Juliane,	011140	Lamanna, Yvonne,	011537	Taylor, Robert James,	011466
Balogh, Elissa,	010754	Detering, Jennifer,	011346	Laperriere, Michelle Catherine,	010082	Utovac, Irene Elizabeth,	007883
Barchard, Mary-Ann,	006126	Dousett, Heather,	011576	McKay, Jacqueline,	010644	Vozza, Gina,	004971
Boyer, Julie Suzanne,	008037	DuFour, Marie-Anne,	010338	Novak, Joyce,	002616	Weekes, Catherine B A,	006073
Brady, Emerald,	011561	Forbes, Emily Elizabeth,	009637	Ouellette-King, Nancy Nicole,	004034	Yorki, Dee-Ann Catherine,	007270
Clifford, Sarah Elizabeth,	008980	Fortino, Carmela Marisa,	003355	Penalagan, Cathie Jean,	011570	Young, Kimberley R,	004733
Collucci, Amy,	011036	Gould, Nicole M,	008077	Quilala, Kimberly,	010957	Zellitt-Sharer, Cheryl Joan,	004287

Suspended – as of March 25, 2008

Name	Reg ID	Name	Reg ID	Name	Reg ID	Name	Reg ID
Adkin, Cheryl Elaine	006013	Fortino, Carmela Marisa	003355	MacMillan, Sylvia Elizabeth	002855	Schnepf, Nicole	006227
Allaway, Jennifer	009164	Fowler, Mary Ellen	008627	Manji, Salima	006530	Seyedbagheri, Azadeh	009562
Allen, Lisa	005466	Garvey, Marsha Suzanne	001628	McKay, Jacqueline	010644	Simon, Chantale	009915
Arbuckle, Alisa Leanne	007596	Gay, Ann	002882	Miklas, Maria Grace	003741	Skypas-Gard, Debbie	005338
Bajaj, Rashmi	011000	Gould, Nicole M	008077	Monardo, Connie	005604	Smith, Marlene A	000175
Baker, Nancy	010687	Gueye, Momar	008786	Morgan, Karen Denise	007430	Smith, Shannon	008964
Baker, Sandra Lynn	007441	Haslett, Cecilia Felicia	008526	Moyo, Ntokozo Arthur	010515	Smyth, Sandra Lynn	006865
Balogh, Elissa	010754	Hazell, Fay	010869	Mwanga, Josiane	011446	Sosnowski, Trisha Lynn	009933
Barchard, Mary-Ann	006126	Healey, Glenda Marie	010435	Noble, Susan Diane	005967	Stavropoulos, Joanne	007103
Beaudry, Josee Michelle	009926	Hill, Teresa L	008223	North, Robin Noelle	008824	Sun, Jiang Hong	011072
Bernier, Danielle	010280	Hollyoak, Karyn	006848	Northrup, Michelle Ruth	009931	Szulewski, Teresa	010283
Boyer, Julie Suzanne	008037	Irwin, Amanda Margaret	010282	Novak, Barbara Joyce	002616	Tam, Jeanette Man Siu	004001
Brady, Topaz	011561	Jarvis, Joanne Irene	006127	Ogoniek, Monica Dianne	009801	Tan-Ferguson, Erelin	011297
Brandt, Allison	008545	Jenner, Melissa May	007656	Ouellette-King, Nancy Nicole	004034	Taylor, Robert James	011466
Brent, Terri Barbara	004138	Joynt-Bowie, Karen F	008246	Parasram, Vashti	011070	Utovac, Irene Elizabeth	007883
Clifford, Sarah Elizabeth	008980	Kaila, Leenu	010701	Passarelli, Carolyn	005038	Vaillancourt, Chantal Jacynthe	004635
Collucci, Amy	011036	Kerr, Elizabeth Anne	004262	Patterson Reid, Krista Pauline	009019	Vozza, Gina	004971
Cripps, Kerri Lynn	009727	Kim, Chanda	011301	Penalagan, Cathie Jean	011570	Watters-Beehler, Peggy Susan	006601
Cyr, Jennifer Anne	011367	Kochan, Tracee Marie	007611	Perchuk, Oksana	011236	Weekes, Catherine B A	006073
Dakin, Courtney Lee	010411	Lamanna, Yvonne	011537	Pollard, Del	000767	Williams, Terri	009462
Desjardins, Juliane	011140	Lamarche, Josée C	008307	Pozzobon, Melissa Anne	009212	Wong, Karen Lynne	001566
Detering, Jennifer	011346	Laperriere, Michelle Catherine	010082	Prithipaul, Ladena Marie	008429	Yorki, Dee-Ann Catherine	007270
Dobie, Shelley Dale	007251	Lawrence, Crystal Lynn	011580	Quilala, Kimberly	010957	Young, Ellen	001575
Dousett, Heather	011576	Lewis, Ashleigh	010573	Ranger, Amanda Lynn	010700	Young, Kimberley R	004733
DuFour, Marie-Anne	010338	Liu, Jiu	010315	Rieder, Laura	011085	Zacharias, Lorelei Janice	011675
Espinoza, Daisy Helen	011457	Lopez, Monica Isabel	007554	Rusic, Vera	008323	Zellitt-Sharer, Cheryl Joan	004287
Forbes, Emily Elizabeth	009637	Lucas, Antonnette	011053	Saini, Sheena Paline	010704		
Fortier, Caroline	011350	Mackiewicz, Lynda Frances	003301	Santos, Delcy	008654		



LEARNING GOALS

► By Lisa Taylor

While the selection of learning goals is central to the continuing competence of dental hygienists, many struggle with selecting goals that are appropriate for their professional growth. Why is this so? Dental hygienists create goals everyday in practice as part of the process of care. They work with their clients to design a treatment plan that will help clients achieve goals associated with optimal oral health. So why do dental hygienists have such a hard time choosing goals that address their professional development?

The reason for this could be their confusion with the concept of what a learning goal is. A learning goal focuses on the journey and gives attention to the discovery of effective strategies aimed at gaining knowledge and skill that will increase one's professional effectiveness. In short, the learning is the central task to the learning goal. What do I need to learn to keep my knowledge current?

Learning goals differ from performance goals

It is important to note that a learning goal differs from a performance-outcome goal. The aim of a learning goal is to increase competence or ability. A performance goal assumes that knowledge and skill are already mastered and focuses on known ways to put them into practice. The purpose of the performance goal is to choose to exert the effort to achieve an objective or outcome using knowledge that one already possesses. Performance goals are outcome based rather than learning based. Learning goals should produce performance goals. Competency is established when new and relevant knowledge is integrated with previous knowledge.

How this works in your professional portfolio

In your professional portfolio, you are asked to report on your learning goals and on your performance goals. **Form 6** asks that you write down what your learning goals will be for the year. Based on your self assessment of your dental hygiene practice, you identify areas of practice that could be enhanced and then reflect on what new knowledge or skill would help you make changes to your practice. You then make a goal statement that describes what you need to learn (your learning goal). From this statement you determine what activities will help you get the knowledge or skills you've identified in your learning goal.

If you can not state a learning goal because you do not need additional knowledge to make the change then you do not need to report this in your portfolio as a learning goal. You simply make the changes to practice and include them in your reporting on your typical day.

Form 7 provides the opportunity to report on how you addressed your learning goal. You use the first section of this form to list the activities that contributed to your learning. The second part of the form asks you to summarize the new knowledge/skills that were acquired through your learning. The third section asks you to tell us what changes you planned to make in your practice based on your learning. This is your performance or outcome-based goal or goals. This list will identify what your desired objectives are, based on what you have learned. The final section on Form 7 asks you to reflect on your learning goal and your learning activities and determine whether or not you achieved your learning goal. Upon doing this, you reflect on whether or not the learning goal was appropriate to your practice needs, the activities were of sufficient quality to increase your knowledge or skills, more learning is required or, more effort is required to put learning into practice. This is where you tie your learning goal to your performance goal and determine if your professional development strategies impacted your practice.

Key points about learning goals

In times of change, learners inherit the Earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists. —Eric Hoffer

Established knowledge can be quickly outdistanced by the pace of new technology, changing practice environments, scientific research and client demands. For dental hygienists, continuous competency is facilitated when individual professionals can assess her/his own skills and attitudes to discover inadequacies or limitations within her/his practices. Learning goals have learning as the central task and concern your development as oral health care providers. Learning goals are dental hygienist specific and are directed primarily toward professional learning rather than personal learning.

To develop new competencies there needs to be a desire to learn new skills, understand new things, and challenge our established ideals and norms. By articulating our learning goals we sometimes have to quiet our egos and be willing to look inadequate to others. Some of our most meaningful learning will involve feeling challenged, displaying ignorance, and risking confusion. In the end, those are the experiences that motivate us and give us the professional confidence and knowledge that the clients we see are receiving the best oral care available.

Samples of learning goals

This list is not exclusive but has been provided as an example of learning goals that might be appropriate in establishing continuous competency.

- Develop skills for assertiveness in a professional setting.
- Learn about current technologies available for oral cancer screening.
- Learn about community resources and how to assist clients to connect with these.
- Learn more about minority/marginalized populations as they relate to my practice.
- Learn how to become a valued member of a multidisciplinary team.
- Investigate and assess current research in the use of the diode laser.
- Learn effective communications strategies for client motivation.

PROPOSED AMENDMENT TO THE QUALITY ASSURANCE REGULATION

Enclosed with this issue of *Milestones* is the proposed amendment to the Quality Assurance Regulation. The Quality Assurance Committee has reviewed the present regulation in light of the September 2007 amendments to the *Regulated Health Professions Act 1991* and changes to dental hygiene practice environments and new technology. The proposed changes reflect a desire to simplify wording and keep consistency with the wording contained within the RHPA 1991 (as amended). Although there are presently no fundamental changes planned for the Quality Assurance Program, the less prescriptive wording of the proposed regulation will give the College more room to adapt the program to meet changes in technology and practice environments.

The Quality Assurance Committee is pleased to report that while other Colleges have had to make major changes to their quality assurance programs to meet the expectations of the RHPA 1991, the CDHO Quality Assurance Program is already ensuring that dental hygienists participate in:

- continuing education or professional development that promotes continuing competence and quality improvement

amongst registrants, addresses changes in practice environments and incorporates standards of practice, advances in technology and changes made to entry to practice competencies;

- self, peer and practice assessments; and
- a registration renewal system that assures the College that they are complying with the Quality Assurance Program.

It is a credit to those who were instrumental in the design of the CDHO Quality Assurance Program that not only has it stood the test of time in assuring the quality of dental hygiene practice in Ontario but it is now a model that is being considered and imitated by other regulatory bodies.

Please take the time to read the proposed amendments to the Quality Assurance Regulation. If you have any comments, please forward them in writing to Lisa Taylor, Quality Assurance Administrator, CDHO 69 Bloor St. E, suite 300, Toronto, ON M4W 1A9 or e-mail to ltaylor@cdho.org with the subject heading *Proposed Amendment QA Reg.*

ANNOUNCEMENT FROM THE PROVINCIAL INFECTIOUS DISEASES ADVISORY COMMITTEE (PIDAC)

PIDAC has recently developed and is pleased to announce the posting of a “best practices document” for Ontario entitled “Best Practices for Hand Hygiene in All Health Care Settings.” This document can be found on the following web page:

http://www.health.gov.on.ca/english/providers/program/infectious/diseases/ic_hh.html

This document provides infection prevention and control practices for:

- * knowing why and when to perform hand hygiene;
- * understanding barriers and enablers that might influence hand hygiene;
- * choosing hand hygiene agents; and
- * applying the correct hand hygiene techniques.

Ontario Hospitals should use this document in conjunction with the Ministry of Health and Long-Term Care's "Just Clean Your Hands" program, available online at: <http://www.justcleanyourhands.ca>.

In cooperation with the Ontario Hospital Association, the MOHLTC will be hosting a province wide educational videoconference. Principle authors of the document will be on-hand to review the key components of the document, as well as answer your questions. Keep your eyes open for the flyer in upcoming weeks.

Questions about the best practice document can be directed to pidac.moh@ontario.ca <<mailto:pidac@moh.gov.on.ca>>, or by contacting your local Regional Infection Control Network (RICN) offices. Questions about the Just Clean Your Hands Program should be directed to hand-hygiene@ontario.ca

Kind Regards,

Cassandra LoFranco

Sent on behalf of:

Cassandra LoFranco

Manager, Infectious Diseases Research & Policy and PIDAC Ministry of Health and Long-Term Care
5700 Yonge Street, 8th Floor Toronto, ON M2M 4K5

Tel: 416-326-1270

Fax: 416-327-7438



COUNCIL'S CORNER

COUNCIL MEETING HIGHLIGHTS, May 30, 2008

CDHO President, Cathie Mazal-Kuula, welcomed everyone and indicated that she was pleased that the College was moving forward on issues relative to client access and ensuring that registrants had the tools to be collaborative health care professionals.

During the Administrative Report, the Registrar noted that 36.2% of the registrants had renewed on-line for 2008. Statistics as of May 1, 2008 indicated that 8,669 registrants held a general certificate of registration, 640 held a specialty and 459 were inactive. Currently, 1,585 registrants are authorized to self-initiate. The Registrar informed Council that the College had hosted a very successful Education Day to which all dental hygiene programs in Ontario were invited to attend.

The Executive Committee noted that due to a delay in the mailing of *Milestones*, the deadline for consultation on the proposed amended Conflict of Interest Regulation had been extended until August 29, 2008. Consequently, the proposed regulation will be considered at the October meeting of Council. The president also informed Council that the College had signed a protocol agreement with the Ministry of Training, Colleges and Universities (MTCU) whereby the results of the CDHO clinical assessments for graduates of non-accredited dental hygiene programs will be posted on the CDHO web site. The audited statements for 2007 were accepted by Council and the auditors reappointed for the following year. Council approved an adjustment to the per diem paid to professional members of Council. This was the first adjustment since the College was established in 1994. Council Meeting dates for 2009 were set at January 23, May 29 and October 30th.

Executive Committee reviewed and granted requests for extensions to two registrants with respect to Undertakings signed with the College. The Committee is currently dealing with four issues related to non-compliance, two matters related to possible incapacity and one mandatory report.

The Complaints Committee informed Council that it has one investigation ongoing and had delivered a caution to a registrant respecting an investigation that was completed in 2007.

The Discipline Committee reported that four discipline hearings were held on February 25 and 26, 2008.

The Patient Relations Committee reported that they are continuing to develop a plan with respect to cultural sensitivity that includes a one-page guideline for *Incorporating Cultural Sensitivity into Dental Hygiene Care*.

The Quality Assurance Committee reported that the Total Quality Improvement (TQI) survey is in the collation phase with EKOS Research Associates, Inc. The Committee also presented amendments to the Council for consideration.

The Registration Committee provided Council with a copy of the CDHO's response to the Office of the Fairness Commissioner respecting its consultation papers on *Proposals for Audits of Registration Practices and Draft Guidelines for Fair Registration Practices Report*.

The Regulations & Bylaws Committee reported that they had completed the first draft of Bylaw No. 4 in response to the *Health Systems Improvement Act, 2007* and that following legal counsel review and comment, the new bylaws will be presented to Council for review and comment in October 2008.

Dr. Gordon Atherley spoke to the Council with respect to his proposal for the *CDHO Knowledge Service for Dental Hygienists* project that he had first suggested during his report to Council with respect to the Dental Hygiene Amendment in 2006. The College is enthusiastic about the proposal and is seeking possible partners in the endeavour.

President Cathie Mazal-Kuula presented gifts of appreciation to Richard Steinecke, Steinecke Macuria LeBlanc, and to Don Gracey and Nancy Coldham, C G Management, in recognition of their timely and persistent assistance in procuring the *Dental Hygiene Act, 1991* amendment September 1, 2007.

COUNCIL MEETING DATES

2009 Council Meeting Dates:

- January 23, 2009
- May 29, 2009
- October 30, 2009



The next meeting of Council is scheduled for **Friday, October 17, 2008** at the Toronto Board of Trade, 77 Adelaide Street West, Toronto. All are welcome to attend. For further information please contact Jane Cain at **416-961-6234** or outside the Toronto area at **1-800-268-2346 ext. 226** or e-mail jcain@cdho.org.



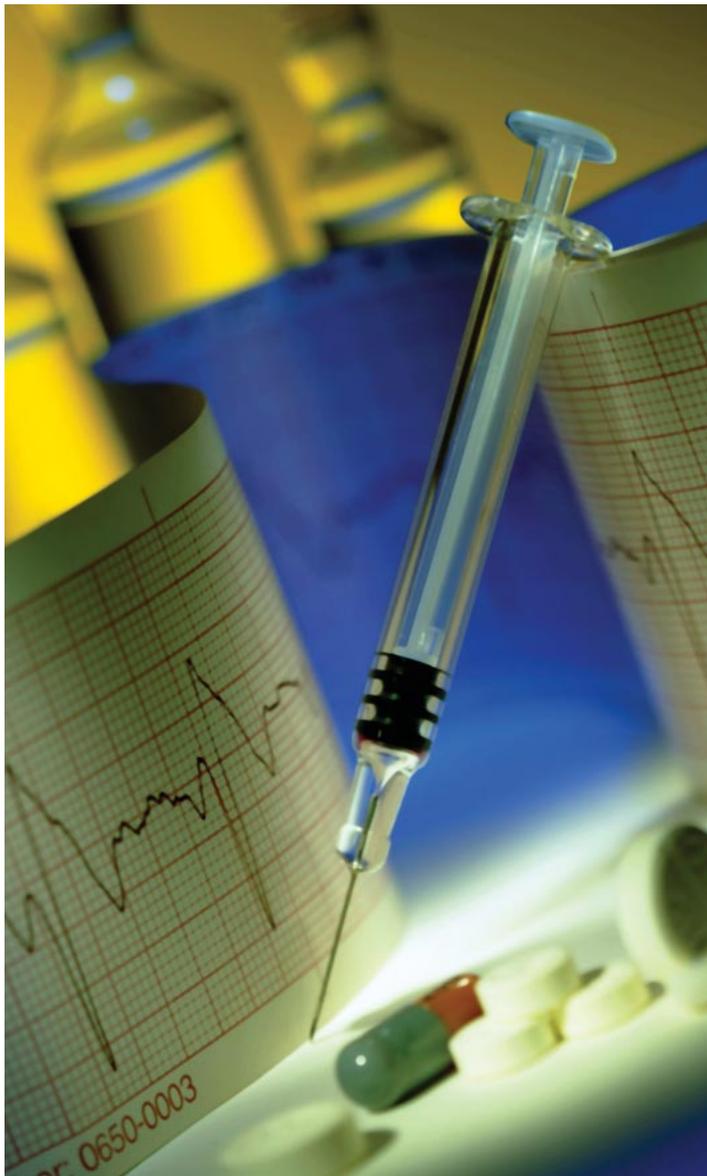
PRACTICALLY SPEAKING

Practically Speaking is an educational tool designed to help dental hygienists gain a better understanding of how regulation affects the delivery of dental hygiene services in Ontario.

This column offers general advice only. Registrants with specific questions should consult the Practice Advisor, Lisa Taylor directly.

ADMINISTERING DRUGS DURING A MEDICAL EMERGENCY

It is a standard of practice that dental hygienists are able to ensure the provision of aid in medical emergency situations. Dental hygienists have a professional obligation to ensure the safety of clients in their care. This is not dependent on another health professional within the facility the dental hygienist practices. In other words, if an employer does not have an emergency protocol or an up-to-date emergency kit, it is the responsibility of that dental hygienist to ensure that both are available for clients in her/his care.



In the March 2008 issue of *Milestones*, the importance of having a written medical emergency plan and potential life-saving equipment was stressed. As a standard of practice, dental hygienists have current CPR certification (level C) and training in basic first aid. This training should also include use of an automated external defibrillator.

A standard emergency drug kit must be accessible at the practice site. Dental hygienists must be familiar with the drug kit contents and be able to administer them in the case of an emergency. There seems to be some confusion out there as to whether or not a dental hygienist can administer oxygen, dispense or inject emergency drugs. It is a myth to suggest that a dental hygienist can do no more than hand a client their Epipen during an emergency. Provisions are in place within the *RHPA 1991* that would allow any person to perform a controlled act when delivering emergency first aid. Chapter 18 subsection 29(1) ***An act by a person is not a contravention of subsection 27(1) if it is done in the course of (a) rendering first aid or temporary assistance in an emergency.***

Studies indicate that life-threatening medical emergencies in the dental hygienist's chair are rare. Dental hygienists are skilled in recognising medical issues that could contra-indicate dental hygiene therapies and would seek medical consultation for clients who present in a high risk category. Prevention is still the number one way to protect a client's health and safety. None the less, a dental hygienist needs to be prepared for potential medical emergencies. Now is the time to review your preparedness. There are materials available to assist you in your emergency response plan. Some texts that may be useful in your review are: *Dental Hygiene Theory and Practice 2nd edition*, Chapter 7 (Darby & Walsh); *Medical Emergencies in the Dental Office* (Stanley Malamed). An instructional video on delivering an injection with the Epipen is available at <http://www.epipen.com/howtouse.aspx>. For instructions on the emergency use of nitroglycerin sublingual tablets or spray: <http://www.nlm.nih.gov/medlineplus/druginfo/medmaster/a601086.html#how>. Another valuable resource regarding the use of drugs contained in your medical emergency kit is your pharmacist.

UNDERSTANDING THE CDHO REGISTRATION PROCESS IN ONTARIO

Information regarding registration with the CDHO is available on the CDHO web site www.cdho.org under 'Registration'. Two categories exist: one for graduates of accredited dental hygiene programs and the other for graduates of non-accredited dental hygiene programs.

All applicants for registration must successfully complete the written National Dental Hygiene Certification Examination (NDHCE). Information is available at www.ndhcb.ca.

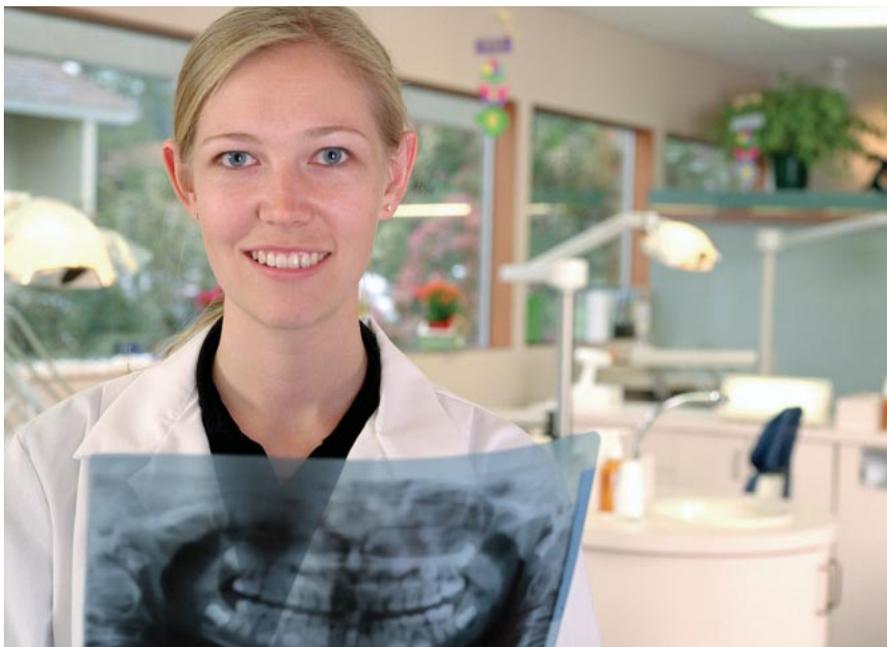
Applicants from **non-accredited dental hygiene programs** must first complete the NDHCE and then apply to the CDHO to take the clinical evaluation component. Applicants are required to supply their own client based on specific criteria. There is often a lag time between when the applicant graduates from their dental hygiene program, passes the NDHCE and then is scheduled for the clinical

evaluation session. Therefore, the applicants may wish to obtain additional clinical practice prior to attending the clinical evaluation session. This practice must not occur in private dental offices and is the responsibility of the dental hygiene school in which the applicant studied dental hygiene. The applicant may approach other educational institutions for practice or refresher opportunities. At the school, the candidate must be registered as a temporary student to be covered by the program's professional liability insurance.

Once the applicant has completed all components of the registration process and submits the appropriate documentation to the College, it takes about ten (10) business days from receipt of the application before the individual is registered. When registration has occurred, the applicant will be able to locate their name and registration number on the CDHO web site under *Find a Dental Hygienist*.

TUTORING DENTAL HYGIENE STUDENTS

The CDHO has been receiving calls from dental hygienists who are being approached by dental hygiene students and graduates of dental hygiene programs who ask that they allow them to practise the dental hygiene authorised acts under their supervision or under the supervision of dentists. This is not permitted under the RHPA 1991 or the *Dental Hygiene Act 1991*. Students are permitted to perform the authorised acts while enrolled in a dental hygiene teaching facility under the direct supervision of a registered dental hygienist who is employed by that facility. Dental hygiene graduates who wish to practise for upcoming clinical examinations must register with a dental hygiene program. Some of the Colleges offer continuing education courses for those who wish to upgrade their skills. Graduates may screen/assess clients for eligibility as clinical examination subjects outside the teaching facility, but can not perform the controlled acts during the screening.



PREVENTION OF DENTAL FRAUD

If you are aware of possible fraudulent practices regarding the billing to insurance companies, you may contact the following in confidence.

416-593-2633 or 1-866-962-4222
or info@chcaa.org

Sun Life Financial 1-888-882-2221

Manulife Financial 1-877-481-9171

Great-West Life 1-866-810-8477

Some of the practices that may be considered fraudulent:

- Waiving the co-pay (the client must pay their portion)
- Shopping the fee guide (looking for a code to fit a procedure not listed)
- Changing the date of service to one where the client was covered
- Charging for services not rendered

You may be contacted by telephone to answer an important question regarding CDHO communications

Mr. Layne Verbeek, from iCommunicate, will be contacting registrants, chosen at random, to find out what dental hygienists think about the College's communications. The interviews are confidential and the College will only receive aggregate results. The College will use the information to improve its communications with registrants and other stakeholders.

PROVIDING DENTAL HYGIENE CARE IN MANY LANGUAGES

As noted in the previous edition of *Milestones*, the College is planning to provide an additional search feature on the CDHO web site (www.cdho.org) under *Find a Dental Hygienist*. If you have previously indicated to the College that you are fluent in a language other than French or English and do not want your name included on the language list, please notify Heather Boucher at ext 240 or hboucher@cdho.org. The College assumes you are able to provide dental hygiene care in your stated language.

Ministry of Community and Social Services (MCSS) distributes *Schedule of Dental Hygienist Services and Fees, June 2008*

Dental hygienists who have received authorization from the College to self-initiate may submit claims for processing to the appropriate dental plan administrator as of June 1, 2008. As outlined in the Schedule, services can be provided to:

- Ontario Disability Support Program (ODSP) recipients, their spouses and dependent children (0–17 years)
- Children whose parent(s) receive Assistance for Children with Severe Disabilities (ACSD)
- Children whose guardian receives Temporary Care Assistance under Ontario Works
- Dependent children (0–17 years) whose parents are Ontario Works participants.

ODSP recipients and children who receive ACSD may be eligible for the Dental Special Care Plan if their disability, prescribed medications or prescribed medical treatment directly impacts their oral health.

THE COLLEGE SAYS GOODBYE TO



JOYCE QUAN, REGISTRATION COORDINATOR

Joyce Quan left the CDHO in mid-June to rejoin her husband who has been working in the United States for the past few years. We wish Joyce well and thank her for her many years of service with the CDHO.

THE COLLEGE WELCOMES NEW MEMBERS OF ADMINISTRATION

Peter Miranda, Administrative Assistant, Investigations and Hearings
Heather Stevenson, Administrative Assistant, Registration
Holly Anderson, Administrative Assistant, Registration

COUNCIL SELECTION – ACADEMIC MEMBERS

As per Section 7 (C) of the DHA, 1991 and 3.4 of Bylaw No. 3, two members of Council are to be selected from among full-time faculty members of colleges that teach dental hygiene in Ontario. This selection will take place in November 2008 for a three-year term commencing January 2009. All faculty members in Ontario who teach a minimum of 20 hours per week are eligible to put their name forward and to participate in the selection of the two academic Council Members. If your school Coordinator has not forwarded your name to the CDHO for inclusion on the list as eligible to stand and to vote, please contact Jane Cain at jcain@cdho.org.



CDHO KNOWLEDGE NETWORK NEEDS YOUR INPUT

The CDHO Knowledge Network is now under construction. The Knowledge Network is an electronic tool that will support clinicians in responding safely and quickly to the medical and health histories that clients provide. It will put relevant research and advisories on medical issues your clients present with, at your fingertips. Please email us with any questions arising in your clinical work for which you needed and perhaps sought help with answers. We'll use the questions we get from clinicians like you to develop not only trustworthy answers, but also the best way of providing the answers. Excellent answers in a blink, at the point of care—that's our mission. Please send the questions/medical conditions that you think need to be included in the Knowledge Network to ltaylor@cdho.org.

Useful Online Resource for Pandemic Planning

This Home Care Guide by the Santa Clara County Public Health Department is intended to help people prepare and to take care of their sick family.

www.pandemic.net.au/files/Resources_March08/Home_Care_Guide.pdf

REMINDER

All requests for a duplicate certificate of registration, tax receipt or a certificate of professional conduct (letter of good standing) must be in writing to the attention of Heather Boucher.

Requests can be faxed to **416-961-6028**; e-mailed to hboucher@cdho.org or mailed to **69 Bloor Street East, Suite 300, Toronto, Ontario M4W 1A9**.

PLEASE INCLUDE YOUR REGISTRATION NUMBER ON ALL CORRESPONDENCE

For Your Information

The Self-Initiation course for dental hygienists is now available online at the CDHA website. For more information or to register, please visit the CDHA website at www.cdha.ca. Direct all phone enquiries to the CDHA at 1-800-267-5235.

The registrant is responsible for notifying the College of an address or name change within seven (7) days of that change.

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Comments or Questions on issues relating to the dental hygiene profession are welcome.

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