The Use of Nitrous Oxide and Oxygen Conscious Sedation – What Are the Appropriate Protocols for Dental Hygienists?

Blood Pressure Guidelines Updated for 2014

Peer Mentorship Success Story
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.

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.

IN THIS ISSUE

President’s Message ............................................................................................................. 3
Registrar’s Message .............................................................................................................. 4
CDHO Council Highlights .................................................................................................. 6
The College Takes Dental Assistant, Deanna Pasicka, to Court for Illegal Practice .......... 7
Clinical Competency Evaluation Results ........................................................................... 8

The Use of Nitrous Oxide and Oxygen Conscious Sedation —
What Are the Appropriate Protocols for Dental Hygienists? ........................................... 9
Peer Mentorship ................................................................................................................... 10

Blood Pressure Guidelines Updated for 2014 ................................................................. 12

QA – Quality Assurance Matters – Preliminary Report on the
‘Setting the Record Straight – Quality Assurance Edition’ Presentations ....................... 14

Test Your Knowledge! – Crossword Puzzle – Communication ........................................... 20

Peer Mentorship Success Story ....................................................................................... 22
‘Setting the Record Straight — Quality Assurance Edition’ Fall Presentations ................. 26
Discipline Decisions ............................................................................................................ 27

Registrants Update ............................................................................................................. 36

CDHO Expertise for RDHs ................................................................................................. 36

Back Cover

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We are now halfway through another year and it is amazing how fast the time flies. The second Council meeting of the year was held on May 30th and a number of items were addressed. One of those items was the issue of treatment of spouses. This of course is of interest to all of our registrants and we know they want us to deal with it expeditiously so we have referred it to the newly formed Policy Committee to research and return to Council with recommendations on what course of action to take. To provide a little background, for a number of years now, treatment of spouses was not allowed in any circumstances and subject to severe penalty if anyone was found in contravention of this direction. As health colleges started working with this zero-tolerance policy, there was a fair amount of discussion that this was too rigid an approach. Last year in response, the government changed the provisions of the Regulated Health Professions Act which opened it up to allow all health colleges to submit their own regulation for government approval on what is and what is not permitted. A few colleges have been moving ahead on this but up to this point, the government has not approved any new regulations, but a couple are pending. Other colleges have decided that they are not going to change the status quo and are remaining with a total prohibition on treating spouses. The issue is not a simple one and we hope that when we get the report back from the Policy Committee, Council can make a final decision on how to deal with this issue.

The theme of this issue of Milestones is communication. A very general topic that can encompass many things and one that has always been a priority with your Council. At least five years ago, enhancing communications at every level became a priority in the strategic planning of the College. Initiatives were implemented to do that and some of them include:

- Meet regularly with the Ontario Dental Hygienists’ Association as well as the Canadian Dental Hygienists Association to discuss matters of mutual concern. Even though the purpose of the College is to regulate the profession and the purpose of these other agencies is to advocate for the profession, the discussions which are held are beneficial to everyone.

- Meet with other stakeholders in the oral health environment including the Royal College of Dental Surgeons of Ontario, the Ministry of Health and Long-Term Care, the Federation of Regulated Health Councils of Ontario, the Ministry of Training, Colleges and Universities and other health colleges in various provinces throughout Canada.

- Invest resources to enhance the ability of the College to communicate both electronically and by telephone in a timely and user-friendly manner with the registrants of the Dental Hygiene profession. We have seen the results of this initiative with the manner in which portfolio reviews are submitted and the College is much better able to deal with individual enquiries which they receive on a daily basis.

- Organize a series of interactive presentations throughout the province in order to meet with as many registrants as possible to discuss items of mutual concern. We refer to these as “Setting the Record Straight.” The feedback we collected indicated that they were well received in the various areas they were held. A commitment was made by Council to continue these presentations on an ongoing basis.

continued on page 7...
Did you know that your Registrar, Brad Sinclair, is not a dental hygienist? Some might ask, ‘Shouldn’t a health professional Registrar come from the profession itself?’ Believe it or not that criterion is less and less common these days: indeed none of the oral health regulators have followed this protocol. So, are there any critical criteria for registrars? Simply stated – yes there are. One of those criteria is communication, i.e., the ability to communicate effectively. All of this is a meandering introduction to a skill/competency that needs to reside at the heart of every health professional (including of course registered dental hygienists) and no less so for the College of Dental Hygienists of Ontario.

I went back to my roots and consulted the good book (the Oxford English Dictionary) and then I did a bit of etymology on the words associated with communication. As life-long learners many of you may already know this, but for those of you who don’t know — please bear with me while I dial up the history of the word ‘communicate.’ Like many English words ‘communicate’ is derived from the Latin word for ‘common.’ It was absorbed by both Middle English and Middle French languages and manipulated along the way into the form ‘communicare.’ The literal translation of communicare is ‘to share.’ If the light has not gone on yet let me help you a little bit more. When we communicate we share information, knowledge and/or data with another person.

**Very few people have the knowledge or the skill to understand professional matters other than the professionals themselves.**

So how does this apply in the professional world, and more precisely in the dental hygiene world? Consider the following:

- Very few people have the knowledge or the skill to understand professional matters other than the professionals themselves. We go to see a lawyer for example, to get advice on the law. Why? Because we do not have the legal knowledge or skill necessary to generate the advice on our own. Indeed I can get into serious trouble if I pretend to be a lawyer and give you legal advice.

- As the client of a health professional, not only do we not have their knowledge or skill, we almost certainly lack the clinical resources to investigate the nature of a problem that we might be facing on a personal level. I cannot read an ultrasound and even if I could, I certainly don’t have an ultrasound machine in my home.

- As a client of a health professional we also, by definition, lack the perspective to consider the matter objectively. It’s difficult to imagine something more personal or intimate than the pain or discomfort that I might be feeling in my shoulder or my chest or my stomach — to offer a few examples. Notwithstanding the Internet age, we are regularly warned against acting on whatever information we might be available to glean.
In the case of dental hygiene the stakes are raised a little bit higher. Without a major investment in some pretty serious imaging hardware, there is virtually no way that I could conduct an assessment of my own oral health, i.e., I cannot serve as my own client. I need a dental hygienist to look inside my mouth because it is physically impossible for me to get the kind of view necessary for a proper assessment.

With the foregoing as context, it is easy to see the importance of communication. There is clearly a power imbalance between a health professional and a client of that health professional. The health professional has something, i.e., information or knowledge that the client does not have and is able to deliver a service that the client cannot deliver her/his self. When a health professional is communicating with a client, they are in fact sharing (see the definition of communicare above) their knowledge and expertise. Anything less than sharing with a client is not communicating.

As Registered Dental Hygienists you are in the position of sender when you work with clients.

Darby & Walsh’s *Dental Hygiene Theory and Practice*, devotes all of Chapter Four to the concept of communication. I am sure that 99.9% of you know more about this than I do and that is as it should be. There is, however, a very useful frame of reference that we can all use as a general reminder on a day-to-day basis. Darby & Walsh reference three basic elements of the communication process: sender, message and receiver. As Registered Dental Hygienists you are in the position of sender when you work with clients. The information that you share with them is obviously the message and your client is the receiver. As Darby & Walsh quite rightly note, we should always keep in mind that there are many ways of sharing, i.e., more than just verbal transmission of information. Our body language, our tone of voice, the cadence of our speech and the medium of transmission, to name a few factors, can all play a critical part in the ability of the receiver to successfully absorb the information that we are sharing.

There is a further twist to the three elements of communication that is easy to forget. Simply stated, communication is a two-way street. While in some situations we are the sender of a message, we are just as often a receiver. Indeed the most basic conversation has us flipping back and forth between the role of sender and receiver. So it follows for health care professionals. Good dental hygienists are not simply transmitters of information. They are also receivers of information from clients, from colleagues and from other health professionals.

‘So what about the College?’ you might ask. We need to be aware on a daily basis of our own communications — all three elements of conversation: sender, message and receiver. The College has well-established modes of communication in place already, i.e., CDHO’s website, *Milestones* and monthly e-briefs. In addition to that, we have professional advisors who can take your calls anonymously on a daily basis during working hours and they are constantly aware of their role as senders and receivers of information. Can we do more? Yes we can. In May and June of 2014 I have been co-hosting meetings with my colleague Jane Keir, Manager of the Quality Assurance Program, in our series ‘Setting the Record Straight.’ I have always maintained that there is no substitute for person-to-person interaction and that has been proven once again. It has been inordinately helpful to me to meet with you the registrants, face to face, at these sessions. So far we managed to meet registrants in Thunder Bay, Sault Ste. Marie, Sudbury, Windsor and London. To all of you who attended those sessions I offer my sincere gratitude. Your presence makes for a very successful and interactive session. Jane Keir and I will be back on the road in the fall (we’re taking a break for the summer). The fall presentation dates can be found in the ‘Setting the Record Straight – Quality Assurance Edition’ ad on page 26 of this issue. I am hopeful that we will receive the same enthusiastic response in the fall that we experienced in May and June.

In the very near future, the College will be considering a new strategic planning cycle and I can personally guarantee you that communication with registrants will remain a priority.
Mr. Mike Connor, President of Council, called the meeting to order in Toronto at 9:15 am.

Mr. Blair Mackenzie presented the College’s audited financial statements to Council for approval. He outlined the process that Hilborn (the audit firm) followed leading up to the audited financial statements. He spoke in some detail to the College’s deficit budget and noted that the College was actually taking a progressive step by operating with a deficit. He noted further that the College’s reserves are currently high in comparison with its annual operating budget and that this could pose a problem with Canada Revenue Agency (CRA). The deficit budget, he said, allows the College to reduce the reserve in a responsible and managed way. Mr. Mackenzie reported that normally, a deficit budget is a cause for concern but in the case of CDHO it helps with two very important objectives: i) it reduces the reserve to a level that will not pose a problem for CRA, and ii) it allows CDHO to avoid raising registration fees for some time. Mr. Mackenzie closed his presentation by noting that CDHO is in an enviable position with respect to its finances.

Council passed a minor amendment to CDHO By-Law No. 4, 16.4 (2) re: appeals to College examinations. The previous By-law directed the Registrar to forward such appeals to the College’s Registration Committee. The new By-law directs the Registrar to forward appeals to the College’s Examinations Committee.

The Registrar facilitated a discussion on the issue of Spousal Exceptions or Bill 70 – Regulated Health Professions Amendment Act. Following this discussion, Council referred the matter to the College’s Policy Committee for discussion and advice on the issue in due course.

The following statutory committees provided a brief update in addition to the written reports that were included in the agenda package:

- Inquiries, Complaints and Reports Committee
- Quality Assurance Committee
- Executive Committee
- Registration Committee
- Patient Relations Committee
- Discipline Committee, and
- Fitness to Practise Committee.

The Examinations Committee and the Ad Hoc Committee on College By-Laws also provided brief reports.

The Registrar provided a brief report to supplement the written report. In particular, he highlighted developments on the College’s Drug Regulation which is now under review in the Ministry of Health and Long-Term Care. The Registrar also took the opportunity to announce that Ms. Mary Catalfo would be leaving the College to assume a senior leadership position with Big Brothers and Big Sisters of Toronto. The Registrar congratulated Ms. Catalfo on her new appointment and thanked her for her contribution to CDHO.
Presidents’s Message  ...continued from page 3

We have been working on improving our internal communications. We have entered into a long-term project with the aid of a consultant to define the way we do business and ensure we have the appropriate policies in place to take us into the future. A cornerstone of this initiative is to ensure at the end of the day that there is complete transparency in the way the College is run and that communication between Council and staff is carried out in an appropriate and efficient manner. This will only enhance the ability of the College to fulfill its role in protecting the public as well as being able to deal with all aspects of registrant activities and concerns.

Things seem to slow down only slightly for the members of the Council during the summer months, but the College staff continues to work ahead on several projects as well as the issues that arise on a daily basis. Again this year, things seem to become busier as the profession continues to progress in many areas and the periods of being less busy are becoming fewer and fewer. This is a good thing because it shows everyone is engaged and committed.

Finally, I want to take this opportunity to wish all of you a great summer. Hopefully the weather will co-operate and it will be an excellent time to get some downtime and enjoy it with your families.

Mike Connor
President

The College Takes Dental Assistant, Deanna Pasicka, to Court for Illegal Practice

Following information provided to the College, an investigation determined that Ms. Deanna Pasicka (also known as Deanna Michelle Pasicka, Deanna Pasicka-Boulet, Deanna Michelle Pasicka-Boulet, Deanna Boulet, Deanna Michelle Boulet), had used the title “dental hygienist”, had held herself out as a person qualified to practise as a dental hygienist and had performed the controlled act of scaling at a dental clinic in Niagara Falls, Ontario. Ms. Pasicka had never applied to, nor had she ever been registered with the College. Further investigation revealed that Ms. Pasicka had been found ineligible to write the National Dental Hygiene Certification Board examination due to legal problems and concerns respecting dishonest conduct. The College takes the issue of illegal practice very seriously and sought a court order to prevent further occurrence.

On January 21, 2014, The Honourable Justice Stewart, of the Ontario Superior Court of Justice, ordered that Ms. Pasicka 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 Deanna Pasicka refrain:

a) from using the title “dental hygienist” or a variation or abbreviation or equivalent in another language;

b) 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

c) from performing any controlled acts including scaling teeth or root planing.

The court also ordered that Ms. Pasicka pay substantial indemnity costs to the College of $12,000, including disbursements and applicable taxes.
Graduates of non-accredited dental hygiene programs must successfully complete the Clinical Competency Evaluation before they can apply for registration with the CDHO. The most recent evaluation was held Saturday, May 3, 2014. Twenty-two candidates sat the evaluation and seven were successful. Presently, there are no non-accredited dental hygiene programs in Ontario. Consequently, there has been a decline in the number of applications for the Clinical Competency Evaluation through 2013 and into 2014.

<table>
<thead>
<tr>
<th>Clinical Assessment Results – May 3, 2014</th>
</tr>
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<tbody>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td><strong>Candidates</strong></td>
</tr>
<tr>
<td>22</td>
</tr>
</tbody>
</table>

**Email Address Required for New Self-service Portal**

This summer the College will launch its new self-service portal. The new portal will permit registrants to access and update their information such as address changes, renewals, and applications, in real-time, 24/7.

To access the self-service area, the College must have the latest email address on file for each registrant. Please take a moment to make sure we have your email address!

Illustration: © alexmillos/Shutterstock.com

**Moving This Summer? Getting Married? New Job?**

Don’t Forget...

You are required to update your information with the CDHO within 14 days of any changes to email addresses, business and residence addresses and telephone numbers. You can do it yourself by visiting the self-service portal at www.cdho.org.

Please feel free to contact us if you have any questions.

Illustration: © John T Takai/Shutterstock.com
The Use of Nitrous Oxide and Oxygen Conscious Sedation – What Are the Appropriate Protocols for Dental Hygienists?

By Robert Farinaccia, RDH, BSc

The practice advisors at the College often get calls regarding the appropriate protocols involved when a dental hygienist is preparing to treat a client who will be receiving nitrous oxide and oxygen conscious sedation. Dental hygienists are still reporting that dentists are expecting them to work on clients who are receiving nitrous oxide and oxygen without the appropriately trained health professional in the room to monitor the client. This article will address a few of the main inquiries we receive at the College to help provide some guidance for dental hygienists.

The American Dental Association’s (ADA) Guidelines for the Use of Sedation and General Anesthesia by Dentists (2012) defines conscious sedation as “a minimally depressed level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof”. Conscious sedation is used to affect the client’s mental state to make the appointment more comfortable or manageable by helping to diminish the fear and anxiety associated with treatment.

While dental hygienists may treat clients receiving nitrous oxide and oxygen, they must ensure that certain conditions are met before initiating treatment. In Ontario, dental hygienists are not authorized to administer nitrous oxide and oxygen by inhalation (as this is a controlled act), or monitor clients receiving nitrous oxide and oxygen for conscious sedation as per the Regulated Health Professions Act, 1991 (RHPA).

Dental hygienists who wish to treat clients receiving nitrous oxide and oxygen must ensure that:

- They obtain any informed consent required before the client is sedated.
- Nitrous oxide and oxygen has been administered and is being monitored by an appropriately trained dentist who is a member of the Royal College of Dental Surgeons of Ontario (RCDSO) or an appropriately trained registered nurse or respiratory therapist under the order of a member of the RCDSO.
- The individual who is monitoring the client must be present in the treatment room/operatory at all times and the dental hygienist is never left alone with the client while the client is receiving nitrous oxide and oxygen.
- If a registered nurse or respiratory therapist is administering or monitoring the nitrous oxide and oxygen delivery, the dentist does not need to be in the operatory but must still be present in the office suite and immediately available for emergency.
- Clients must be monitored by the appropriate professional described above by direct and continuous clinical observation for level of conscious sedation and assessment of vital signs.

In the case where any of the above criteria is not met, dental hygienists must refuse to provide dental hygiene services to clients who are receiving nitrous oxide and oxygen conscious sedation.

The RCDSO has guidelines for use of sedation and anaesthesia in a dental practice. The guidelines do not allow dentists to delegate the administration of nitrous oxide and oxygen or the monitoring of clients/equipment while receiving/delivering nitrous oxide and oxygen to dental hygienists or dental assistants (whether appropriately trained or not).
This spring was a busy time for the Peer Mentorship Program. Our nation’s capital enthusiastically responded to our call for mentors so the CDHO took the “Mentoring Excellence Workshop” to Ottawa.

Fifteen dental hygienists participated in the Saturday workshop to complete their peer mentorship training and are eager to start mentoring. Following Ottawa, fifteen Toronto area dental hygienists gave up an April Saturday to participate in the workshop held at the College and received their Peer Mentorship Certificate bringing the total number of CDHO Peer Mentors to 89. The next round of “Mentoring Excellence Workshops” will be scheduled in the fall.

To receive mentorship training and become a mentor with the CDHO Peer Mentorship Program, you are asked to apply to the College. If you are in good standing, have been in clinical practice for a minimum of five (5) years, are currently practising, and have been authorized to self-initiate for at least two (2) years you may be eligible.

Mentoring Excellence Workshop – Ottawa – April 12, 2014

“The next round of ‘Mentoring Excellence Workshops’ will be scheduled in the fall.”

Registrants who are accepted into the Program will have access to the online course and workbook. The course work will take approximately fifteen hours to complete. Once completed, you will be required to participate in a full-day workshop and upon completion you will receive your Peer Mentorship Certificate. Time spent in training and in mentoring may be used to meet your professional portfolio requirements.

If you are interested in becoming part of this exciting new program and feel that you meet the criteria to become a mentor, please contact Cathy Goldberg at cgoldberg@cdho.org. Workshops will be scheduled in cities where at least fifteen persons have registered for the program.

Mentoring Excellence Workshop – Toronto – April 26, 2014

Left to right – Back row: Hema Varghese, Muriel Laughton, Catilin Gobbi, Faygie Goodman, Julie DiNardo, Peta Feinberg, Inesa Ciancio, Margaret Frey, Bunilda Mucaj, Annett Irreno.

Front row: Marianne Haffner-McNiven, Brittani Roberts, Maria Graham, Sarah Scharfenberg, Susan Millette.
Recently the CDHO Knowledge Network Hypertension advisory underwent a thorough review (which is periodically done with all advisories) to ensure that the recommendations reflect current evidence-based research and theory. The advisory made use of many specific oral health references, the Canadian Hypertension Education Program (CHEP) guidelines, and used medical expertise in the process of the update.

The updated advisory now contains two tables of blood pressure values with recommendations and advice for proceeding with dental hygiene treatment based on the client’s in-office blood pressure value. The first table is for clients who present without a history of other risk factors for hypertension.

The second is to be used when a client presents with a history of other risk factors for hypertension such as history of myocardial infarction, angina pectoris, high coronary disease risk, recurrent stroke, diabetes mellitus, and renal disease.

Dental hygienists can use these tables to help inform decision making and should also take into account the current clinical status of the client before they decide to proceed with dental hygiene care. For example, clients with high blood pressure who have symptoms such as severe headache, blurred vision, shortness of breath, nosebleeds, nausea/vomiting, chest pain, or seizures, should be referred to a physician for immediate evaluation. Furthermore, dental hygienists should compare current blood pressure readings with previous readings to see if there have been any significant changes. This is why it is valuable and prudent to have baseline blood pressure readings (and periodically re-assess those readings) on all clients regardless of their medical status. A person who typically has low or normal blood pressure who now has unexpectedly elevated blood pressure may be more worrisome in the short-term than a person who habitually has high blood pressure.

The tables also suggest the appropriateness of non-invasive procedures (e.g., oral hygiene instruction, fitting a mouth guard, and taking an impression) versus invasive procedures (i.e., scaling teeth and root planing, including curetting surrounding tissue). It is important to note that any procedure (regardless of whether it is considered non-invasive or invasive) should be avoided if the dental hygienist believes it could cause stress/anxiety resulting in a sudden, acute elevation in blood pressure. This individual consideration of stress/anxiety is particularly important for clients with pre-existing high blood pressure and the dental hygienist should defer the procedure(s) pending medical evaluation if in doubt.

The updated tables have also been colour-coded (using the same colours as a traffic light for quick reference). The green colour on the tables indicates that a dental hygienist can proceed with dental hygiene care and procedures as required. The yellow colour signifies that the dental hygienist should proceed with caution as in some cases providing invasive care is not advised. The red colour indicates that the dental hygienist should not proceed with any dental hygiene care at all and in some cases may need to treat the situation as an emergency.
Table 1

<table>
<thead>
<tr>
<th>BP</th>
<th>110–119</th>
<th>120–129</th>
<th>130–139</th>
<th>≥140</th>
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<tbody>
<tr>
<td>Systolic</td>
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<td></td>
</tr>
<tr>
<td>1. Re-check BP after 5 minutes</td>
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<tr>
<td>2. Perform neither procedures nor any dental hygiene care</td>
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<tr>
<td>3. Call 911 as a medical emergency</td>
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<tr>
<td>4. Provide a referral note with the second BP reading</td>
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<tr>
<td>Diastolic</td>
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<tr>
<td>1. Re-check BP after 5 minutes</td>
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<tr>
<td>2. Perform neither procedures nor any dental hygiene care</td>
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<tr>
<td>3. Provide a referral note with the second BP reading</td>
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<tr>
<td>4. Refer for prompt medical consultation</td>
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</tbody>
</table>

Table 1 is to be used if a client presents WITHOUT A HISTORY of other risk factors such as myocardial infarction, angina pectoris, high coronary disease risk, recurrent stroke, diabetes mellitus, renal disease.

Table 2

<table>
<thead>
<tr>
<th>BP</th>
<th>110–119</th>
<th>120–129</th>
<th>130–139</th>
<th>≥140</th>
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<tr>
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<td>4. Provide a referral note with the second BP reading</td>
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<tr>
<td>Diastolic</td>
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<tr>
<td>1. Re-check BP after 5 minutes</td>
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<tr>
<td>2. Perform neither procedures nor any dental hygiene care</td>
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<td>3. Provide a referral note with the second BP reading</td>
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<tr>
<td>4. Refer for emergency medical treatment</td>
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</tbody>
</table>

Table 2 is to be used if a client presents WITH A HISTORY of other risk factors such as myocardial infarction, angina pectoris, high coronary disease risk, recurrent stroke, diabetes mellitus, renal disease.

In addition to the Hypertension advisory, the CDHO has also developed a quick reference factsheet for hypertension. The factsheet is not meant to replace the full comprehensive advisory, but rather was designed to be a quick chair side reference for dental hygienists. This format contains valuable information that can be easily shared with clients.

**When Is Taking a Client’s Blood Pressure Advised?**

For clients whose medical history is clear, the CDHO encourages dental hygienists to take a blood pressure reading as part of their baseline assessment. If the client’s blood pressure is within the normal range, it may not be necessary to take that client’s blood pressure at every appointment. However, in the interest of being proactive, it would be prudent to periodically monitor the client’s blood pressure to ensure that there have been no significant changes since it is well known that hypertension can be asymptomatic.

Taking blood pressure is always advised for clients whose medical history indicates a need (i.e., clients with diagnosed hypertension, cardiovascular disease, diabetes, chronic kidney disease, and this list is not exhaustive).

All dental hygienists want to ensure that they are not putting their clients at risk while providing dental hygiene treatment. The monitoring of clients’ blood pressures is an important step that dental hygienists can take to ensure safe client care.

**Hypertension Posters**

One more reason to come out to one of our “Setting the Record Straight – Quality Assurance Edition” presentations in the fall, is that all those who attend will receive a wall-size poster of the Hypertension Guidelines. These colourful posters can be used in office as a valuable tool for hypertension learning and awareness for clients.

Quick Facts

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of presentations to date</td>
<td>5</td>
</tr>
<tr>
<td>Number of dental hygienists attending</td>
<td>691</td>
</tr>
<tr>
<td>Number of follow-up surveys completed</td>
<td>173</td>
</tr>
</tbody>
</table>

In the last issue of *Milestones*, you were introduced to the new QA Flex Plan and the three new options for meeting your QA requirements that will come into effect in 2015. In April and May, CDHO staff hit the road for the first of the Quality Assurance Edition of the ‘Setting the Record Straight’ presentations which are being held throughout the province in 2014. The dental hygienists present were anxious to hear about the new program and to have their many questions answered.

Follow-up surveys were sent to those who attended to ask about their impressions of the new program. Preliminary results show that most dental hygienists who attended the presentations were positive about the changes and appreciative of the work done by the Quality Assurance Committee to enhance the current program to make it easier for them to report on the knowledge, skills and judgment that they use to provide safe, effective care to their clients. They are also anxious to see the new online learning management system that is currently under development.

A full explanation of the three options was presented for the first time in the last issue of *Milestones* (see Table 1 below). The cornerstone of the enhanced program is the online self-assessment tool. Under the new plan, dental hygienists will be able to use the tool to assist them in the design of their plans for learning and for improving their competency.

<table>
<thead>
<tr>
<th></th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demonstrates and verifies knowledge</strong></td>
<td>Learning portfolio*</td>
<td>Written assessment**</td>
<td>Written assessment**</td>
</tr>
<tr>
<td><strong>Demonstrates and verifies skills and judgment</strong></td>
<td>Practice profile***</td>
<td>Practice profile***</td>
<td>Onsite practice assessment</td>
</tr>
</tbody>
</table>

Table 1
In Option 1, the Learning Portfolio will provide you with the opportunity to demonstrate your knowledge as you report on your goals and learning activities similar to what is submitted in the current plan. This will become easier as you will be able to develop and establish your goals based on your personal self-assessment. During the ‘Setting the Record Straight’ presentations, a large number of those present indicated that they struggle to establish their learning goals.

Do you struggle when writing your learning goals?

<table>
<thead>
<tr>
<th>Responses</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>409</td>
</tr>
<tr>
<td>No</td>
<td>176</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>585</strong></td>
</tr>
</tbody>
</table>

A self-assessment tool has been part of the current system but surprisingly, many dental hygienists were not using it or were not aware of its existence. It is interesting to note that almost 70 percent struggle to write their goals and about 61 percent either did not use the self-assessment tool or were not aware that it was available for their use. The Committee anticipates that the struggles you are currently facing will lessen with the use of the self-assessment tool.

Have you used the self-assessment tool in the past?

<table>
<thead>
<tr>
<th>Responses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>220</td>
</tr>
<tr>
<td>No</td>
<td>218</td>
</tr>
<tr>
<td>I was not aware of the self-assessment tool</td>
<td>118</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>556</strong></td>
</tr>
</tbody>
</table>

In the new online learning management system it will be your choice: continue to write your own learning goals or use the system to your advantage and allow it to suggest goals for you.

When asked if they were clear on how the self-assessment tool will help the online learning management tool to establish their goal, the majority of those present indicated that they understood how the system will work.
I am clear on how the self-assessment tool will help the online learning management tool to establish my goals.

<table>
<thead>
<tr>
<th>Responses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>138</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
</tr>
<tr>
<td>No opinion</td>
<td>15</td>
</tr>
<tr>
<td>Totals</td>
<td>169</td>
</tr>
</tbody>
</table>

The second component of Option 1 and 2 will be the Practice Profile, which will allow you to demonstrate your skills and judgment as you provide a description of your typical day in practice. This will differ significantly from the current program as it will contain a series of questions with prompting and checkboxes to allow you to indicate dental hygiene services provided and describe infection prevention/control and record keeping practices. The program evaluation revealed that the typical day was an area of concern to many of you and the new system was designed to reduce the confusion many of you reported about what information was needed. During the presentation, those present were asked if this method of reporting on their practice was more acceptable to them than the current typical day. The majority responded positively to this question.

Is this method of reporting on your practice more acceptable to you than the previous typical day?

<table>
<thead>
<tr>
<th>Responses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>500</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
</tr>
<tr>
<td>Not sure</td>
<td>33</td>
</tr>
<tr>
<td>Totals</td>
<td>541</td>
</tr>
</tbody>
</table>

In Options 2 and 3, the written assessment will allow you to demonstrate your knowledge. The National Dental Hygiene Certification Board will administer this assessment and full information about the development and administration of the assessment can be found on their website at www.ndhcb.ca. If you choose this option, you will have three attempts to successfully complete the assessment. A fee will be charged by the NDHCB for each attempt of this assessment. Therefore, taking the time to prepare for the assessment will help to ensure your success the first time!

Several comments were provided by those attending the presentations in the follow-up survey sent via email:

*Explain more about the testing, showing example test questions and more information about books we should study from. I would like a sample question or a few sample questions of what might be seen on the written exam.*

*It would have been great to see .... some of the sample questions of the test that will be available.*
The following questions are examples of types of questions that will appear on the written assessment. **The answers and rationales can be found on the NDHCB website at www.ndhcb.ca.

**During the process of a chart audit review an omission in documentation is noted. What should the dental hygienist do?**

a. Leave the chart as it is.
b. Amend the chart after the last entry.
c. Insert the omission at the point of occurrence.
d. Add a separate page explaining the omission.

**Manufacturer’s instructions for the application of pit and fissure sealants indicate that the tooth surface must be thoroughly washed and dried after preconditioning with phosphoric acid. Which situation could result from failing to do this?**

a. Sealant retention will be compromised.
b. Autopolymerization or amine acceleration will not take place.
c. Defective areas will be difficult to detect with an explorer.
d. Compressive strength will be compromised.

**Which one of the following manifestations is a potential side effect of whitening agents?**

a. Demineralization.
b. Dentin hypersensitivity.
c. Leukoplakia.
d. Gingival recession.

**Used with permission of the National Dental Hygiene Certification Board.**

The second component of Option 3 will be the Onsite Assessment, which will allow you to demonstrate your skills and judgment to a QA Assessor in your practice. At this visit, you will have ample time to demonstrate that your work environment and practices comply with the Standards of Practice and that your infection control and record keeping are consistent with current guidelines and regulations. During the presentations, several of those present enquired about the costs associated with this visit.

During several of the presentations, questions similar to the following comment in the follow-up survey were asked:

**If Option 3 is chosen, I do not believe that there will be no cost, will this be free? I think that choosing between 3 options is actually more complicated, will be more costly and time consuming for the College to implement, and feel that our annual dues will go up when this is all said and done.**

continued on next page...
According to the Registrar, Brad Sinclair, “The College prefers to look at Quality Assurance as an investment in the dental hygiene profession. The ‘return’ on that investment is relatively low volumes of referrals to the Investigations, Complaints and Reports Committee (ICRC), and Discipline Committee. One of the largest cost drivers for the College is ICRC and Discipline Committee. It is highly unlikely that the College would need to adjust its fees to accommodate the introduction of Option 3 in the Quality Assurance Program. Looking forward to the 2015 fiscal year there is no plan to consider a fee increase for that period.” There will be no charge to registrants who choose Option 3.

Those attending the presentations were asked about their choice of the three options both during the presentation and in a follow-up survey several days after attending. During the presentations the most frequently chosen was Option 1:

Preferred choice between the three options by those attending the presentation

<table>
<thead>
<tr>
<th>Options</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1 (learning portfolio and practice profile)</td>
<td>307</td>
</tr>
<tr>
<td>Option 2 (written assessment and practice profile)</td>
<td>93</td>
</tr>
<tr>
<td>Option 3 (written assessment and onsite visit)</td>
<td>9</td>
</tr>
<tr>
<td>I will need to think about it</td>
<td>89</td>
</tr>
<tr>
<td>Totals</td>
<td>498</td>
</tr>
</tbody>
</table>

In the follow-up survey, Option 1 was still the most common choice. *Note that there was no fourth option as was given during the presentation.*

Preferred choice between the three options by those who answered the follow-up survey

<table>
<thead>
<tr>
<th>Options</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1 (learning portfolio and practice profile)</td>
<td>139</td>
</tr>
<tr>
<td>Option 2 (written assessment and practice profile)</td>
<td>25</td>
</tr>
<tr>
<td>Option 3 (written assessment and onsite visit)</td>
<td>4</td>
</tr>
<tr>
<td>Totals</td>
<td>168</td>
</tr>
</tbody>
</table>

During the program evaluation, the Quality Assurance Committee evaluated information obtained from many sources, including many of you who responded to the Committee’s survey regarding the program. A key finding was that no single program would meet the needs of all and that different dental hygienists had different “wish lists” for the QA Program. In commenting about the new program, one person who attended said:

*Consider a QA Program that is truly a “Flex” QA Program. Assess/review some of the other regulated health care professional quality assurance programs and maybe there won’t be so many problems/concerns with the CDHO’s QA Program.*
In fact, the Committee looked not only at Quality Assurance programs from many different professions in Ontario but also at other regulatory colleges across Canada. During the presentation, those attending were asked if they believed that registrants’ concerns were taken into consideration in the development of the new options in the QA Program. The following results were obtained:

<table>
<thead>
<tr>
<th>Responses</th>
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<tbody>
<tr>
<td>Yes</td>
<td>155</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>No opinion</td>
<td>11</td>
</tr>
<tr>
<td>Totals</td>
<td>171</td>
</tr>
</tbody>
</table>

One response to the follow-up survey reflected the viewpoint of the Quality Assurance Committee:

*I just do not feel that the enormous amount of time spent on these portfolios is well spent. Time spent on the dental education though is well spent.*

The Committee reached the same conclusion. They feel very strongly that the enhancements to the program will reduce the burden on you, the practising dental hygienist, and will free up some of your valuable time to allow you to concentrate more on your learning and less on reporting on your learning. 

The College prefers to look at Quality Assurance as an investment in the dental hygiene profession...”
## Across

1. Dental hygienists seek this verbally and nonverbally to ensure good communication
3. Form of communication where a person sends a message with the intention of evoking a response
8. This model has five principles for communicating with young children (2 words)
12. CDHO magazine published three times a year
13. Communication technique that can decrease client anxiety and embarrassment for all ages
14. Magazine where CDHO ads on GERD and Oral Cancer can be found
16. Nonverbal communication signals such as facial expressions and head, hand or body movements
17. Speech disorder displaying slurred speech patterns
18. The art and science of communication and teaching directed at children
19. Communication skills using specific questions requiring narrow answers (2 words)
22. This Education Module contains exercises that improve communication
23. Employees of the CDHO who provide confidential consultations
27. Developed by the CDHO that weaves scientific medical knowledge into point-of-care decisions (3 words)
28. Oral Health Month
30. Short for Web log
31. Who said: “Of all of our inventions for mass communication, pictures still speak the most universally understood language.”
33. CDHO is the title sponsor of this FM morning show
34. Form of communication using video sharing
35. Type of communication that does not help clients make decisions or reach goals related to their comfort and health
36. Form of communication using the spoken word
37. Communication using 140 character text messages called tweets
38. Form of communication using body language
39. Language disorder caused by neurologic damage
40. CDHO has a page on this online social networking service
42. Association for members to provide quality preventive and therapeutic oral health care and health promotion
43. Abbreviation for communication method used by people suffering from cerebral palsy, ALS, to name a few
44. Association that represents the interests and needs of member dental hygienists in Ontario
45. Conducts survey for CDHO that will facilitate total quality improvement
46. Speech disorder caused by a lesion within the CNS

## Down

2. The act or process of using words, sounds, signs or behaviours to express information
4. Interactive presentations to registrants delivering messages from the CDHO (4 words)
5. Monthly emails sent out by CDHO to registrants as a useful resource
6. Communication from this Committee to registrants occurs through Milestones, E-briefs, CDHO website and staff (2 words)
7. This questioning skill promotes communication allowing clients to answer whatever they feel is important (2 words)
9. The digital component in The Mouth Tells Your Health’s Story (2 words)
10. Communication technique that assists clients to make decisions and reach goals related to comfort and health
11. Communication device used by tetraplegic clients that may have oral effects (2 words)
15. A listening skill that includes a response “I see” for example (2 words)
20. This model encourages interprofessional collaboration (3 words)
21. Because of AODA, this is one standard in Ontario
24. The Guidelines for Continuing Competency include this on the list of learning goals along with communication (2 words)
25. Who said: “You can have brilliant ideas but if you can’t get them across, your ideas won’t get you anywhere.”
26. This communicative relationship is between people of different cultures
29. According to the Registrants’ Handbook it is the most significant barrier to effective communication with a client
32. The art and science of communication and helping adults learn
39. Language disorder caused by neurologic damage
41. Most registrants prefer this method of communication to receive both Milestones and CDHO correspondence
42. Regulates the dental hygiene profession in Ontario
43. Abbreviation for communication method used by people suffering from cerebral palsy, ALS, to name a few
Crossword Theme: Communication

The answers to this Crossword Puzzle will be posted on the last page of our July 2014 online issue of Milestones at www.cdho.org
The one year anniversary of the launch of the Peer Mentorship Program is fast approaching. The journey has been both positive and successful. The CDHO was delighted with the many experienced dental hygienists who volunteered their time to become mentors with excitement, passion and love for the profession.

Our mentees seek out educated, enthusiastic mentors to establish relationships that help them cope with the busy life of clinical practice. Our mentors are giving back to their profession in a truly altruistic fashion. Here is just one of many success stories that are a product of the Peer Mentorship Program.

**Meghan Banner** graduated from Cambrian College in 2007. She became a CDHO Peer Mentor on August 24, 2013.

**Hamid John** graduated from the Canadian Academy of Dental Hygiene in 2013. He received conditional authorization to self-initiate when he began his Peer Mentorship contract in October of 2013 with Meghan.

**Meghan**

1. **What sparked your interest – why did you want to be a mentor?**

   I wanted to become a mentor for multiple reasons. Firstly, I have always received positive feedback when educating my patients and this gave me confidence to be a mentor to others within my profession. Secondly, I was audited last year and I came to the realization that I had not kept in touch with many of my fellow graduates. I felt isolated. I missed the security of school where we as students worked together. I felt that I probably was not alone when feeling this way. Therefore, I wanted to be available for a colleague to offer support. Finally, I know that collaboration almost always results in positive outcomes. No one knows everything and the more we expose ourselves the more we learn.

2. **How did you like the mentorship modules – the course and the workbook?**

   Receiving the workbook was exciting. To me it symbolized that I was accepted into this program. When I viewed the online modules and combined them with the readings and exercises in the workbook, all the information came together.

3. **You were in our first pilot workshop. How did you enjoy it?**

   It had been a while since I collaborated with other dental hygienists in a group setting. I instantly felt anxiety but reminded myself that I was just as intelligent as the rest in the room. I found that the group activities really helped me feel at home. I found that people who held strength in areas required to complete the task took charge and the rest of the team were encouraged until completion. We participated in multiple group activities that activated different strengths. Therefore, everyone had the chance to take charge while others learned and encouraged. It was an “ah ha” moment for me that, in order to strengthen the profession, we require collaboration to become the most successful. This workshop helped me realize that when mentoring more heads are better than one. I feel that when I mentor, it is more of a team relationship than a mentor/mentee relationship. The Mentorship Program is a more personal way to collaborate within our profession.
4. How did you feel going into your first mentorship?

Similar to the anxious feeling I felt before the workshop, of course I felt a bit of anxiety before mentoring my first mentee. Although once I started my first mentorship, the feeling went away just as fast as the anxiety vanished in the workshop. I acquired a lot of information from the online course, workbook and workshop. Although it is not until you put your knowledge to use that you realize how much the mentorship program really did prepare you for your mentorship.

5. How many mentees are you in a relationship with?

I currently have three mentorships, which is the maximum one mentor can hold. As I said before, I want to be available to those who need to collaborate with someone. I receive a lot of emails and I try my best to respond to all of them. I always let “potential mentees” know that if they cannot find a mentor, I would ask to extend my maximum. Luckily, I have yet to ask for that permission so that makes me happy to know that there is a good amount of mentor “stock.”

6. How do you manage your time?

I am only human and time management is not my strongest suit. Obviously my career comes first. I work a lot of evenings and weekends. I have to say luckily all my mentees have been on the same “technology” page as I am. I communicate mostly via text messages, emails throughout the day and phone calls on my commute to and from work. I can only think of one mentee that probably wishes I had more free time to communicate, which probably would be daily. My mentees understand that I have a lot on the go and I try my best to communicate as much as I can. Mentees understand that we are not their 911 call. It may take some time to respond. Our responses are not purely the answers. We help to acquire the answers by brainstorming. I wish I had more time to give to my mentees. I appreciate that our relationships are comfortable and stress free.

7. What are the benefits of mentoring?

As I explained before, more heads are better than one. To be completely honest, my mentees have taught me about the same amount as I have taught them about the profession. The newer graduates keep me current with different aspects of the profession. I do not go into a mentorship thinking I know more than a mentee. I think about how we can help each other grow in the profession. I believe confidence is power, and the more we collaborate as a profession, the stronger our profession will become. The Mentorship Program is an excellent addition to our continued success.

8. What is your best memory?

Workshop
I enjoyed learning from other dental hygienists that have created their own businesses. Their energy for the profession is inspiring. Overall, all the dental hygienists at the workshop had a real love and ambition for the profession. I felt honoured to be collaborating with them that day.

The CDHO Team
During the workshop, CDHO staff was also present; you know, the ones that are scary… (just kidding). Although I have to tell you, they are not scary at all. The CDHO staff knew my name, and addressed me a lot during the workshop. I felt like I was part of the family. The workshop alone was great to interact with the staff and get to know them in more of an informal environment. I am no longer “scared” to call the CDHO anymore.

Mentees
I visited a free clinic one of my mentees was running. He introduced me with pride that I was his mentor. I do not feel that I should even own that title. I know I am a Registered Dental Hygienist just like my mentee. Thus, the mentorship in my eyes is a team relationship, although it made me smile that he was proud of me.
9. What surprised you the most?

Being in the profession for six years and working almost daily, you become numb to just doing your job. You complete your tasks on all your patients. You go home. You eat. You sleep and repeat. Becoming a mentor has reminded me that there still is room to grow in the profession. There are loads of dental hygienists with ambition and energy to promote the growth of the profession. I needed this experience to remind me of the profession I belong to, not just my daily routine. Collaborating with other dental hygienists has made me re-evaluate my goals in my life and within the profession. I have and will continue to enjoy the profession and the professionals within it.

10. Would you recommend the Mentorship Program?

If you think you know everything about the profession, I challenge you to become a mentor. I promise, you will be happy you dove into the experience, even if you only take on one mentee. When you expose your knowledge and expertise to another hygienist, you will in turn receive fulfillment. We hold the control to strengthen and grow within our profession, and that includes you. I would highly recommend the Mentorship Program to all hygienists. You do not know what you can learn, if you do not expose yourself to the experience.

Hamid

1. How did you find out about the Program?

During one of my professional issues and standards classes at CADH, the topic of self-initiation arose and it really peaked my interest. To me, this meant that I can serve the oral health needs of my community with the ability to self-initiate dental hygiene treatment. This spoke volumes to me as I quickly saw the potential and impact that this can bring to extending dental hygiene to the public. I then contacted the CDHO to find out how to enroll in the Mentorship Program. I called before there were any mentors. I wanted to be put on a waiting list. My anticipation was greater than any other endeavour that I ever pursued.

2. Why did you seek out a mentor?

I understand the value that a mentor holds. They have experience, knowledge and practical tips and tools to improve in a particular area. Some people have advisors and mentors for financial, spiritual, mental and emotional areas of their life. Then there are others that have mentors that are related to their profession. Being a fresh graduate in the profession of dental hygiene, the next logical step for me was to seek advice and counsel from a practising dental hygienist. The CDHO Mentorship Program provides a list of mentors with clinical experience and authorization to self-initiate. With the list of CDHO-approved mentors generated by the CDHO, I was able to contact various potential mentors for myself. I was able
to find the one with the best fit to my learning style. Meeting Meghan and understanding the great skills and experiences that she was willing to share with me, left me humbled by her generosity to invest her time with me. She has been patient and firm both at the same time. Meghan knows the areas that I needed to improve on and has guided me whenever I brought a question to her attention.

3. What have you gained from the experience?

I have gained a lot from the experience of the CDHO Mentorship Program. I have gained a deeper love and passion for my profession. I have gained knowledge and skills that allow me the ability to self-initiate treatment. And finally, I have gained a life-long friend who is sincerely vouching for my success without any gain for her. I cannot measure or place a value to the Mentorship Program, and especially my mentor, Meghan. She stays up late and rises early bringing great value to the CDHO Mentorship Program and to me as my mentor.

4. What do you think you have given to the relationship?

I am just a simple person with hopes and ambitions. I am not sure what I have brought to the relationship with my mentor. I have done my best to be organized, transparent, honest and reliable to build the most from my experience with Meghan. I respect her knowledge, time and experience. If I was not prepared for our next meeting, Meghan would be forgiving, but I would feel guilty since I knew that this is her time too and I wanted to maximize it.

5. What is your best memory?

There are many great memories that I have in my meetings with my mentor. Meghan has always been professional and we have kept things on a professional standard. With that being said, it didn’t hinder us from joking around about things such as real life scenarios which kept the mood light with serious conversations. My favourite memory was when Meghan drove right after a long day’s work in her dental office from Markham to Brampton, just to spend some time with me participating in a volunteer clinic. It not only showed her commitment to me as her mentee, but the depth of her character as a person.

6. What was your biggest surprise?

My biggest surprise was in my first meeting with Meghan. I was truly taken back by her accomplishments as a dental hygienist. Then to add to it, Meghan was really nice and friendly. I had some crazy, pre-conceived notion that she would be a stern drill sergeant. Meghan has been patient, kind, caring, knowledgeable, friendly and a real treat to be around.

7. Do you intend on becoming a mentor once you have met the criteria?

I would like to become a mentor once I meet the criteria. It is the least that I can do for what I have gained through this program. I would not only do this for myself to enhance my experience as a dental hygienist, but I would do it to contribute to others. I want to be an asset to the dental hygiene profession.

8. Has having conditional authorization to self-initiate had a positive effect on your job search?

The conditional authorization to self-initiate has had a positive effect on my job search. Most offices saw that it brought an in-depth clinical knowledge with the title. They also know that it is a time-saving factor with more room to provide dental hygiene treatment for patients. For me, this has particularly opened the doors to the idea of having my own clinic.

9. When you tell people that you have conditional authorization, are they surprised?

Some people have been so surprised to the point of disbelief. The staff at the CDHO has been available to dental offices, should they require more information about my conditional authorization to self-initiate dental hygiene treatment. What more could I ask for? I have my mentor guiding me with her practical knowledge and the CDHO supporting me through a program that is geared towards me becoming a Registered Dental Hygienist with the authorization to self-initiate.

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The Knowledge Network

Find the clinical information you need at: www.cdho.org/QAKnowledgeNetwork.htm

View our Fact Sheets!

- Celiac Disease  
- Chicken Pox  
- Conjunctivitis  
- Crohn's Disease  
- Head Lice  
- Impetigo  
- Influenza  
- Lupus  
- Measles  
- Mononucleosis  
- MRSA (Methicillin Resistant Staphylococcus Aureus Carriage/Infection)  
- Mumps  
- Osteoarthritis  
- Osteoporosis  
- Rheumatoid Arthritis  
- Rubella (German Measles)  
- Shingles (Herpes Zoster)  
- Strep Throat (Group A Strep)  
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Oakville Conference Centre, Oakville
2515 Wyecroft Rd, Oakville, ON  L6L 6P8

Scarborough  ■  Sat., Oct. 4, 2014  ■  10 am
Markham Convention Centre
30 Ironside Cres., Scarborough, ON  M1X 0B7

Kingston  ■  Wed., Oct. 8, 2014  ■  7 pm
Residence Inn by Marriott, Kingston Water’s Edge
7 Earl St., Kingston, ON  K7L 0A4

Ottawa  ■  Thurs., Oct. 9, 2014  ■  7 pm
La Cité
801 Aviation Parkway, Ottawa, ON  K1K 4R3

Welland  ■  Sat., Oct. 18, 2014  ■  10 am
Niagara College, Welland Campus
300 Woodlawn Rd, Welland, ON  L3C 7L3

Toronto  ■  Sat., Nov. 1, 2014  ■  10 am
Bloor Hot Docs Cinema
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College of Dental Hygienists of Ontario
L’Ordre des hygiénistes dentaires de l’Ontario
Protecting your health and your smile / Nous protégeons votre santé et votre sourire
ALLEGATIONS OF PROFESSIONAL MISCONDUCT

- Contravened a term, condition or limitation (paragraph 1).
- Benefitted from the practice while suspended (paragraph 38).
- Failed to take reasonable steps to ensure that information provided to the College was accurate (paragraph 42).
- Failed to comply with an order of a Committee (paragraph 45).
- Contravened a regulation under the Dental Hygiene Act, 1991, namely the Quality Assurance regulation (paragraph 47).
- Failed to cooperate with an investigator (paragraph 50).
- Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
- Conduct unbecoming a dental hygienist (paragraph 53).
- Failed to cooperate with the Quality Assurance Committee (51(1)(b.0.1) of the Code).

BRIEF SYNOPSIS OF FACTS

- In or about January 2009, Ms. Bompa-MacRae was randomly selected to submit her professional portfolio for review pursuant to the Quality Assurance Program. Thereafter Ms. Bompa-MacRae subsequently participated in certain remediation activities as required by the Quality Assurance Committee.
- Ms. Bompa-MacRae’s involvement with the Quality Assurance Committee eventually resulted in terms, conditions and limitations being placed upon her certificate of registration requiring her to cease practising dental hygiene from October 12, 2010 to March 3, 2011. In breach of those terms, conditions and limitations, Ms. Bompa-MacRae continued to practise dental hygiene from October 12, 2010 to March 3, 2011.
- From December 2011 to August 2013, Ms. Bompa-MacRae failed to comply with the Quality Assurance Program of the College in that she failed to complete a required Mentorship Program.
- From December 2011 to July 2012, Ms. Bompa-MacRae made false statements to representatives of the College. On or about October 19, 2012, Ms. Bompa-MacRae made further false statements to a College investigator.
- On February 19, 2013 to April 16, 2013, Ms. Bompa-MacRae’s certificate of registration was suspended for failure to pay her College renewal fees. Ms. Bompa-MacRae continued to practise dental hygiene from February 2013 through April 2013.
- A referral to the Discipline Committee with allegations of professional misconduct was made on November 5, 2013.

DECISION

1. Findings
- The Panel accepted as true the facts above and found that Romana Bompa-MacRae committed acts of professional misconduct pursuant to paragraphs 1, 38, 50 and 52 of Section 15 of Ontario Regulation 218/92, as amended, under the Dental Hygiene Act, 1991; and paragraph 51(1) (b.0.1) of the Code.

2. Penalty
- Reprimand.
- Suspension of certificate of registration for twelve (12) months, with three (3) months of the suspension themselves suspended if Ms. Bompa-MacRae provides to the Registrar a written apology and written report (see below).
- Written apology regarding Ms. Bompa-MacRae’s conduct that led to the discipline hearing.
- Written report of at least 1000 words describing the role of the College in regulating the profession and of the importance of the Quality Assurance Program.
- Successful completion of the Professional/Problem-Based Ethics course no later than October 2014.

continued on next page...
– Compliance with the outstanding elements of the order of the Quality Assurance Committee within six months from the end of her suspension.
– A fine of $1000.00 to the Minister of Finance within twelve (12) months from the end of her suspension.

3. Costs
– $9,000.00 to be paid in full within twenty-four (24) months from the date of the Order.

4. Panel’s Reasoning
– The penalty imposed appropriately addresses the principles of public protection, specific deterrence, general deterrence, upholding the ability of the profession to regulate itself and rehabilitation of the Registrant.
– The Panel found support in the prior discipline decisions cited, that a member cannot pick and choose which regulatory requirements or orders to follow, and a suspension is reasonable when a member chooses to disregard the governing rules and regulations of the profession. The Quality Assurance Program is one of the ways that the College protects the public and the Registrant behaved inappropriately by refusing to comply with the process.
– The Panel considered the following mitigating factors:
  i. This was Ms. Bompa-MacRae’s first disciplinary finding.
  ii. She pleaded guilty and saved the College additional expenses in pursuing this matter in a fully contested hearing, and spared witnesses the need to testify.
– The Panel considered the following aggravating factors:
  i. The seriousness of Ms. Bompa-MacRae’s misconduct — she continued to work while suspended, once for about five (5) months and on another occasion for about two (2) months.
  ii. Ms. Bompa-MacRae failed to comply with a Quality Assurance Committee directive to take part in a Mentorship Program.
  iii. Ms. Bompa-MacRae showed a lack of integrity in making false statements to representatives of the College and to the College investigator.
– The Panel considered the following factors in assessing the matter of costs:
  i. College resources are funded through registrants’ fees. The Panel is of the opinion that it would be unreasonable to expect registrants to assume the total cost of the proceedings, but given the finding, it was reasonable and fair that Ms. Bompa-MacRae should be required to pay a portion of the expenses incurred by the College.
  ii. The amount of $9,000.00 is fair and reasonable in all of the circumstances, including the fact that Ms. Bompa-MacRae benefitted by choosing to work while under suspension.
  iii. The Panel considered, as the basis for a lower costs order than it might have made, the fact that Ms. Bompa-MacRae agreed to a statement of facts and pleaded guilty, saving the College the expenses that would have been incurred by the College if it had been required to proceed with a fully contested hearing. Furthermore, the Panel took into account Ms. Bompa-MacRae’s personal financial situation in arriving at an appropriate costs order.
  iv. The Panel agreed to extend the payment period to twenty-four (24) months, to allow Ms. Bompa-MacRae to earn income after her suspension is served, before she is called upon to pay in full the amount of the costs order.

Ms. Emily Elizabeth Forbes – 009637
Last known practice address: Britannia Hygiene, 3049 Carling Ave, Suite 200, Ottawa, ON K2B 7K3

ALLEGATIONS OF PROFESSIONAL MISCONDUCT
– Contravened or failed to maintain a standard of practice (paragraph 2).
– Treated or attempted to treat a condition she knew or ought to have known was beyond her expertise or competence (paragraph 3).
– Failed to refer to a qualified medical or dental practitioner (paragraph 4).
– Provided treatment, a remedy or a procedure that was not indicated, had ceased to be effective or was unnecessary (paragraph 5).
– Practised the profession while in a conflict of interest (paragraph 12).
– Failed to keep records in accordance with the standards or the regulations (paragraph 27).
– Falsified a record relating to her practice (paragraph 28).
– Signed or issued a document that she knew or ought to have known contained a false or misleading statement (paragraph 30).
– Submitted an account or charge for services that she knew or ought to have known was false or misleading (paragraph 31).
– Counseled or assisted in the submission of false or misleading accounts or charges (paragraph 32).
– Charged or accepted a fee or amount that was excessive or unreasonable in relation to the services performed (paragraph 33).
– Failed to advise a client of the fee to be charged for a service in advance of providing the service (paragraph 34).
– Conferring a benefit to a person for the referral of a client (paragraph 40).
– Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
– Conduct unbecoming a dental hygienist (paragraph 53).

WITHDRAWAL OF PARTICIPATION IN THE HEARING

– Ms. Forbes attended the first seven days of the hearing and was represented by legal counsel. However, on the morning of January 7, 2014, Ms. Forbes withdrew from participating any further in the hearing. The Panel chose to proceed with the hearing in the public interest. The Panel further determined that little or no weight could be given to the testimony of Ms. Forbes given her decision to withdraw from the hearing before her evidence could be tested by cross-examination.

BRIEF SYNOPSIS OF FACTS

– Ms. Forbes failed to maintain the standards of practice of the profession in relation to one or more of her clients, in that she improperly placed fillings or sealants; placed temporary fillings in clients’ teeth using permanent material; failed to ensure that appropriate referrals to a qualified medical or dental practitioner were made; dispensed chlorhexidine for use by clients at home, and provided bruxism guards to clients.
– In 2010, Ms. Forbes failed to maintain the standards of practice in relation to client C.I. in that she performed orthodontic procedures on her.
– In relation to one or more of her clients, Ms. Forbes failed to document the appropriateness of the treatment.
– In relation to one or more of her clients, Ms. Forbes failed to maintain the standards of practice for record keeping.
– Ms. Forbes acted unprofessionally by advertising grinding appliances and free dental cleanings for parents who did not have insurance if they brought their children to her practice for dental hygiene appointments.
– Ms. Forbes acted unprofessionally by having two of her clients sign “Formal Harassment Complaints” in relation to inquiries that employees of Ottawa Public Health were making to her clients about the services that Ms. Forbes was providing to them.
– A referral to the Discipline Committee with allegations of professional misconduct was made on November 2, 2012.

DECISION

1. Findings
– The Panel accepted the testimony of the witnesses and the evidence admitted and found Ms. Forbes guilty of professional misconduct pursuant to paragraphs 2, 52 and 40 of Section 15 of Ontario Regulation 218/92, as amended, under the Dental Hygiene Act, 1991.

2. Penalty
– Immediate revocation of Ms. Forbes’ certificate of registration.

3. Costs
– Two-thirds of the costs of the Discipline proceeding, i.e. $119,000.00, payable to the College within 35 days of the date of the Order.

4. Panel’s Reasoning

Penalty
– Given that Ms. Forbes failed to maintain fundamental standards, the Panel concluded that only a revocation is sufficient to restore public confidence in the College’s ability to govern. The misconduct is wide-ranging. This is the third time before the Discipline Committee for this Registrant, who received her certificate in 2005. Ms. Forbes’ persistent disregard for the authority of the College and for the well-being of her clients justified an order of revocation.
– In summary, the factors justifying revocation as the appropriate penalty in this case are as follows:
  • The public needs to be protected from an ungovernable member.
  • The deficits in record keeping would make it impossible for another dental hygienist to continue an appropriate care plan in her absence.
  • The misconduct includes the failure to maintain standards of practice involving a vulnerable client population which included children.
  • The principles of effective self-regulation require the Panel to uphold the dignity of the profession and its ability to regulate in the public interest.
  • The penalty of revocation satisfies the principle of general deterrence. It sends a message to the profession that such acts of professional misconduct by a registrant will not be tolerated.
  • Revocation satisfies the principle of specific deterrence, on the basis of the serious findings of misconduct in this case and the prior history of professional discipline.
  • There is a demonstrated lack of insight by Ms. Forbes into the seriousness of her conduct and the requirement that a health care provider must practise within her permitted scope of practice.
• A penalty of suspension would not be sufficient to assure the Panel that Ms. Forbes would not commit acts of professional misconduct in the future.
• The Panel concluded it should send a strong message that flagrant disregard for the College and standards of practice is unacceptable.
• Continued practice would put patients’ health and well-being in jeopardy. Substandard practice, which fortuitously does not result in harm, is nonetheless serious when there is a real potential for harm, as there was in this case.
• The Panel conclude on her record that Ms. Forbes is a professional who finds it difficult to change and has demonstrated disregard for clients.

Costs
– The Panel has authority under s.53.1 of the Code to award costs in an appropriate case. The Panel carefully reviewed the evidence before it and the relevant factors in determining whether this was an appropriate case to award costs. The Panel considered that the College overwhelmingly proved serious allegations of professional misconduct made against Ms. Forbes. Given the serious nature of the professional misconduct, the length and complexity of the hearing, the number of witnesses, and the fact the Member was before her third Discipline Panel since 2007, the Panel was of the view this was an appropriate case to order costs payable by the Registrant to the College.
– When the misconduct is caused solely by the member’s actions, a requirement that the member pay two-thirds of the costs is appropriate (fair and reasonable), in the Panel’s view. A member found guilty of serious professional misconduct should indemnify the College for a portion of its costs. Full indemnification for the costs of the proceeding may be ordered, but was not sought or ordered in this case.
– There was no evidence from the Registrant of her personal financial circumstances. The Panel acted on the evidence before it and reached a unanimous decision on the payment of costs.
– The Panel recognizes the amount is high, but on the evidence before it, and absent any evidence to the contrary, the Panel felt it reasonable and fair that the Member pay a significant portion of the actual verified costs. The Panel recognizes a full recovery of the actual costs could have been ordered, but rather the Panel ordered that two-thirds of the costs be paid by the Registrant. That means that one-third of the costs will be borne by members of the profession at large.

Ms. Christina Green – 009099

Last known practice address: 2777 Henley Ave, Niagara Falls, ON L2J 3M3

ALLEGATIONS OF PROFESSIONAL MISCONDUCT
– Failed to reply appropriately to the College (paragraph 43).
– Failed to comply with an order of a Committee of the College (paragraph 45).
– Contravened by act or omission the Dental Hygiene Act, 1991 or a regulation thereunder (paragraph 47).
– Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
– Conduct unbecoming a dental hygienist (paragraph 53).
– Failed to cooperate with the Quality Assurance Committee (51(1) (b.0.1) of the Code).

BRIEF SYNOPSIS OF FACTS
– On January 19, 2012, the Quality Assurance Committee (QAC) directed Ms. Green to submit her professional portfolio. The QAC provided Ms. Green with an extension until February 22, 2013 to do so. Ms. Green did not submit her professional portfolio, and was referred to a panel of the Inquiries, Complaints and Reports Committee (ICRC) on March 5, 2013 for failing to comply with the QAC’s direction.
– On March 25, 2013, the College wrote to Ms. Green requesting that she provide an explanation to the ICRC regarding her failure to comply with the QAC’s direction, and asked her to respond by April 15, 2013. Ms. Green did not respond to that letter and did not submit her professional portfolio.
– On May 3, 2013, Ms. Green was given an extension to respond to the ICRC by May 16, 2013.
– On May 14, 2013, Ms. Green provided her response to the ICRC but did not submit her professional portfolio.
– On July 4, 2013, Ms. Green was advised by the College that she should submit her professional portfolio “as soon as possible”. Ms. Green did not submit her professional portfolio, or respond to any further phone calls or correspondence from the College.
A referral to the Discipline Committee with allegations of professional misconduct was made on November 13, 2013.

DEcision

1. Finding
   - The Panel accepted as true the facts above and found Ms. Green guilty of professional misconduct pursuant to paragraphs 43 and 52 of Section 15 of Ontario Regulation 218/92, as amended, under the Dental Hygiene Act, 1991; and paragraph 51(1) (b.0.1) of the Code.

2. Penalty
   - Reprimand.
   - Suspension of certificate for two weeks, to commence on the date of the Order.
   - Successful completion of the College’s online Jurisprudence Education Module.
   - Successful completion of an ethics course.

3. Costs
   - Costs in the amount of $1,000 to the College.

4. Panel’s Reasoning
   - Compliance with the requirements of the Quality Assurance Program of the College is necessary in the public interest.
   - Responding to the communication of the College is critical if the College is to fulfill its obligation to protect the public.
   - The Panel considered the following mitigating factors:
     i. There was no prior disciplinary record.
     ii. Personal circumstances which, while not an excuse, were the reason for the default on her obligations.
     iii. Ms. Green demonstrated remorse by her guilty plea and cooperation with the College.
     iv. Ms. Green apologized for her conduct.
     v. Ms. Green showed insight by not practising as a dental hygienist in the period of the personal circumstance which had distracted her from her professional duties.
     vi. Ms. Green brought herself into compliance by meeting her quality assurance requirements before this hearing took place.
   - The Panel considered the following aggravating factors:
     i. Repeated failure to cooperate with the Quality Assurance Committee, after numerous opportunities to comply were extended by the College.

Ms. Amanda Gauthier – 010037

Last known practice address: 15 Horwood Dr., Brampton, ON L6X 2B9

ALLEGATIONS OF PROFESSIONAL MISCONDUCT
   - Contravened, by act or omission, a standard of practice of the profession (paragraph 2).
   - Falsified a record (paragraph 28).
   - Signed or issued a false or misleading document (paragraph 30).
   - Received any form of benefit from the practice of dental hygiene while under suspension (paragraph 38).
   - Failed to ensure that information provided to the College was accurate (paragraph 42).
   - Failed to cooperate with an investigator (paragraph 50).
   - Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
   - Conduct unbecoming a dental hygienist (paragraph 53).

BRIEF SYNOPSIS OF FACTS
   - Ms. Gauthier’s certificate of registration was suspended from February 16, 2010 until January 25, 2011.
   - From February 16, 2010 to January 24, 2011, Ms. Gauthier practised dental hygiene in Sudbury, Ontario while her certificate of registration was suspended.
   - Ms. Gauthier misrepresented to her employer, Ms. L.F., that she was authorized to self-initiate, when she was not. She further misrepresented to Ms. L.F. that she had professional liability insurance, when she did not.
   - Ms. Gauthier made a false statement to the College in her Application for Reinstatement dated December 21, 2010 when she stated that she had not been practising dental hygiene during her suspension. She made a further false statement to the College when she stated on her Application for Approval for Self-Initiation dated May 10, 2011 that she had been in continuous clinical practice in a general or periodontal practice in Ontario under a “standing order” or “protocol” for at least two years.
   - Ms. Gauthier made a false statement to the College investigator.
   - A referral to the Discipline Committee with allegations of professional misconduct was made on August 8, 2013.

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Ms. **DONNA LYNN LAFERRIERE** – 008212

**Last known practice address:** 1612 Lasalle Blvd, Sudbury, ON P3A 1Z7

**ALLEGATIONS OF PROFESSIONAL MISCONDUCT**

- Failed to reply appropriately to the College (paragraph 43).
- Failed to comply with an order of a Committee of the College (paragraph 45).
- Contravened by act or omission the *Dental Hygiene Act, 1991* or a regulation thereunder (paragraph 47).
- Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
- Conduct unbecoming a dental hygienist (paragraph 53).
- Failed to cooperate with the Quality Assurance Committee (51(1) (b.0.1) of the Code).

**BRIEF SYNOPSIS OF FACTS**

- The Inquiries, Complaints and Reports Committee referred Ms. Donna Lynn Laferriere to the Discipline Committee on November 5, 2013 to hold a hearing relating to the allegations listed above.

**DECISION**

1. **Findings**
   - The Panel accepted the testimony of Ms. L.F., Ms. Anne Wright, Ms. Eva Rosenstock, Ms. Sarah Marceau and Dr. R. R. and found Ms. Gauthier guilty of professional misconduct pursuant to paragraphs 28, 30, 38, 42, 52 and 53 of Section 15 of Ontario Regulation 218/92, as amended, under the *Dental Hygiene Act, 1991*.

2. **Penalty**
   - Immediate revocation of Ms. Gauthier’s certificate of registration.

3. **Costs**
   - Costs in the amount of $26,000.00 payable to the College within 35 days of the Order.

4. **Panel’s Reasoning**
   - The penalty imposed adequately addresses the principles of public protection, general deterrence and specific deterrence.
   - Ms. Gauthier has shown herself to be ungovernable.
   - Ms. Gauthier’s actions were serious and took place over an extended period of time.
   - She demonstrated disregard for a professional colleague.
   - She failed to cooperate with the College. Providing false information to the College is the antithesis of cooperation and undermines the College’s ability to protect the public.
   - The Panel considered the following aggravating factors:
     i. The Registrant showed a blatant disregard for the regulatory process which is intended to protect the public.
     ii. Ms. Gauthier engaged in inappropriate conduct over and over, and that she demonstrated serious disregard for her professional obligations and the reputation of her colleague Ms. L.F.
   - The College informed Ms. Gauthier in advance that they would be seeking two-thirds of the amount of the costs of the discipline hearing. The Panel could have ordered reimbursement of 100 percent of the full costs associated with this matter, but exercised its discretion and ordered that she pay two-thirds of those costs. When the misconduct is caused solely by the Registrant’s action, a requirement that the Registrant pay two-thirds of the cost is fair and reasonable in the Panel’s view.
Ms. Laura Oag – 013509

Last known practice address: 154 Calais St., Whitby, ON L1N 5M2

ALLEGATIONS OF PROFESSIONAL MISCONDUCT
– Failed to reply appropriately to the College (paragraph 43).
– Failed to comply with an order of a Committee of the College (paragraph 45).
– Contravened by act or omission the Dental Hygiene Act, 1991 or a regulation thereunder (paragraph 47).
– Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
– Conduct unbecoming a dental hygienist (paragraph 53).
– Failed to cooperate with the Quality Assurance Committee (51(1) (b.0.1) of the Code).

BRIEF SYNOPSIS OF FACTS
– The Inquiries, Complaints and Reports Committee referred Ms. Laura Oag to the Discipline Committee on November 5, 2013 to hold a hearing relating to the allegations listed above.

DECISION
– A hearing respecting the allegations against Ms. Oag was scheduled to be heard on May 28, 2014. However, as Ms. Oag signed an Undertaking agreeing to resign from the College and never to re-apply for registration as a dental hygienist in Ontario, a Panel of the Discipline Committee agreed to adjourn the disciplinary proceedings against her indefinitely.

Ms. Gail Olah – 009303

Last known practice address: 4100 Appleby Line, Suite 1, Burlington, ON L7M 0Y7

ALLEGATIONS OF PROFESSIONAL MISCONDUCT
– Failed to reply appropriately to the College (paragraph 43).
– Failed to comply with an order of a Committee of the College (paragraph 45).
– Contravened by act or omission the Dental Hygiene Act, 1991 or a regulation thereunder (paragraph 47).
– Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
– Conduct unbecoming a dental hygienist (paragraph 53).
– Failed to cooperate with the Quality Assurance Committee (51(1) (b.0.1) of the Code).

BRIEF SYNOPSIS OF FACTS
– The Inquiries, Complaints and Reports Committee referred Ms. Gail Olah to the Discipline Committee on November 5, 2013 to hold a hearing relating to the allegations listed above.

DECISION
– A hearing respecting the allegations against Ms. Olah was in the process of being scheduled. However, as Ms. Olah signed an Undertaking agreeing to resign from the College and never to re-apply for registration as a dental hygienist in Ontario, a Panel of the Discipline Committee agreed to adjourn the disciplinary proceedings against her indefinitely.

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MS. KATHLEEN JANE O’LEARY – 005214

Last known practice address: Dr. Kevin Rattray, 208–1580 Merivale Rd, Ottawa, ON K2G 4B5

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

– Failed to reply appropriately to the College (paragraph 43).
– Failed to comply with an order of a Committee of the College (paragraph 45).
– Contravened by act or omission the Dental Hygiene Act, 1991 or a regulation thereunder (paragraph 47).
– Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
– Conduct unbecoming a dental hygienist (paragraph 53).
– Failed to cooperate with the Quality Assurance Committee (51(1) (b.0.1) of the Code).

BRIEF SYNOPSIS OF FACTS

– On January 19, 2012, the Quality Assurance Committee (QAC) directed Ms. O’Leary to submit her professional portfolio. The QAC provided Ms. O’Leary until January 31, 2013 to do so. Ms. O’Leary did not submit her professional portfolio. On February 13, 2013, the QAC provided her with an extension until February 22, 2013 to do so. Ms. O’Leary did not submit her professional portfolio.
– On March 5, 2013, the QAC referred Ms. O’Leary to a panel of the Inquiries, Complaints and Reports Committee (ICRC) for failing to comply with the QAC’s direction.
– On March 25, 2013, the College wrote to Ms. O’Leary requesting that she provide an explanation to the ICRC regarding her failure to comply with the QAC’s direction, and asked her to respond by April 15, 2013.
– On May 1, 2013, Ms. O’Leary was provided with an extension to comply by May 8, 2013. Ms. O’Leary provided her submissions to the College on or about May 9, 2013 but did not submit her professional portfolio.
– A referral to the Discipline Committee with allegations of professional misconduct was made on November 13, 2013.

DECISION

1. Finding
– The panel accepted as true the facts set out in the Agreed Statement of Facts and found Ms. O’Leary guilty of professional misconduct pursuant to paragraphs 43, 45 and 52 of Section 15 of Ontario Regulation 218/92, as amended, under the Dental Hygiene Act, 1991; and paragraph 51(1) (b.0.1.) of the Code.

2. Penalty
– Reprimand.
– Suspension of certificate for two weeks, to commence on the date of the Order. Suspension to continue indefinitely until Ms. O’Leary submits to the College her completed professional portfolio for the Peer Assessment, Professional Portfolio/Practice Review.
– Successful completion of a Professional/Problem-Based Ethics course within six (6) months after her suspension ends.

3. Costs
– Costs to the College in the amount of $1,500.00 payable within twenty-four (24) months of the date of the Order.

4. Panel’s Reasoning
– The penalty imposed appropriately addresses the principles of public protection, general deterrence and specific deterrence.
– In the circumstances of this case the Panel accepted the jointly proposed penalty and costs order as reasonable and appropriate.
– The proposed order serves to protect the public. The public must be assured that health professionals comply with quality assurance regulations in the public interest.
– A registrant who does not comply with the quality assurance requirements will face discipline proceedings with increasingly more severe penalties. The public must be assured that health professionals comply with quality assurance regulations in the public interest.
Ms. Ashley Amber Roy — 009763

Last known practice address: 3254 Parkdale Cres., Val Caron, ON  P3N 1A7

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

– Failed to reply appropriately to the College (paragraph 43).
– Failure to comply with an order of a Committee of the College (paragraph 45).
– Contravened by act or omission the Dental Hygiene Act, 1991 or a regulation thereunder (paragraph 47).
– Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
– Conduct unbecoming a dental hygienist (paragraph 53).
– Failed to cooperate with the Quality Assurance Committee (51(1) (b.0.1) of the Code).

BRIEF SYNOPSIS OF FACTS

– The Inquiries, Complaints and Reports Committee referred Ms. Ashley Amber Roy to the Discipline Committee on November 5, 2013 to hold a hearing relating to the allegations listed above.

DECISION

– A hearing respecting the allegations against Ms. Roy was scheduled to be heard on May 28, 2014. However, as Ms. Roy’s certificate of registration had been revoked due to non-payment of fees, a Panel of the Discipline Committee agreed to adjourn the disciplinary proceedings against her indefinitely.

Ms. Diane Tossios — 005770

Last known practice address: 50 Benville Cres., Aurora, ON  L4G 7K2

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

– Guilty of an offence relevant to her suitability to practise (paragraph 51(1(a)) being Schedule 2 to the Regulated Health Professions Act, 1991
– Falsified a record relating to her practice (paragraph 28).
– Signed or issued, in the member’s professional capacity, a document that she knew or ought to have known contained a false or misleading statement (paragraph 30).
– Submitted an account or charge for services that she knew or ought to have known was false or misleading (paragraph 31).
– Counselling or assisted in the submission of false or misleading accounts or charges to clients or in respect of their care (paragraph 32).
– Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
– Conduct unbecoming a dental hygienist (paragraph 53).

BRIEF SYNOPSIS OF FACTS

– The Inquiries, Complaints and Reports Committee referred Ms. Diane Tossios to the Discipline Committee on October 25, 2013 to hold a hearing relating to the allegations listed above.

DECISION

– A hearing respecting the allegations against Ms. Tossios was in the process of being scheduled. However, as Ms. Tossios signed an Undertaking agreeing to resign from the College and never to re-apply for registration as a dental hygienist in Ontario, a Panel of the Discipline Committee agreed to adjourn the disciplinary proceedings against her indefinitely.
## Registrants Update

### New Registrants
March 21, 2014 to June 30, 2014

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<tr>
<th>Name</th>
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<td>Alves, Sara</td>
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### Authorized for Self-Initiation
March 21, 2014 to June 30, 2014

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As of April 26, 2014

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DiNardo, Julie Suzanne M 003188
Feinberg, Peta Susan 001617
Frey, Margaret Elizabeth 007010
Gobbi, Caitlin Elizabeth 011605
Goodman, Faygie 001010
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Mucaj, Brunilda 012212
Roberts, Brittrani 012190
Scharfenberg, Sarah 008821
Varghese, Hema 007943

Reinstated
March 21, 2014 to June 30, 2014

Asselin, Michel 006369
Cacioppo, Rosanne Marie 008431
Charles, Trudy 009974
DaSilva, Denise 015602
Dimtracopoulos, Dimitra 016226
Gunderson, Coreen 016477
Law, Tracy 013364
Page, Sara 008549
Pulemendarajan, Tharani 013819
Tamayo Bustamante De, Cynthia 013712

Resignations
March 21, 2014 to June 30, 2014

Agostino, Erin 013028
Ali, Deeba Khanam 011453
Arora, Thiviya 011880
Besserer, Coleen 003342
Bujold, Claude 004307
Carvalho, Milton 014768
Chamberlain, Chelsea 012903
Charette, Claudine 012243
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Drane, Krista Anne 014956
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He, Yinge 011710
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Jacksi, Misiya 014715
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Lafrance, Josee 011335
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Ma, Alice 012448
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Phillips, Brad 011854
Richard, Cindy 012370
Riley, Valerie 010905
Rivet, Marilyne 011348
Ruttan, Lisa Christine 014288
Sayle Derbyshire, Stacey L 005528
Sheppard, Shannon Nicole 013633
Shonuck, Carol 001465
Smith, Dannielle 012756
Smith, Jennifer Jeanne Christina 014385
Smolarz, Johanne Kirstine 003174
Spear, Lauren Elizabeth 014549
Tan, Catherine 012780
Tessmer, Jayne Marie 004167
Valioghi, Nadia 014704
Vasandani, Ruel Jude 012253
Vlashi, Katerina 011416
Wheelan, Emily 010682
Wright, Krista 012870

Resigned While Under Investigation
Effective June 26, 2014

Wei, Sida 014716

Revoked as Per Discipline Order
Effective March 24, 2014

Gauthier, Amanda 010037

Suspended as a Result of Disciplinary Proceedings
Effective May 5, 2014 – June 11, 2014

Cacioppo, Rosanne Marie 008431

Effective May 9–15 and
May 23–29, 2014

Green, Christina 009099

Effective May 9, 2014 and to continue indefinitely until she has complied with her Quality Assurance requirements, subsequently resigned June 25, 2014

O’Leary, Kathleen Jane 005214
You can expect to receive quality preventive oral hygiene care from health professionals who are registered with the College of Dental Hygienists of Ontario (CDHO).

how we keep this promise

✓ All dental hygienists must be registered with the CDHO to practise in Ontario.

✓ Only persons currently registered with the CDHO may use the title “dental hygienist” or any variety of translation of “dental hygienist” including the initials RDH (Registered Dental Hygienist).

✓ Every dental hygienist in the province must meet the CDHO’s entry-to-practice requirements.

✓ A list of currently registered dental hygienists is available to the public.

✓ The College provides Standards of Care and Practice Guidelines to guide dental hygienists and inform the public.

✓ The continuing competency of your dental hygienist is monitored and supported by the College throughout her/his professional career.

✓ Information about oral health and access to dental hygiene care is promoted to the public.

✓ A fair and transparent complaints process is available to help clients who feel they may not have received the care they had the right to expect.

✓ The College collaborates with the Ontario Government, other health Colleges and consumer groups to promote access to safe and effective oral health care.
Did You Know?

your mouth

arthrits
diabetes
pneumonia
dry mouth
oral cancer
stroke

The Link Between Your Oral and Overall Health

We all know that prevention is one of the keys to maintaining overall health. Did you know that certain medical conditions can have oral signs and symptoms that, if left untreated, may worsen already existing health conditions?

A regulated oral health professional can advise you on an oral care routine that is best suited to your specific needs.

College of Dental Hygienists of Ontario
L’Ordre des hygiénistes dentaires de l’Ontario
Protecting your health and your smile / Nous protégeons votre santé et votre sourire

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.

For more information, please contact the College,
69 Bloor Street East, Suite 300, Toronto ON M4W 1A9
t: 416-961-6234 or 1-800-268-2346 www.cdho.org
CDHO practice advisors provide confidential consultations to dental hygienists who seek assistance with issues that directly or indirectly affect the delivery of safe, competent, ethical dental hygiene care.

To reach a CDHO practice advisor by phone or e-mail:

**416-961-6234 or 1-800-268-2346**

**Robert Farinaccia, RDH**  
ext. 237  ■ rfarinaccia@cdho.org

**Cathy Goldberg, RDH**  
ext. 238  ■ cgoldberg@cdho.org

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Answers to Crossword Puzzle on Page 21