



OUTLOOK

British Columbia Dental Hygienists' Association

Your connection to a growing, vibrant professional community

What does membership mean to you?

With our membership renewal campaign in full swing, BCDHA recently asked several members to reflect on the value of membership in their professional association.

Here's what they had to say:



Carly Griffis, RDH

Recent Graduate, VIU

Recent graduate

I first heard of the BCDHA during my first year of the Dental Hygiene program at Vancouver Island University. I learned about the different organizations I could expect to encounter during the journey from student to Registered Dental Hygienist. The BCDHA captured my interest because it is the only one created by dental hygienists for dental hygienists. I decided to sign up immediately and take advantage of the free student membership. While in school, I used the BCDHA and CDHA websites to learn about the profession. I enjoyed the student section and I appreciated reading

the words of wisdom and advice from practicing hygienists.

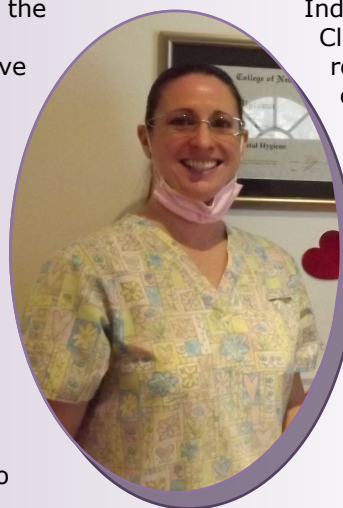
As a new graduate, I did not think twice about upgrading from a student to a full membership. The BCDHA is a community I can rely on to help and support me during my career. I know that I can count on the association to listen to my concerns and answer my questions. As I have transitioned from student to professional, the association has replaced the comfort and support I once treasured from teachers and classmates. •

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Independent practitioner

I first became a member of the BCDHA/CDHA upon graduation from the Dental Hygiene program in 1998. What a blessing to have a support group when first starting out as a dental hygienist. Eventually, my career led me overseas. I kept up my membership because the countries that I chose to work in did not have a dental hygiene association. It was important for me to stay up to date with developments in my profession, to have access to support if needed and to maintain the ability to work in BC, upon my return to Canada. BCDHA/CDHA helped to make my transition back into the BC workforce effortless...even after 6 years away.



Denise Pawlyshyn, RDH
Independent Dental Hygiene Practitioner

Most recently, I opened my own Independent Dental Hygiene Clinic in BC. The great online resources and the assistance offered by BCDHA/CDHA staff were invaluable during my start-up. Their helpfulness and patience answering my many questions about my new business tripled my confidence in starting a private dental hygiene clinic. The joint membership with CDHA grants me access to information on all of the latest dental products, patient brochures, product discounts and now the online Compendium of Pharmaceuticals and Specialties.

I am also a proud and active member of the Independent

(Continued on page 11)



Chair's Message by Mandy Hayre

The Power of Membership:

My message for the members of British Columbia relates to strengthening our profession through the power of membership. When the bylaws and regulations of the College of Dental Hygienists of British Columbia were first developed under the Health Professions Act, government felt strongly that a regulatory body such as the CDHBC could not collect membership association fees on behalf of BCDHA. Therefore, the two organizations currently have two separate processes. However, in 2008, the Health Professions (Regulatory Reform) Amendment Act, was passed. This amendment provided the legislative opportunity for regulatory colleges to collect the professional association fee, and is currently being done, for example by dentistry. This change allows the College, as an agent for the Associations, to collect a fee equal to the amount of the Association dues from each registrant. However, the registrant may request that their name be deleted from the Association membership roster, thereby eliminating the imposition of true "mandatory membership". In this situation, the registrant would only provide financial support to the Association.

Supported by Members: The BCDHA, as your membership organization, works on behalf of all our members, so we wanted to know how our members would feel about the BCDHA membership and CDHBC license fees being collected at one time. Accordingly, we sent out a survey to our members in the summer of 2012. The results showed that almost three quarters of the members that responded supported a requirement for all practicing dental hygienists in BC to be members of their professional association. The survey of 2,623 members conducted by BCDHA in the summer of 2012 asked:

The Health Professions Act contains legislation that enables a policy change that would require ALL dental hygienists to become members of the professional associations through payment of membership dues. Do you support a requirement for ALL practicing dental hygienists in BC to be members of the professional associations (BCDHA and CDHA)?

Seventy two percent of respondents indicated they "strongly agree" or "agree" with the requirement for all practicing dental hygienists to be members of the professional associations. The reasons for support are multi-pronged so I have tried to summarize them below.

First, with 100% membership, all dental hygienists in the province would be supporting BCDHA, and all dental hygienists would contribute to support the work that we do on behalf of the profession. While almost 80% of the dental hygienists in the province are currently members, there is a percentage who are not. However, even the dental hygienists who are not members benefit from the work of the professional association. This inequity would be addressed if we had 100% membership in our province. Two additional benefits to the fees being collected simultaneously would be that dental hygienists would be able to include the membership fees as a tax deduction on their income tax forms, and would have one less payment to make each year!

Benefits to the Public, the Profession, and Individual Dental Hygienists

Advocacy - One of the primary roles of the professional associations is to advocate on key issues for the public, such as increasing access to oral healthcare and improving safety as it relates to oral health (i.e., water fluoridation, sports mouthguards). Our proposal to have the College collect a fee equal to the membership fee from every dental hygienist equally distributes the burden of funding public advocacy between all dental hygienists, rather than placing it solely on those who are members of their professional association. The professional

associations have been responsible for advocating for important legislative and public policy changes that serve to benefit the public.

Continuing Education and Professional Development

- Both professional associations (BCDHA & CDHA) offer a wide range of quality education programs and services to help members keep their skills and knowledge current, therefore allowing them to provide the best care for the public. These programs are offered in a variety of formats, allowing access opportunities for all members, regardless of their location. Members access these programs for a nominal fee or free of charge. Programs may be delivered in the form of conferences, seminars, online courses, self-study modules or webinars. Recent topics of online webinars include: Oral Cancer Awareness, Elder Abuse and Neglect for Dental Hygienists, Diabetes and Periodontal Disease, and Dietary Interventions in Dental Practice.

CDHA produces the *Canadian Journal of Dental Hygiene*. Every member has access to this quarterly journal, the only peer reviewed journal published in Canada exclusively for dental hygienists. The objectives of the journal are to encourage research in oral health by publishing studies, systematic literature reviews, editorials, case reports, short communications on activities of scientific and professional interest to members of the dental hygiene profession through an audited peer review.

Access to e-CPS - For the first time this year, membership in CDHA includes free access to the online version of the Compendium of Pharmaceuticals and Specialties - e-CPS. This benefit allows every member dental hygienist to have this electronic drug reference on hand in order to review medication side-effects and contraindications for their clients.

The e-CPS is updated bi-weekly and provides health care professionals with web access to the most current Canadian drug information available. This resource contains thousands of Health Canada-approved drug monographs, links to Health Canada

2013 Dianne Gallagher Inspiration Award



BCDHA is pleased to announce that Jade Lavallee was selected as the recipient of the 2013 Dianne Gallagher Inspiration Award.

Jade received her diploma in dental hygiene from Vancouver Community College in 2010.

As a graduating student, Jade was presented with the Vancouver & District Dental Society award for excellence in the community. She is currently

completing a Bachelor of Dental Science

degree through the University of British Columbia.

In January 2013, Jade travelled to a small town near Thailand's border with Myanmar. There, she implemented an oral health promotion program aimed at increasing local dental hygienists' awareness and utilization of preventive strategies in the community. Jade worked closely with local dental hygienists, leading by example to incorporate prevention through basic oral health instruction such as brushing and flossing demonstrations. These important components of oral care had long been overlooked, eclipsed by the immense need for treatment. The experience was a great success, with the program seeing an increase in interest towards prevention and patient education.

Jade's passion for global health grew stronger after her experience in Thailand. In April 2013, Jade found herself working closely alongside a UK-based charity, the Dental Wellness Trust, in Cape Town, South Africa. The organization is working to introduce programs designed to improve the oral health of school children in the city's townships through the education of teachers and caregivers. The success of the pilot program will allow the framework to be implemented by

dental professionals across the region, particularly dental hygienists. Jade has returned to Cape Town this fall to further promote oral health and access to care in these disadvantaged communities.



BCDHA received the following from Jade Lavallee:

Upon receiving news that I was the recipient of the 2013 Dianne Gallagher Inspiration Award, I was so honoured and humbled. While I am very proud that my work and my outlook have inspired those around me, and I certainly plan to continue doing so, I know there are many dental hygienists who are far more accomplished than myself. Although it is still early in my career, I am proud of my accomplishments thus far, and am extremely passionate about my profession and its potential. My role as a dental hygienist fascinates me. I find joy in exploring the many ways that we can have an impact on the communities and individuals around us, both locally and globally. As dental hygienists, we have a shared sense of moral duty to make oral health promotion a priority. All it takes is a caring, dedicated outlook to make a difference, and that is what I hope to encourage others to pursue. The possibilities are endless.

My pursuit of oral health promotion in rural communities has neither been easy, nor simple. It has taken endless hours of planning, and much uncertainty. It continues to be challenging, but I also believe that no great accomplishments come easily. The hard work of pursuing our passion is what makes our efforts and successes substantial.

I hope to inspire my colleagues to continue expanding the limits of our profession: to venture beyond the comfort and safety of the known, and discover the unknown. By contributing in ways that we find personally rewarding and fulfilling, we can continue to shape the profession as it evolves. •



Jade Lavallee accepting her award from Kim Laing, BCDHA Greater Vancouver Director

Bulletin Board

Notice of Election and Call for Nominations BCDHA Board of Directors

BCDHA is currently accepting nominations for four positions on the Board of Directors. In early 2014, regional representatives will be elected for a two-year term from the Fraser Valley, Greater Vancouver, Upper Island and Northern BC regions.

Why not challenge yourself and add a new dimension to your dental hygiene knowledge and practice? At the same time you will be positively contributing to the growth and advancement of the profession. The Board encourages dental hygienists of all experience levels and practice interests to consider a position on the Board.

BCDHA provides orientation workshops for new directors and mentorship from experienced board members. Board meetings are usually held in March, June, October and January. The Association pays all expenses. In addition, directors receive an honorarium for their participation in Board meetings.

The **deadline for nominations is December 16, 2013**. All nominations must be endorsed by **three** Active or Life members of BCDHA. To download the nomination form and to learn more about the Board of Directors, please visit the BCDHA website at www.bcdha.com. Click on "About BCDHA" then select "Board of Directors". For further information on these positions, please contact the Board of Directors at boardofdirectors@bcdha.bc.ca or the BCDHA office.

Blog Submissions Sought

Recently, BCDHA launched a dynamic new blog (<http://www.bcdha.com/blog/>) that allows dental hygienists to showcase all of the good work that we do for our patients, in our communities and in overall health maintenance.



If you'd like to contribute or be featured in our blog, we can help. It's as easy as being interviewed on the phone, and we'll take care of the writing for you!

For more information, please contact:
Denise Pulice at:
dpulice@bcdha.bc.ca.

Feedback on Refresher Program Modules

March 17, 2013

I wish to express my thanks and acknowledge all the hours and hard work that went into putting together the Refresher Program. Having completed the modules has given me renewed confidence in my skills and has made the prospect of taking the QAP exam much less intimidating. It is great to be part of an organization that obviously cares so much about it's members.

Sincerely yours,

me me I could return it to you. Also wanted you to know how much I am enjoying this refresher course (after 32 years in practice). Great job !!!

Call for Nominations for the 2014 Barbara J. Heisterman Award



The BCDHA Board of Directors is pleased to call for nominations for the "Barbara J. Heisterman Award for Outstanding Innovation and Commitment to Care".

This award is given annually to a BCDHA member who exemplifies the outstanding and unique attributes and values of

Barbara J. Heisterman, British Columbia's first mobile residential care dental hygienist, who passed way in November 2001.

The recipient must be a Registered Dental Hygienist; an active dental hygiene practitioner, and a member of BCDHA.

If you would like to review the criteria for this award and/or nominate a deserving dental hygienist go to www.bcdha.com > Professional Resources > Grants & Awards.

Deadline for nominations is December 31, 2013.

Feedback on Spring 2013 Outlook

Hi Cindy,

LOVED this issue of Outlook. I have had many members comment on the new format and how they like it.. And they like the paper version better.

Understanding the superior benefits of your CDHA/BCDHA liability insurance.

By Brian Gomes, Executive Vice President,
BMS Specialty Risk, Healthcare Professionals Insurance Alliance

Helen is a dental hygienist working in a local clinic. After years of practice without any formal client complaints or allegations of professional liability, Helen has recently been notified of a College investigation stemming from a complaint alleging unprofessional treatment. Specifically, Helen's former client is alleging that she behaved unprofessionally and provided poor dental hygiene treatment which resulted in increased pain to her lip.

Although Helen maintains she did nothing wrong, anyone has the right to voice such concerns with a regulatory college. This is by far the most cost-effective way for a client to lodge a complaint against a healthcare provider and clients are doing this. At least 60% of all dental hygienist liability claims are related to ethics violations, scope of practice concerns, or complaints involving legislation (for instance, breaches of privacy). The legal expense costs for defense alone can be crippling for an individual. Adequate defense protection through insurance will provide legal representation in the event of potential discipline such as suspension of practice.

Fortunately, Helen receives liability insurance coverage included with her annual BCDHA/CDHA membership and is adequately covered. She has access to specialized legal representation protecting her interests throughout this process. The CDHA program provides superior coverage for regulatory complaints when compared to any other policy available to dental hygienists in Canada. It is also the only professional liability insurance program with specialized appointed legal counsel to ensure BCDHA members are protected most when they need it.

With the CDHA program, Helen has access to the expertise of the most highly recognized legal firm in medical defense and professional liability in the country. Much like the largest national insurance programs provided to professionals such as physicians, occupational therapists and physiotherapists, CDHA members now receive legal defense under the CDHA insurance program from *Gowling Lafleur*

Henderson LLP. In addition, and unlike any other liability insurance program, members have access to pro bono legal services from *Gowlings* for any potential claims.

Helen's legal representation is provided at no cost and without having to pay a deductible or any fees. She will also be able to re-coop more in lost wages compared to any other policy as she attends meetings/hearings involved with this claim through the loss of earnings provision within the insurance policy. In this case, the total cost of defense was just over \$17,000; this was covered under Helen's CDHA insurance protection and she has been cleared by the College of any wrong doing.

Superior legal defense and loss of earnings coverage are just two of the aspects of the CDHA program that contribute to making it the most secure and comprehensive coverage available to dental hygienists anywhere in Canada. After a review of the alternative insurance policies available in the marketplace, CDHA has identified several other key features and coverage that position the CDHA program above the rest:

CDHA offers coverage that follows you 24 hours a day, seven days a week, and is not limited by province or place of work. Your policy will cover you for a claim arising in the workplace, but will also cover you when teaching or participating in a course, or when providing advice to someone outside of the employment setting.

The CDHA program is the only policy to provide an unlimited extended reporting period. All other policies available to

dental hygienists impose an additional fee and or time limitation on the number of years a policy will respond to a claim after you have retired from practice or left the profession. Coverage is written on a claims-made basis. Consequently, this means that after you retire from practice, an extended reporting or tail period must be active to respond to any claim that is brought forth after your discontinuation of practice for an event occurring when you were practicing. Imagine being named in a lawsuit involving a young client six years after you retire. With all other professional liability insurance policies available to dental hygienists, you would not have coverage for this – meaning you would be fully responsible for all costs, expenses and settlements. While some programs offer the option of purchasing further or unlimited extended coverage for a limited time such as an additional 12 months, CDHA's is the only professional liability insurance plan that provides full coverage with no time limitation and at no additional cost. You can rest assured that you are covered today, tomorrow, and through your retirement.

Most importantly, no other liability insurance available for dental hygienists has the backing of over 1/2 of all dental hygiene practitioners across Canada and has the national association advocating on their behalf. As a result, it continues to be the most cost-effective and comprehensive coverage available. What this also means for you as a policy holder is that CDHA can negotiate for specific coverage changes based on recognized needs of dental hygienists. CDHA plays an important advocacy role

(Continued on page 6)

to ensure claims are managed and handled appropriately.

The purpose of insurance is to pay claims. With the CDHA program, participating dental hygienists can be confident that they will be properly protected and not caught in a policy loophole when coverage is actually needed.

This year CDHA joined several other Canadian associations in making the broker switch to BMS Group and the Healthcare Professionals Insurance Alliance. As a result, members of CDHA/BCDHA will now also have access to the following new services and programs:

- Increased practice risk resources, information tools, and educational seminars on practice risk, thereby aligning with CDHA's long-term strategy to help members manage risk
- Specialized legal protection
- Future program structures that are built for members by members, not by a for-profit driven model

As a BCDHA/CDHA member you can feel confident that you are covered by the best liability insurance policy available to dental hygienists in Canada.

We encourage you to share this article with friends and colleagues who may have chosen to purchase a cheaper policy, and who may not be aware of their policy's pitfalls and resulting outcome in the event they need to rely on this protection. Choosing a bargain-priced liability policy may be one of the worst decisions they ever made. BCDHA and CDHA take member protection very seriously and appreciate your ongoing support. •

Your Profession...

Why not Volunteer for your Profession?

"My experience working on the Infection Prevention & Control Committee"

by Allison Ransier, BSc, RDH

A few years ago I was invited to serve on a special committee jointly undertaken by the Colleges of Dental Hygienists (CDHBC) and Dental Surgeons of BC (CDSBC), whose mandate was to review and update the infection control guidelines for oral health professionals. While infection control practices at the time were certainly not poor, both Colleges wanted to proactively create an evidence-based resource for registrants and the public. I was intrigued by this idea of writing a living document on infection control that would include the latest information supported by research findings and recognized best practices. Earlier that year, I had overheard a sales representative at the Pacific Dental Conference talking about upcoming "legislation" that would require dental offices to implement all kinds of new infection control procedures including cassettes, wraps, dishwashers and other products to ensure patient safety. He explained that what was happening in other parts of the country would eventually end up here too. I wondered why all this new equipment was suddenly necessary. Was there new research evidence of infection risks in dentistry that I was unaware of, or was this fear and misinformation driving change? What better way to find out for myself than to say "yes" and join this committee tasked with reviewing a 4" binder full of infection control protocol documents from institutions all across Canada. All joking aside, I was truly

interested in finding the "truth" about effective infection control, and excited to be involved in fostering a positive collaboration between our two colleges.

Our nine member committee consisted of clinicians and educators from dental hygiene, dentistry, hospital infection control medicine as well as one member from each College. Through a timeline that encompassed approximately five meetings over a period of two years, as well as numerous emails in between, we followed a process of reviewing current Canadian Infection control documents from a variety of medical and dental institutions as well as Canadian government legislative documents. Dr. Elizabeth Bryce, Infection Control physician was invaluable in assisting our group to come up with a document that was truly up to date and valid. Much of the final publication was based on the document revised in 2010 by the Royal College of Dental Surgeons of Ontario titled "Guidelines on Infection Control in the Dental Office".

I think you will find the Guidelines informative, concise, and easy to read. They are condensed into a useable reference document that can assist your practice to maintain the most up-to-date infection control standards. The document also includes additional resources and references for those wanting more information, and is

available at: [http://www.cdhibc.com/PDF-Files/Infection-Prevention_July13_CDhibc-web-\(2\).aspx](http://www.cdhibc.com/PDF-Files/Infection-Prevention_July13_CDhibc-web-(2).aspx).

While reading the document, it is important to understand the use of the terms "should" and "must" within the guidelines. The "musts" are identifying practices that are absolutely critical in maintaining safe client care. Many of them are very much common sense things that you have likely been doing all along. The "shoulds" are practices that you should aim toward achieving through changes to your practice over time. Striving to achieve as many as possible practices labelled as "should" would be an ideal practice situation.

Just how did this new document impact our private practice? Our office was currently using a mail out biological spore test system that would take a long time to get our results back. Our CDA, Suzanne, is always reading things and thinking about ways to make things go more smoothly. The new guidelines were no exception! In order to make sure our surgical instruments were indeed sterile before use, we invested in a spore incubator. It is fast and easy to use and you get results in just 24 hours. We are also gradually adding setups for the hygiene room so that the excess sets can be put in the Statim before we leave at the end of the day and they will be dry and ready for use in the morning. This can help you have some on "reserve" in a cupboard if you are not able to sterilize them immediately before use.

I thoroughly enjoyed representing our profession and working collaboratively with others on this special project. It was wonderful that dental hygiene had an equal partnership in this endeavour and that we will have future input and collaboration on changes to such an important aspect of the practice of dental hygiene. I encourage you to consider saying "yes" to opportunities like these that contribute to the growth of our profession and the continuation of high standards of practice by our members. You will come out at the end feeling energized and enriched from the experience and will have helped out your profession at the same time. •

About the Author:

Allison Ransier graduated from UBC with a Bachelor of Science in 1986 and Vancouver Community College with a Diploma in Dental Hygiene in 1988. She has practiced in a variety of settings, including Vancouver General Hospital, the Fraser Valley Cancer Centre, and private practice. Committed to advancing the dental hygiene profession, she has served as President of the Greater Vancouver Dental Hygienists' Society, President of BCDHA and most recently, on the task force of the CDHBC and the CDSBC on rewriting the Infection Control Guidelines.

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Encourage Participation in Self-Management Programs

"Self-Management BC is a Ministry of Health, Patients as Partners Initiative administered by the University of Victoria"

Chronic Disease Workshops Help Your Clients Manage Their Diseases

Every day, you see the toll of chronic disease on people's lives—the pain, the limitations, and the poor emotional health which compromise the quality of daily life. You also recognize how hard it is for clients to follow through on recommendations for basic lifestyle changes like increasing exercise, healthy eating and daily oral care. People with chronic disease can learn how to manage their symptoms and adopt healthy behaviours. Low-cost, self-management workshops in your community can complement your dental hygiene care and help your chronic disease clients learn to live happier, healthier lives. Your recommendation is key in helping clients with chronic diseases enroll in these vital programs.

A Low-Cost Intervention that Complements Dental Hygiene Treatment

Evidence-based, self-management education programs have been proven to significantly help people with chronic diseases.¹ These programs teach participants how to exercise and eat properly, use medications appropriately, solve everyday problems, and communicate effectively with family members and health care providers—all positive life skills to enhance well-being. As a result, these interventions help participants reduce pain, depression, fear, and frustration. They also help clients to improve mobility and exercise, increase energy, and boost confidence in their ability to manage their condition.¹

Proven Self-Management Programs Can Make a Difference to Your Clients

Two research studies, each combining the results of more than 20 evaluations demonstrate the value of two highly

Why Self-Management is Important

- Chronic disease is the leading cause of death and disability in Canada.²
- In Canada, 1 in 2 people have at least one chronic health condition, representing 17 million Canadians.³ Twenty-five percent of all Canadians have two or more chronic conditions.⁴
- Nationally, chronic disease accounts for 42%⁵ of the \$200⁶ billion spent on health care each year in Canada.
- 4.6 million Canadians have been diagnosed with arthritis, the most common cause of disability. The medical costs for treating arthritis are at least \$33 billion per year.⁷
- Helping people with chronic disease learn to better manage their condition will help reduce the personal and societal burden of chronic diseases in Canada.

successful self-management programs developed at Stanford University—the Chronic Disease Self-Management Program and the Arthritis Self-Management Program. Learn more about the results from meta-analyses of these two programs at: <http://www.cdc.gov/arthritis/docs/ASMP-executive-summary.pdf>.

The Chronic Disease Self-Management Program is an educational workshop for people with chronic conditions (e.g., arthritis, diabetes, lung and heart disease). The Arthritis Self-Management Program is an educational workshop for people with arthritis—including osteoarthritis, fibromyalgia, rheumatoid arthritis, lupus, and others. Both programs also teach skills to people managing multiple chronic conditions. Learn more about these two Stanford University programs at: <http://patienteducation.stanford.edu/programs>.

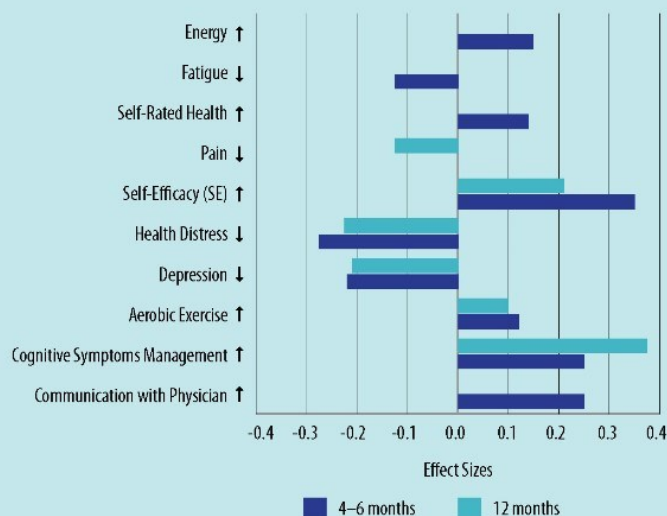
Help Your Clients Gain the Skills and Confidence to Manage their Chronic Disease

You play an important role in facilitating participation in these proven, low-cost, convenient workshops. Research shows that, with a recommendation from a health care provider like you, a client is much more likely to attend a self-management workshop. Help people with chronic diseases manage their symptoms, make lifestyle changes, and live the fullest life possible. Incorporate self-management workshops referrals in your comprehensive dental hygiene care plan. The Health Council of Canada 2012 Report "Self-management support for Canadians with chronic health conditions: A focus for primary health care" designated the Stanford Chronic Disease Self-Management Program a LEADING PRACTICE program. •

www.healthcouncilcanada.ca

Significant Effect Sizes for CDSMP Outcomes at 4-6 and 12 months Follow-up

Many of the Effects of CDSMP Persist at 12-Month Follow-Up



The Self-Management Workshops in BC:

- Are designed to be taught in a community setting, such as a senior centre, church, library, or hospital.
- Are offered as a 2½ hour per week workshop for 6 weeks.
- Are led by trained leaders who have chronic conditions themselves, and who follow a structured leader protocol.
- Help participants learn how to take control of their chronic disease.
- Encourage interaction and mutual problem-solving and support.
- Are designed to complement clinical treatment and disease specific education programs.
- Are available in English, Chinese and Punjabi.

There are a number of self-management programs available throughout BC.

Locate programs in your area at www.selfmanagementbc.ca.

Recommend the Chronic Disease Self-Management Program and the Arthritis Self-Management Program to your clients.

Encourage your clients to register in these free programs by:

Calling: (604) 940-1273 in the Lower Mainland or toll-free 1-866-902-3767

Emailing: selfmgmt@uvic.ca

Through their website: www.selfmanagementbc.ca



**University
of Victoria**

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1. <http://www.cdc.gov/arthritis/docs/ASMP-executive-summary.pdf>
2. <http://cdpac.ca/content.php?doc=1>
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4. http://www.healthcouncilcanada.ca/tree/CC_CW6_EN_120911.pdf
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6. <https://secure.cih.ca/estore/productFamily.htm?locale=en&pf=PFC1671>
7. http://www.arthritisalliance.ca/docs/20111022_2200_impact_of_arthritis.pdf

What does membership mean to you?

Scholarships

Volunteer Opportunities

Resources

Community health

I've been a member of CDHA/BCDHA since I was a student in 1988. It was the first time I was a member of a professional group, and it meant a great deal to me at the time ... and still does. I feel fortunate that I was a student when the profession of dental hygiene in BC was moving toward a huge transition – a team of remarkable hygienists were working tirelessly toward self-regulation, and I was privileged to be able to hear about the process first hand. When the College of Dental Hygienists of BC was formed in 1995, I felt that I had supported this process by being a member of BCDHA.

All the above sounds very virtuous, but being a member of BCDHA has also helped me simply with my day to day work as a clinical and community dental hygienist. It has ensured that my errors and omissions insurance is paid every year, effortlessly. I receive my national journals regularly, and the information there keeps me

current and interested. The website is innovative and filled with information both vital and "nice to know". I appreciate the continuing education opportunities that have been supported by BCDHA. Throughout the QAP process undertaken by the CDHBC, the BCDHA team has been deeply concerned that members understand the process and are assisted to prepare for the assessment. I really do believe we take the membership services for granted and forget the role that this organization has in taking care of us.

I plan to continue to be a member of BCDHA as long as I am a practising dental hygienist and maybe even beyond. I understand the important role of our College in regulating and licensing us, and protecting the public, but I equally value my membership in BCDHA because I know they are protecting and interested in ME! •



Mary Lou Walker BDS, RDH

Children's Oral Health Initiative Coordinator - BC Region

Health Canada - First Nations and Inuit Health

Professional Development

Liability Insurance

QAP Support

Clinical practice

1972 is the year many of you were born; but believe it or not, it was the year I joined BCDHA as a student member. BCDHA only began 8 years prior to that, in 1964. Our instructors at the University of BC encouraged us to join. Cheers to my UBC Dental Hygiene 1974 class! I very much wanted to be professional and still do. BCDHA offered information sharing, discussion of common issues and goals, socializing, and help if needed. Those are the reasons I still join. Recently, I felt the need to call BCDHA to inquire if any other fellow hygienists had called to say they were experiencing tinnitus and / or hearing loss that they suspected might be caused by the noise from their ultrasonic scaler. BCDHA was very quick to respond, informing me that no other members had called in that regard. A prompt e-mail followed, as promised, directing me to several web-sites.

I learned there were some findings indicating ultrasonics were the biggest potential noise hazard affecting the hearing of dental hygienists. This did not surprise me as some of our patients are sensitive to that noise as well. Since research indicates ultrasonics are ergonomically superior to hand instruments and that they do a better job, increased usage has the potential to harm our hearing. I appreciated BCDHA's support regarding my plight and urge you to consider wearing ear protection. It seems that BCDHA cares about any inquiry, big or small. . . a great reason to be a member. •



Jann MacKenzie, RDH

Continuing Education

Know the value of your membership.

Advocacy

Counselling

Employment Opportunities

Education

I have been a BCDHA/CDHA member for over 30 years. Being a member signifies I am part of a professional community, both provincially and nationally. Having a "larger voice" means we can make a collective difference AS a community of health professionals in our advocacy for the public and for our own future professional identity. As a member, I enjoy being updated on current issues and research, networking, and having access to continuing education courses, employment opportunities, volunteer events, tools, resources, OUTLOOK, and professional negligence insurance. These benefits have reinforced my professional knowledge base as well as supported the various roles I had in my life - as a clinician, researcher, graduate



Awards



Diana Lin, BHE, DipDH, MSC, MPH(candidate)
Clinical Assistant Professor UBC Faculty of Dentistry,
Dental Hygiene Degree Program

Diana with student Julie Kwan in her 3rd yr community rotation at 10th Annual "Live well with Diabetes" Public Health Forum in 2011. Julie graduated May 2013.

student, and educator. As a UBC educator I value the professional support, encouragement, information, and resources BCDHA/CDHA staff have provided to the dental hygiene degree students in their development and advocacy of community oral health promotion endeavors. BCDHA/CDHA websites are sources I often refer my students and the public to, as I am confident that information is current, researched and/or evidence-based. BCDHA/CDHA's provision of student scholarships and awards also reveal their commitment to support student learning, encourage visionary initiatives, and build future capacity.

I am proud to be a member of this dedicated and hardworking professional association. I look forward to meeting new members. Thank you BCDHA/CDHA for your leadership and advocacy! Keep up the good work! •

Support

(Continued from page 1) *Independent practitioner con't...*

Practice Community started through CDHA. This is one of the best features as a new independent practitioner. RDHs across Canada can connect to discuss anything and everything about their practice. We exchange information about software, our favorite products, how to submit dental insurance claim forms and we hear the latest developments from BCDHA and CDHA on a regular basis. It's mentoring in a positive and encouraging way.

Our association motivates me to educate and inspire my patients to keep healthy smiles for a lifetime.

Thank-you BCDHA/CDHA! •

advisories, printable information for clients, and searchable product images.

This online format means that dental hygienists have access to the most current information in every office – eliminating the problem of outdated or missing resources – and enabling dental hygienists to provide better and safer care for their clients.

Liability Insurance - CDHA provides dental hygienists with professional liability insurance with 1 million dollars coverage per claim and 3 million dollars per policy period, with no deductible. An important feature of this policy is that the liability coverage continues even after a dental hygienist retires or leaves the profession and no longer carries liability insurance, as long as the policy was in effect at the time of the incident. For example, if a dental hygienist, who is covered under this policy in 2012

injures a client and a claim is filed in 2014 when the dental hygienist is retired, the coverage of the 2012 policy remains in place. It is important to

note that many other liability policies do not provide this extended coverage, or extended coverage is only for a very limited time, potentially leaving both the public member and the practitioner unprotected in circumstances that arise after the dental hygienist ceases to hold an active insurance policy. The College requires client chart information to be kept for 10 years, and perhaps longer for adults with a disability and clients under the age of 18. An incident that occurred involving a client at a young age may not be evidenced until many years later.

The CDHA policy also includes protection for the public with Sexual Abuse Therapy and Counselling Fund. This endorsement provides funding up to \$10,000 for the rehabilitation of a person who, while a client, was deemed to have suffered abuse in the course of a dental hygienist's practice.

As every registrant would be a member of the associations under the proposal, the public can be assured that every registrant carried valid and appropriate liability insurance at all times. Under the current structure there may be

dental hygienists who are practicing with inadequate or lapsed policies, leaving both the public and dental hygienist unprotected. At present, policy lapses can occur because the policy dates (Jan-Dec) and license dates (Mar-Feb) are not currently aligned. Combining of the Association policy dates with College renewal would ensure that there are no inadvertent lapses.

Position Statements and Documents -

BCDHA and CDHA have developed position statements that inform the public on a wide range of topics including: Primary Healthcare Reform, Healthy Food Choices and Nutrition in Schools, Dental Hygiene Education, Sports Mouthguards, and Water Fluoridation. CDHA is currently in the process of launching a comprehensive web site dentalhygienecanada.ca designed to educate and inform the public on oral health.

**Just a friendly reminder ... it's time to renew your
2013/2014 professional membership with
BCDHA/CDHA.**



It's quick and easy at www.cdha.ca.



CDHA has also been instrumental in the development of key documents such as:

- **Entry to Practice Competencies & Standards for Canadian Dental Hygienists** – A key document that has served to standardize diploma level dental hygiene education across Canada.

- **Client's Bill of Rights** – A document that informs the public of their rights as a dental hygiene client, helping them make better decisions regarding their own oral health.

Counselling Program for Dental Hygienists -

The associations provide a counselling program which offers short-term counselling and advisory services for dental hygienists and members of their immediate family. The program focuses on prevention and early intervention and addresses such issues as crisis management, parenting and relationship issues, depression, anxiety, substance abuse, stress and anger management. This program supports good mental health, an important aspect of safe and appropriate dental hygiene practice.

Other Dental Hygiene Regulators

In the provinces of Alberta, Saskatchewan and Nova Scotia the dental hygiene regulatory bodies have enacted legislation that enables their College to collect a fee equivalent to the professional association membership fee, in addition to the registration fee. So, this is not a 'new' concept, it is just new to dental hygienists in BC.

Other Health Professions

Dentistry – The registration fee collected by the College of Dental Surgeons of British Columbia (CDSBC) includes the membership fee for the BC Dental Association. While every dentist in BC must pay the membership fee to the CDSBC, a dentist may request that his/her name be deleted from the association's membership roster, making the financial support mandatory, but not membership itself.

Midwives – The College of Midwives of British Columbia requires that all registrants hold a current membership with the Midwives Association of BC.

Next Steps: You may be asking yourself why we would bring this up now. In order for us to implement this, it will require a change in our College's bylaws. Since the College is just beginning their Regulation and Bylaw Renewal Project, it makes sense to include this as part of their initiative.

The process of getting this implemented could take 2 – 3 years, and we want to keep the dental hygienists of BC informed along the way. Accordingly, BCDHA has begun discussions with the CDHBC towards this end. Please watch for further communications about this initiative.

I would like to end with one of my favorite quotes: ***Be the change you want in this world.*** By embracing 100% membership in British Columbia, we are sending a strong message that dental hygiene is a profession that is committed to excellence for the public, the profession of dental hygiene and you ... our members! •

The BCDHA Board of Directors can be contacted at boardofdirectors@bcdha.bc.ca.

Message from Mandy Hayre, BC Director to the Canadian Dental Hygienists Association

I would like to take this opportunity to first thank each individual dental hygienist who voted in the election for the BC director to the Canadian Dental Hygienists' Association (CDHA). Voting is a membership privilege and gives members input into who they believe will best represent them at the national level. I was humbled to have been

selected by you, my peers and colleagues, and will endeavor to serve you well over my term. I believe strongly in being available to the BC members, both as your CDHA rep and as Chair of your provincial association; the British Columbia Dental Hygienists Association (BCDHA). I would like to hear directly from you should you have

a concern, or something you feel I would benefit from knowing. Please write to me at educationdirector@bcdha.bc.ca with any thoughts you have. I personally read and respond to each email, and while I may not have the answer to all of your queries, I commit to taking your messages to the provincial or national boards so the profession collectively can work on a solution. •

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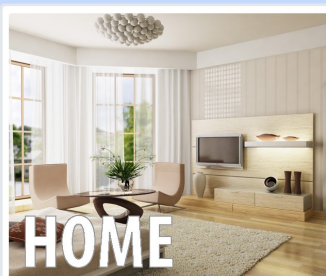


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Your Colleagues...



Zul Kanji

VCC's 2013 Outstanding Alumni Award winner

Congratulations to BCDHA member Zul Kanji! Earlier this year Zul was honoured with the 2013 Outstanding Alumni Award from Vancouver Community College.

Zul recently completed his term as the Acting Director for the UBC Dental Hygiene Degree Program and is the Curriculum Coordinator for years 1 & 2. He has won numerous awards in the past, and has written several publications.

We are proud to say that VCC has lauded Zul as the **'one to watch'**.



UBC Joan Voris Award recipient Elizabeth Cavin (L) with BCDHA Executive Director, Cindy Fletcher

Congratulations to:

Camosun College

Marilyn Timmerman - BCDHA Award of Excellence

Megan Dalke - BCDHA Presentation Award

Vancouver College of Dental Hygiene

Sheina Clough - BCDHA Award of Excellence

Jaspreet Parmar - BCDHA Presentation Award

BCDHA Member Nancy Keselyak receives ADHA Educator of the Year Award



The American Dental Hygienists' Association recently honored Nancy Keselyak as the winner of the Crest Oral-B/ADHA Educator of the Year Award at the 90th Annual Center for Lifelong Learning in Boston. Educator of the Year is awarded to an ADHA member who demonstrates excellence in teaching, mentoring and helping students achieve.

Nancy has been a practicing dental hygienist and educator for decades. After twenty years in private practice and teaching in British Columbia, she accepted a position at the University of Missouri-Kansas City School of Dentistry. She is currently an Associate Professor, and the Junior Clinic Coordinator at UMKC. In her time as a professor, she has co-authored several publications on the educational process, and been a mentor to students in areas like dental hygiene theory and practice management.

Although living in Kansas City, Nancy continues to be a member of BCDHA.

Congratulations Nancy!

"Love to all my friends in BC. I sure do miss everyone and hope to get back for a visit soon." - Nancy Keselyak



**Vancouver Island University
BCDHA Award of Excellence recipient
Carly Griffis (L) with Mandy Hayre, BCDHA Chair**



**Vancouver College of Dental Hygiene
BCDHA Presentation Award**
Holding their certificates Mary Chen (L) and Grace Chen with VCDH representatives

Awards and Achievements

Mandy Hayre — Elected as BC Director on the CDHA Board.

Ambreen Khan — Recipient of the CDHA Oral Health Promotion Award

Vancouver College of Dental Hygiene — Winner of the CDHA Oral Health Promotion Award in the Dental Hygiene School category

Susanne Sunell, Rae McFarlane and Heather Biggar — CJDH Research Award



**College of New Caledonia
BCDHA Presentation Award
recipients Kyla Benisch (L) & Samantha Eakin**



Vancouver Community College
(L-R) CDHBC Award recipient Hikari Shiga, BCDHA Award of Excellence recipient Danielle Ness, BCDHA Executive Director - Cindy Fletcher, BCDHA Presentation Award recipients Jennifer Conolly, Luella Ubalde and Joannie McKillican. Standing - VCC Dental Hygiene Program Dept. Head Lisa Supeene



**College of New Caledonia
BCDHA Award of Excellence**
Kelsey Raimundo (L) receives award from Margit Strobl, Northern BC Director

**Best wishes to
BCDHA members
Heather Buchanan,
Linda Mathieson & Viva Pappel
on their retirement!**

Your Community...

Dental Hygienists Can Make a Difference

By Donna Lee, RDH

I was recently invited to participate in providing an education session,

along with a pharmacist and a nurse practitioner at a Pre-Diabetic Group offered at Mid Main Community Health Centre in Vancouver BC. This session is offered to the clients of the health center once a year to provide education to those who are at risk of becoming diabetic. Dental Hygienists can play a vital role in educating clients about the relationship between Periodontal Disease (PD) and Diabetes Mellitus (DM). The session was held in June with seven clients participating.

My objective was to create an awareness project for this group, as well as to participate in Dental Health Month and National Dental Hygienists Week. I soon realized my adventure would take time to research, plan and organize. It involved scheduling of a number of meetings and a lot of emails.

The 15-minute presentation I prepared included a review of the medical implication of DM, an explanation of PD, the oral manifestations and why PD is important to clients with DM. My presentation was interactive and the group posed many questions, ranging from the best type of toothbrush to use to how often one should visit their dental hygienist. Goodie bags of toothbrushes, floss, and literature about PD and DM, kindly donated by BCDHA, were distributed to the group members, pharmacist and nurse practitioner.

The group completed a short survey upon the completion of the presentation and the results demonstrated positive outcomes, with the desire for more presentations regarding oral health in the future.

Dental Hygienists are primary oral health care providers, but also educators and oral health promoters.

We can make a difference! ●



BCDHA members in the community.

Translink Employee Health Fairs



Louretta Frolek, at Seabus Terminal in North Vancouver May 9, 2013.



Louretta Frolek provided oral cancer screenings & Gwen Vo did oral care presentations at the Vancouver Transit Centre July 24, 2013.



Milli Paredes at New Westminster head office October 16, 2013



Adela Hanic with demo model at Seabus Terminal in North Van, May 9, 2013.



College of New Caledonia dental students provide education to remote First Nations villages

Kwadacha is one of the province's most remote First Nations villages. College of New Caledonia's (CNC) Mackenzie campus provides regular outreach programs through its aboriginal liaison worker to serve the Kwadacha and Tsay Keh Dene communities, which are



located approximately 600 kilometers north of Prince George. CNC Mackenzie campus regional director Tanya Helton visited the area a year ago and noticed the dental rooms going unused in both communities. "Getting dental hygiene services for maintenance is very limited, so families who need regular cleanings have to take their kids or their entire families to Mackenzie or Prince George for services. Driving is obviously a huge undertaking and hard to do on a regular basis. The communities noted it was hard to get the kids educated about hygiene and were seeing the need on a regular basis. They also noted in Tsay Keh, the number one reason for air medevac removals from the community was dental emergencies. It's a real health issue," said Helton.

In April, which is dental health month, 12 students from CNC's dental hygiene and dental assisting programs in Prince George visited Kwadacha (located in Fort Ware), and the nearby northern B.C. village of Tsay Keh as part of a dental outreach program. The airfare to fly the students and three instructors to these remote communities was donated by Northern Thunderbird Air, a charter and scheduled service airline based out of Prince George.

Before developing their dental presentations, the students attended an Aboriginal cultural awareness seminar explaining the nature and background of these remote communities and some of their health needs. The dental students then developed three different presentations for Grades 1-3, Grades 4-7, and another for Grades 8-12. The presentations concentrated on oral health, oral care, nutrition and tobacco cessation. After each presentation, the dental students handed out approximately 150 goodie bags which contained a toothbrush, toothpaste, dental floss, and a mini hourglass to count down the two minutes they

The younger students especially were excited about meeting the dental



students and showed their appreciation by giving out hugs to the visitors.

The one-day trip offered a unique opportunity for Amies, 22, a second-year dental hygiene student who was nearing completion of her program, to practice her skills in a rural setting while experiencing a slice of aboriginal culture unlike any she's ever seen. "I've never been to such an isolated community before, and we were able to use what we've learned in school... the kids are great, so happy-go-lucky," said Amies.

Community health instructors Leslie Battersby and Kathy Rodall hope to continue to develop this collaborative relationship with these communities so that continued oral health education and services can be promoted. •



wanted each child to brush.

The CNC students wanted to show that dental care can be fun. Danielle Burton and Alexandria Amies spent time with the younger students at Aatse Davie school in Kwadacha and brought out large-mouthed stuffed animals equipped with oversized teeth to show the kids the proper way to brush and floss.

While some of the kids showed obvious signs of plaque buildup and tooth decay, the kids showed a willingness to adopt better hygiene habits and take care of their own teeth.



Special Smiles at Special Olympic Summer Provincial Games

Joanna Verweel, Manager,
Health and Sport Science.
Special Olympics British Columbia



Special Olympics Summer Provincial Games was a huge success. The City of Langley hosted nearly 1200 athletes who were competing in 11 different sports. As the athletes competed for their personal best, they also had the chance to take part in a number of health screenings. *Special Smiles*, an oral health screening and education program provided by dental hygienists and dentists was one of 5 offered at the provincial games. *Special Smiles*, along with the other four screenings, is part of a worldwide initiative to provide individuals with an intellectual disability a higher standard of care. Studies have shown that this population desperately needs more education, treatment and follow up care. During these games, over 170 athletes were screened and some startling facts were found: 15.8% had untreated tooth decay, 73.7% had exhibited signs of gingival inflammation, 18.4% had oral pain. Athletes were offered education, given dental supplies, and referred for follow up care.

There was an overwhelming support from BCDHA. Over 15 volunteers came out to help out with our screening. These volunteers worked extremely well with the athletes in a warm and professional manner.

BCDHA members are encouraged to continue volunteering with SOBC.

Future screenings will be in:

Victoria - November 2013
Vancouver - February and May 2014
Northern BC - (TBD)
National Summer Games at UBC - July 2014

Please email Joanna Verweel at:

jverweel@specialolympics.bc.ca to express your interest. •

Retired BCDHA member Kathryn Harwood still doing her part!

Since her retirement Kathryn has been involved in many projects, has done some advocacy for First Nations, and is active in the Unitarian Church.

Her most recent project was working with *Surrounded by Cedar*, an organization that provides Family Services for aboriginal children and their foster families on Vancouver Island. Every year they provide backpacks containing school supplies to the aboriginal children.

Being aware of the high incidence of caries in aboriginal children from her previous experience working in Haida Gwaii, Kathryn had the wonderful idea to include toothbrushes in the backpacks.

Kathryn was able to obtain funding from the Unitarian Church and with connections provided by BCDHA was able to purchase the 2000 tooth-



brushes needed to fill all the backpacks.

Kathryn sent this message:

Hello Denise

I attended the Surrounded by Cedar Picnic in August. It was great to see the toothbrushes being handed out with all of the school supplies to the aboriginal foster children.

All hygienists should be so proud of our Association's support of a real and good cause. •



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YOU...

Laser Vision Correction

- A popular alternative to corrective lenses

By *Al Lens C.O.M.T.*
(Certified Ophthalmic Medical Technologists)

Some people like wearing glasses or contact lenses. Lots of people don't. Fortunately, laser surgery can be used to help those who want to be free of corrective lenses. Patients with nearsightedness, farsightedness or astigmatism may all be eligible for correction.

The first procedure of this kind was performed in 1987. Over the years, many improvements have been made with both the laser technology and the procedures themselves. For example, today's lasers are equipped with tracking devices to follow eye movements during the procedure. The laser can also be guided by input from another instrument that maps out any focusing irregularity – a customized treatment for each eye. Results are more predictable these days and quality of vision is better than ever before.

Two primary procedures are available: Surface Procedures (PRK) and Flap Procedures (LASIK or Intralase). PRK is a simple procedure where the outside "skin" of the cornea is removed and the exposed layer is reshaped with the laser. Most people return to work in about a week, with further improvements in vision developing over the next couple of months. Flap procedures involve the creation of a "corneal flap" – a blade (LASIK), or more recently, a laser

(Intralase) can be used to create a thin layer of the cornea that is lifted and the laser reshapes the underlying cornea. After this method, people return to work in a day or two. Flap procedures are also generally more comfortable for the patient during the short healing period.

The two most common side-effects, if they occur, are usually temporary – lasting a few months. Those side-effects are dryness of the eyes (treatable with artificial tear drops) and night vision effects (halos or starburst around lights at night).

A thorough consultation by a reputable clinic will let you know if you are a good candidate for a laser procedure, and they can advise which procedure may be better suited to you. The only regret most people have now is that they wished they had done it years ago.

Al Lens has worked in the laser vision correction industry for nearly 25 years and currently performs laser consultations and follow-up care at London Eye Centre (New Westminster and North Vancouver).

London Eye Centre offers corporate rate pricing for BCDHA members and spouses.



Call 604.526.2020 to arrange your complimentary consultation.

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Need to contact us?

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1-888-305-3338

Fax: 604-415-4579

Email: info@bcdha.bc.ca

Website: www.bcdha.com



ATTENTION BCDHA MEMBERS

It's impossible to know everything our members are doing throughout their communities so we need your help!

If you have any announcements or events and photos* you would like to share, please send them to

outlook@bcdha.bc.ca.

**A Photo Release Form must be signed. To obtain a form send request to dpulice@bcdha.bc.ca*

Do you have a story idea or want to send a letter to the Editor? Topics should be of interest to your colleagues or provide food for thought. Submissions should be 500 words or less and will be published subject to Editorial Board approval and space.

Email your submission to: outlook@bcdha.bc.ca.



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