

# Nova Scotia Dentist

# NSDA

Nova Scotia  
Dental  
Association

Nova Scotia Dental Association Member Magazine, December/January 2014

Volume 30 No. 4

## Mentorship In Nova Scotia

\* Patient Communications pt.2

\* DALs new GPR Program

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## NSDA President's Message

# Answering The Call

I hope everyone has had an enjoyable holiday season. It's hard to believe that another year is behind us. Looking back on 2013, there were ups and downs for both dentistry in Nova Scotia and the NSDA as an organization. The MSI tariff issues combined with increases in coverage for older children was a topic that was front and center. Our long time Executive Director retired after 30 years of service to the NSDA. Most recently, the decision of the fee guide committee to act on the advice of our dental economist, thereby instituting a one-time fee increment change to the suggested Fee guide, was met with some negative response from members under the perception it would impact their practices. I'd first like to thank all the members who contacted the NSDA and myself regarding their concerns about these changes. Although the percentage of members who voiced their concerns was small, it's important to know the NSDA listens to all feedback. The comments we received were very passionate and for the most part were relayed in a respectful manner. In the remainder of this column, I would like to take this opportunity to better address this issue.

I will reiterate again the fee guide committee makes recommendations based on our consulting dental economist from RK House. For over 20 years, the NSDA has participated in an economic process with the dental economists, producing a number of extremely valuable tools for dental practices: arguably the most valuable of which is the annual NSDA suggested fee guide. Many resources and an incredible amount of committee time has been invested in this annual guide and its processes. This allows the guide to be the best it can be so its value can be recognized by third-party insurers and government departments where insured dental services reside.

Annual fee revisions are complex processes that involve the use of simulation models and a wide range of economic, demographic and dental practice factors. Over the two decades of producing the annual suggested guide, there have been adjustments made as new procedures have been added and specific member's issues have been raised. In addition to this, individual fees have been



*Dr. Stuart MacDonald, NSDA President*

rounded and successive annual roundings have resulted in fee increments that are out of line. RKH undertook a review of fee increments last year and over the past 12 months the fee guide committee has met and exchanged views on several occasions to better rationalize the current fee increments. This was considered an important exercise to maintain rationality and integrity of the suggested fee guide.

The fee guide committee, as well as many of our volunteer committees, take advice of experts and consultants and after much discussion they make decisions which they feel will be in the best interest of other members and the NSDA as an organization. Having served on the fee guide committee in the past and having worked with both Ron House and Frank Edwards I know firsthand what resources RK House brings to the table. The data



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utilized by RKH is supplied by you, the members, in our annual economic survey which is then sent directly to RKH for analysis. We encourage member participation in this most important survey.

I feel over the past 20 years the work of the Fee Guide Committee has had a positive impact on the practices of Dentists in Nova Scotia. In short, the process is needed and should continue to take place. How it occurs is a task for your Fee Guide committee and governing body to review and decide. Members can

expect more communication on this important issue.

Some of the other issues for the NSDA and the dentists of this province over this past year were as follows. There were productive meetings with top MLA's associated with the opposition party health portfolios, the launch of a new member website, production of a new infection prevention and control guidelines document, and the beginning of a new student mentor program. All of these matters required much time and effort by your association and its

volunteer members. Without our volunteer members contributing their own time none of this would be possible. To each and every one of you I give my sincere thanks. To those who have never been involved in your association, and in the spirit of New Year's resolutions, perhaps now is the time. "Those who can, do. Those who can do more volunteer." Author unknown.

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

## Nova Scotia Dentist

is the official publication of the Nova Scotia Dental Association, a not-for-profit organization serving over 500 members in Nova Scotia. The magazine is published six times a year and is distributed to all dentists in Atlantic Canada.

Editorial content is reviewed by the Publications Sub-Committee. Opinions expressed are those of the author and do not necessarily reflect those of the NSDA or its editors.

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Steve Jennex, Executive Director

## Executive Director's Message

# Belated Happy New Year

**A**belated Happy New Year to all from the staff of the NSDA. 2014 is now upon us, and activities surrounding your association have ramped up.

### The NSDA Website on your mobile phone

With principal construction of your new NSDA member website complete and the site launched last fall, the website has now been optimized for viewing on mobile telephones where you can, if you choose, view the latest E-Dispatch bulletins, search the Job Bank & Classifieds, send us email or call the office. Give it a try and tell us what you think. [www.nsidental.org](http://www.nsidental.org).

### E-Tools...

The first instalments of new practice management e-tools have been made active on the members-only section of the new website. To help guide the use of the tools, there's an instructional video for one of the e-tools (Dental Practice Schedule Gaps) with our

economist, Frank Edwards. The e-tools section will be expanded with additional tools as they are developed and tested.

### ...and IPCM webinars

The Continuing Education page on the new website features a series of links to some helpful videos on infection control designed to help implement various elements of the new NSDA Infection Prevention and Control guidelines document.

### 2014 NSDA Suggested Fee Guides

Soon you will receive your copy of the NSDA 2014 Suggested Fee Guide. The 2014 guides will look a bit different than in past years as we make use of an updated printing style and section tabs to help make navigation through the guide a bit easier. The increased production costs to this new and improved look and feel of the suggested guides have been covered by our corporate advertisers. Other changes to



## Page 4 Continued

the guide are explained in a memo that will accompany the document.

### **Partnerships, and how they impact Mentorship & Foreign-trained Dentists**

The NSDA has been busy forming partnerships on key projects. As you will read elsewhere in this edition of Nova Scotia Dentist, the NSDA's Student Affairs Committee has partnered with the Faculty of Dentistry at Dalhousie to deliver a mentorship program pairing dental students with practitioners in the field. Launched at an introductory event in November at Dalhousie, the new mentor program is off to a fast start.

The NSDA's volunteers working towards assisting foreign-trained dentists with practicing in Nova Scotia, have partnered with ISIS (Immigrant Settlement & Integration Services) to develop an introductory session for foreign-trained dentists. The session, which will take the form of a series of presentations and a new NSDA-produced video "A day in the life of a Nova Scotia dentist" will premiere in 2014.

### **A new government & new opportunities to improve MSI**

Like an earthquake and its subsequent aftershocks, the election in October continued to make noise in November with the departure of the deputy minister of health & wellness.

For the NSDA, this represents further opportunity to make arguments for an improved MSI program starting with a clean slate – new minister, new deputy minister. Unfortunately, it also slows our process of pursuing immediate fixes to the more pressing concerns as the replacement deputy minister has not been named as of the writing of this column. We have been advised, however, that our request to meet with the new Minister will be granted in the coming weeks and government processes to react to our request for a new MSI tariff are underway. During the fall, after consultation with membership, the NSDA presented a list of 'immediate fixes' to the current tariff.

### **Media relations and promotional activities**

This autumn saw the launch of a new NSDA ad campaign aimed at reinforcing the importance of oral diagnosis, and the link between diabetes and oral health. Doc Talk, a weekly feature on health airing on EastLink Television, invited dentistry to host a session. And, the early editorial process for the spring 2014 edition of Living Healthy in Atlantic Canada got underway in November. The four Atlantic provincial dental associations have combined efforts to launch the new oral health section in this popular regional health magazine. Copies should find their way to your dental office. We hope you read it and share the information with patients and that it stimulates good dialogue.

Steve Jennex  
Executive Director

## Dentist Registration for CDAnet eClaims (you don't need a "billing number")

*Geoff Valentine  
Manager, Health Informatics Services  
Canadian Dental Association*



**D**ental offices often call to ask how to get a "billing number" so an incoming dentist can transmit claims electronically with CDAnet. Here are the details on what is needed.

CDAnet claims transmission does not require a "billing number." "Billing numbers" are provided by the Ministry of Health and some insurance carriers, but for electronic claims submission, what is required is:

- a dentist "Unique Identification Number" (UIN)
- a dental office "office number"
- an active CDAnet subscription for the dentist at the particular dental office

[Continued on Page 18](#)

# New General Practice Residency Program is off to a great start at Dalhousie



*From left to right: Dr. Chris Lee, Dr. Ian MacIntyre and Dr. Ryan Murphy*

**U**nique to Atlantic Canada and one of only seven in the country, the General Practice Residency program at Dalhousie Dentistry is up and running.

“This program has been the right decision for me so far,” says Dr. Ryan Murphy, one of the two students in the inaugural program. “I enjoy the people I work with on a daily basis and I am learning aspects of dentistry I wouldn’t have in private practice.”

The year-long program, which began in June 2013, is a post-graduate training program for dentists that centers around clinical experience. Students focus on managing traumatic and non-traumatic acute dental emergencies, managing the dental needs of adults with complex medical histories as well as those with limited access to professional dental care.

“The patient population that we see in our clinic is typically more medically complex than the patient population at our regular clinic,” says Murphy. “As a result, we are learning how to best manage these types of patients while maintaining their oral and systemic health.”

Along with a focus on clinical dentistry, students also spend time gaining experience in related medical areas. The structure of the GPR program gives students an expanded set of skills and knowledge base that they otherwise wouldn’t develop until later on in their careers.

“The students spend seven months working in dentistry, and the other five in the hospital working in different areas such as anesthesia, emergency medicine, plastic surgery and ENT,” says Dr. Chris Lee, the director of the program. “We have faculty members who are the cream of the crop who can use their specializations and experience to help students learn in areas such as prosthodontics and periodontics.”

Although practicing dentists in the area may already be referring patients to the Dalhousie clinic, they can also refer patients to the GPR program. Some referrals can be too complex for current students, so referring patients to the GPR students allows them to receive care from dentists with the assistance of specialists at 80 per cent of the regular fee.



So what advice does Dr. Murphy have for individuals who are thinking about taking the GPR program?

“Figure out why you want to take the program and what you expect to get out of it and weigh that against the experience of working a year in a private practice.”

For more information on the GPR program visit: <http://www.dal.ca/faculty/dentistry/programs/graduate-programs/general-practice.html>

Katie Ciavaglia  
Communications Assistant, Faculty of Dentistry  
Dalhousie University

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## Dalhousie and NSDA Bring Mentorship to the Masses

Following a successful pilot program in early 2013, Dalhousie University's Faculty of Dentistry has partnered with the Nova Scotia Dental Association on a new Dentistry Mentorship Program.

The purpose of the program is to connect students and oral health professionals, with the intention of providing them with an opportunity to establish meaningful connections. The students can gain valuable insight about their profession and career from someone who has been in their shoes, while the mentor has a chance to share their experience and wisdom with the next generation of dentists.

On Thursday, November 21, the program kicked off with Mentorship Night at the Dentistry Building. More than 70 students learned about the benefits of the program, and were given an opportunity to meet in small groups with a dozen dentists who volunteered their time to answer questions in a casual, low-stress and non-judgmental environment. Some of these prospective mentors, who range in experience from two to 44 years, travelled from as far as Cape Breton and Newfoundland to be a part of the event.

“I'm really glad I attended,” said Dr. Caleb Porter, who drove in from St. Peter's and sat in on a session with Drs. Phil Mintern and Rick Raftus. “I've only been out of school a few years and I learned some things I had no idea about!”

“I think the evening went very well,” said Dr. Simone Abbass, who shared her experience both as a mentor and as someone who has continued to benefit from a mentorship relationship to this day. “I signed up for this program to welcome students to the profession and to help with any questions they have as they transition into the dental community after school.”

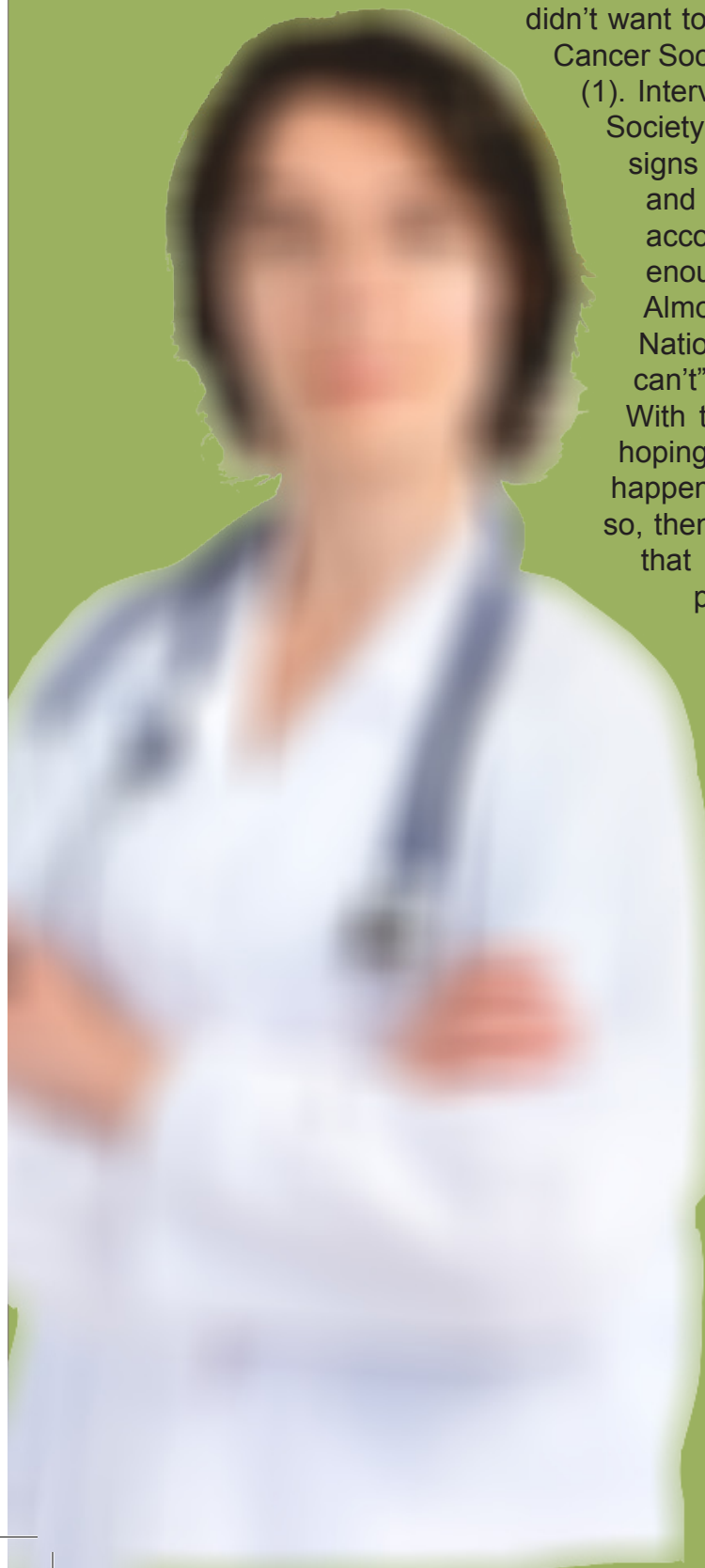
The program is not a part of the Faculty's curriculum, nor is it intended as a job-finding (or, associate-finding) service. Over the winter, a committee comprised of representatives from the Faculty and the NSDA will match interested students with as many prospective mentors as possible. These mentorship connections will be fostered throughout the spring.

The Faculty and the NSDA are interested in hearing from anyone who might be interested in taking part in related initiatives, including a themed event featuring the small breakout group format tentatively scheduled for Thursday, January 9, 2014. For more information on this event or the Dentistry Mentorship Program, please email [alumni.dentistry@dal.ca](mailto:alumni.dentistry@dal.ca) or call 902-494-2431.

Clinical Affairs with Dr. Terry Ackles

## Cancer Patient Information Package

Are you experienced at, and comfortable with seeing patients with cancer?



**T**he Big “C”. A malignant tumour or neoplasm. Call it what you will but, it’s cancer. Years ago, to many, it meant a death sentence. Possible symptoms of cancer were withheld from physicians due to fear – people were afraid or didn’t want to know that they might have cancer. In 1969, the Canadian Cancer Society adopted a new, positive slogan “Cancer can be beaten” (1). Interviews with the public and cancer patients alike caused the Society to shift from a campaign that scared people with warning signs and symptoms to a campaign that promoted prevention and encouraged people to fight the disease. That slogan was accompanied by “seven safeguards” which included, interestingly enough, “Have your dentist check for abnormal conditions” (1). Almost 45 years later, this message resonates in the CDA’s National Awareness campaign tag line “Dentists see things you can’t” which focuses on the importance of oral examinations (2). With that being said, as dentists we perform oral examinations hoping never to find signs of oral cancer but, when we do, what happens next? Referral? Then what...they enter “the system”? If so, then you probably continue to be kept in the loop by the team that is treating your patient. However, what about all of those patients being treated for cancer who don’t have a dentist or who don’t have access to a dentist? What happens to them?

This stems from an item in last month’s DISPATCH in which there was a call for volunteers as the NSDA is in the process of creating a list of dentists who are experienced at and are comfortable with seeing dental patients who have, or are undergoing treatment for cancer. Dr. Christopher Lee sits on a committee at Cancer Care Nova Scotia, along with Dr. Stuart Richardson, who explains that a patient information package is being prepared which includes a request from the patient population for a list of dentists in their communities who would be willing to provide on-going dental care after their chemo or radiation therapy. For those members who are interested in helping out but feel this stretches beyond their comfort level, please know that both Dr. Lee and Dr. Richardson are available with information and resources to assist you. They will work with you to advise of protocols and procedures that may have been modified or improved over time.

Until I did some background research, I naively thought Cancer Care Nova Scotia was a volunteer organization



or a support group for cancer survivors. I was surprised to discover it's a "program of the department of Health and Wellness created to reduce the effects of cancer on individuals and families through research, prevention and screening, and lessen the fear of cancer through education and information". In addition, they "partner with health care providers and administrators, government and health charities to ensure that Nova Scotia's cancer system is the best it can be" (3). Much can be learned about this program by visiting their website at [www.cancercare.ns.ca](http://www.cancercare.ns.ca).

Dr. Richardson and Dr. Paula Yliheikkila are with the QEII's ENT department and, as such, are part of the larger head and neck cancer site patient management team. Chaired by Dr. Richardson, this group meets regularly to review the majority of new H&N cancer cases to determine the best course of treatment for each case and to review some of the cases post-treatment. The patients are screened and educated prior to radiation therapy and triaged based on their dental needs either pre- or post-treatment. As the QEII is a major treatment centre for Nova Scotia patients as well as many from New Brunswick and Prince Edward Island, the demand for Drs. Yliheikkila and Richardson's Maxillofacial Prosthodontic services is so great that they cannot always provide general dental care to these patients as well. Thus there is a need to find GP dentists willing to work with this group and provide care for these patients.

Cancer Care Nova Scotia's tag line is "Many hearts. Many minds. One goal". With the goal "quality cancer prevention, treatment and care for all Nova Scotians when they need it and as close to home as possible" (3). In Cape Breton, a recent upgrade to the hospital's radiation therapy department will allow patients from Cape Breton to be treated closer to home; a step towards the program's goal. However, the drawback is the inability for H&N cancer patients to be screened in the same manner as they might at the QEII for dental problems prior to treatment. There are

many dentists practicing in the Cape Breton region and they may eventually see more patients who have had radiation therapy and are potentially suffering from resulting oral conditions. This might be the ideal time to increase your knowledge base by consulting Drs. Yliheikkila, Richardson and Lee for information and advice, and to offer your name to the growing list of dentists willing to accept the challenge.

A big "Thank You" to those who have already contacted the NSDA to be added to the list that will become part of the Cancer Care NS patient information package. For those of you have not yet done so, it is not too late! Please contact Patricia Pellerine at [p.pellerinensda@eastlink.ca](mailto:p.pellerinensda@eastlink.ca).  
References:

"Cancer can be beaten," society's new positive slogan. The Montreal Gazette. January 2, 1969, page 5.

CDA [www.cda-adc.ca/\\_files/about/news\\_events/health\\_month/pdfs/OralCancer.pdf](http://www.cda-adc.ca/_files/about/news_events/health_month/pdfs/OralCancer.pdf)

Cancer Care Nova Scotia [www.cancercare.ns.ca](http://www.cancercare.ns.ca)

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# A Guide To The Patient Communication Guide Pt. 2



## Patient Communications: A Guide for Dentists

### ***Your guide to better patient communication***

Research indicates that 'soft skills' have a direct influence on patient perceptions of the value of care provided, and the degree of trust they place in the dentist and their treatment. Although you may be familiar with some of the communication strategies in this guide, reviewing them may strengthen communication with your patients and remind you to be as consistent as possible.

### ***Why good patient communication is important***

If you include your patients as fully informed partners in their care, they'll return the gesture by being loyal and continuing care with you. As an added bonus, you'll discover more satisfaction in your work, renewed motivation and increased productivity.



If you do not have a copy of the Patient Communications Guide find it online [www.nsdental.org/yourpractice](http://www.nsdental.org/yourpractice), or contact [nsda@eastlink.ca](mailto:nsda@eastlink.ca) and request a hard copy.

The Nova Scotia Dental Association acknowledges the work of the British Columbia Dental Association and the Alberta Dental Association and College for initiating production of this publication based on research from the Canadian Dental Association. This guide has been edited from the original publication for NSDA members.



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13-160 04/13

## Insured, But Not Protected?

Avoiding the Risk of Being Underinsured

Obviously, no one enjoys spending their hard-earned money on insurance they may never need to use. But if you don't have the right amounts — and types — of insurance coverage in place, the alternative could mean facing financial hardships. To highlight that point, consider the following situations, which include real-life claim examples.

### The Consequences of Not Upgrading Your Disability Protection

Early in his career, a dentist obtained \$2,000 per month of long term disability insurance. Years later after becoming more established in the profession, he contacted his insurance advisor to inquire about increasing his coverage. The advisor explained that his current income level would allow him to purchase up to \$5,000 per month of disability insurance.

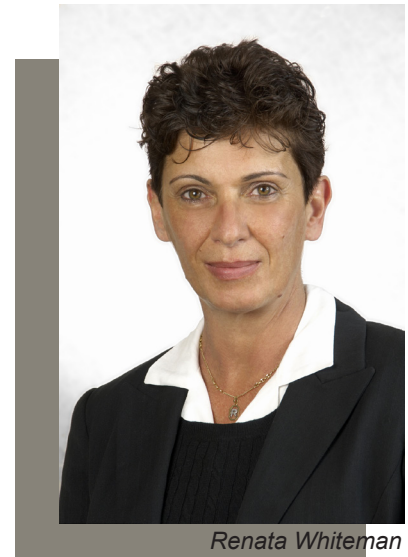
The dentist declined obtaining the additional coverage, stating he didn't wish to pay the extra premium cost, and because he was young and healthy, was unlikely to become disabled. Months later, he developed a crippling autoimmune disease that left him unable to practise and uninsurable.

This unfortunate case illustrates why it's vital for dentists to regularly review their disability coverage and make any necessary enhancements. To put that plan into action, consider this tip: Each year at tax time, make copy of your income tax documents (i.e. a "T1 General" and an "Income and Expense Report" if your dental practice is incorporated) to share with your insurance professional. Upon reviewing the financial information in those documents, your insurance advisor can determine if your income level would qualify you to apply for a disability coverage increase.

### You May be Protected in the Event of a Disability...But is Your Practice?

A dentist suffered a disabling injury in an automobile accident and began receiving disability insurance benefits. Although those benefits allowed her to contend with her personal expenses, she was also very concerned about the financial well-being of her staff, since the disability forced her to temporarily close the practice.

Unfortunately, while she had prepared for the possibility of an office loss, she did not have office overhead expense insurance, which would have



*Renata Whiteman*  
Professional Insurance Advisor

allowed her to submit a claim for benefits to help cover her staff salaries in this situation. This dentist had practice interruption coverage as a component of her office insurance coverage — TripleGuard™ Insurance. Although practice interruption coverage is designed to provide financial assistance to dentists when they can't practise, this coverage does not apply in cases of disability.

Practice interruption insurance is designed to help replace a dentist's gross revenue when his or her insured practice is interrupted due to a fire, flood or other insured peril. It's important for dentists to be aware that **office overhead expense insurance** is the only type of coverage designed to help keep your practice a going concern when you can't be there due to a disability. For a specified period, office overhead expense coverage provides a monthly benefit to cover certain business

*Continued on Page 17*





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\* CDSPI Group Benefits are not available to dentists in Quebec and Ontario. Ontario dentists can contact the Ontario Dental Association (ODA) for information about the ODA Extended Health Care plan and Accerta for information about their Health Spending Account (HSA) and Group Benefits program.

The CDSPI Group Benefits plan is provided by Quikcard, with insurance products provided by selected Canadian insurers and arranged for by Quikcard Benefits Consulting Inc. and CDSPI Advisory Services Inc.

# Fear of failure not just for medical students

Self-compassion, resiliency counteract shame

It is well known that both dental and medical students share similar personality characteristics. Vulnerability for those within these professions often begins with the application process.

In a recent article by social worker Ann Davidson of the Ontario Medical Association's Physician Health Program, Ms. Davidson said the stage is set for the fear of failure because before entering school the student is unique among others due to qualities such as a strong work ethic, drive to high achievement, need to learn, and intelligence. Once in school these qualities become common and are no longer unique. A biological vulnerability to anxiety or depression and high stress can propel an individual to grasp at maladaptive behaviors in order to gain some control. Maintaining a healthy balance becomes a life-long endeavor.

It's been said having a small amount of anxiety keeps a level of alertness and helps protect one from errors. Fear of failure allows behaviors such as perfectionism and obsessive compulsiveness to become focused and excessive. The bar is set to expect the realistically impossible and the practitioner can become irritable, angry, anxious, and more inflexible.

The "Imposter Syndrome" – the mistaken belief one will be exposed because of lack of knowledge or intelligence then disgraced and sent home – can creep into awareness without the realistic observation it's a misconception. One wouldn't have gotten this far in their career without substantial merit.

Ms. Davidson's article goes on to propose the ultimate fear of failure is the fear of experiencing shame, an unwelcomed feeling that's avoided at all costs. Shame can influence behaviors including procrastination, avoidance, dissociation, dishonesty, and use of substances to escape. These behaviors can occur with the stress or anxiety or be learned from past traumas.

Self-compassion and resiliency counteract shame. Resiliency requires the skills of flexibility so the person can bounce back. Self-compassion requires understanding and acceptance of shared human imperfection. Mindfulness stresses the importance of being present in the moment and not imposing unrealistic expectations or judgments.

All of this takes reflection and acceptance but also practice. If all else fails then reach out to those who can help you get there.

### Dealing with fear of failure

To deal with the fear of failure, Ms. Davidson has created the following list:

- **Check your expectations**

Are they reasonable, realistic, and accomplishable?

- **Monitor your internal critic**

Are you being especially harsh on yourself? When a mistake is made, accepting responsibility goes a long way in repairing a disrupted relationship.



- **Talk to your peers**

Find out how they are dealing with their stress and anxiety. Ask for help, and offer your assistance to others if appropriate.

- **Start a mindfulness practice**

Set aside a few minutes each day to meditate, pray, reflect or just “be.”

- **Be open**

To new ideas and alternate ways of doing things.

- **Work on developing resiliency**

Being able to adapt to change and bounce back from adversity.

- **Be attentive to the “basics”**

Eating regularly and nutritiously, getting enough sleep, exercising, making time for personal relationships. As soon as one of these basics is out of balance, your vulnerability to further stress increases.

- **Seek professional help**

If you find your anxiety or fear is interfering with your performance.

Dr. Maria Alexladis  
Professional Support Program Coordinator

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expenses during a disability, such as rent, utilities and employee salaries.

### **Travelling? Make Sure You Really Know Your Credit Card Limit**

While visiting the U.S., a participant in the Canadian Dentists’ Insurance Program suffered a fractured arm. Fortunately, insurance helped cover the hospital bill, which totalled nearly \$3,000. Since the cost of emergency medical treatment in foreign countries can be substantial, it’s obvious why you should obtain travel insurance if going abroad. However, while it might be convenient to do so through your credit card company, it’s extremely important to know exactly what type of coverage

you’re getting.

For instance, some credit card companies provide “common carrier travel accident insurance” when you purchase trip transportation using their card. Often, this type of insurance only applies in very specific circumstances — such as while you’re flying or driving a rental car. If you were to require emergency medical treatment while engaged in other vacation activities, like playing a sport, this coverage may not give you any protection at all.

If you travel more than once a year, consider obtaining a comprehensive annual travel insurance plan. It provides yearly protection for an unlimited number of trips, and can cost less than some single-trip plans. As added benefit, if

you just want to go across the border for a weekend and you have your annual plan in place, it’s one less thing to worry about.

**For assistance in making insurance planning decisions — from licensed, non-commissioned advisors who work exclusively for dental professionals — call CDSPI Advisory Services Inc. at 1-877-293-9455 (toll-free), ext. 5002.**

*CDSPI provides the Canadian Dentists’ Insurance Program and the Canadian Dentists’ Investment Program as member benefits of the CDA and other participating provincial and territorial dental associations. Insurance planning advice is provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply to advisory services in certain jurisdictions. TripleGuard™ Insurance is underwritten by Aviva Insurance Company of Canada.*

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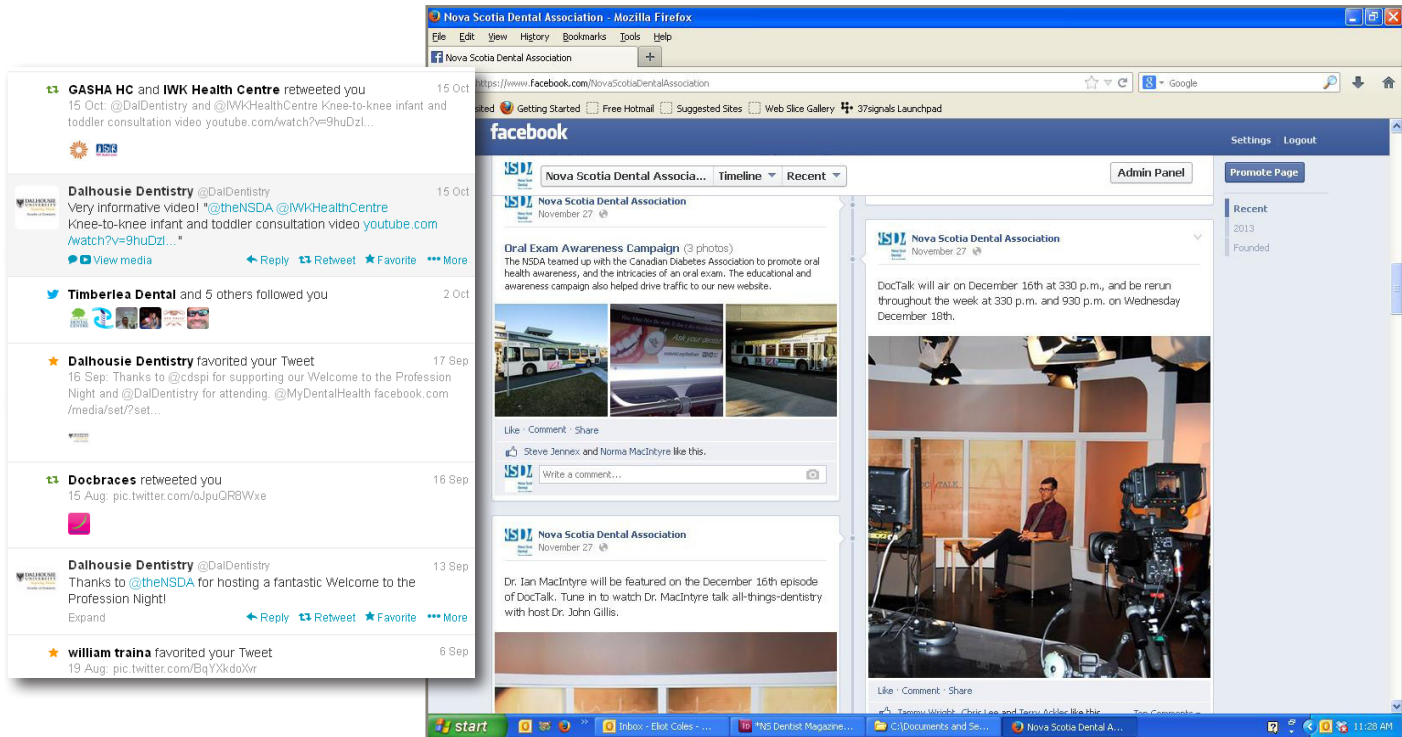


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## Page 5 Continued

All electronic dental claims in Canada transmitted from dental offices use the CDAnet system. The system is a member service provided by the NSDA and CDA. To use the system, dentists must complete a subscription agreement for each office claims will be transmitted from. The subscription agreement details the “rules of the road” for using CDAnet, rules such as: when a claim is transmitted, the named dentist certifies they were the treating dentist, the services listed were provided at the location identified, the fees are accurate, etc. Claims cannot be transmitted under the UIN of a dentist other than the treating dentist – every dentist in an office must complete a subscription agreement, and claims must identify the treating dentist. In the agreement the dentist also agrees to having on file consent to

**Infection Control in the Dental Setting**  
 Sunday, May 25, 2014 12 noon – 5:00 pm  
 World Trade and Convention Centre, Halifax

Co-hosted by the Community and Hospital Infection Control Association and CHICA Nova Scotia (a Chapter of CHICA-Canada)

More information available on [www.nsdental.org](http://www.nsdental.org)

transmit claims electronically from each patient (consent forms are available in the CDAnet Dental Office User Guide).

To subscribe to CDAnet, download the subscription agreement from [www.cda-adc.ca/cdanet](http://www.cda-adc.ca/cdanet). Complete and sign the form and fax it to CDAnet. CDAnet validates the dentist's license, assigns the dentist UIN and assigns a dental office ID if the office does not have one. This new subscription is then transmitted to the insurance carriers on Tuesdays and Thursdays. On the day it is transmitted, a "CDAnet Office Profile" will be emailed or faxed to the dental office showing the updated subscriptions. It takes the carriers from one to ten days to make the subscription active on their systems. If the dental office uses the ITRANS Claim Service to send claims on the Internet, an ITRANS enrolment form must be completed after the CDAnet subscription agreement has been submitted (see [www.goitrans.com](http://www.goitrans.com)). Following ITRANS enrollment, the dentist's ITRANS digital certificate for the office must be downloaded and installed on the office computer(s).

At this time, as you can see, there are several steps to getting a dentist set up to transmit claims, however CDA is working to make this an online process where dentists and authorized dental office staff can complete these steps via a self-serve portal. Look for this in 2014.

To summarize, a dentist new to a clinic must complete a CDAnet subscription agreement and, for ITRANS offices, an ITRANS enrolment form. This process should be started at least a week before the dentist will be seeing patients. Find all the necessary forms and details, including the CDAnet Dental Office User Guide, at [www.cda-adc.ca/cdanet](http://www.cda-adc.ca/cdanet).

## 2014 Dentistry Student Table Clinics and Dental Hygiene Presentations

Friday, January 31, 2014  
5:00-8:00 p.m.  
Dalhousie Dentistry Building

Two hours of continuing education credits will be awarded to those who register by 7:00 p.m.

For more information, visit [dal.ca/dentistry/cde](http://dal.ca/dentistry/cde)  
or contact 902-494-1674



 **DALHOUSIE  
UNIVERSITY**  
*Faculty of Dentistry*

The School of Dental Hygiene is excited to present a change in their Student Table Clinic Evening.

Dental Hygiene students will be delivering group presentations focusing on the provision of optimal oral care to populations and individuals with varying needs.

Attendance at these presentations will be eligible for continuing education credits, and there will be an opportunity to provide feedback on this new format.

We hope to see you there!





D E N T I S T S F I R S T

## Retire on Your Terms

Canadian Dentists' Investment Program's RSP

Retiring how and when **you** want is a lot easier when you have an exceptional RRSP.

The **RSP** available through the Canadian Dentists' Investment Program offers a range of distinct advantages including:

- Expert assistance from certified financial planners who provide *personalized financial planning advice* based on your individual situation and retirement goals
- Access to a *wide selection of CDSPI investment funds* — managed by world-class investment firms
- Funds without any loads or commissions — just *MERs that are among the lowest available anywhere*

With advantages like these, it's no wonder why dental professionals and their families have over a quarter of a billion dollars invested\* in the Canadian Dentists' Investment Program RSP.

Contact an advisor who understands dentists best to start planning for retirement on your own terms.

**1-877-293-9455 ext. 5023**  
**[www.cdspi.com/rsp](http://www.cdspi.com/rsp)**

\* As of July 31, 2013.

The Canadian Dentists' Investment Program is provided by CDSPI as a member benefit of the CDA and participating provincial and territorial dental associations. Restrictions may apply to advisory services in certain jurisdictions.