



COLLEGE CONTACT

VOLUME 12 OCTOBER 2005

Your "Contact Point" with the College of Denturists of Ontario

Mission Statement:

The mission of the College of Denturists of Ontario is to regulate, govern and develop the profession of Denturism in Ontario while serving the public interest.

PRESIDENT'S MESSAGE

The summer has been an unusually busy time for the College of Denturists of Ontario. Following the 2005 Inaugural Council meeting in June, the committees have for the most part, all met, to decide upon the chairs, and set goals and objectives for 2005-2006.

2004-2005 was a period of critical analysis of the processes in place at the College of Denturists of Ontario. Governance, Finance, IT, Qualifying Examination, Registration and Complaints were evaluated. Over the summer, the administrative components associated with each of these functions were reviewed to streamline tasks and update forms and documentation.

The Registry database was brought into focus and the need for a central database has been determined. A Request for Proposal has been distributed to several database solution providers to present estimates for a customized customer relationship management database.

Professional members are asked to submit recommendations of database solution providers who they consider should be approached for an opportunity to quote on the project. Please forward names of developers to the College either by mail or email before October 31st, 2005.

In September 2006 the lease on the College of Denturists of Ontario's present location is up for renewal. To ensure the College has the most appropriate and cost effective office space, Finance is reviewing comparable alternate

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REGISTRAR'S MESSAGE

In 1991, the government of Ontario passed the Regulated Health Professions Act, (RHPA) which sought to unify the governance of the self-regulated health professionals, to better define the scope of practice and to ensure public representation on the boards charged with protecting the public interest.

In accordance with the RHPA (1991), the Denturism Act (1991) and The College of Denturists of Ontario Bylaws, this College was formed and carries out its mandate to "regulate, govern and develop the profession while serving the public interest." Statutory and non-statutory committees were created and processes were developed for governing the profession.

Over 14 years the College has gained important experience in areas governed by the College, such as Registration, Qualifying Exam, Quality Assurance and Complaints. Patient Awareness of Denturism and Complaints are two areas the College has identified which require immediate education for the public and the professional members.

The Patient Relations committee, together with the Denturist Association of Ontario has begun a series of articles to inform patients and their caregivers, of services provided by Denturists, that will appear in Maclean's magazine and Reader's Digest. It is the College's belief that a well-informed patient is more likely to be satisfied with their dentures and their denturist.

The first of these articles appears in the

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(President's Message Continued from page 1)

locations. CB Richard Ellis Limited (Realtor) is representing the College of Denturists of Ontario, in negotiations.

The College continues to make significant progress this fiscal year, and looks to Council and professional members for their support.

It is with regret, that we must inform you that Delmer Maize, who served as a Public Member on the Council of the College of Denturists of Ontario has passed away. Mr. Maize will be remembered for the countless hours he dedicated to the College, to develop the Governance Manual (to guide the distribution of responsibility in the College structure and decision making process) and assisting in the development of the Quality Assurance program.

Mordey Shuhendler, DD
President

(Registrar's Message Continued from page 1)

October 3rd, 2005 edition of Maclean's magazine. A copy of this magazine is enclosed for you to read the article, which appears as a public service announcement in the Caregivers supplement. The College asks that you consider leaving the magazine in your clinic/reception area for your patients to read.

The second article will appear in the November 14th, 2005 edition, which features Maclean's annual university ranking. This article's intended audience is potential students to the George Brown College Denturism program.

A series of articles on the prevention of complaints has been written by Greg Mittler, DD, who as a Council member, sits on the Patient Relations Committee as well as the Complaints Committee. The first article in this series appears in this College Contact. By describing situations where a lack of communication leads to official complaints, it is hoped that if you find yourself in a similar situation, you will understand how to employ Alternate Dispute Resolution techniques to satisfy your patients before they lodge a complaint with the College.

Denturists are randomly selected each year for Quality Assurance Assessments, and are then notified by mail of their selection. Because this notification can bring feelings of apprehension to some practitioners, Allen Kastner, DD, Chief Assessor has written an article that outlines what you may expect during the assessment period, and how to prepare for the assessment.

The College of Denturists of Ontario welcomes its new Registrants. The complete list appears in this edition of the College Contact.

The Ontario Provincial Police have contacted the College of Denturists of Ontario for help in identifying the remains of a woman found in the Eramosa Township east of Guelph. The College has posted the information on our website (www.denturists-cdo.com) and a copy of the information bulletin is enclosed with this mailing. If you have any information that may be of assistance in this case, please contact Detective Constable David Shantz, OPP, Wellington County Detachment, 1-519-822-7250.

A copy of the Oral Health Brochure, which was developed by the College together with the College of Dental Hygienists is enclosed with this mailing. You may wish to order copies for your patients, please contact Karen Karro at the College of Denturists of Ontario office. There is a \$20.00 charge per 100 brochures for shipping and handling costs.

Cliff Muzylowsky, DD
Registrar

DECLARATION OF ELECTION

JUNE 1, 2005

In accordance with CDO By-Law 5:04, a regular election of a member to the Council was called for districts 3, 4 and 5. Elections were held on Wednesday June 1, 2005.

District 3

In accordance with CDO By-Law 9:01, John Kallitsis, DD, was elected to Council by acclamation.

District 4

Harry Orfanidis, DD, was declared the elected member to Council for district 4.

District 5

David Istzer, DD, was declared the elected member to Council for district 5.

Term of Office for Regular Elections, Districts 3, 4 and 5

The term of office of the elected members in the regular election for districts 3, 4 and 5 is three years; commencing with the first regular meeting of the Council after the election, June 24, 2005 and expiring at the first regular meeting of the council after the regular election three years later in 2008.

2006 Regular Election

In accordance with CDO By-Law 5:04 and 5:05, there shall be a regular election for electoral districts 6, 7, and 8 on Wednesday June 7th, 2006.

To Contact CDO Staff Members

416.925.6331 / 1.888.246.4326

Karen Karro Ext 221 info@denturists-cdo.com
Cliff Muzylowsky Ext 223 cmuz@denturists-cdo.com
Nancy Storey Ext 222 nstorey@denturists-cdo.com
Tim Wesson Ext 226 twesson@denturists-cdo.com

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Apply to the College of Denturists of Ontario for a position as a Quality Assurance Assessor:

Send your resume, together with a covering letter referring to this position and briefly explaining why you would like to represent the College as a QA Assessor

Refer / recommend a Database Architect or a Custom Application Development company to be involved in the Request for Proposal on the restructuring of the College's electronic file management system

Send the name of the individual or firm, and the contact information, such as name, mailing address, email address and phone number

to: The College of Denturists of Ontario
Suite 903, 180 Bloor St. W.
Toronto, ON M5S 2V6

email: info@denturists-cdo.com
subject line should read either QA Assessor
or Dbase Project

Enclosures with this mailing: Maclean's magazine October 3rd, 2005 – CDO Advertorial in Caregiving Supplement

Oral Health Brochure – phone the College of Denturists of Ontario to order brochures.
\$20 per 100 brochures

OPP Request for Assistance with
Identification

Ministry of Health and Long-Term Care
Important Health Notice on FRI Outbreak in
Toronto Nursing Home

George Brown College request for
applications for Part-time Laboratory/Clinical
Instructors

Visit www.denturists-cdo.com often for updates on Influenza/FRI during the 2005-2006 winter season.

In the event of a health crisis the College of Denturists of Ontario will need to quickly communicate updates and directives from the Ministry of Health with members. Please contact the College of Denturists of Ontario to update your fax and email information as this is the optimum method of forwarding information to you.



NEW REGISTRANTS 2005-2006

Mark Blanch, DD	Nicole Brunet, DD	Gavin C. Butler, DD	Dwight O.P. Claxton, DD
Marianne Dyczka, DD	Bill Kollias, DD	Iuliu Kovacs, DD	Ricky Kwan, DD
Diana Lam, DD	Bee Lee, DD	Kongyu Li, DD	Jhon J. Marin Tamayo, DD
Francesco Marinelli, DD	Monica Martins, DD	Christopher Meilun, DD	Marianne Petropoulos, DD
Tracey Pooran, DD	Garnett A.D. Pryce, DD	Leonid Shligold, DD	Dawn M. Stamp, DD
Linda Veal, DD	Benjamin Veige, DD		

The College of Denturists of Ontario invites you to welcome its new members

2005-2006 COUNCIL COMMITTEE STRUCTURE

Statutory Committees

Executive Committee

Mordey Shuhendler, DD, President (Chair)
Frank Cauley, Public Member, Vice-President
Greg Mittler, DD, 2nd Vice-President
Jaro Wojcicky, DD, Secretary
Rodger Yeatman, Public Member, Treasurer

Registration Committee

Brad Potter, DD (Chair)
Jaro Wojcicky, DD
Frank Cauley, Public Member
Pino DiNardo, DD, Non-Council

Complaints Committee

Ken Battell, DD, Non-Council (Chair)
Greg Mittler, DD
Mordey Shuhendler, DD
Frank Cauley, Public Member
Rodger Yeatman, Public Member

Discipline Committee

Carlo DiNardo, DD, Non-Council (Chair)
David Istzer, DD
Harry Orfanidis, DD
Jeff Amini, Public Member
Walter Connell, Public Member
Dan Vorano, DD, Non-Council

Fitness to Practice

Harry Orfanidis, DD (Chair)
John Kallitsis, DD
Jeff Amini, Public Member
Carlo DiNardo, DD, Non-Council

Quality Assurance

John Kallitsis, DD (Chair)
Brad Potter, DD
Walter Connell, Public Member
Carlo DiNardo, DD, Non-Council
Allen Kastner, DD, Non-Council

Patient Relations

Frank Cauley, Public Member (Chair)
Greg Mittler, DD
Harry Orfanidis, DD
Rodger Yeatman, Public Member
Carlo DiNardo, DD, Non-Council

Non-Statutory Committees

Finance Committee

Rodger Yeatman, Public Member (Chair)
Gus Koroneos, DD
Greg Mittler, DD

Qualifying Exam & Curriculum Committee

Harry Orfanidis, DD (Chair)
Gus Koroneos, DD
Jeff Amini, Public Member
Ken Battell, DD, Non-Council
Dan Vorano, DD, Non-Council

Regulations & By-Laws Committee

Rodger Yeatman, Public Member, (Chair)
Gus Koroneos, DD
Nikisha Reyes-Grange, Public Member

COUNCIL HELD ITS 41ST MEETING ON FRIDAY SEPTEMBER 16TH, 2005

STATUTORY COMMITTEE REPORTS

EXECUTIVE COMMITTEE

The Executive Committee discussed the monitoring of committees and will be seeking clarification concerning the appointment of members to conduct monitoring. The Executive will establish the criteria for monitoring and reporting.

The Executive Committee reviewed a draft proposed advertising regulation and will support a notice of motion to Council concerning approval to circulate to members from the Regulations and By-Law Committee.

Counsel will assist the College in drafting a response to the Ministry of Health and Long-Term Care on Conflict of Interest. Barriers to freedom of association will be addressed.

The Executive Committee approved joint submissions for two disciplinary matters before the College.

Counsel provided an update on pending legal issues, and Executive reaffirmed College's position on proceeding with matters.

The Executive Committee will be initiating investigation of an unauthorized practitioner.

COMPLAINTS COMMITTEE

The Complaints Committee has met four times in the 2005-2006 year.

The Complaints Committee has rendered, approved, and sent two decisions on complaints and the decisions on three other complaints are pending. Three complaints were resolved by ADR and another three are currently in the ADR process. The committee closed two complaints and another two are in the process of being closed.

As of September 16th, there are thirty-two open complaint files.

DISCIPLINE COMMITTEE

The Discipline Committee has not met.

FITNESS TO PRACTISE COMMITTEE

Fitness to Practice is a Hearing Committee that looks at issues such as drug or alcohol dependencies, senility or any other abhorrent behavior. When a practitioner is to be reviewed the Executive Committee refers the case to the Fitness to Practice Committee who selects a Board of Enquiry to evaluate the individual. Fitness to Practice has not met.

PATIENT RELATIONS COMMITTEE

The Patient Relations Committee has met three times in the 2005-2006 year.

The Patient Relations Committee requested two Special Council teleconferences one on July 30th, for authorization to enter into an agreement with Maclean's magazine to publish a one page article on Denturism in the October 3rd, 2005 edition (of Maclean's) which is focused on "Caregiving", and again on September 8th for authorization to enter into an agreement with Maclean's magazine to publish a one page article on Denturism as a Career Option in the November 14th, 2005 edition (of Maclean's) which is focused on "University Ranking".

The DAO was and continues to be involved in reviewing the draft articles developed by Maclean's. There have been three teleconferences with the DAO (participants) to ensure an agreement on the content of the article.

George Brown College has been asked to contribute with the College of Denturists of Ontario background information for Maclean's editorial staff to use in developing the article for University Ranking.

QUALITY ASSURANCE COMMITTEE

The Quality Assurance committee met August 19, 2005. The Registrar addressed the committee with praise for the previous QA committee and its many accomplishments.

The QA Committee reviewed the remaining thirteen (13) QA Assessments from 2004-2005, and where applicable assigned remedial actions.

Suggestions for improvement of the assessment process were presented for the upcoming year. A proposal for additional QA Assessors was

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(Statutory Committee Reports Continued from page 5)

discussed in detail, and Council approved posting notice for QA Assessor applications in the upcoming College Contact.

The QA Committee conducted a random selection of College of Denturists of Ontario members, for the 2005-2006 assessments. Twenty-four names were selected; three names from each of the eight districts.

The selection process was observed by all members of the QA Committee. New members to the QA committee, who have not yet been assessed, were added to the roster of assessments in order to meet with committee membership criteria.

Education and Training Materials being develop for Continuing Education modules were reviewed.

REGISTRATION COMMITTEE

The Registration Committee is reviewing the processes for checking credentials and evaluating educational background to determine eligibility for applicants to participate in the Entry to Practice Exam.

The Registration Committee will meet with George Brown College and IDEC re bridge training programs for internationally trained candidates to prepare for Entry to Practice exam.

The Committee will review testing process for literacy proficiency.

MEMBERS SUSPENDED FOR NON-PAYMENT OF REGISTRATION RENEWAL FEES

The Certificates of Registration of the following people are currently under suspension for failure to meet annual College Registration Renewal Fee requirements. These individuals are not permitted to fit, dispense, design, construct, repair or alter a denture. In addition, these individuals may not use the title "Denturist", a variation or an abbreviation or equivalent in another language. These individuals may not hold themselves out as qualified to practice in Ontario as a Denturist.

In the event of suspension, the full amount of outstanding fees, plus all fees that would have been paid if the individual had remained a member, plus applicable penalty fees must be paid to remove the suspension.

Clyde Arnold	Barrington Beckford	Bill Callander	Robert A. Carrier
Kong Chien	David Cojocar	Rosemarie Dacres	Antonio Del Giglio Materaz
Louise Dinh	Gregory Fredericks	D. Freedman	Boris Gelgor
Mimi Gozlan	Chagay Hellenbrand	Walter Hempfling	Manusos Klouvidakis
Ernest McCrone	Andy Panowski	Helmut Pardue	Lev Poyasov
Ludlow Reynolds	Mark Richardson	Alysious Selinger	Milovan Solunac

Anyone interested in the status of any registrant may contact the College of Denturists of Ontario directly.

DISCIPLINE COMMITTEE – DECISION SUMMARY

The CDO publishes the decisions of the Discipline Committee in accordance with the Regulated Health Professions Act, 1991. The following is a summary of a panel's decision.

Russell Bajurny, DD of Toronto, Ontario

FINDING

In 2002 the Discipline Committee found Mr. Bajurny to have engaged in five types of professional misconduct:

- Failing to maintain the standard of practice in respect of three dentures
- Failing to maintain appropriate records
- Breaching his undertaking to provide every patient with a copy of his refund policy at the initial consultation
- Failing to be respectful by secretly taping two conversations with the two patients and by writing a threatening letter to another client two weeks after being notified of her complaint against him and
- Breaching an order of the Discipline Committee in another matter by being late in completing a course and paying the costs of that hearing.

On August 2003 the Discipline Committee ordered a sanction against Mr. Bajurny.

APPEAL

Mr Bajurny appealed both the finding and the order / sanction. In December 6, 2004 the Divisional Court upheld the finding of professional conduct against Mr. Bajurny but returned the order / sanction for reconsideration. The court also ordered Mr. Bajurny to pay the College partial costs for the appeal.

ORDER / SANCTION

On June 20, 2005, the Discipline Committee reconsidered the sanction and ordered as follows:

1. that the Registrar suspend the certificate of registration of Russell Bajurny for a period of two months, from July 11, 2005 to September 11, 2005 inclusive.
2. that a term, condition or limitation be placed on Russell Bajurny's certificate of registration that if the College chooses in its own discretion to randomly monitor the practice of Russell Bajurny that Russell Bajurny shall fully cooperate with such monitoring, which could be done without notice, to ensure his full compliance with all standards of practice including record keeping, technical proficiency and a respectful attitude towards patients.
3. that a term, condition or limitation be placed on Russell Bajurny's certificate of registration that he provide forthwith a written apology, in a form satisfactory to the Registrar, to three patients.
4. that the member, Russell Bajurny, pay costs and expenses to the College in the amount of \$10,000, the first \$5,000 of which is to be paid by March 1, 2006, and the other \$5,000 of which is to be paid by September 1, 2006.
5. that if this Order is stayed for any reason and if the Order is then reinstated, that the timelines for the provisions of the Order are to be fixed by the Registrar in accordance with the intent of this Order.



Alternative Dispute Resolution with your Patient

Avoiding Complaints

Written by Greg Mittler, DD – member of the Patient Relations & Complaints Committee

This article outlines one possible way to proceed when a difficulty arises between patient and practitioner. It cannot guarantee that a complaint will not be made against you. This is because there are usually 2 sources of complaints:

- 1) Fit and function and
- 2) Practitioner conduct

If there is a fee refund, it may stop a complaint in the fit and function part from being lodged. However, if the conduct of a practitioner is the source of the problem, a refund may not always stop a complaint from proceeding.

Sooner or later we all encounter a situation in which a patient cannot be satisfied. It may be a personality type or that a patient has unreasonable expectations of what actually is a reasonable result.

The inescapable outcome is that there is a breakdown in what the patient wants and what you can deliver.

Alternate Dispute Resolution (ADR) is a method **you may wish to use** to avoid having your patient escalate the disagreement into a complaint registered against you at the College of Denturists. ADR is used by many professional bodies and business organizations in the process of resolving disagreements between two parties.

We have learned through dealing with the public that tremendous variation of expectations and tolerances exist in patients. You may recall the general classification of patient attitudes developed by Dr. Milus House in 1950, such as:

- Philosophical
- Indifferent
- Critical and
- Skeptical

We might assume that if, after insertion, a problem develops which places stress on the Practitioner - Patient relationship, it would come from the Critical patient (being both demanding and difficult). Though this is true some of the time, it is more likely to be through communication breakdown or when care and/or respect of the patient is incomplete. In other words, a behavior issue rather than a personality issue.

Clear Discussion at Consultation

The best defense against unreasonable patient expectations is a frank discussion on expectations of the finished product. This is done following your oral assessment of the patient and modified by what you see the patient has been used to in the past. This is true for situations including a patient with a natural dentition that is soon to be replaced with immediates and a situation in which existing dentures are to be replaced.

Do not tell the patient how great they will look, how happy they will be and how well they will function. Let the patient decide that. Deciding for them can lead to problems when the result is good but not as perfect as you allowed the patient to imagine.

You can do better by assuring that patient you'll do your best to obtain the kind of result that they have indicated they desire along with the careful restatement of limitations imposed by the physiology of their case, if any.

(ADR Continued from page 8)

The Patient's View

Whatever the difficulty, it is important for you to **listen** to the patient. Allow the patient to state their problem(s). You will be in a position to **interpret** what is said into terms that you can work with to find the proper solution(s). If what the patient is saying, runs counter to what you see or believe, do not contradict the patient at this time. Assure the patient that you will do your best to address the problem(s).

Two Separate Problem Types – Physical and Psychological

When a patient is having difficulties, they may express the problem to you in many ways. You must separate them into physical problems and psychological problems (perceived).

Physical problems are readily definable (sore spots, occlusal imbalances, tongue or cheek biting, etc. the list can be long). Hidden situations occur when the patient is not clear in describing their problem. For example, "I cannot eat", or "The dentures feel big."

It may be a physical problem or it may be a psychological one which needs time, and your encouragement to resolve. Advising your patient that "You'll get used to them." could shutdown a request for help. Rather ask a series of closed questions. Closed questions require a yes or a no response. This allows you to focus on and define the problem being encountered.

Psychological problems are more difficult to define. You've likely experienced a patient who has accommodated a very worn denture in terms of closed vertical dimension. This patient can react poorly to a new denture with a restored proper vertical simply because of the sudden and considerable change in jaw position. *Whatever we get used to is what we think is normal.*

If you've checked and found no open bite condition, ruled out bases being much thicker than the previous denture, etc and in short have eliminated physical reasons to the best of your knowledge, then you are in a better position to explain to the patient (together with patient information) that as this is possibly a temporary sensation due to newness it would not be prudent to radically alter the denture at this time. This leaves time for the patient to work with the newness because you listened, supported their comments and gave them relevant information. It also allows you important space between sessions to evaluate your last decision.

When Things Do Not Work

When you reach a point of frustration at the lack of meaningful improvement, or the patient's attitude is to demand something that you as a knowledgeable practitioner are unwilling to compromise on (ie. it is contraindicated by good dental practice), you should consider a proper exit strategy. You must take the lead. It is not advisable that you deal with this situation by losing your temper and telling the patient if they don't like things they should call the College of Denturists (CDO) to complain.

The problem may be temporarily displaced from your office but will ultimately resurface along with requests from the CDO for everything from financial records to complete patient records containing all dates, procedures and comments recorded during the patient's treatment.

You may also be required to attend an interview with the Complaints Committee at the College of Denturists of Ontario offices, to facilitate a thorough investigation.

The mandate of the College of Denturists of Ontario to protect the public interest; this means the CDO is obligated by law to carry out an investigation of every complaint filed with them. The cost is considerable and it is paid for by all member practitioners in the CDO.

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(ADR Continued from page 9)

There Are Much Better Choices To Proceed With

These alternatives are likely to:

- cost some money
- save valuable time which can be the bigger loss
- allow you to spend that time and energy on cases which are successful
- terminate the stress involved in a negative exchange with no negotiated endpoint and
- preserve your reputation as a fair and reasonable practitioner, among patients that talk to each other

Possible Solutions

As you reach the point of impasse, you will have a fairly good idea of a patient's personality type, allowing you to assess the degree of negotiation the person may be willing to enter into.

You might consider a last effort to reach a solution by asking the patient to see a "buddy" dentist who might see a solution you have not seen (there should be no cost to the patient). Or at a repeat session, introduce the notion that if you cannot get the patient comfortable, you would like to discuss a refund. (No specifics yet, only the idea) Stay calm and continue with your attempts to resolve the problem.

When you feel you are out of options to improve the case, consider holding a refund discussion with the patient. You can prepare for this discussion in advance.

Prior To The Session:

1. Be honest with yourself, when determining what the problem is.
2. You must have made both a real attempt and your best attempt to solve the difficulties.
3. Have your numbers and facts ready in a condensed but accurate form.
4. Have a printed sheet **with space for:**
 - current date,
 - \$ amount and
 - an area for the patient and practitioner signatures

State what the patient has agreed to, and the reason for the agreement **i.e.** "I am accepting the sum

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Members interested in learning more about this topic are encouraged to visit www.mediatedsolutions.ca/courses.html. Mediated Solutions is a consulting firm, who together with members of the Federation of Health Regulatory Colleges of Ontario, have put together a two-module Workshop which deals with interaction and communication skills for health care practitioners. Registration can be arranged by telephone, call 1-866-800-0020 or 416-498-1700 or email reception@mediatedsolutions.ca

Implementing Effective Communication Strategies: A Workshop for Health Care Professionals

This two part program (offered in two convenient half day modules) is designed to provide a resource to enhance the knowledge, skills and judgment of regulated health care practitioners (HCPs) in effective communication strategies when interacting with the patient/ client, family member/ caregivers, peers, colleagues and/or organizations.

Developed with the support of members of several health regulatory Colleges of Ontario, this course is suitable for various continuing education and Quality Assurance requirements of the Colleges, and will result in a certificate of completion. This interactive course will offer opportunities to apply theoretical concepts to real life situations, common to health care professionals.

(ADR Continued from page 10)

of \$ xxxx. as a total refund in exchange for a (type of denture), received on (date), which I am unable to wear.”

At The Session

- 1. Stay calm. Be friendly and explain to the patient that you want to talk about a refund. You could mention that whatever you have tried to do to improve things or the patient has not worked. You realize they are unhappy with the result and you just don't have any other ideas left on how to turn things around. Be careful not to fall into assigning blame of any kind.
- 2. The Refund Discussion. Lead with questions and be calm:
 “Do you think it reasonable that:..... “ (Ensure your suggestion is generous)

Option 1: *Clinical fee vs Lab fee* Have fee guide handy to show to the patient how a total fee consists of a consult fee, lab fee and a clinical fee, the bulk of which is the latter. You are willing to take a complete loss on the clinical cost by refunding 100% of it to the patient. Dentures requested returned, (optional), new receipt for actual amounts paid, original receipts requested returned and signed refund letter in duplicate. (One copy to patient)

Option 2: *Refund of entire Clinical and Lab fee but keep Consult fee* which normally would not be in question. Dentures requested returned, new receipt issued for actual amounts paid, original receipts requested returned and signed refund letter in duplicate. (One copy to patient)

Option 3: *All fees paid by patient refunded.* Dentures requested returned, new receipt issued for actual amounts paid, original receipts requested returned and signed refund letter in duplicate. (One copy to patient)

The patient may accept any of these scenarios, **but with a request, to keep the dentures until they have another made.** It is reasonable to agree to this request, and wait to refund the amount until the new dentures are ready rather than placing that patient in a position where they suddenly are asked to surrender their dentures.

If sessions like this recur, with patients voicing their unhappiness at the results, you may want to look at the type of problems occurring and qualify them. Changing the way you treat patients can result in a reduction of uncomfortable exchanges.

You can learn to be a better communicator and as such, apply ADR to your own patients. A fee refund solution allows you to exit the condition where there is a serious rift between expectation and result. Consider this a cost of doing business in a world where sometimes someone else can interact better with that patient.

The course will be offered at a cost of \$225.00 (inclusive of GST) per module. Scheduled modules for the remainder of 2005:

Module A Schedule

Thursday October 6	8:30 - 12:00
Friday October 21	8:30 - 12:00
Wednesday Nov. 2	8:30 - 12:00
Tuesday November 8	5:30 - 9:00
Monday November 28	8:30 - 12:00

Module B Schedule

Wednesday October 19	5:30 - 9:00
Thursday October 27	8:30 - 12:00
Thursday November 17	8:30 - 12:00
Wednesday Nov. 23	8:30 - 12:00
Tuesday December 13	8:30 - 12:00



QUALITY ASSURANCE—PEER ASSESSMENT

Written by Allen Kastner, DD—Chief Assessment Office and member of the Quality Assurance Committee

Dear Denturist:
You have been selected for assessment by the Quality Assurance Program...

Receiving a letter from the College that begins with these few words usually can generate one of several reactions. Some Denturists welcome the opportunity to discuss their practice; others are ambivalent to the whole process. But for a significant number of denturists, this notification evokes apprehension and anxiety.

The Quality Assurance Committee acknowledges that these strong emotional reactions can never be eliminated. But we can try to minimize them and set a tone for a productive, collegial and constructive meeting. This approach is the core reason for the program's success.

Members should note that the program is **educational, not punitive**, in nature. All information obtained about a member following a peer assessment or evaluation will be shared only with the QA Committee. No other committee will have access to this information.

Why were you selected for a Quality Assurance Assessment?

Each year the Quality Assurance Committee randomly selects 5% of the professional population for a Quality Assurance Assessment.

How do they do that? By pulling names out of an envelope.

All active member names are first divided into their districts, and then 3 names are drawn from each district, giving a total of 24 random assessments. This process is observed by all members of the committee and each name drawn for an assessment is noted at the time it is pulled.

Council committees may refer members to the Quality Assurance Committee for other reasons.

Can your name be drawn for assessment each year?

No. Beginning with assessments conducted in 2004-2005, once your name has been drawn for assessment, you are removed from the selection process for three years following.

You have received notification of your selection in the mail, what's next?

Allen Kastner, DD, Chief Assessment Officer, assigns each random assessment to one of three QA Assessors. The Assessor will contact you by phone to arrange an appointment with you. Please plan on a half-day visit. You have until April of the following year to meet with the Assessor, and if there is a need to reschedule an appointment, that is fine (but only once – then you will be required to pay a penalty for any further rescheduling; your Assessor is booking time away from their practice to meet with you, so the College of Denturists of Ontario is reimbursing them for their time).

(Continued on page 13)

Will I know the Assessor personally?

Likely not. Assessors may not conduct assessments in their own district. If you do know your Assessor and are not comfortable with the peer evaluation, you may call the College of Denturists of Ontario office and speak with Nancy Storey to arrange for a different Assessor to be assigned to you.

Preparing For Assessment

Review your Quality Assurance Program Manual. This manual was given to you once you became a member of this College, and you have received occasional updates on standards, that you should be putting into the manual.

By reviewing:

Section 1. Self Evaluation, you should ensure that your self-evaluation form is complete and up-to-date; Section 2. Practice Assessment and Enhancement, you should ensure that your record keeping, infection control, asepsis and hygiene and clinic premises are up to standard.

Remember to have your Certificate of Registration prominently displayed in your clinic!

It is a good idea to review this manual periodically, whether you are preparing for an assessment, or personally reviewing your practice. If you have any questions in advance of the assessment, phone the College of Denturists of Ontario and speak with Nancy Storey.

The Office Visit

Members should plan their schedule to allow for two 30-minute meetings with their assessors - at the start and the end of the assessment where the assessor summarizes his/hers findings for the member. At this time, the assessor will also give the member the opportunity to clarify any information and discuss concerns the member may have about the preliminary report.

Self - Evaluation

Part of the assessment will be devoted to examining your self evaluation portfolio which is located in the first part of the Quality Assurance program binder.

All activities such as seminars, workshops, conferences/AGM, correspondences courses and practice managements should be recorded. Completing and maintaining the portfolio each year will monitor individual goals, accomplishments and potential weaknesses.(A minimum of 10 hours is required per year).

Record Keeping Activities

Use the following list to help you identify opportunities for improvement with your record keeping.

- My record Keeping system allows for ready retrieval of an individual patient file.
- My records are legible.
- Am I using the proper dental/medical health card. (card are available from DAO)
- Each patient file clearly shows full name, address, date of birth and gender.
- The date of each visit or consultation is recorded including all financial records.
- My health records include the history, examination, diagnosis and prognosis for each patient.
- My health records include reasonable information on treatment and advice given, with appropriate consent.
- Does each patient file contain a consent form and a privacy act forms.

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(QA—Peer Assessments Continued from page 13)

Clinical and Lab Inspection

Clinic and lab inspection begin the moment we arrive at your parking lot. Parking and accessibility to the clinic is identified. Signs and certificates must be displayed properly. Cleanliness and evidence of instrument cleaning and sterilization are identified. A small area in operatory or lab area must be set aside and dedicated solely to instrument sterilization. All sterilized instruments and equipment must be stored in sealed containers in a manner to minimize cross-contamination. All equipment in operatory and lab must be in working condition.

On assessment date regular clinic routine need not be interrupted.

Follow-up

Once the Assessor is finished the Assessment form is sent to the College of Denturists of Ontario. A copy is sent to you for your records, and a copy is sent to John Kallitsis, DD, QA Committee Chair and Allen Kastner, DD, Chief Assessor. Provided there is nothing urgent or that could be viewed as a health threat to your patients, the QA Committee meets quarterly to review assessments.

If there is need for remedial, such as proof of a cuspidor or autoclave or evidence of asepsis, you will receive a letter advising you of such and a period of time in which the evidence must be sent to the College. Otherwise, if everything is acceptable, you will receive a letter thanking you for your participation.

What if you do not agree with the Assessor's findings?

You have 15 days from the receipt of the remedial notification to state your position in a letter. This letter will be kept in your file and your position will be reviewed.

If there is a Complaint or Discipline Action filed against you will the QA Assessment be referred to?

No. This is an internal process intended to maintain a minimum standard in the profession. The results are confidential and cannot be used as evidence by any other committee in the College of Denturists of Ontario.

How can you become an Assessor?

Does this sound like something you would like to do? There is a criterion for application. You need a minimum of five years experience as a dentist; to be in good standing with the College of Denturists of Ontario; to be known and respected in the profession; and to have been assessed. If you meet the criteria and are interested in becoming an Assessor, send in your resume with a covering letter stating why you would like to be considered for the position.

Assessors are trained by the Chief Assessor, and are compensated for the assessments they conduct. The Quality Assurance committee's goal is to increase the roster of Assessors available, so that the workload is better distributed and assessments are conducted in a timely manner throughout the year.

Notes

