



As does nature enter a new cycle of change and season, so do we. Once again we embark upon the usual joyful spring events such as doing PERs, closing out the fiscal year and FMAS. Spring is also the time when a young officer's fancy turns to thoughts of annual business planning ... or something like that ... and us old ones too for that matter.

This past January I had the distinct pleasure and privilege of visiting our folks and facilities in Kandahar Afghanistan, as well as a visit to the US Role 3 hospital in Landshtul Germany. The Surgeon General and I made a Prof-Tech SAV with a view to review clinical treatment from as close as possible to the point of injury, the treatment of casualties at 3MMU in KAF, and along the patient evacuation chain back home to Canada and CONUS. Our visit plan was to look and listen a lot, take notes and talk little. Our dental treatment and Patient Admin Division (PAD) teams were in high spirits and performing very well in providing essential support, as were all members of the health care team.

I was quite struck by a number of things during my short time in Kandahar, aside from the fact I was not accustomed to having to go

everywhere with a weapon and ammunition, and that KAF and the inside-the-wire base was not as austere as I had imagined. First was the teamwork mentality and clarity of purpose. There were no "lines" between Health Services pers of different nations, specialty, medical/dental, roles or particularly rank to some extent. Everyone was focused on the casualties and patients coming through the proverbial front door. I found this a refreshing change from the too often bureaucratic baloney of a national HQ dynamic. What our HS folks do in theatre is real, it makes a difference, and we know it. Especially if you see it first hand.

Second was that we (and I include myself here) too easily lose perspective on some things. We forget how good we have it here in Canada, especially relative to our own deployed military brethren, and even more especially compared to those who serve outside-the-wire in theatre. We don't have to sleep in a slit trench, we get more than one or two hot showers and hot meals per month, we're not carrying 70 lbs on patrol in 135 degree heat, and we don't have an enemy trying to kill us every day. I thought it put some of the complaining we hear back home into perspective.



Suffice to say overall it was a great visit, Maj Annie Larouche was an excellent host, I was able to facilitate some requested improvements, and getting to do some patient treatment while I was there was an added bonus. MCpl Cool has meshed very well with the Royal Army Dental Corps (RADC) Oral Surgeon Maj Bryant, and they have been providing a great surgical capability together. I'm now looking for a way to get back to KAF for a little longer period.

On other fronts, the posting plot this year has been more problematic than other years due to a number of factors, not the least of which was a reduction on cost moves. We do our best to produce the best "solution" for the Branch while meeting as many of the needs of the organization and individuals as possible,

all within the CF driven constraints. The Branch establishment review continues to progress and I am hopeful to get it into CMP's hands this spring. I have named individual specialty advisors for OMFS, AGD, perio and prosth to assist in policy development, institutional liaison, and PG candidate pre-program preparation.

As a final note, there has arisen a possibility that our Colonel-in-Chief may visit Canada early next year. Much more to follow on that topic should this wonderful opportunity actually begin to materialize.

I remain very proud of our Dental Corps, and very proud and privileged to be your Director.



Editor's Comments

by Major Richard Groves

This is my fifth issue as editor of the CFDS Newsletter, and I am very pleased at the response to this project. The first five issues contained a total of 100 pages of pictures and articles, most of which were contributed by you. I reluctantly edited out dozens of photos to keep file sizes reasonable and to organize the pages for best appearance.

May 13th will mark the 92nd birthday of the Canadian Army Dental Corps, which was the precursor to the RCDC and the CFDS. Ottawa area dental personnel have traditionally celebrated the branch birthday with a Volksmarch – I would love to publish some articles sharing the stories of how you celebrated this day.

You may have noticed a lot of content from KAF in this issue. In addition to the dental team and the OMFS assistant, CFDS personnel are now filling other roles within the health services facility, creating new opportunities for Dental Techs to deploy overseas.

You will note that the bilingual content of this issue has increased, due to a major effort by 1 Dental Unit. While bilingual content is welcomed and preferred, please do not let the lack of translation ability stop you from submitting a letter or article to share with your CFDS colleagues. Articles sharing clinic news or interesting events involving CFDS personnel are most welcome.

The due date for the next issue is 20 July 2007. The text should be submitted in MSWord format, and any pictures sent separately as .jpg files. If they are embedded into an MSWord or PowerPoint document it is very difficult to edit them or to reduce the file size. Don't worry about your writing skill – all articles are edited, so any typos are my fault. (I have several francophone colleagues who edit the French text, so I can't take credit for that).

Have a great summer!

As a military Dental Technician there are very few opportunities to work with children, but I had the chance to spend a few hours with children from a local daycare.

The children came to the clinic and viewed a video cartoon on the importance of good oral hygiene. With the help of a special friend named Rosaline, (she's a puppet), the children were shown how to brush their teeth. We also played some games on what's good and what's not good to eat. As a reward for their great participation, the kids were given a goody bag containing a toothbrush, some toys and pictures to draw.

This experience was pleasant and rewarding.



J'aimerais vous faire part de notre journée avec les enfants en milieu familial. Le but de la visite était de leur démontrer comment bien brosser leurs dents et de leur expliquer les bonnes choses pour leurs dents.

Les enfants ont visionné une vidéo en bande dessinée qui leurs démontraient l'importance de bien brosser leurs dents. Ce petit film fut un succès. Nous leurs avons donné la chance de nous démontrer leurs techniques de brossage sur notre mascotte qu'ils ont nommé Rosaline. Nous avons également préparé un petit jeu qui consistait à identifier les bons et les mauvais aliments pour la santé. Pour les récompenser de leurs grande participation, nous leurs avons remis des sacs surprises ainsi que de l'information pour leurs parents.

Cette expérience a été très agréable et enrichissante pour tous. Ce fut un plaisir pour moi de participer à cette journée!

*Cpl Martine Leboeuf
Dent Det Bagotville*

WWG 07 Curling – 43rd Annual CFDS Bonspiel Winners

Event	Winners	Runners Up
A Wansbrough Trophy	LCol Kevin Goheen MWO Mike Wilson MCpl Leona Kerr MCpl Marsha Dearman-MacIsaac	Col Scott Becker Maj Mike Moser Mr Bruce Macleod LCol Michel Maltais
B RCDC Officers' Curling Trophy	LCol J-P Picard Maj Les Campbell Capt Joel Doucette Sgt Roger Denault	LCol Tom Anderson LCol Bruce Gerry Maj Don Trider Maj Colin Duffy
C RCDC Senior NCOs' Trophy	Maj Frank Hedley Cpl Dan Oake WO David Southall Cpl Sandra Pardy	Maj Glenda Ross WO Angie Martineau Capt Raegan Meadows Sgt Shaun Molyneaux
D CFDS Branch Chief Warrant Officer's Trophy	Maj Louis Hache Maj Francine Lavoie Ms Ginette Talbot MCpl Carlo Belanger	Capt Laurent Richard MWO Linda Savoie Sgt Maryse Binette Sgt Tracy Gauthier

I am MCpl Crystal Cool, a Dental Tech currently working in the Operating Room On Op Athena ROTO 3. I first arrived in Kandahar on 9 Jan 2007 after 5 days of travel. My first day at work was a big one. We had a facial case, a man who was shot in the face. I was pretty excited to be able to jump right in and get my feet wet; it took 8 hours to complete the case. Since arriving in Afghanistan I have assisted on 4 craniotomies, 3 facial cases, 2 vascular cases, and 3 amputations. The surgeries that I see and are able to scrub in on are ones that I will never forget. There is one case in particular that I will always remember. A little boy came in with little hope; he was hit in the head with a rock. We performed a craniotomy, 2 days later he was responsive and alert then 2 weeks later he walked out of the hospital with great hopes. The memories will always be with me.



With Lieutenant-Col Douglas Bryant, RADC



In the OR

1 Dental Unit Detachment Comox Donates to the Comox Valley Child Development Association

Le détachement de Comox de la 1^{re} Unité dentaire donne à l'Association au développement de l'enfant

By / par MCpl Wanda Gulliford

1 Dental Unit Detachment Comox / Détachement Comox de la 1^{ère} Unité Dentaire

For the past nine years, our dental clinic has been fundraising on 19 Wing for the Comox Valley Child Development Association. The donations are used to purchase therapeutic equipment for children with special needs in the Comox Valley.

Dr Helpard, a local orthodontist and ex-military dentist, started the annual fundraising event, called the "Tin Grin". This is an event in which dental offices in the Comox Valley get together and contribute to this local charity. This past year alone, 1 Dental Unit Detachment Comox donated \$1,580.00, making our total donations to date \$12,335.00!!!

How do we do it you may ask? Throughout the course of the year, the dental clinic staff donates money to put together several "theme" baskets and raffle them off with 100% of the proceeds going to the charity. The Christmas Cheer Basket, at Christmas time, is our most popular, and is always a great start to our fundraising efforts.

Of course, none of it would be possible without the support of all the members of 19 Wing Comox! I'm fairly certain every member on the Wing has purchased a ticket or two, to one basket or another. All of us at 1 Dental Unit Detachment Comox sincerely appreciate our 19 Wing personnel for their ongoing support to such a great children's charity.

If you are ever in town, be sure to stop into the clinic and purchase a ticket. You could be our next winner!

Depuis les neuf dernières années, notre clinique ramasse des fonds à la 19^e Escadre pour l'Association au développement de l'enfant dans la vallée de Comox. Les dons sont utilisés pour l'achat d'équipements thérapeutiques pour les enfants qui ont des besoins spéciaux dans la vallée.

Le Dr Paul Helpard, un orthodontiste de la région et un ancien officier dentiste du Service dentaire, a initié un événement annuel pour ramasser des fonds, cet événement se nomme "Tin Grin." Toutes les cliniques dentaires de la région se rassemblent et contribuent à cette œuvre de charité. La dernière année, notre détachement a donné la somme de \$1 580.00, pour un total de \$12 335.00 depuis le début notre participation à cet événement.

Vous vous demandez peut-être comment on s'y prend. Tout au long de l'année, le personnel de la clinique donne de l'argent pour la réalisation de paniers cadeaux que l'on fait tirer et 100% des profits vont à l'œuvre de charité. Le panier de Noël est le plus populaire de tous.



Bien sûr le tout ne serait possible sans le support des membres de la 19^e Escadre de Comox. Je suis très certaine que chacun des membres de l'escadre a acheté un billet ou deux pour l'un ou l'autre des paniers. Tout le personnel du Détachement dentaire apprécie sincèrement l'effort et le support continue des membres de la 19^e Escadre pour leurs dons à une si belle œuvre de charité pour les enfants.

Si jamais vous êtes dans le coin, arrêtez à la clinique pour un visite et n'oubliez pas de vous procurer un billet. Qui sait vous serez peut-être le prochain gagnant!

CF Chief Warrant Officer Qualification

By/par CWO Dan Giroux
1 Dent Unit HQ UCWO / Adjuc U QG 1re Unité dentaire

I had the opportunity to go to St-Jean this last January to complete the residential portion of the CF Chief Warrant Officer Qualification, which came into being in 2006. As you know, this course is the last career course any NCM needs to complete in order to be promoted CWO/CPO1. This three week long course covered the following topics:

- Lead the institution;
- Advise on the conduct of operations/activities;
- Provide input to a plan; and
- Manage departmental resources.

Beyond the excellent teaching I received, I enjoyed developing a solid network among the 60+ other candidates. Many of them are already fulfilling a CWO/CPO1 position somewhere in Canada, either with an operational Unit or onboard Ship. Did you know I had a common point with all of them? In fact, there is a 1 Dental Unit

Detachment everywhere these folks were from. Some of you may also know some of them... For the responsibilities I have, you will certainly agree that knowing these key people across our country will directly and indirectly help us accomplishing our mission, which is to prepare the soldier - *Militem Praeparamus*.

J'ai dernièrement eu l'occasion d'aller à St-Jean pour y compléter la partie résidentielle du CF Chief Warrant Officer Qualification, dernier cours de formation de carrière pour le MR. Ce cours, d'une durée de trois semaines, portait principalement sur quatre sujets :

- Gérer l'institution;
- Aviser sur la conduite des opérations et activités;
- Informer lors de l'exécution d'un plan; et
- Gérer les ressources ministérielles.

En plus de l'excellence de l'éducation reçue, le réseautage

(networking) que j'ai pu développer avec les autres candidats sur le cours (60+) fut certainement la chose la plus positive. Nombreux d'entre eux détiennent déjà la position d'adjutant-chef/PM1 au sein d'une unité/navire quelque part dans notre pays. J'avais un point commun avec chacun d'eux. En effet, partout d'où proviennent ces gens il y a un détachement de la 1^{re} Unité dentaire qui s'y trouve. Vous connaissez peut-être certains d'entre eux

qui ont suivi ce cours avec moi... Vous corroborerez avec moi qu'au poste que j'occupe, connaître ces personnes clés dans le Canada nous aidera directement et indirectement à accomplir notre mission : Celle de préparer le militaire - *Militem Praeparamus*.



CWO Samson (RSM LFQA / JTF (E)), BGen Barabé (Comd LFQA / JTF (E)), CWO Giroux and Col Taylor.

CDAA ORAL HYGIENE KIT DISTRIBUTION

By MCpl Sylvia Meade

Role 3 MMU KAF

We received five pallets of the CDAA Soldier Oral Hygiene kits the week of Feb 12. We stored them at the Field Medical Equipment Depot (FMED) until just before Dental Assistants' Recognition Week. MCpl Sylvia Meade received help from two fellow non-dental NCMs, Cpl Paul Kelly and Cpl Cory Mackeigan, to load up a military vehicle and deliver the kits to the new Canada House and the new Canadian Gym. We started distributing the kits on the sunny afternoon of Saturday, March 3rd. The timing was perfect to have maximum soldier flow at Canada House since the "famous" Kandahar Airfield (KAF) Market ran from 11:30 to 14:30 on the same day. Cpl Misty Finnamore started things off right at 13:00 and Capt Richard Mansour, Cpl Jordana Malone, Sgt Leah Marche and I helped out for the rest of the afternoon. We had a table set up right outside of Canada House and the kits were literally flying off the table. It was a win-win situation since the Canadian soldiers received an awesome "free" dental kit and we got lots of smiles, laughs and a nice tan. That afternoon was amazing, talking to the troops and them thanking us and the CDAA for the kits.



The following day we proceeded to give the kits out at the Canadian Gym, but the turnout was slower than expected. Seeing as it was not overly busy, Capt Mansour and Wing Commander Elliot Rhodes (British Dental Officer) proceeded to the KAF Tim Horton's on the Boardwalk to hand out kits to the troops waiting in line for coffee, which went over extremely well. With help from our dental personnel and some non-dental volunteers the distribution of the CDAA Soldier Oral Hygiene kits was a huge success!

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Publié avec l'autorisation du Colonel S.A. Becker, CD, QHDS. Le *Communiqué SDFC* sert à l'échange d'idées, d'expériences et d'information au sein du Service dentaire des Forces canadiennes. Les opinions exprimées dans le Communiqué sont celles des auteurs. Elles ne sont pas nécessairement partagées par le Directeur du Service dentaire ou le ministère de la Défense nationale.

Op Athena ROTO 3

By/par
Capt Richard Mansour

The Dental team for Op Athena ROTO 3 Afghanistan is comprised of MCpl Sylvia Meade and Capt Richard Mansour, both from 5 Fd Amb Valcartier. This journey began way back in mid 2006. Our CoC informed us both that we were the primary candidates for ROTO 3. Within days the DAG process began. The number of appointments and training that needs to be done fills your "To Do List" for months. After this experience, I must say we do a pretty good job at Dental making our soldiers dentally fit. The satisfaction you feel when you finally finish the DAG and the training is probably on line with winning the "Amazing Race"! Then the actual mission begins ...

We landed at KAF on January 29, 2007 which means by the time you read this we will almost be 1/3 of the way through our tour! Time really has no meaning here ... everyday almost feels the same so it's important to have weekly routines. For instance, Sunday night is Texas Hold'em Night at the Role 3 Multi-National

Medical Unit (R3 MMU). Saturday is the famous market where the vendors bring in their wares for the people here at KAF to haggle and buy things ranging from the bizarre to the amazing. For instance, you can buy a penholder that is made of a plastic slab with a large scorpion embedded in it with the words "I Love You Afghanistan". However, the next vendor might have the most incredible Persian rug made of pure silk you have ever seen!

Performing dentistry at KAF is both extremely rewarding and a real eye opener! Either way our schedule can be summed up in one word, BUSY! In forty-five days since we landed we had 211 patient visits, and performed 40 surgeries and 24 endodontic procedures. "Billable" treatment procedures totaled 515. Sick parade is

either 10 patients in pain or just 2 patients with a slight cusp chip. You will see all types of patients from all over the world. Over 25% of the patients who walk in the door are civilians working for various contractors on the base. For instance, you might see an employee of the P/X (American Canex) who is from Kyrgyzstan, followed by a Pizza Hut employee who is from Sri Lanka and then an American translator who is a local national from Afghanistan. Usually these types of patients have only seen a dentist when they are in pain. Hence, when they open their mouth it is important to focus on the tooth that they say is hurting ... usually you have 5 or more to choose from! Treating ISAF soldiers is

very similar to treating Canadian soldiers. With two exceptions, the Romanian and Jordanian forces have dental problems on par with some of the civilians.

The dental clinic here at the R3 MMU is well equipped, versatile and easy to maintain. This is important since sand is everywhere and everything needs to

be wiped down several times a day. The new electric drive chair is a real pleasure for both the patients and the operators and the attached light is excellent. We are eager to receive digital radiography capability and are exploring the possibility of a more conventional type of radiograph unit. Otherwise we have everything required for surgery, restorative and root canal therapy ... start to finish. We have a brand new Obtura 3, System B, and Mini Endo. This is important since some patients are here for years. If you start a root canal on one of these individuals you are committed to finishing it right up to the final coronal seal. A new more conventional hospital is in the planning stages here at KAF. It is possible we might see a conventional operatory with conventional dental equipment here in the near future.



Days off are as rare as no dust or sand in the air here at KAF! This is because we like Physiotherapy and Pharmacy, not only have regular clinic hours but are on the beeper for Emergencies and Mass Casualty situations. Sometimes long days in the clinic turn into even longer nights at the R3 MMU Hospital. Therefore it is important to rest when the opportunity presents itself and to stay in shape for endurance and stamina. February 18, 2007 was a really bad day for our American counterparts when a CH-47 Chinook helicopter crashed due to mechanical failure. That same day we had 3 LAVs involved in a road accident. Thankfully, the most severely injured Canadian was facial and dental trauma only and we were responsible for putting him back together. The Americans that survived the helicopter crash were stabilized here at KAF and then flown to Germany that same night. That day we were here at the R3 MMU at 0600 hrs and left at 2030 hrs. Our duties during a MASCAL vary based on what the "human resources" the Head Nurse has available to her. The DO has been utilized as a Recorder (writing down everything that happens in the Trauma Bay on the Treatment Record), coordinator of the stretcher-bearers, runner or any other required task. The DA has been utilized in X-ray to input patient data for the digital records, stretcher-bearer, runner and any other tasks as required.

So far we have not experienced the 65 degrees in the shade weather. We are still considered to be in winter here in Kandahar. We have had a lot of rain, which turns the base into a giant mud



CFDS and British dental teams – Wing Commander Elliot Rhodes, RAF, Capt Richard Mansour, MCpl Sylvia Meade, SAC Leiane Hall, RAF

pit. We have had a couple of warm days topping out at about 32 degrees. The nights are cool and mid day can be clear and sunny. However, the sandstorms here can make it difficult to breathe but as MCpl Meade has commented they are awesome as a "free facial peel".

Our accommodations are one of the best on the base. We are in the American "hard shacks" on the other side of the Boardwalk. Tim Horton's is close, so is the American gym and a DFAC (Dining Facility and Canteen). We are a little too close to "Brown Trout Pond" which is the sewage treatment facility for the base. Most days the exquisite smell that lingers around our shacks makes the "DFAC smell" seem like roses!

In all honesty, we really cannot complain. It is difficult being away from family and friends but having Internet access and calling cards supplied makes connecting home pretty easy. Both MCpl Meade and I are busy planning our vacations and looking forward to some R&R.

We have had many highlights during our tour. Capt Mansour went for a tumble on his bike when the back tire fell off during week 2. Other than his pride, no major damage although he did have to endure a short-lived nickname of Capt Crash.



Canadian Dental Assistants' Recognition Week from March 4-10 saw the dental folk become some the most popular people on KAF, as we handed out over 2500 Soldier Dental Hygiene Kits. Anybody who came within 10 feet of Canada House left with a bag of goodies and a smile. Wg Cmdr Rhodes and Capt Mansour even ambushed customers in line at Tim Horton's and handed out over 150 kits in less than 10 minutes. We had a surprise VIP visit on the occasion of International Women's Day on March 8, 2007. Her Excellency the Right Honourable Michaëlle Jean, made a speech at Canada House. Afterwards her Excellency spoke with the troops and many photos were taken. The next day the Governor-General had a tour and visit of the R3 MMU.

To date some of the more heartbreaking moments were the ramp ceremonies for Canadian Cpl Kevin Megeny and Marines from the UK. Already we have had too many severely injured ISAF and Afghan soldiers, local nationals and children to treat in our Trauma Bays. Rocket attacks have been few and far between, which means the efforts of the ISAF forces is having an impact on Taliban tactics.

So far this has been an experience of a lifetime and we would recommend a tour in Afghanistan to all who are interested. Hope all is well back in Canada and we look forward to seeing all of you real soon.

In February Maj Charmaine Payne and Capt Tim Barter attended the American Board of General Dentistry (ABGD) Review Course in San Antonio, Texas, hosted by the United States Air Force. The course is designed for those who are about to challenge the demanding ABGD Board Exam in May 2007. Up to date information is provided to the candidates in all dental disciplines in order that the candidates can be ready with the most recent changes in dentistry when they challenge the examination.

This year, assistance in the ABGD Review Course was provided by two Board Certified AGDs, Maj Teo Russu and Maj Les Campbell. Majors Russu and Campbell were involved in oral examinations of candidates and in marking the written treatment planning portion of the examination. The week proved to be a very positive exchange between the military branches of each respective nation.



Maj Russu and Maj Campbell marking the Written Treatment Planning Examination

Pendant le mois de février, Maj Charmaine Payne et Capt Tim Barter ont participé au cours de revue du conseil américain, niveau avancé en art dentaire, organisé par United States Air Force, à San Antonio, Texas. Ce cours a pour but de préparer les candidats inscrit à l'examen exigeant du niveau avancé en art dentaire, qui est tenu au mois de mai 2007. L'information la plus courante en toutes disciplines dentaires est fournie aux candidats afin qu'ils soient prêts avec les changements les plus récents dans le domaine de l'art dentaire lorsqu'ils écrivent l'examen.

Cette année, Maj Teo Russu et Maj Les Campbell, tous deux détenteurs d'un certificat de spécialiste, niveau avancé en art dentaire, ont contribué en tant qu'examineurs pour les examens oraux ainsi qu'à la correction de la section de planification de traitement des examens écrits. La semaine s'est avérée être un échange très positif entre les branches militaires de chaque nation respective.



***René Richer Lafleche, WO Karen Nelmes, Bev Kirtay and Bonnie Hay
René Richer Laflèche, Adj Karen Nelmes, Bev Kirtav et Bonnie Hay***

On a "brisk and cold" (relative to Victoria) morning on 21 Oct 2006, the Det's hygienists spread the word of National Dental Hygiene Week to all employees and CF members entering the gates at Naden and Dockyard at CFB Esquimalt. Each hygienist greeted members and handed out pamphlets that stated "good oral health = good health". Later, Bev Kirtay, the hygienist who designed the pamphlet, heard a sailor stating that seeing the hygienists reminded him that he had to book his annual. That's one way to increase your DCP stats.

Lors d'un « matin froid » (pour Victoria) d'octobre, les hygiénistes du détachement se sont postées à l'entrée de Naden et de Dockyard de BFC Esquimalt et ont accueillis les employés civils et les membres des FC pour la semaine nationale de l'hygiène dentaire. Les hygiénistes distribuaient un dépliant ayant pour titre « bonne santé buccale = bonne santé ». Plus tard, Bev Kirtay, l'hygiéniste qui a créé ce dépliant, a entendu un marin qui disait que d'avoir vu les hygiénistes lui a rappelé qu'il était temps qu'il prenne un rendez-vous pour son examen annuel. Voilà une bonne façon d'augmenter nos statistiques pour le PSDFC !

Canadian Health Measures Survey

By Major Nathalie Morin, D Dent Svcs D DPP3

You may have already read the JCDA article (March 2007) regarding the involvement of CF dentists with the oral examination component of Statistics Canada's Canadian Health Measures Survey (CHMS). This survey is taking many physical measurements relevant to the health of Canadians (urine and blood sample, blood pressure, etc.). It is the first time in over three decades that oral health will be measured on a representative national sample.

After discussions with Dr. Peter Cooney (Canada's Chief Dental Officer), 1 Dent U is kindly providing 5 teams of 2 dentists each over a period of approximately 2 years, to administer the dental examination from a Mobile Examination Clinic (MEC). Major Morin from D Dent Svcs was trained to become the Gold Standard Examiner, and will be recalibrating the dentists at the start of each CHMS site. Every dentist was calibrated to the WHO Standards in order to ensure proper regional and international comparability, which will also provide amazing possibilities for research. Initial data releases are planned for late 2009.

The survey was launched at the end of March in Clarington (ON), and the MEC will be there for 8 weeks before heading to the south shore of Montreal. Needless to say, CFDS is very honoured to be part of this exciting project, which will definitely make history.



CFHIS Update

by Major Nathalie Morin, D Dent Svcs D DPP3



This column is a summary of the CFHIS presentation provided at the 2007 Winter Working Group in Trenton.

To start, I wish to inform you that on the CFHIS website, under "Dental Implementation Status" you can find the implementation dates for all dental sites (except Europe which will be implemented all at once, later):

http://hr.ottawa-hull.mil.ca/health/Projects/Engraph/cfhis_e.asp

As most of you already know, ADSTRA is a COTS (commercial off-the-shelf) application. This software is used by more than 1000 dentists in North America. Any enhancements to the software have to be approved by the Project Management office, then an evaluation and an estimate is provided by Adstra, the estimate has to be approved, and finally the work can begin. Any major enhancement takes time and can cost hundreds of thousands of dollars. This is why we must be able to justify any requested changes and show that they will please the majority of the providers. The Project Director will not pay just to save one click or to save one second; however, in the past year, we have made many suggestions to Adstra without requesting a formal enhancement: we demonstrated to them that these suggestions would improve their COTS product. Many of our suggestions were taken seriously, and will be reflected in future releases.

Here are some of the features that will be included in upcoming releases (potentially fall 2007):

- A redesigned user interface that features more advanced and more attractive graphics.
- In the current charting screen, views of the maxilla and the mandible are separate. In the new charting screen, there will be access to four different views, one of which shows both the maxilla and the mandible at the same time. (This has been requested by many users in the past year)
- In the current charting screen, when entering pockets or recessions, it can be difficult to enter values in the correct location

on the tooth (Mesial, buccal or distal), because the space where values are entered has no separations. In a future release, fields for pockets and recessions will all be separated.

- The choices for bifurcations were not appropriate; this will be corrected in an upcoming release.
- Currently, recession and pocket values are restricted to 9 mm; the next release should offer the choice "H" to indicate depths greater than 9 mm.

I know the majority of dental providers are anxious to use the imaging component of the software, and in that regard, we are also making progress. A digital panorex has been bought for the Ottawa HCC dental clinic in order to perform some testing of the software at the beginning of March. We will then pilot during the spring, and hopefully, implementation will start in the fall of 2007. Along with the implementation of digital imaging, we will be testing an ergonomic solution using brackets to mount the monitor, the PC, the keyboard and mouse tray at the 12 o'clock position on the wall for those clinics that may require this.

Obviously, no matter how good the software is, the most important thing is to be able to access it easily at all times. I know this has been a concern for many sites, especially the ones with poor communications infrastructure. The CFHIS security architecture is very complex but also essential to ensure **confidentiality** and compliance with **Federal Legislation**, including the **Privacy Act**. CFHIS is currently working very hard to improve the system performance and here are some initiatives that were or will be undertaken:

- It was quickly noted that the single biggest load on the DWAN was CFHIS, and that this was due to the sustainment of PKI sessions. A recent change to the way PKI sustains sessions reduced CFHIS DWAN traffic by 75%.
- An upcoming Citrix update will provide more stability to the system, and will decrease the chances of dropped or frozen sessions.

- The Active Directory update will reduce one of the logins when accessing CFHIS and will reduce the PKI login time.
- The DWAN is also in the process of being changed to a new technology with better architecture. This will be done over many years and will also gradually improve system performance and stability.

Just a little refresher regarding CFHIS security:

- CFHIS includes the use of PKI cards based on Entrust for user authentication. (Personal Key Infrastructure)
- Virtual Private Network (VPN) technology is used to **secure the communication** links between the **Centralized Server in Borden**, and all of the different user sites.
- Specific roles are assigned to users. Access to different functions of the system is controlled by these roles, which define the parts of the system that are accessible, and by whom.
- Users are to access information on a **“Need-to-know basis”** only. **Disciplinary action** could be taken if users do not comply with this basic principle.
- The software logs all system transactions in an **Audit log** that can be used to monitor access and actions of all users of the

system, after the fact. It is possible at any time for CFHIS patient to request a log of who accessed their file and when.

As Capt Benoit Caouette is scheduled to leave this APS on PG training, please ensure that you forward your training needs, on a regular basis, to Maj Nathalie Morin. CFHIS is currently developing a self-study package that will be distributed to every dental clinic. This will enable the training of newly hired employees, and make sure they will be able to work on the system in a timely manner.

In conclusion, I just want to say that CFHIS is definitely a step in the right direction. Many civilian dental organizations are amazed to see how advanced we are in the implementation of an electronic health record. They just can't believe that soon we will have access to our patient medical and dental information on a 24-7 basis no matter where we are.

I encourage you to keep up the good work, and to take time to review the CFHIS IUs regularly. These are evolving documents based on the feedback we receive from the various sites. Let me know when you have suggestions for improving the business processes or if you have specific requests to for improving the software.

Conseiller spécialiste de la Branche Dentaire

*par Lcol Michel Maltais
D svc dent - D EPD
Conseiller spécialiste de SDFC*

Lors de la conférence de Trenton, Col Becker a mentionné pendant la réunion du conseil des doyens, qu'il était temps de désigner des conseillers spécialistes pour chacune des spécialités dentaires. Étant tous en faveur de cette nouvelle proposition, un responsable fut nommé pour chacune des disciplines: Lcol Picard pour la parodontie, Lcol Lemon pour les dentistes généralistes avancés (AGD), Lcol Goheen pour la prosthodontie, Maj Guimond pour la chirurgie maxillo-faciale et maj Morin pour la santé dentaire publique. Félicitations à tous ceux/celle qui ont été choisi(e)s comme représentant(e). Les devoirs des conseillers spécialistes consisteront à garder un système de liaison entre les institutions universitaires, leurs organisations politiques pour ainsi faciliter l'interaction entre celles-ci et le Service dentaire. Ils / elle devront comme clinicienne ou cliniciens pratiquer de façon courante la dentisterie et devront être impliqué(e)s dans la création et le développement des politiques du Service dentaire. De plus, ils / elle devront aider les personnes sélectionnées en spécialité dentaire dans leurs préparations pour le niveau supérieur. Comme vous pouvez le constater, cette démarche met en valeur nos points forts et amène tous les conseillers spécialistes à assister le Directeur et /ou le conseiller spécialiste du SDFC. Passez un bel été.



CFHIS Mise-à-Jour

par Major Nathalie Morin, D Dent Svcs D PPD3



Cet article est un résumé de la présentation faite au « Winter Working Group » 2007 à Trenton.

Tout d'abord, je dois vous informer que sur le site internet du SISFC, sous la bannière "État de la mise en œuvre du volet dentaire", vous trouverez les dates d'implantation pour toutes les cliniques dentaires (Sauf pour l'Europe qui sera implantée en une seule fois, et plus tard): http://hr.ottawa-hull.mil.ca/health/projects/frgraph/cfhis_f.asp

Comme plusieurs d'entre-vous le savent déjà, Adstra est un "Logiciel Commercial". Ce logiciel est utilisé par plus de 1000 dentistes en Amérique du Nord. Toute demande d'amélioration au logiciel, doit d'abord être approuvée par le bureau de gestion du projet, puis une évaluation et un estimé seront prodigués par Adstra, ensuite l'estimé doit être approuvé pour que le travail puisse finalement commencer. Tout changements majeurs peuvent facilement coûter plusieurs centaines de milliers de dollars, et prennent beaucoup de temps. Voilà pourquoi nous devons pouvoir justifier ces demandes de changement et s'assurer qu'elles satisferont la majorité des utilisateurs. Le directeur de projet ne paiera pas pour éliminer un seul « Click » pour sauver une seconde; cependant, l'année dernière nous avons fait plusieurs suggestions à Adstra sans faire une demande « formelle » de changement: nous leur avons démontré que ces suggestions pourraient améliorer leur logiciel commercial. Plusieurs de ces suggestions furent prises au sérieux et seront disponibles dans de futures versions.

Voici des exemples d'améliorations qui seront disponibles possiblement dans la version de l'automne 2007 :

- Une interface améliorée qui mettra en valeur de plus belles illustrations graphiques.
- Dans l'écran actuel de la "consignation" dentaire, les vues du maxillaire supérieur et inférieur sont séparées. Dans le nouvel écran, quatre vues différentes seront disponibles et il sera possible de voir les deux maxillaires à la fois. (Ceci avait été demandé par plusieurs utilisateurs au cours de l'année dernière)
- Dans l'écran actuel de la "consignation" dentaire, lorsque nous entrons des poches ou récessions, il peut être difficile d'entrer exactement les valeurs aux endroits précis (mésial, buccal, ou distal) puisqu'il n'y a aucune séparation entre les dents. Dans une version future, les lignes de poches et récessions auront des lignes de séparation.
- Les choix de "bifurcation" ne sont pas appropriés et cela sera corrigé dans une version future.
- Présentement, les valeurs pour les poches et récessions ne peuvent pas être de plus de 9mm. Dans une future version d'Adstra, il sera possible d'utiliser le « H » pour indiquer toutes valeurs de plus de 9 mm.

Nous savons que la majorité des utilisateurs dentaires sont anxieux de pouvoir utiliser les radiographies numériques avec le SISFC. À ce sujet, des progrès sont aussi à noter. Un appareil à radiographie panoramique numérique fut achetée pour une clinique dentaire du SDFC d'Ottawa, afin de faire des tests et aussi commencer un pilote au printemps. L'implantation de la composante dentaire radiographique du SISFC devrait ensuite se produire vers l'automne 2007. En même temps que la composante numérique, nous allons aussi tester une solution pour améliorer la situation ergonomique à la chaise. Des supports au mur pour les moniteurs,

claviers et souris seront achetés et installés à la position 12 heures, pour les cliniques qui en auraient besoin.

Évidemment, peu importe à quel point le logiciel est satisfaisant, le plus important est d'y avoir accès en tout temps et d'obtenir une bonne performance. Nous savons que cela est une source d'inquiétude pour plusieurs cliniques, particulièrement sur les sites où l'infrastructure des communications peut être déficiente. L'architecture de sécurité reliée à SISFC est très complexe mais essentielle pour assurer la **confidentialité** et le respect des **lois fédérales sur la protection des renseignements personnels**. Le SISFC travaille très fort pour améliorer la performance du système et voici quelques initiatives qui furent et seront mis de l'avant :

- Il fut rapidement noté que la plus grande charge sur le Réseau étendu de la Défense (RED) provenait du maintien des sessions ICP. Un changement récent à la façon dont les cartes ICP maintiennent les sessions, réussi à réduire le trafic sur le RED de 75%.
- Une nouvelle mise à jour de Citrix prodiguera une plus grande stabilité au système et diminuera les chances d'avoir des sessions qui « gèlent » ou qui « lâchent ».
- Une mise à jour du « Répertoire Actif » permettra bientôt de réduire de un, et de réduire le temps requis pour les procédures d'entrée dans le système.
- L'architecture du RED est aussi en processus de changement. Ce changement sera fait au cours des prochaines années, et améliorera graduellement les performances du système.

Voici juste un petit rappel concernant la sécurité associée au système :

- SISFC inclut l'utilisation de carte « IPC –Infrastructure à clés Publiques » basée sur « Entrust » pour l'identification précise des utilisateurs.
- Une technologie de « Réseau Privé Virtuel – RPV » est utilisée pour

sécuriser les liens de communication entre le Serveur Central et tous les autres sites d'utilisateurs.

- Le système incorpore les signatures numériques et encodées.
- Des rôles spécifiques sont assignés aux utilisateurs. L'accès aux différentes fonctions du système est contrôlé par ces rôles qui définissent quelle partie du système peut être accessible et par qui.
- Puisque tous les accès au système sont enregistrés et vérifiés, les utilisateurs doivent accéder au diverses composantes du système en utilisant le principe de base de « besoin de savoir » seulement. Des actions disciplinaires pourraient être prises si un utilisateur ne respecte pas ce principe de base.
- Le logiciel enregistre toutes les transactions faites dans un « Audit Log » qui peut être utilisé pour vérifier les accès et transactions des utilisateurs du système, après les faits.
- Il est possible en tout temps pour un patients du SISFC, de demander un « enregistrement/log » de qui à accédé sa filière et quand.

Tous les besoins en entraînement doivent être acheminés au Maj Nathalie Morin. SISFC est en train de développer un document d'étude individuelle qui sera prodigué aux cliniques dentaires. Ceci facilitera la formation des nouveaux employés, et assurera qu'ils pourront être fonctionnels à la chaise dans un temps raisonnable.

En conclusion, je dois dire que le SISFC est est définitivement un pas dans la bonne direction. Plusieurs organisations dentaires civiles sont impressionnées de voir notre avancement dans ce domaine. Elles ne peuvent croire que bientôt, nous aurons accès aux dossiers médicaux/dentaires de tous nos patients peu importe l'heure et l'endroit.

Je vous encourage à continuer votre excellent travail et n'hésitez pas à me communiquer vos suggestions.

HELLO FROM HAWAII

*By/par Cpl Eileen Kenny
1 Dent Unit Det Esquimalt
CFB Esquimalt*

On Friday, 16 February, a dental team from Dental Detachment Esquimalt left for Honolulu, Hawaii to meet up with HMCS Algonquin and HMCS Vancouver. The team consisted of Capt Cooper, MCpl Thornhill and Cpl Kenny. Their mission was to provide ships companies the opportunity to have their annual dental exams completed while at sea.

Upon arrival in Hawaii, the team traveled to Heilman Naval Base at Pearl Harbor, Oahu, Hawaii. Our equipment had arrived ahead of us, so we were able to commence setting up almost immediately. A special thank you to the ships medical, duty personnel, electrical and hull technicians, who made setting up easy. By 10:00 hrs the next morning, we were open for business. It took just a few days to complete annual dental exams on the HMCS Algonquin's company.

Of course, it was not all work and no play. Off duty hours provided us opportunities to go ashore, tour the city, experience Hawaiian cuisine and relax. One of the most memorable experiences was attending a pig roast on the flight deck of HMCS Algonquin, and then watching a beautiful sunset.

By Thursday of that week we were ready to

move to HMCS Vancouver. The method of transport was to be Algonquin Halairdet's Sea King helicopter. After a 30-minute safety briefing, we were ready to go. A few of the ship's members were disappointed that we were not going by "Jack Stay", or "RIB". We on the other hand were not. This was an amazing example of the Army, Navy and Air Force working together to complete a task!

Sea State Seven has a way of limiting the amount of dental work done while on ship. As tightly lashed as our equipment was, it was no match for the impact caused by the waves slamming into the ship. You know it is bad when the Captain orders a "Pipe Down" for non-essential personnel and ordered the crew to strap themselves in. Had the seas cooperated, we would have seen the entirety of the HMCS Vancouver's crew. This was not the case and we were limited to a staggering 84 patients in one days work.

As busy as their sailing schedule was, the entire ship's company was very accommodating. The Algonquin's welcoming committee went above and beyond with their generosity. They were kind enough to equip us with some rudimentary dental tools they had onboard. The sledgehammer labeled "anesthetic" and a Clarke 14.4V cordless drill labeled "auxiliary drill" certainly brought a chuckle to everyone who saw it.

Activity never stops for a ship. They run 24 / 7. Even the ship's "messes" operate all day to accommodate their personnel. On board we were treated to more Scrn and Duff than we could handle. The evening before we sailed into CFB Esquimalt we were treated to a fine meal of lobster and steak served with wine. It was a perfect ending to a perfect experience. We send our thanks to the members of the HMCS Vancouver and the HMCS Algonquin for their hospitality, and for making our maiden voyage a memorable one.



Le 16 février dernier, une équipe du détachement dentaire d'Esquimalt est partie en direction d'Honolulu, Hawaï pour rencontrer le NCSM Algonquin et le NCSM Vancouver. L'équipe était composée du capt Cooper, cplc Thornhill et cpl Kenny. Leur mission était de fournir aux membres d'équipage des navires l'occasion d'avoir leur examen dentaire annuel complété alors qu'ils étaient en mer.

Dès leur arrivée à Hawaï, l'équipe s'est dirigée vers la base navale Heilman, située à Pearl Harbor, Oahu. L'équipement nous avait précédé, nous avons donc été en mesure de commencer l'installation immédiatement. Un merci tout spécial au personnel médical, de garde ainsi qu'aux techniciens électriques et de coques qui ont grandement facilités notre installation. Nous étions prêts à voir des patients dès 1000h le matin suivant. Il ne nous a fallu que quelques jours pour compléter les examens dentaires annuels sur les membres du NCSM Algonquin.

Bien entendu, nous ne faisons pas que travailler. Après les heures de travail, nous avons eu l'occasion de visiter la ville, d'apprécier la cuisine hawaïenne et de relaxer. Un des moments les plus inoubliable fût un barbecue donné sur le pont d'envol du navire suivi par un magnifique coucher de soleil.

Rendu au jeudi, nous étions prêts à se diriger vers le NCSM Vancouver. La méthode de transport était l'hélicoptère Sea King de l'Algonquin. Après une rencontre d'information de 30 minutes pour la sécurité, nous étions prêts à partir. Quelques membres de l'équipage étaient déçus que nous n'utilisions pas d'autres méthodes de transport comme le « jackstay » ou « rib ». Nous, d'un autre côté, préférions l'hélicoptère! Ceci fut un très bon exemple de travail d'équipe de la part de la marine, l'armée et l'aviation dans le but d'accomplir une tâche.

Une mer mouvementée a le tour de limiter la quantité de travail dentaire accompli sur un bateau. Même si tout notre équipement était fermement attaché, ce n'était pas suffisant contre la violence des vagues percutant le navire. Signe des mauvaises conditions de navigation, le Capitaine a même ordonné un « Pipe Down » pour tout le personnel non

essentiel. Si l'océan avait coopéré, nous aurions été en mesure de voir l'équipage du NCSM Vancouver au complet. Étant donné que ce n'était pas le cas, nous n'avons été capables que de voir 84 patients.

Malgré leur horaire très chargé, le personnel du navire fut extrêmement accommodant. L'Algonquin a fait preuve de beaucoup de générosité dans l'accueil qu'il nous a réservé. En effet, ils se sont assurés de nous équiper avec quelques instruments dentaires plutôt rudimentaires qu'ils avaient à bord du bateau. Ainsi, la masse (étiquetée anesthésique) et la perceuse sans fil (étiquetée perceuse auxiliaire) ont mis un sourire au visage de chaque personne les ayant aperçues.



Les activités n'arrêtent jamais sur un navire. L'équipage est occupé jour et nuit. Même les cuisines fonctionnent à longueur de journée pour accommoder tout le personnel ayant des horaires variés. À bord, nous avons eu droit à plus que notre part de souper et de dessert (Scran and Duff). Lors de la soirée avant notre arrivée à Esquimalt, nous avons même eu droit à un souper de homard et steak servi avec du vin. Quelle belle façon de mettre fin à une si belle expérience! Nous voulons donc remercier tous les membres du NCSM Algonquin et du NCSM Vancouver pour leur hospitalité ainsi que pour avoir fait de notre voyage inaugural une expérience mémorable.

1 Dental Unit Detachment Esquimalt – 1^{re} Unité dentaire détachement Esquimalt

Greetings again from the keepers of the sandy bottom sailors! Like many other clinics, our clinic has gone through some significant changes since last August. These changes include postings, retirements and the latest members of our dental team. Re-bonjour à tous et à toutes. Comme ce fût le cas chez vous j'en suis certain, il y a eu beaucoup de changements à notre détachement depuis août dernier. Ces changements inclus : libération, naissances ainsi que les nouveaux arrivants.

Postings in- Nouvellement arrivé:

- Maj Cuff from Ottawa in Sept 06. D'Ottawa, le maj Cuff en Sept 06.

Naissances - Baby News:

- Oct – Capt Hopkins' wife, Collette, gave birth to a baby girl, named Linnea; En octobre, le capt Hopkins et sa conjointe, Collette, ont donné naissance à une belle fille appelée Linnea; and/et
- Le capt Tatra et sa conjointe Harbi, attendent un bébé pour le début juin. Congratulations to Capt Tatra and his wife, Harbi, they are expecting in early June.

Retirements/Releases - Libération :

- Capt Tang took his release after nine + years in Sept 06; Le capt Tang a pris sa libération en sep 06, après plus de neuf ans de service; and/et
- Le cplc LeBlanc lui, a pris sa retraite en nov 06, après plus de 20 ans de bons et loyaux services. MCpl LeBlanc retired after 20+ years of service in Nov 06.

Le 6 et 7 octobre dernier, le détachement dentaire a participé aux « Navy Days » de la BFC Esquimalt. Cet événement est une version de Op Connection qui a pour but principal de diriger les candidats intéressés vers les centres de recrutement. Les employés ont monté la clinique dentaire mobile et ont fourni de l'information relative aux professions dentaires militaires ainsi qu'à la santé dentaire. Plusieurs autres unités ont participé aux « Navy Days » telles que : 11 ambulance de campagne, police militaire, 39 CBG, et les NCSM Algonquin, Oriole, Winnipeg et Whitehorse. L'événement fût un grand succès et plus de 10 000 personnes y ont assisté. Le clou de cet événement a été sans aucun doute le simulateur de Snowbird.

The Det participated in CFB Esquimalt's "Navy Days" version of "Operation Connection" –a large military recruiting drive on 6 and 7 October 2006. The staff displayed our Mobile Dental Clinic and dispensed information on the military dental professions and oral health. Accompanying the Dental display were many other units such as: 11 Fd Amb, Military Police, 39 CBG, and HMCS' – Algonquin, Oriole, Winnipeg and Whitehorse. The event was a success and over 10,000 people attended. The highlight of the event was the Snowbird simulator.

CFDS Birthday / l'Anniversaire du SDFC

**What are you doing for May 13th?
Que faites-vous le 13 mai?**



Greetings From the Girls in the PAD

by Sgt Leah Marche

R3 MMU Patient Admin Division, Kandahar

Hello from the girls in the PAD - that is what we are referred to now here in KAF. I am not sure if anyone actually knows our names Ha! Ha! We tend to answer to "hey PAD do you have " more often than not. But deep down we are still the dental girls from Petawawa.....HUAH!!!!

It all started when I arrived on 4 Jan 07 for the turnover with my American counterpart, which lasted two weeks. I thought it was great: I gained knowledge in all aspects of our responsibilities as "PAD" through reading and actual 'hands on'. I then passed on my newly gained knowledge to Cpl's Misty Finnamore and Jordana Malone. The time finally arrived that we had to say goodbye to our veteran PAD member and we were on our own. We also have an American counterpart working with us that started the same time we did.

Our Responsibilities can be broken down into smaller components, which can be described as follows:

PAD the Custodian – we gather all patient's personal kit, screen, and store them securely for the patient until discharged from the facility. Priority goes to gaining as much information on the patient for the Duty Officers so that daily reports are completed;

PAD the administrator – admit patients in R3 MMU administratively and monitor their status daily until the patient is discharged from the facility;

PAD the Travel Agent – Once deemed that a patient requires further treatment at another facility, we step in and coordinate with Joint Patient Movement Regulating centre (JPMRC) to facilitate a flight using fixed wing capabilities (C-130, C-17 aircraft) to move the patient to another facility to continue medical treatment;

PAD the travel advisor – Advise the patient on the travel itinerary and what to expect in flight. We



Cpl Jordana Malone, Cpl Misty Finnamore and Sgt Leah Marche

also advise the patient on what they can and cannot bring with them;

PAD the security officer – we check patients, attendants and their baggage for weapons of any sort as well as aerosols etc. similar to our screening process at airports. We even get to use the metal detector wand to process patients, attendants, and baggage; and

Finally **PAD the flight escort** – once the patient is prepped for flight, we escort them to the flight line with the assistance of the Amb crew in Primary Care, and ensure that our patients will be comfortable in flight. To date the fixed wing

aircraft that we dealt with are C-130 and the C-17 (it is huge inside). We will try to get photos for next submission.

The administration never ends in this position. Reports are due twice daily on the bed status of the facility, reports are also completed after every strata vac from the facility. There are two databases which we are using on a daily basis - Joint Patient tracking Application (JPTA) which tracks inpatients within the facility and, of course, TRAC2ES the database to assist us in coordinating patient movement within theatre and Germany.

Something that comes second nature to us is that patient documents are organized in proper order and all signatures are gathered, which is not an easy task. Doctors tend to hide when they see us coming Ha! Ha! Why is it so hard to sign papers?

We can go on and on with our PAD responsibilities, but we do not want to scare anyone away from replacing us for ROTO 4. We are just as excited to be here in theatre experiencing the challenges of medical terminology, and rules and regulations of patient movement as we are about coming back home to our comfortable Dental environment.

Branch Chief Warrant Officer Corner

***By CWO P.G. Leitch
CFDS Branch CWO***

Another year, another quarter gone past and time is flowing by. Some of you are no doubt thinking of postings and others of upcoming summer holidays with friends and family. The day-to-day of work, however, continues on.

Winter Working Group (WWG) 2007 has also come and gone, though winter seems to want to linger in some parts of Canada. I hope the staff at Det Trenton gets to take a little bit of a break before commencing organization on WWG 08. For those NCMs fortunate to take part in the NCM Continuous Education day, I hope you found it enlightening. My theme this year was to provide you with a variety of information sessions. These ranged from CWO Secretan, 8 Wing CWO providing two interactive talks on RW and C&P and Discipline, updates from CDAA and CDHA representatives of what is happening across the provinces, the annual brief from the our Career Manager, an update from MWO Wilson, Armstrong Coy SM, CFMSS/CFDSS and Cpl Amy Kowalisyn who gave an excellent accounting on what it was like to be an OMFS Assistant in Kandahar. The day

ended with SMG Richard Orona, DENCOM SGM, providing a brief on the U.S. Army Dental Corps. It is amazing that no matter the size of an organization, the same issues keep popping up, namely, finances, personnel, training, and infrastructure.

The Sr NCM Council meeting went well. One of the items on the table was to update the Selection Board criteria for promotion to the next rank. Once the HS MA (Managing Authority) has approved this, I will forward a copy to the DCCs for your information. These criteria are not a secret and you should be aware of what is being assessed, not only for yourselves, but for those you write annual evaluation reports on.

Congratulations to those who were presented with Director's Commendations and to the KAF OMFS team for being awarded the Thompson Trophy. We can be proud of what our folks are doing within the Branch.

Another course is in house, well supported by Incremental Staff. The QL5A Dent Tech course is running with 11 candidates. Two of the candidates are skilled VOTs (Voluntary Occupation Transfer) that came to us at the end of March 07. The course started 2 Apr and, if memory serves correct, they are the first candidates to be on course who have not been in the clinic for months and/or years before. It will be interesting to see the two points of view since this basic occupation course is geared toward just such a candidate.

With regards to recruiting and /or VOT into the Dent Tech occupation, the end of the fiscal year has seen a large number of offers and acceptance messages. I am currently aware of ten, new Dent Tech Direct Entries and two, VOTs coming into dental within the next few months.



At the Trenton WWG mess dinner WO Marlene Bouchard was advised of her new rank, effective 13 Feb 2007



***Maj Teo Russu and WO Ed Burns present
Cpl Lori Nason with her new rank***

Shoulder Flashes: “CFDS” / “SDFC” will be changed to read “Dental” / “Dentaire” on all orders of dress. The contracted company should soon be providing a prototype for our approval. Once approved, the product will go into production and be available through the supply system. This is for both shoulder flashes and the metal shoulder titles. More to follow.

Non- Commissioned Member- Subsidized Education Plans (NCM-SEP): Approval has been received for a number of HS Tech occupations to be added to the program, effective 1 Apr 07. Applicants to the program can be civilian, Reserve (through component transfer) or Regular Force. *CMP Instruction 10/06* details the program in full. This is exciting news for dental since it gives us another means of attracting and managing interested applicants to the Dent Tech occupation and provides CFRG an avenue to recruit within the province of Quebec; however, successful applicants will still have to travel outside the province to get the necessary Level II training since it is not available within the province.

I would like to close by congratulating those NCMs who will be promoted this year. This is another step of many as you progress in your careers. Each promotion, each new position you fill and each posting you have is another step on the road of growth. Learn from your experiences but most of all, have fun.

We are now in that infamous ‘bubble’ where we are feeling the effects of no recruitment over a number of years in the mid-90s, where personnel are being promoted with minimum experience and time in rank. It is important that we, as supervisors and managers, continue to mentor our personnel, to prepare them for these new challenges and responsibilities. Remember, as well, that there is more than one method to learn and develop and no one way is the right way.



Cpl Misty Finnamore passing out CDA kits in Kandahar



CFDS Winter Working Group 2007, Trenton

By Major Richard Groves, D DPP2

CFDS personnel and some distinguished guests met at 8 Wing Trenton from Feb 17 to Feb 23 to participate in the annual CFDS Winter Working Group. Maj Margaret Cupples (Det Comd Trenton), Sgt Tracey Garnier (Clinic Coord Trenton), the Det Trenton staff and a hard-working incremental staff did a great job of hosting and organizing the event, looking after accommodation, meals, transportation and entertainment.

As usual, the first two days were devoted to 1 Dental Unit merit boards and meetings. The rest of us arrived Sunday evening in time for the Meet and Greet, where we chatted with old friends and met new ones.

On Monday Col Becker, D Dent Svcs, and his staff briefed delegates on dental branch accomplishments and issues of the past year. Director's Commendations were presented to LCol Martin Brochu for a career of exemplary leadership and professional integrity; MWO Marina

Roberge for a career of service and dedication both to the patients of the CF and to the CFDS Dental Hygiene mission as a whole; Cpl Tricia Soucy-Philips for her professional and enthusiastic approach toward her occupation and taskings; and Mme Ginette Talbot "qui démontre quotidiennement un enthousiasme et un professionnalisme de haut niveau que nous devrions tous essayer d'atteindre". Congratulations!



After a late night at the bowling alley, attendees met Tuesday morning for Continuing Education seminars. The dental officers were bussed to a facility at Baker's Island for an excellent series of clinical lectures (as well as an excellent view of the Bay of Quinte) while the NCMs met in the lounge of the WOs/Sgts Mess. That evening we rejoined to celebrate with a mess dinner. This year the mess dinner was held in the Astra Lounge so the traditional seating arrangement was used – no columns or corners to block the view of the remaining diners.



Colonel Commandant Bill MacInnis and Colonel Becker toast the piper, MCpl Christine Jack

Before moving into the dining room Col William MacInnis, the Dental Branch Colonel-Commandant, presented the W.R. Thompson Trophy, awarded annually to recognize a significant contribution to the land, sea or air operational role, to the KAF Oral Surgery Team of Maj Claude Guimond and Cpl Amy Kowalisyn for the remarkable job they did at the multinational Role 3 facility in Kandahar. The citation pointed out that Maj Guimond established a well-deserved reputation for treating a wide range of complex and demanding cases; and his remarkable trauma skills gained the admiration of the United

States Army Medical Center in Landstuhl, who were convinced the in-theatre surgery was performed by a neurosurgeon. Also recognized was Corporal Kowalisyn's ability to adopt to this extremely demanding environment; not only was she able to learn the sterilization techniques, and the vast array of complex orthopaedic and general surgical instruments, she did this while assisting in intense trauma resuscitations and mass casualty cases.

This year's special guests were COL Larry Hanson, Commander DENCOM; COL Priscilla Hamilton from the office of the US Army Surgeon General, SGM Richard Orona, DENCOM Sergeant-Major, SFC Katherine Carrasco, DENCOM Operations/ Detachment Sergeant, Mrs Laura Myers, CDHA Director of Education & Acquisitions and Editor, CJHD, and Mr Michael Brennan, CDAA Executive Director. At the mess dinner a very vocal response from the attendees prompted Col Becker to designate COL Hanson, COL Hamilton, SGM Orona and SFC Carrasco as honorary members of the CFDS. Luckily, the certificates were already printed and available to



commemorate the moment. The mess dinner itself was very lively, and Sgt Smith and the 8 Wing Band certainly knew their talents were appreciated from the reaction of the diners.

Wednesday and Thursday were devoted to the annual CFDS Curling Bonspiel, with the choice of alternate sports in the gym for non-curlers. Maj Greg Austin did his usual great job of organizing the curling bonspiel for the benefit of the 64 curlers who participated. The curling results are printed separately, but it should be noted that the winning rink, skipped by LCol Kevin Goheen, knocked out the rinks of Col Taylor and Col Becker in their last two games. While very popular with the crowd, some comments were made about poor career planning...

Friday morning the CE program continued, with all attendees present for presentations by Majors Joy and Payne from Halifax. When the working group officially ended at noon, it was hard to believe we had been there a whole week. I look forward to seeing you in Trenton next year.



The Back Page – En commençant par la fin



Another long, hot day in Kandahar



Maj Annie Larouche and WO Jacques Tremblay submitted the best Christmas picture – the new chair was a big hit in KAF



Maj Frank Hedley instigating another table dance



LCol Tom Anderson's team seems to have found a lot of dust in this arena...

***Me? No Way!!
I think I let
it go before
the hog
line...***

