

The AHS Pediatric Dentistry UPDATE

Spotlight on Division Member Brad Krusky



Dr. Brad Krusky
Dept. of Surgery
Member and Director
of *Dentistry for All*

Dr. J. Bradley Krusky has been a member of the Department of Surgery since 1999 and maintains a busy practice in Calgary. But anyone who knows Dr. Krusky can testify that his true passion lies in the jungles of Central America. Krusky is the Director of *Dentistry for All* and led a team of dentists to Guatemala recently where they spent a week conducting clinics for people who would otherwise not have access to dental care. Other Calgary dentists included Drs. Blake Sinclair and Rob Urschel. Other team members included Dr. Shane Fisher from Milwaukee, and Dr. Rebeca Smith, DFA's Guatemalan Director. The week was dedicated to work in the town of Comitancillo (Comi), a community in the western highlands region of San Marcos, Guatemala where the majority of people have no means of receiving quality dental care needed. Annually, *Dentistry For All* sends teams to Guatemala and Nicaragua to work for up to 10 weeks of the year. (continued on page 2)

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"Pediatric dentists can utilize social media sites, such as Facebook, Twitter, blogs and YouTube to communicate with patients, recruit staff and market their practices."

Social Media Sites & the Pediatric Dentist

It is becoming more common for practitioners to utilize social media sites, such as Facebook, Twitter, blogs and YouTube to communicate with patients, recruit staff and market their practices. But using social media may create compliance risks in areas such as PIPEDA and/or provincial law, identity theft, dental malpractice and possibly cybercrime. The following are steps you can take to minimize your risks:

1. *Create a social networking team.* Include appropriate staff to minimize compliance risk - even if you are a solo practitioner. The compliance officer will be the key team member. Educate staff who will network on how to avoid legal and other risks. Set the passwords so you control who has access. A larger practice may create a work team that includes patient care, compliance and information technology staff.
2. *Establish who can use social networking.* Allowing everyone to use your practice's social networking accounts raises your compliance risks. Your patients won't thank you when they get Tweets from every member of your practice. Determine who can use social networking and document that those staff members have received the appropriate training.
3. *Determine what staff can write about.* PIPEDA and applicable provincial laws will be your main guides. Remind staff that they represent the practice when using your social networking platforms. Establish a response policy for platforms that allow reader input, such as blogs.



Calgary Pediatric
Dentistry
Journal Club

Next Meeting
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(Continued from page one) Dr. Krusky notes that "Comi is the kind of place that warms your heart. It is the favorite site for many of our volunteers, and definitely the most difficult place for many to experience. The people are proud, but many are very poor; our visit may be the one and only time they see a dentist in their lives." Lack of dental services, along with a high-sugar diet and poor dental hygiene, contribute to rampant tooth decay and infections among the population. "Our trip to Guatemala is an exceptionally rewarding experience for all of our volunteers," comments Dr. Krusky. "We witness patients who have walked or travelled for hours just for us to be able to provide their dental care. The hugs and sincere gratitude we receive from each and every patient reinforces how important we are to the communities we serve."

Although Dr. Krusky admits that these moments are deeply satisfying, his vision for this remote mountainous region goes far beyond the traditional annual dental visits by volunteer teams. "For 15 years our organization has been fixing the dental problems here," he says, "and now, for the first time, we are taking the steps to work towards preventing them. We are building a clinic in the town." Dr. Krusky says, "It is our hope and that of the mayor and the people in Comi that they will take care of their own. The purpose of any organization is to help people help themselves. This town has got it right."

(For more information on Dentistry For All, email info@dentistryforall.org or go to their website at www.dentistryforall.org)

Q & A with Dr. Jeremy Luntley – ACH Division Chief of Anaesthesia

Jeremy Luntley became ACH Chief of Anesthesia in 2010. *AHS Pediatric Dentistry* caught up with Dr. Luntley to learn more about his professional journey and what he would like to communicate to the pediatric dental group.

QUESTIONS & ANSWERS

Why did you decide to pursue the position Chief of Anesthesia at ACH? *Someone had to do it, and I firmly believe we should manage ourselves rather than be managed, so I put my name forward.*

In general, were your peers and support network supportive of you pursuing the Chief position? *I think so. We decided at our annual retreat that I would have the support of the division. We felt it important to be comfortable with the candidate, I made it very clear that I would be happy either way, if the division had had*



significant doubts I'm sure they would have let me know!

What type of leadership work did you do before becoming chief? *I'm not new to leadership although each time I hope I manage it a bit better. I have been department chief of an adult intensive care in the UK, clinical lead of the pediatric transport team in Calgary and have served on the council of the association of Anaesthetists of Great Britain and Ireland. I'm still a neophyte in managing people so those skills will need refining for sure.*

You've worked as an anesthetist outside of Canada. How does Alberta (and ACH) compare or

contrast to the delivery of Children's Surgical Services in the UK?

Well obviously the differences are far ahead that in the UK its amazing. Coming to work at ACH makes me smile even now after a number of years in the new hospital. I used to say the old ACH was the newest hospital I'd ever worked in, so the new ACH is just a dream. The adherence to fee for service delivery model of remuneration changes thing subtly. We are focused on throughput and efficiency, yet hampered in developing services that don't generate adequate physician remuneration. Structuring programs to deal with unpredictable workload such as DI or trauma is especially difficult

What are some ways you have found to achieve buy-in from medical staff members, especially since you're new to your role? *It's another transatlantic difference I've had to get used to; in the UK,*

('Social Media Sites ' continued from page 1)



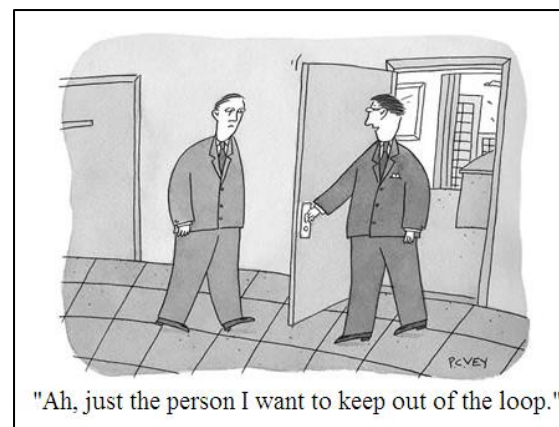
#4. **Appoint an editor.** This is another job for the compliance officer, who should have the final say on what goes out, including the ability to edit or delete posts. Don't forget to change passwords when a staff member leaves.

#5. **Separate your social media communication from your other health information technology.** Social media creates a heightened risk for cybercrime. Keep your networking posts separate from patient electronic health records and financial information.

#6. **Monitor the comments about your practice.** This is a great way to see not only compliments, but also complaints, which could lead to open dialogue, resolutions or improved customer care.

AAOMS Forming an OMS section in AAP

The American Academy of Oral and Maxillofacial Surgery (AAOMS) and their Special Committee on Cleft, Craniofacial, and Pediatric Oral and Maxillofacial Surgery (SCCCPOMS) is holding a membership drive for oral and maxillofacial surgeons who treat pediatric patients to join the American Academy of Pediatrics (AAP), in an effort to establish an AAP section in oral and maxillofacial surgery similar to the section of pediatric dentistry. An OMS section can be formed with a minimum of 40 oral and maxillofacial surgeons. Continued membership for the section also requires a minimum of 40 members. The AAP currently has 34 other special interest areas including the section on pediatric dentistry. It is interesting to see another dental specialty advance their interest in the realm of pediatric care.



("Q&A with Dr. Luntley" continued from page 2)

physicians are employees with the control that goes with that. Having a division of independent practitioners to persuade can be a challenge. In general our group is very cohesive so that makes my role easier. Peter Farran and the past chiefs are also a wealth of knowledge for perspective and insight. I'm trying to curb my natural "just do it" approach to a more engaged tone. Spending time in the OR with my colleagues to see their problems is also a valuable insight. The Canadian Medical Association PMI courses have been a great source of information that I can recommend to anyone.

What's the best advice you have been given as Chief?
#1. "No" is complete sentence #2. Make a "not to do list": for all us type "A" individuals who try and take on too much, make a list of that which should and could be done by someone else, focus on your core responsibilities, and you will probably have time.

If you weren't a pediatric anesthetist, what other type of profession would you like to pursue? *Professional ski bum.*



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