ACFD BIENNIAL CONFERENCE
JUNE 16-18, 2022
SCHOOL OF DENTISTRY, UNIVERSITY OF ALBERTA

ASSOCIATION of CANADIAN FACULTIES of DENTISTRY

L'ASSOCIATION des FACULTÉS DENTAIRES du CANADA

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OVERALL SCHEDULE

Date/time	Meetings	Locations
Thursday June 16th 7.30-9.00am	Breakfast (ACFD Board, Deans Committee, Academic Affairs Committee, External Stakeholders)	4-036 ECHA
Thursday June 16th 8.00am to 12.15pm	Joint meeting of ACFD Board, Deans Committee and Academic Affairs Committee with external stakeholders (closed meeting)	4-036 ECHA
Thursday June 16th 12.15pm to 1.15pm	Lunch (open to all committees/Board/External Stakeholders)	Level 2 ECHA – Cafetería Area
Thursday June 16th 12.45pm to 1.00pm	(During lunch) Presentation by Dr. M. Leon (Colgate-Palmolive Co.) "Using technology & dental case studies in dental academia" (open to all)	4-036 ECHA
Thursday June 16th 1.15pm to 4.30pm	Academic Affairs Committee Research Affairs Committee Clinical Affairs Committee Dean's Committee (closed meetings)	5-099 ECHA 4-099 ECHA 3-099 ECHA 5-001 ECHA
Thursday June 16th 5:00 to 7:00pm	ACFD Welcome Cocktail Reception (open to all)	Lister Centre – Maple Leaf Room
Friday June 17th 7.30am to 8.30am	Breakfast	Level 2 ECHA Cafeteria Area
Friday June 17th 8.30am to 12.00noon	ACFD Conference Day, morning session (open to all)	L1-490 ECHA
Friday June 17th 12.00 to 1.30pm	Lunch	Level 2 ECHA Cafeteria Area
Friday June 17th 12.15 to 1.20pm	AGM (open to all)	L1-420 ECHA (classroom)
Friday June 17th 12.00noon to 4.30pm	ACFD Conference Day, afternoon session (open to all)	L1-490 ECHA
Friday, June 17th 6:30 pm – 10:00 pm	ACFD Conference Dinner and Awards (open to all who have registered)	U of A University Club
Saturday, June 18th 7.30am to 8.30am	Breakfast	Lister Centre
Saturday, June 18th 8.30am to 10.00am	12 research presentations on COVID-19 and dentistry (in two rooms simultaneously) (open to all)	Lister Centre
Saturday, June 18th 10.00am to 10.15am	Coffee break	Lister Centre
Saturday, June 18th 10.15am to 4.00pm	Strategic Planning (by invitation)	Lister Centre
Saturday June 18th 4.00-6.00pm	ACFD Board Meeting (closed meeting)	Lister Centre

FRIDAY JUNE 17TH TIMETABLE

TIME	EVENT	LOCATION	SPEAKER
8:15–8:30am	Welcome, Introductions	L1-490 ECHA	ACFD President & Chair, organizing committee
8:30–9:30am	Keynote #1 **Dental Education in Canada - The Future Is Now**	L1-490 ECHA	Dr. Carlos Quiñonez (Western)
9:30–10:15am	Keynote #2 **Development of Future Educators: The ADEA Academic Careers Fellowship Program and Chapters for Students, Residents & Fellows**	L1-490 ECHA	Dr. Jeffery Stewart, Senior VP ADEA
10:15–10:45am	Break		
10:45–11:30am	Keynote #3 **Future Dentists- Impact of 'Nature' (admissions) and 'Nurture' (curriculum)**	L1-490 ECHA	Dr. Jim Lai (U of T) & Dr. Steve Patterson (U of A)
11:30am-12:00pm	Keynote Panel Q&A	L1-490 ECHA	All keynote speakers
12:00-1:30pm	AGM/Lunch		
1:30–2:30pm	Innovating Dental Education: **Opportunities and Challenges of Implementation**	L1-490 ECHA	Dr. Rocio Quiñonez (UNC)
2:30–2:45 pm	Break		
2:45–3:30 pm	Innovating Clinical Operations: **Analytics in the Clinic – It's Easier Than You Think!**	L1-490 ECHA	Dr. Hollis Lai Dr. Doris Lunardon (U of A)
3:30–4:30 pm	Innovating Research: **Towards Patient-Specific Treatment: Medical Applications of Machine Learning**	L1-490 ECHA	Dr. Russ Greiner (U of A Computing Science)

Conference Day- Friday, June 17, 2022

"Innovation in Canadian Dental Academia: An Integral Role in the Dental Profession"

Dental academia plays a significant role in the dental profession, identifying and preparing the future clinicians, educators, researchers, and administrators. The future of our profession and our dental schools is the people who play these key roles. This conference morning will highlight key issues facing higher education in Canada, dental academia, and specific programs and efforts related to admissions, and the development of future dental school educators, administrators and researchers, designed to help Canadian Dental Schools fill their mandate and role within dentistry. The afternoon will provide educational, research, and clinical innovations that are improving contributions to our dental schools and to the dental profession.

Morning Presentations:

Dental Education in Canada: The Future is Now

There is no doubt, dental education has long experienced major challenges — from fiscal and social sustainability, to maintaining basic operations at a high level — only to have been made worse as a result of the COVID-19 pandemic. But the future remains bright, as Canada appears to be entering a period of oral health care renewal. This presentation will review the perspectives of dentistry's leaders regarding dental education in Canada and will outline major features of a dental education reform agenda for Canadian dental schools.

Dr. Carlos Quiñonez, DMD, MSc, PhD, FRCD(C)

Carlos Quiñonez is a dental public health specialist, professor and Vice Dean and Director of Dentistry at Western's Schulich School of Medicine and Dentistry. He graduated with a DMD from the Faculty of Dentistry at the University of Manitoba (U of M) in 1998, and completed an MSc at the U of M's Faculty of Medicine in 2004. He then completed a PhD and dental public health specialty at the University of Toronto in 2009, followed by a postdoctoral fellowship at St. Michael's Hospital. Carlos' research centres on the politics and economics of dentistry, with a special focus on health and social equity. He is the author of The Politics of Dental Care in Canada, published by Canadian Scholars Press, and is regularly called upon by government and non-governmental agencies to provide advice on issues of dental care policy.

Development of Future Dental Educators: The ADEA Academic Dental Careers Fellowship Program and ADEA Chapters for Students, Residents and Fellows

This session will provide information about two initiatives of the American Dental Education Association (ADEA) that were created in order to provide students and residents the opportunity to learn about the potential for a career as a dental educator. The ADEA Academic Dental Careers Fellowship Program (ADCFP) was founded with the goal of discovering and growing tomorrow's dental faculty and researchers by providing current faculty with tools on how to mentor allied, advanced education and predoctoral dental students and help them develop their plans for pursuing an academic career. ADEA Chapters for Students, Residents and Fellows focuses on promoting student interest in academic careers and ensuring that students are aware that this career path is a viable option.

Dr. Jeffery Stewart, DDS, MS

Dr. Stewart is Senior Vice President for Interprofessional and Global Collaboration at the American Dental Education Association where he also currently serves as Acting Chief Learning Officer. The Office of Learning leads ADEA's efforts to advance the quality of dental education and role of dental educators in inspiring all learners to serve the public, promote health, and improve care by providing capacity building professional development and networking in a variety of in-person and virtual settings. Prior to joining ADEA, he was a faculty member at three dental schools during a 33-year career in academia. In his current role with ADEA, he is a member of the Interprofessional Education Collaborative Planning Committee and the Interprofessional Professionalism Collaborative. He attended college at the University of Delaware and received his dental degree from the University of North Carolina. Following a general practice residency, he attended the University of Michigan earning a master's degree in oral pathology and diagnosis.

Future Dentists- Impact of 'Nature' (admissions) and 'Nurture' (curriculum)

Dental School admissions processes are often believed to be the panacea for any and all of the woes/challenges facing today's dental profession and dental schools. The current state of Canadian Dental School admissions, current research and best practices for health professional school admissions will be reviewed. Discussion will be provided on the key issues facing dental schools and the dental profession, the role admissions processes can play in these, and the potential impact on the future of dental academia.

Dr. Jim Lai, DMD, EdD, FRCD(C)

Dr. Lai is the Vice-Dean, Education and Chair, Admissions Committee, Faculty of Dentistry, University of Toronto. He is a graduate from the University of Pennsylvania (DMD 1997, EdD 2013). He obtained his MSc and dental specialty training in periodontics (2000) at University of Toronto. He received the ACFD National Dental Teaching Award (2017) and completed the ADEA Leadership Institute Fellowship in 2020.

Dr. Steve Patterson, BSc, DDS, MPH, FICD

Dr. Patterson is the Associate Chair, Academic, and Co-Chair, Admissions Committee, School of Dentistry, University of Alberta. He is a graduate from the University of Alberta (DDS 1986), the University of Washington (MPH 1996) and completed a Certificate in Addictions Studies (2001). Dr. Patterson's teaching efforts have been recognized with the receipt of the W.W. Wood Award for Excellence in Dental Education (2005) and the Bisco National Dental Teaching Award (2013).

Afternoon Presentations:

Innovating Dental Education: Opportunities and Challenges of Implementation

The landscape of health care is changing—emerging clinicians must integrate into more complex organizations, work as part of interprofessional teams, embrace elaborate technology, and access knowledge that exceeds any one individual's abilities. Health professions education is redefining its approach to preparing clinicians to accommodate these needs. The University of North Carolina (UNC) at Chapel Hill has embarked in curriculum transformation to address this new landscape. This presentation describes UNC's journey in curriculum innovation, change management, the opportunities and challenges of implementation, and lessons learned.

Dr. Rocio B. Quiñonez, DMD, MS, MPH

Dr. Quiñonez earned a Bachelor of Arts Degree in Psychology/Zoology in 1992 and Doctor of Medicine in Dentistry in 1996 from the University of Manitoba. She earned a certificate in Pediatric Dentistry, Master of Science, and Master of Public Health Policy and Administration at the University of North Carolina (UNC) at Chapel Hill. Dr. Quiñonez proceeded to complete a NIH Fellowship in Oral and Systemic Diseases and returned to full-time academics in 2006 as Director for Pediatric Dentistry Pre-Doctoral Program and Pediatric Dental Faculty Practice. In 2018, she became Associate Dean for Educational Leadership and Innovation at UNC and was tasked to begin dental curriculum transformation for the school. In 2021 her role transitioned to Associate Dean for Curriculum to reflect the implementation process of the new program of study. Her academic and research interest have included the interphase between medicine and dentistry, prenatal and early childhood oral health, and dental education. She maintains her connection to Dentistry in Canada as a member of the examination committee with the Royal College.

Innovating Clinical Operations: Analytics in the clinic- it's easier than you think!

At the University of Alberta's School of Dentistry Oral Health Clinic, quality improvement often requires analytics to optimize clinical operations and student experiences. In this presentation, we will share: a) our method of using data analytics to check the pulse of student clinical experiences, b) our application of different software approaches to address our operational needs, and c) a demonstration of how this can be applied in any dental school setting. The purpose of this interactive presentation is to demonstrate how creating systems and using analytics can provide a platform for strategic decision-making that positively impacts clinical operations and student experiences - it's easier than you think!

Dr. Doris Lunardon, BSc, DDS

In addition to serving as vice-chair of the ACFD Clinical Affairs Committee, Dr. Lunardon is the Associate Chair, Clinical Operations for the School of Dentistry at the University of Alberta. Dr. Lunardon is a graduate of the University of Alberta's DDS program and has led many improvement initiatives in the School of Dentistry while overseeing strategic planning and operations within the Oral Health Clinic.

Dr. Hollis Lai, PhD, MBA, MEd, BSc

Dr. Lai is an Associate Professor and Director of Innovation and Quality Improvement at the School of Dentistry, University of Alberta. He is an expert in psychometrics and quantitative methods. Dr. Lai's research focuses on applying intelligent methods and data-centric solutions in education and oral health domains. His current focus is on applying machine learning techniques to inform oral health needs. Dr. Lai has contributed to one book, over 50 publications, over 100 presentations, and has over 10 years of consulting experience with organizations around the world.

Innovating Research: ***Towards Patient-Specific Treatment- Medical Applications of Machine Learning***

An effective patient-specific treatment model identifies which treatment has the best chance of success for each individual patient, based on all available information about that patient. Here, we consider the task of learning such models – in general, a learned combination of many features that collectively predict the outcome – from a labeled dataset describing earlier patients, and their outcomes. This presentation introduces the relevant ideas using real-world medical examples and explains how this machine-learning approach differs from the task of finding individual biomarkers.

Dr. Russ Greiner, PhD

After earning a PhD from Stanford, Russ Greiner worked in both academic and industrial research before settling at the University of Alberta, where he is now a Professor in Computing Science and the founding Scientific Director of the Alberta Machine Intelligence Institute. He has been Program/Conference Chair for various major conferences and has served on the editorial boards of a number of other journals. He was elected a Fellow of the AAAI, has been awarded a McCalla Professorship and a Killam Annual Professorship; and in 2021, received the CAIAC Lifetime Achievement Award and became a CIFAR AI Chair. In 2022, the Telus World of Science museum honored him with a panel, and he received the (U of A) Precision Health Innovator Award. For his mentoring, he received a 2020 FGSR Great Supervisor Award. He has published over 300 refereed papers, most in the areas of machine learning and recently medical informatics, including 5 that have been awarded Best Paper prizes. The main foci of his current work are: i) bio- and medical-informatics; ii) learning and using effective probabilistic models; and iii) formal foundations of learnability.

SATURDAY JUNE 18TH TIMETABLE

Research presentations

Room	Time	Presenter/ university	Abstract title
Maple Leaf Room Chair: N. Gomaa	8.30-8.45am	J. Aleksejuniene, University of British Columbia.	Student wellbeing and their perceptions about remote training during COVID-19
	8.45-9.00am	L. Dempster, University of Toronto	Results of the StudentOrientedLearningOnline (SOLO) Surveys During 2020-2021: A Cross-Sectional, Multicentred Study
	9.00-9.15am	P. Allison, McGill University	COVID-19 infection rates in Canada's dental schools
	9.15-9.30am	L. Rock, Dalhousie University	COVID-19 incidence among Canadian dental hygienists
	9.30-9.45am	M. Khanna, McGill University	Compliance to face-covering among Canadian dentists and dental hygienists, during COVID-19.
	9.45-10.00am	N. Steinberg, University of Alberta	Infection Prevention and Control Concordance across Canada's 10 dental schools
Wild Rose Room Chair: S. Komorova	8.30-8.45am	A. Leask, University of Saskatchewan	Does Celastrol have potential as an anti-fibrotic drug?
	8.45-9.00am	K. Altabtbaei, University of Alberta	Particle size, mass concentration and microbiota in dental Aerosols
	9.00-9.15am	W. Cai, McGill University	Association between periodontitis and severity of COVID-19 infection
	9.15-9.30am	M. Amin, University of Alberta	Pattern of opioid and antibiotic prescriptions by Alberta dentists during the COVID-19 Pandemic
	9.30-9.45am	A. Jessani, Western University	Impact of COVID-19 lockdown on dental services in Southwestern Ontario
	9.45-10.00am	S. Singhal, University of Toronto	Impact of COVID-19 on hospital visits for non-traumatic dental conditions

Strategic planning session

Time	Presenter	Topic	Rooms
10.15-10.25am	P. Major	Introduction and plan for the day	Maple Leaf Room
10.25-10.45am	P. Allison	Strategic planning data already gathered & ACFD's current structure and finances	Maple Leaf Room
10.45-11.00am	F. Samim	EDI working group report	Maple Leaf Room
11.00-11.05am	P. Allison	Next steps	Maple Leaf Room
11.05-11.45am	Break-out groups	ACFD strategic goals: • Prioritize top 3/4 • Agree target with timeline	Maple Leaf Room (2 groups) Wild Rose Room (2 groups) Evergreen Room (no elevator access) Bison Room

			Alberta Room
11.45am-12.15pm	Plenary	Discussing results of previous break-out groups	Maple Leaf Room
12.15-1.00pm	Lunch		Lister Centre
1.00-1.05pm	P. Allison	Next steps	Maple Leaf Room
1.05-1.45pm	Break-out groups	Strategies to achieve goals/targets • 2/3 strategies per goal • Who does what?	Maple Leaf Room (2 groups) Wild Rose Room (2 groups) Evergreen Room (no elevator access) Bison Room Alberta Room
1.45-2.15pm	Plenary	Discussing results of previous break-out groups	Maple Leaf Room
2.15-2.30pm	Break		
2.30-3.15pm	Break-out groups	Resources required for strategies • Governance structure • Finances • Partnerships • Other……	Maple Leaf Room (2 groups) Wild Rose Room (2 groups) Evergreen Room (no elevator access) Bison Room Alberta Room
3.15-3.45pm	Plenary	Discuss results of last break-out group sessions	Maple Leaf Room
3.45-4.00pm	Wrap-up	Summarize day's discussions and present next steps	Maple Leaf Room

RESEARCH ABSTRACTS

MAPLE LEAF ROOM; CHAIRPERSON DR. N. GOMAA, WESTERN

Presenter: *Dr. J. Aleksejuniene**,** Faculty of Dentistry, University of British Columbia.*
Title: S*tudent wellbeing and their perceptions about remote training during COVID-19*
Aims: *To identify predictors of European student wellbeing and their perceptions about remote dental training during COVID-19.*
Methods: *A total of 1795 undergraduate dental students from 6 countries (Albania, Lithuanian, Macedonia, Norway, Poland, Romania) participated. Information was collected via anonymous Qualtrix survey which included several inquiry domains each designed with complex multi-item scales. The study's focused on outcome 1: student overall wellbeing (6 items) and outcome 2: student perceptions about remote dental training during COVID-19 (7 items). For each outcome, linear multivariable regression models tested potential predictors from the following domains: background characteristics (sex, non- vs. being in the graduating year), stress (4 items), coping (6 items), and social support (12 items).*
Results: *In all 6 countries, there was a substantial variation in student wellness, stress, coping, social support, and in student perceptions about remote training. Around 10% of students did not have any type of social support (special person, family or peer). Overall, student stress and coping ability scores were lower than their social support scores. Significant predictors (standardized regression coefficient) of student wellness (outcome 1) were being female (b=0.073), in a non-graduating year (b=0.059), having less stress (b=0.222), ability to cope (b=0.223), and having social support (b=0.179). The student positive perceptions about remote training (outcome 2) were predicted by students having less stress (b=0.080), better coping skills (b=0.182), and receiving social support (b=0.057).*
Conclusions: *In all countries, students varied in wellness, stress, coping, social support, and perceptions about remote training. Coping was the best predictor of both student wellness and their positive perceptions about remote training. During unprecedented times like COVID-19, dental schools need to ensure that all students have proper social support and have acquired skills necessary for coping with stress and adverse life events.*
Keywords: *dental students, COVID-19, wellness, remote training*

Presenter: *L. Dempster*
Title: *Results of the Student Oriented Learning Online (SOLO) Surveys During 2020-2021: A Cross-Sectional, Multicentred Study*
Authors: *Dempster LJ[1], Mendes V[1], LeeV[2], Shuler CF[2], von Bergmann HC[2] ([1]Faculty of Dentistry, University of Toronto; [2]Faculty of Dentistry, University of British Columbia)*
Context: *The COVID-19 pandemic produced a dramatic shift to online teaching and restricted clinical activities in dental education. It presented a unique opportunity to study the impact of the pandemic on dental education. This presentation will discuss the SOLO (Student-Oriented-Learning-Online) surveys conducted in fall 2020 and June 2021. This study is part of a larger program of research investigating students' and educators' views.*
Objective: *To survey students' perceptions (SOLO 1) and experiences (SOLO 2) of the impact of the pandemic on dental education at two Canadian institutions during the 2020-2021 academic year.*
Methods: SOLO survey questions were developed based on themes in the literature and verified by all researchers for content validity. Dental, dental hygiene and graduate students were asked to participate via email listserve. SOLO 1included questions on preferences, attendance, concerns, and challenges.

SOLO 2 asked similar questions but focused on students' experiences vs their perceptions. Descriptive statistics analyzed pre-and post-data.
Results: *514 students participated in SOLO 1 (n=234-UBC,61%response; n=280-UofT, 54.3% response) with284 participants in SOLO 2 (n=81-UBC, 21% response; n=203-UofT; 42.5% response). The proportion of participating students was similar across academic years. Over 90% felt that dental education was significantly changed due to the pandemic; however, the direction of change varied between SOLO 1 (perceptions) and SOLO 2 (experiences). Reported benefits were the advantages and flexibility of online learning. Concerns related to reduced clinical experience, confidence, and competence. Student well-being was reported as both a benefit and challenge.*
Conclusions: *Students agreed that the pandemic had a significant impact on dental education. Adapting to change and uncertainty were underlying themes arising from the data. From students' perspectives, there appears to be limited support for the return to pre-pandemic "normal". This needs to be further unpacked as it may greatly impact dental education. These findings are relevant to dental educators as they make curriculum decisions for subsequent academic years.*

Presenter: *P. Allison*
Title: *COVID-19 infection rates in Canada's dental schools*
Authors: *P. Allison[1], M. Brondani[2], A. Dawson[3], F. Girard[4], M. Glogauer[5], L. Levin[6], S. Madathil[1], S. Pani[7], C. Quiñonez[5], L. Rock[8], O.L. Rojas[5], R. Schroth[9], W.L. Siqueira[10]. ([1]McGill University, [2]Univeristy of British Columbia, [3]Universite Laval, [4]Universite de Montreal, [5]University of Toronto, [6]University of Alberta, [7]Western University, [8]Dalhousie University, [9]University of Manitoba and [10]University of Saskatchewan.)*
Background: *In September 2020, the Public Health Agency of Canada launched a call for research in "COVID-19 hotspots" among which were educational settings. At the time, students, faculty and staff working in dental and dental hygiene programs were among the few personnel working regularly on campus. At the same time, evidence was absent concerning infection rates among dental professionals in Canada or elsewhere. A national team of researchers from all Canadian dental schools submitted a proposal and was awarded a grant.*
Study aim: *One of the study aims was to investigate COVID-19 infection rates in students and employees across all Canadian dental schools.*
Methods: *A prospective cohort study design was used. A sample of 600 was recruited in April and May 2021. Data were collected through a baseline and then monthly follow-up questionnaires recording self-report cases of COVID-19 for the period May 2021 to April 2022. A Bayesian Poisson model will used to estimate the COVID-19 incidence rate and corresponding 95% credible intervals (CI). We provide preliminary descriptive data below.*
Results: *The sample is 67% female, with 53% students and 42% employees and 49% involved in the provision of clinical dental care. At baseline in April 2021, 12/600 (2%) participants recruited reported having previously been infected with COVID-19. During the 7-month follow-up period to November 2021, another 8 participants reported being infected, with all of them being infected during the spring and summer of 2021 and zero infections in the fall. Then in December 2021 and January 2022, there were 12 and 17 new cases, respectively*
Conclusions: *COVID-19 infection rates in Canadian dental schools were low during the spring, summer and autumn of 2021 but increased steeply in December 2021 and January 2022, suggesting infection rates in dental schools mirror those of the broader population.*
Funding: *This project was supported by funding from the Government of Canada, through the COVID-19 Immunity Task Force./Ce projet a été soutenu par un financement du Gouvernement du Canada, par le biais du Secrétariat du groupe de travail sur l'immunité COVID-19.*

Presenter: *L. Rock*
Title: *COVID-19 incidence among Canadian dental hygienists*
Authors: *P. Allison[1], M. Glogauer[2], M. Khanna[1], L. MacDonald[3], S. Madathil[1], C. Quiñonez[2], L. Rock[3] ([1]McGill University; [2]University of Toront; [3]Dalhousie University)*
Background: *The potential risk of COVID-19 cross-infection in oral health care settings was identified early in the pandemic. Oral health care workers were perceived as being at very high risk due to close patient contact and the use of aerosol-generating procedures. Nevertheless, there is a lack of evidence on the nature of this risk among these workers, including dental hygienists.*
Study Aim: *This longitudinal study aimed to estimate COVID-19 incidence among Canadian dental hygienists from December 9, 2020, to January 9, 2022.*
Methods: *This prospective cohort study collected self-reported COVID-19status from876 registered dental hygienists across Canada via an online baseline and then six follow-up questionnaires delivered between December 2020 and January 2022. A frequentist method of analysis was used to calculate prevalence, and to estimate COVID-19 incidence rates.*
Results: *The median age of participants was 42 years, with the majority being female (97.2%) and working in clinical care (95.6%). Twenty-eight participants reported COVID-19 infection during the study period, giving an estimated cumulative incidence of 2.92% (95% CI 1.95 –4.20). The incidence rate of COVID-19 in this sample was 8.74 (95% CI 5.35 –13.50) cases per 100,000 person-days at risk.*
Conclusions: *The low infection rate observed among Canadian dental hygienists during the period of December 2020 to January 2022 is reassuring to the dental hygiene and general community.*
Funding: *This research was supported by a grant from the Canadian Foundation for Dental Hygiene Research and Education and funding from the College of Registered Dental Hygienists of Alberta. Sreenath Madathil is a recipient of a Career Award from the Fonds de Recherche du Québec—Santé. We would like to acknowledge the following organizations for their support in recruitment: the Federation of Canadian Dental Hygiene Regulators, the College of Dental Hygienists of British Columbia, the College of Registered Dental Hygienists of Alberta, the College of Dental Hygienists of Manitoba, the College of Dental Hygienists of Ontario, L'Ordre des Hygienists Dentaires du Québec, the New Brunswick College of Dental Hygienists, the College of Dental Hygienists of Nova Scotia, and the Newfoundland and Labrador Council of Health Professionals.*

Presenter: *M. Khanna*
Title: *Compliance to face-covering among Canadian dentists and hygienists, during COVID-19.*
KHANNA MEHAK[1], ALLISON PAUL[1], SIQUEIRA WALTER[2], QUIÑONEZ CARLOS[3], GLOGAUER MICHAEL[3], MCNALLY MARY[4], ROCK LEIGHA[4], MADATHIL SREENATH[1] ([1]McGill University; [2]University of Saskatchewan; [3]University of Toronto; [4]Dalhousie University)
Background: *During the COVID-19 pandemic, among a range of enhanced infection prevention standards of practice (IPSP), dental and dental hygiene regulators focused on the type and combination of face-coverings oral health professionals (OHP) should use under different circumstances. With the ever-evolving evidence, there were frequent updates to the IPSPs making compliance difficult.*
Aim: *To investigate the compliance rate of dentists and dental hygienists in Canada to the recommended face-covering during the COVID-19 pandemic.*
Methods: *Data were retrospectively extracted from the IPSPs shared by the 10 provincial dental (n =80) and 10 dental hygienist (n= 59) regulatory bodies of Canada over the period March 2020 to November 2021. This information was compared to the face-covering data from two prospective cohort studies on dentists (n=644), and dental hygienists (n=876) practicing in Canada over the period July 2020 to January*

2022. A face-covering compliance score was assigned for the self-reported combination of mask and eye protection used on the basis of the provincial IPSP applicable on the date of response from the participant.
Results: *At baseline the sample of dentists had a mean age of 47.4 ± 11.5 years and 56.4% were females. In the case of the dental hygienist baseline sample, the mean age was 42.4 ± 11.2 years and 97.8% were females. Through the study, the proportions of fully compliant participants were 67.8% of dentists and 77.2% of dental hygienists. The compliance rate for dentist saw an initial increase from 63% at baseline to 82% at follow-up three, then a decrease to 58% at follow-up nine. On the other hand, the compliance rate for dental hygienists did not change significantly across follow-up visits.*
Conclusion: *The patterns of compliance with IPSPs among dentists and dental hygienists in Canada during spring and summer 2020 to autumn 2021 were different in the two professions.*
Funding: *Canadian Institutes of Health Research*

Presenter: *N. Steinberg*
Title: *Infection Prevention and Control Concordance across Canada's 10 dental schools*
Authors: *Noam Steinberg[1], Paul Allison[2], Liran Levin[1] ([1]University of Alberta and [2]McGill University)*
Aims*: To identify specific IPC strategies with substantial concordance and discordance within and across schools; and to evaluate the concordance concerning COVID-19 pandemic-related IPC protocols between clinic directors or IPC officers (CD/IPCO) and students, staff and faculty working in clinics within Canadian dental schools.*
Methods*: As part of an ongoing prospective cohort study of the COVID-19 pandemic in all Canadian dental schools, a sample of students, staff and faculty was recruited. Participants reported the IPC strategies used in schools. Independently, CD/IPCOs at each school were interviewed regarding the IPC protocols and policies.*
Results*: In the main study, 600 participants were recruited. Of these, 332 (55.3%) reported that they are involved in the provision of in-person dental care. Of the 16 IPC strategies about which participants were questioned, only 3 were reported by CD/IPCO to be used at all schools and another 8 strategies were used by 8 or 9/10 or by only 1/10 schools, indicating concordance across schools was good for 11/16 strategies. Agreement between study participants and the CD/IPCO varied considerably by strategy (ranging between 50-100% participants giving the same response as the CD/IPCO) and by school (ranging between 42.9-97.2%). The strategies with the highest mean agreement percentage across schools were "screening or interviewing patients before appointment for COVID-19 related symptoms" and "checking the temperature of the staff members at least once a day" with agreement levels of 97.2% and 91.5%, respectively.*
Conclusions*: In spring/summer 2021, there was wide variation in IPC strategies used across Canada's 10 dental schools. Given the low COVID-19 infection rates in dental schools and the reported differences in IPC and IPC interpretation, consideration should be given to identifying key strategies that reduce cross-infection versus those that do not; as well as strategies that improve communication in dental schools, enabling adoption of effective IPC approaches.*
Funding: *This project was supported by funding from the Government of Canada, through the COVID-19 Immunity Task Force./Ce projet a été soutenu par un financement du Gouvernement du Canada, par le biais du Secrétariat du groupe de travail sur l'immunité COVID-19.*

WILD ROSE ROOM; CHAIRPERSON DR. S. KOMAROVA, McGILL

Presenter: *A. Leask*
Title: *Does Celastrol have potential as an anti-fibrotic drug?*
Authors: *A. Naik, P. Chitturi, J. Nguyen and A. Leask (College of Dentistry, University of Saskatchewan)*
Background*: Infection with the virus causing COVID causes an immune response, including a so-called cytokine storm. A consequence of this response can be tissue damage and fibrosis, which contribute to the symptoms of long COVID. Drugs targeting the ability of the cytokine storm to elicit fibrosis are likely to be of therapeutic benefit.*
Aims: *TGFbeta is a potent profibrotic cytokine that is induced upon SARS virus infection. Fibroblasts are the effector cells of fibrosis. Our objective is to test if celastrol can block the ability of TGFbeta1 to induce fibrogenic responses in human gingival and dermal fibroblasts and to assess if celastrol can impair the induction of fibrosis in a mouse model.*
Results: *Our results using bulkRNAseq, functional cluster analysis and ELISA analysis in vitro and in vivo show that celastrol reduces the ability of TGFbeta1 to induce the expression of profibrotic genes in gingival and dermal fibroblasts in vitro, and fibrosis in vivo. Celastrol also dose-dependently reduced expression of TGFbeta1 protein.*
Conclusions: *Celastrol shows antifibrotic effects in vitro and in vivo and thus could be broadly used to block fibrosis in conditions such as COVID.*

Presenter: *K. Altabtbaei*
Title*: Particle size, mass concentration and microbiota in dental Aerosols*
Authors: *A. Rafiee[1], R. Carvalho[2], D. Lunardon[2], C. Flores-Mir[2], P. Major[2], B. Quemerais[1], K. Altabtbaei[2] ([1]Department of Medicine, and [2]Department of Dentistry, University of Alberta)*
Introduction: *Many dental procedures are considered aerosol-generating procedures that may put the dental operator and patients at risk for cross-infection due to contamination from nasal secretions and saliva. Depending on the size of the particles, this aerosol may stay suspended in the air for hours.*
Objective*: The study's primary goal was to characterize the size and concentrations of particles emitted from seven different dental procedures and estimate the contribution of the nasal and salivary fluids of the patient to the microbiota in the emitted bioaerosol.*
Methods*: This cross-sectional study was conducted in an open-concept dental clinic with multiple operators simultaneously. Particle size characterization, mass and particle concentrations were done using two direct reading instruments, Dust-Trak DRX (Model 8534) and OPS (Model 3330). Active bioaerosol sampling was done before and during procedures. Bayesian modelling (SourceTracker2) of long-reads of the 16S rDNA was used to estimate the contribution of the patient's nasal and salivary fluids to the bioaerosol.*
Results*: Aerosols in most dental procedures were sub-PM_1 dominant. Orthodontic debonding and denture adjustment consistently demonstrated more particles in the PM_1, $PM_{2.5}$, PM_4, and PM_{10} ranges. The microbiota in bioaerosol samples was significantly different from saliva and nasal samples in both membership and abundance ($p<0.05$) but not different from pre-operative ambient-air samples. A median of 80.15% of operator exposure was attributable to sources other than the patients' salivary or nasal fluids. Operators' exposure which can be attributed to patients' biological fluids were in the 1.45-2.75% range. Corridor microbiota showed more patient's nasal bioaerosols than the patient's oral bioaerosols. High-volume saliva ejector (HVE) and saliva ejector effectively reduce bioaerosol escape.*

Conclusion: *Patient nasal and salivary fluids are minor contributors to the operator's bioaerosol exposure, which has important implications for COVID-19. Control of bio-aerosolization of nasal fluids warrants further investigation.*

Presenter: *W. Cai*
Title: *Association between periodontitis and severity of COVID-19 infection*
Authors: *N. Marouf[1], W. Cai[2], K.N. Said[1], H. Daas[3], H. Diab[1], V. Rao Chinta[4], A. Ait Hssain[4], B. Nicolau[2], M.o Sanz[5], F. Tamimi[3] ([1]Department of Dentistry, Oral Health Institute, Hamad Medical Corporation, Doha, Qatar; [2]Faculty of Dental Medicine & Oral Health Sciences, McGill University; [3]College of Dental Medicine, QU Health, Qatar University, Doha, Qatar; [4]Hamad Medical Corporation, Doha, Qatar; [5]ETEP Research Group, Faculty of Odontology, University Complutense of Madrid, Madrid, Spain)*
Aim: *COVID-19 is associated with an exacerbated inflammatory response that can result in fatal outcomes. Systemic inflammation is also a main characteristic of periodontitis. Therefore, we investigated the association of periodontitis with COVID-19 complications.*
Materials and Methods: *A case–control study was performed using the national electronic health records of the State of Qatar between February and July 2020. Cases were defined as patients who suffered COVID-19 complications (death, ICU admissions or assisted ventilation), and controls were COVID-19 patients discharged without major complications. Periodontal conditions were assessed using dental radiographs from the same database. Associations between periodontitis and COVID-19 complications were analysed using logistic regression models adjusted for demographic, medical and behaviour factors.*
Results: *In total, 568 patients were included. After adjusting for potential confounders, periodontitis was associated with COVID-19 complication including death (OR = 8.81, 95% CI 1.00–77.7), ICU admission (OR = 3.54, 95% CI 1.39–9.05) and need for assisted ventilation (OR = 4.57, 95% CI 1.19–17.4). Similarly, blood levels of white blood cells, D-dimer and C Reactive Protein were significantly higher in COVID-19 patients with periodontitis.*
Conclusion: *Periodontitis was associated with higher risk of ICU admission, need for assisted ventilation and death of COVID-19 patients, and with increased blood levels of biomarkers linked to worse disease outcomes.*

Presenter: *M. Amin*
Title: *Pattern of opioid and antibiotic prescriptions by Alberta dentists during the COVID-19 Pandemic*
Authors: *M. Amin, R. Immel, B. Bohlouli (School of Dentistry, University of Alberta)*
Objective: *To investigate the prescribing trends of opioid and antibiotics among dentists during COVID-19 pandemic in Alberta.*
Methods: *Data was obtained from Alberta College of Physicians and Surgeons Tracked Prescription Program (TPP). Data was trained on pre-COVID timeframe (January 2018 to March 2020) and then tested on lockdown (April 2020-June 2020) and after lockdown(July 2020-December 2021)data to predict the trends with 95% CI. Regression analyses with autoregressive error model was used. Seasonality and non-linearity were investigated.*
Results: *Within study period, 345,223 and 881,066 individuals were prescribed opioid and antibiotics with an average of 1.17and1.32 dispenses, respectively. Patients with opioid prescriptions were younger than antibiotic users (≤55 vs.≤75 years for 75% of patients). However, the pattern of opioid dispenses significantly increased for the age category of over 65 years during the study period(P-value<0.05). While proportion of opioid dispenses was the same for both genders, females received more antibiotic dispenses than males. Codeine and amoxicillin were the most frequent dispensed medications within*

study groups. During lockdown, there was a significant decrease in the number of opioid prescriptions, which was out of lower limit of 95% CI for the prediction. After lockdown, opioid prescriptions increased and trends stayed above the prediction line between June 2020 and March 2021. FromApril2021to December 2021, while the number of dispenses were still higher than predicted trend and pre-COVID, it remained within the 95% CI of prediction (non-significant). Similarly, a significant downward trend was observed in the number of prescriptions during the lockdown for the antibiotics (out of lower limit of 95% CI for the prediction). After lockdown, however, the trend of observed numbers of dispenses were above the prediction trend but within 95% CI of prediction (non-significant).
Conclusion: *The prescribing trends of antibiotics and opioids were significantly changed from pre-COVID, during lockdown, and after lockdown among Alberta dentists.*

Presenter: *A. Jessani*
Title: *Impact* ***of COVID-19 lockdown on dental services in Southwestern Ontario***
Authors: *F. Hanif,[1] A. Adeniyi,[2] N. Gomaa,[1] A. Jessani[1] ([1]Schulich School of Medicine and Dentistry, Western University; [2]Faculty of Dentistry, University of British Columbia.)*
Aims: *This study aimed to explore the impacts of a COVID-19 mandated lockdown on the types and frequency of dental services accessed in Southwestern Ontario region.*
Methods: *Anonymized sociodemographic (n=4791) and billing data (n= 11616) of patients during a pre (T1) and post (T2) lockdown period, each with a duration of 199 days, from the Schulich Dental Clinics, were retrieved. Forward Sortation Area (FSA) codes of each patient were mapped to assess the range and frequency of dental services provided between T1 and T2. Descriptive statistics were applied, and t-test was used to compare the type and frequency of dental services provided at both time-points.*
Results: *There were 3209 patients seen in T1 with 12% between the ages of 18-29, 35% being 30-60 years old and 53% over the age of 60. There was an overall decrease in patients seen in T2 when compared with T1 with the total number being 1582 and a similar age distribution as T1 – 10% between the ages of 18-29, 40% between 30-60 years, and 50% over the age of 60. Approximately 10% of the population in both time periods were from rural areas with the remaining 90% being urban. There was an overall shift in the type of services accessed from primarily preventative and diagnostic in nature (54% of total services) in T1 to restorative and emergency treatments in T2 (38% of total services). Geographical mapping showed a decrease in patients from regions in Central Ontario, Metropolitan Toronto and Northern Ontario during T2 and a clustering of patients to regions in Southwestern Ontario only.*
Conclusions: *An overall reduction in services billed was noted following the COVID-19 lockdown. The overall decrease in both services billed and patients seen in T2 brings to light the role of COVID-19 as an additional barrier to accessing to dental care.*

Presenter: *S. Singhal*
Title: *Impact of COVID-19 on hospital visits for non-traumatic dental conditions*
Authors: *Sonica Singhal[1,2] and Carlos Quiñonez[1,3] ([1]Faculty of Dentistry, University of Toronto; [2]Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario, Toronto; [3]Schulich School of Medicine & Dentistry, Western University)*
Background and aim*: Due to a variety of factors (e.g., medical and dental complexity, financial barriers to care), many Ontarians seek care from hospitals for their dental problems. We assessed if the COVID-19 pandemic affected hospital visits for non-traumatic dental conditions (NTDCs) in Ontario.*
Methods*: Data from IntelliHealth Ontario for emergency department (ED) visits, day surgery visits, and hospitalizations associated with NTDCs were retrieved for years 2016 to 2020 to assess trends before*

COVID-19 and changes, if any, for the year 2020. Month-by-month comparisons for years 2019 and 2020 were also made to understand the effects of Ontario's COVID-19 lockdowns and re-openings.
***Results**: In 2020, there was a reduction of 40% in day surgeries, 21% in ED visits and 8% in hospitalizations compared to 2019. Stratified by month, the largest reductions were observed in April 2020, approximately when Ontario's first COVID-19 lockdown began: 96% in day surgeries; 50% in ED visits; and 38% reductions in hospitalizations when compared to the same month in 2019. In May 2020, when Ontario's first COVID-19 re-opening began, day surgeries and ED visits remained reduced, yet hospitalizations increased by 31%.*
***Conclusion**: During the first year of the COVID-19 pandemic, it appears that Ontarians faced barriers to accessing dental care in hospital settings. It also appears that such barriers may have worsened dental problems resulting in increased hospitalizations.*
***Practical implications:** Administrators and policy makers can utilize this information to strategize on augmenting community infrastructure to achieve more efficient and effective avenues for the timely management of dental problems – avenues which are more immune to external threats such as the COVID-19 pandemic.*
***Key words:** Access to dental care, emergency department visits, day surgeries, hospitalizations, non-traumatic dental conditions, COVID-19*

STRATEGIC PLANNING BREAK-OUT GROUPS

Group	*Group leader & note-taker*	*Group members*	*Member affiliations/roles*
A	Leader: R. Bhullar Note-taker: K. Altabtbaei	S. Abi Nader J. Aleksejuniene K. Altabtbaei P. Andrews R. Bhullar D. Matthews S. Martel R. Raveendrakumar E. Rodrigue M. Filiaggi V. Torresyap R. Carvalho	McGill/Assoc Dean Academic UBC/Grad Program Director U of Alberta/professor Canadian Dental Specialists Association/President U of Manitoba/Associate Dean Research Commission on Dental Accreditation of Canada/Chair Canadian Dental Hygienists Association Federation of Dental Student Associations of Canada U Laval/Clinic Director Dalhousie/Associate Dean Research U of Saskatchewan/professor Network for Canadian Oral Health Research/Executive Committee
B	Leader: B. Davis Note-taker: M. Amin	L. Tomkins C. Cable W. Cai M. Carrier B. Davis L. Dempster M. Amin N. Morin J. Richardson J. Richman A. Velly	Canadian Dental Association/President Canadian Association of Women in Dentistry/President McGill University/graduate student U de Montreal/Dean Dalhousie/Dean University of Toronto/professor U of Alberta/Associate Chair Research McGill/Clinic Director National Dental Examining Board/Chair UBC/professor Network for Canadian Oral Health Research/ Associate Director
C	Leader: A. Esteves Note-taker: E. Whitney	R. Dorion F. Duguay R. Durand E. Emami A. Esteves F. Chandad S. Pani S. Patterson L. Rock S. Singhal E. Whitney	Western/Clinic Director Commission on Dental Accreditation of Canada/Manager U de Montreal/professor McGill/Dean UBC/Clinic Director U Laval/Associate Dean Research Canadian Society for Disability and Oral Health/ Chair Science & Education U of Alberta/Associate Chair Academic Dalhousie/professor U of Toronto/professor UBC/Program Director, Oral Medicine-Oral Pathology
D	Leader: D. Lunardon Note-taker: B. Ganss	B. Ganss C. Daoust K. Glass B. Aucoin A. Cholakis A. Kauzman D. Lunardon C. Nadeau O. Plotzke	U of Toronto/ Associate Dean Research Canadian Dental Regulatory Authorities Federation/Chair U of Saskatchewan/Assistant Dean, Dental Assisting Program U of Alberta/Associate Chair, Department of Dentistry U of Manitoba/Dean U de Montreal/professor U of Alberta/Clinic Director U Laval/professor Canadian Society for Disability and Oral Health/President

		T. Reeve S. Seth F. Samim	U of Manitoba/Clinic Director Dalhousie/professor McGill/professor and Chair ACFD EDI working group
E	Leader: D. Haas Note-taker: A. Hussein	C. Bergeron N. Gomaa D. Haas A. Hussain Y. Jashni M. Dagenais A. Nanci J. Posluns W. Siqueira B. Soucy T. Wright	U Laval/Dean Western/Associate Director Research U of Toronto/Dean U of Saskatchewan/professor McGill/graduate student National Dental Examining Board/Executive Director U de Montreal/Associate Dean Research U of Toronto/Clinic Director U of Saskatchewan/Associate Dean Academic Canadian Dental Association Dalhousie/Associate Dean Clinics
F	Leader: J. Lai Note-taker: A. Jessani	A. Jessani K. Khan M. Khanna S. Komarova F. Kraglund N. L-Lighvan H. Lai J. Lai B. Nicolau N. Steinberg K. West A. Papadakis	Western/professor Institute of Musculoskeletal Health & Arthritis/ Scientific Director McGill/graduate student McGill/Associate Dean Research Dalhousie/professor Federation of Dental Student Associations of Canada U of Alberta/professor U of Toronto/Associate Dean Academic Canadian Association for Dental Research/President U of Alberta/graduate student American Dental Education Association/President & CEO U de Montreal/Associate Dean Academic
G	Leader: P. Major Note-taker: L. Tam	A. Leask O. Love P. Major M. MacDougall J. Gerrow N. Makhoul A. Moreau M. Pyle C. Quinonez V. Swain L. Tam	U of Saskatchewan/professor Canadian Dental Hygienists Association/CEO U of Alberta/Chair UBC/Dean Canadian Dental Regulatory Authorities Federation/ Executive Director McGill/Associate Dean Postgraduate Dental Education Network for Canadian Oral Health Research/Director ADEA/scholar Western/Dean U of Manitoba/professor U of Toronto/Interim Dean

ATTENDEES

Last name	***First name***	***School/organization***	***Role***
Aleksejuniene	Jolanta	UBC	Professor
Allison	Paul	ACFD	Executive Director
Altabtbaei	Khaled	U of Alberta	Professor
Amin	Maryam	U of Alberta	Associate Chair Research
Amini	Guy	Dentalcorp	President
Amyot	Julie	Dentsply Sirona	National Manager, Institutions
Andrews	Paul	CDSA & RCDC	President, CDSA & RCDC representative
AuCoin	Blaine	U of Alberta	Professor
Austin	Grant	A-Dec	
Bergeron	Cathia	U Laval	Dean
Bhullar	Raj	U of Manitoba	Associate Dean Research
Bishara	Ken	A-Dec	
Burry	Aaron	CDA	Executive Director
Cable	Cheryl	CAWD	President
Cai	Wenji	McGill	Graduate student
Carrier	Michel	U de Montreal	Dean
Carvalho	Rick	NCOHR	Executive Committee member
Chandad	Fatiha	U Laval	Associate Dean Research
Cholakis	Anastasia	U of Manitoba	Dean
Croll	Julia	Dentalcorp	SVP, Corporate Brand & Communications
Dagenais	Marie	NDEB	Executive Director
Daoust	Caroline	CDRAF	Chair of the Board
Davis	Ben	Dalhousie	Dean
Deall	Nicola	Dentalcorp	Chief People Officer
Dempster	Laura	U of Toronto	Professor
Dorion	Rae	Western	Clinic Director
Duguay	Frederic	CDAC	Manager
Durand	Robert	U de Montreal	Professor
Emami	Elham	McGill	Dean
Esteves	Andrea	UBC	Clinic Director
Filiaggi	Mark	Dalhousie	Associate Dean Research
Ganss	Bernhard	Toronto	Associate Dean Research
Gerrow	Jack	CDRAF	Executive Director
Glass	Kellie	U of Saskatchewan	Professor
Gomaa	Noha	Western	Associate Director Research
Greiner	Russ	U of Alberta	Professor (speaker)
Haas	Dan	U of Toronto	Dean

Hockley	William	Western	Professor
Hussain	Ahmed	U of Saskatchewan	Professor
Jashni	Yassaman	McGill	Graduate student
Jessani	Abbas	Western	Professor
Kauzman	Adel	U de Montreal	Professor
Khan	Karim	IMHA	Scientific Director
Khanna	Mehak	McGill	Graduate Student
Komarova	Svetlana	McGill	Associate Dean Research
Kraglund	Ferne	Dalhousie	Professor
Laghapour Lighvan	Nima	FCDSA	Board member and dental student Western
Lai	Hollis	U of Alberta	Professor (speaker)
Lai	Jim	U of Toronto	Associate Dean Academic (speaker)
Leask	Andrew	U of Saskatchewan	Professor
Leon	Mariana	Colgate-Palmolive	Academic Manager, Canada
Love	Ondina	CDHA	Chief Executive Officer
Lunardon	Doris	U of Alberta	Clinic Director (speaker)
MacDougall	Mary	UBC	Dean
Major	Paul	U of Alberta	Chair, School of Dentistry President, ACFD
Makhoul	Nicholas	McGill	Associate Dean Postgraduate Dental Education
Martel	Sylvie	CDHA	Director, Dental Hygiene Practice
Matthews	Debora	CDAC	Chair of Board
Moreau	Alain	NCOHR	Director
Morin	Nathalie	McGill	Clinic Director
Nadeau	Christine	U Laval	Professor
Nanci	Antonio	U de Montreal	Associate Dean Research
Nicolau	Belinda	CADR	President
Oliver	Kristjana	ACFD	Administrative assistant
Pani	Sharat	CSDH	Chair, Science & Education
Papadakis	Athena	U de Montreal	Associate Dean Academic
Patterson	Steve	U of Alberta	Associate Chair Academic (speaker)
Perry	John	U of Manitoba	Associate Dean Academic
Plotzke	Olaf	CSDH	President
Posluns	James	U of Toronto	Clinic Director
Pyle	Marsha	ADEA	Senior Scholar
Quiñonez	Rocio	University of North Carolina	Associate Dean Curriculum (speaker)
Quiñonez	Carlos	Western	Dean (speaker)
Raveendrakumar	Rehka	FCDSA	Dental student McGill
Richardson	Jim	NDEB	President

Richman	Joy	UBC	Professor
Rock	Leigha	Dalhousie	Professor
Rodrigue	Elaine	U Laval	Clinic Director
Schelper	Dunja	CDA	
Samim	Firoozeh	McGill	Chair, ACFD working group on EDI
Seth	Sachin	Dalhousie	Professor
Shiff	Aviva	CDSPI	VP, Marketing & Customer Experience
Singhal	Sonica	U of Toronto	Professor
Siqueira	Walter	U of Saskatchewan	Associate Dean Academic
Soucy	Benoit	CDA	Director, Clinical & Scientific Affairs
Steinberg	Noam	U of Alberta	Graduate student
Stewart	Jeffery	ADEA	Senior Vice President for Interprofessional and Global Collaboration (speaker)
Swain	Vanessa	U of Manitoba	Professor
Tam	Laura	U of Toronto	Interim Dean
Tomkins	Lynn	CDA	President
Torresyap	Vince	U of Saskatchewan	Professor
Tufts	Sarah	CDSPI	
Velly	Ana	NCOHR	Associate Director
West	Karen	ADEA	President & CEO
Whitney	Eli	UBC	Associate Dean Academic
Wright	Tammy	Dalhousie	Professor

TRAVEL, LOCATION, MAP, COVID-19 AND OTHER INFORMATION

Wifi Access Info
Guest@UofA (open – no password required)

Eduroam (for faculty and students at universities other than U of A) log into the system as if logging into your own university system

UWS (password *A-C-F-D-June'22*)

User-names	Password (for all)
acfd1	*A-C-F-D-June'22*
acfd2	
acfd3	
acfd4	
acfd5	
acfd6	
acfd7	
acfd8	
acfd9	

Edmonton Clinic Health Academy (Health Sciences Jubilee LRT Station)
11405 87 Avenue NW
Edmonton AB T6G 1C9
Edmonton Transit Services (LRT) Trip Planner

Lite Transit Tickets will be distributed to each participant at:
Fairmont Hotel MacDonald: At check-in
Conference Registration: University of Alberta School of Dentistry – for those not staying at the Fairmont

COVID-19 RELATED INFORMATION

1. Masks on University of Alberta Campuses

Last updated on April 7, 2022

As of March 16, 2022, masks are no longer required on University of Alberta properties. Masks are still strongly recommended in high-traffic and high-occupancy areas and when working in close proximity to others.

As masks will be worn based on personal preference, it is important for all community members to contribute to a respectful work and learning environment.

For those who wish to wear masks, it is recommended you choose a mask that fits properly and is comfortable enough to wear for the duration you require it. Choosing a higher level of mask (such as an ASTM medical mask or N95 respirator) will offer better personal protection to the wearer.

2. *Alberta Provincial Guidelines - Effective March 1, 2022*

Masks

- The provincial mask mandate has been lifted for most settings, except:
    - on municipal and intra-provincial **public transit** for Albertans 13 and older
    - at all Alberta Health Services (AHS) operated and contracted facilities
    - at all continuing care settings
    - continuous masking must be followed for up to 5 days following mandatory isolation due to COVID infection for vaccinated individuals. For more information, see the isolation page.
- If a person chooses to wear one, masks should fit well and be of high quality. People at risk of severe outcomes should wear medical masks when in settings with people outside of their household.

3. *City of Edmonton Guidelines*

Face masks on transit and in transit spaces are required under the City's Temporary Transit Facilities Face Mask Bylaw. This bylaw aligns with the mandatory mask requirements put in

place by the **Government of Alberta** to help prevent the spread of COVID-19.

Visit **alberta.ca/masks** for more information

Wearing masks or face coverings is a community effort for those who can. Across the province, masks or face coverings are mandatory in settings such as public transit, AHS-operated and contracted facilities, and all continuing care settings.

The City of Edmonton's goal is to protect Edmontonians from COVID-19. Wearing a mask will help do that. If in doubt, wear a mask or face covering.

Please give yourself and each other 2 metres of distance where possible, use hand sanitizers when provided and cover your coughs and sneezes.

Please stay at home if you are experiencing symptoms of COVID-19 and follow current **Government of Alberta requirements for isolation** if you are experiencing symptoms.

Mask Exemptions

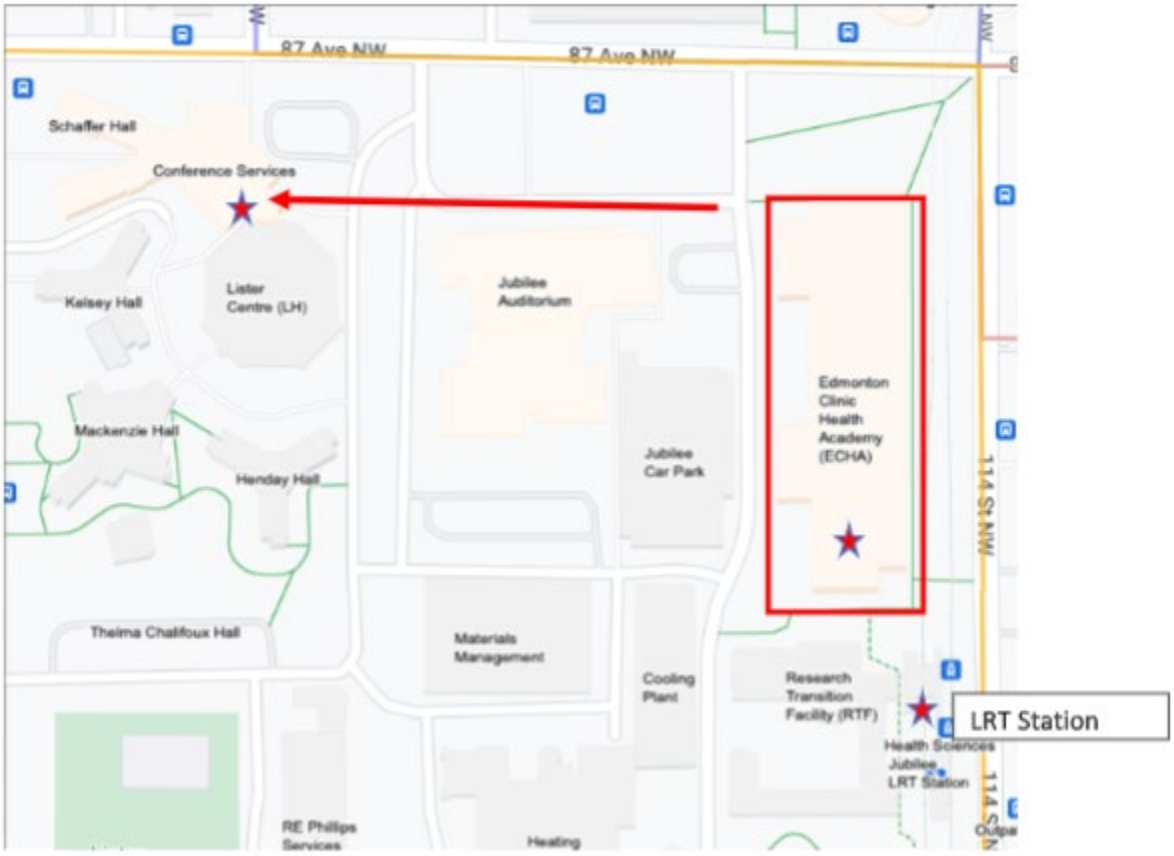
We understand that not everyone on transit is able to wear a mask or face covering, so we ask everyone to be kind to those unable to do so.

The Government of Alberta states that mask use is not required if:

- the individual is under 2 years of age
- the individual qualifies for a medical exception
- the individual does not meet the current mandatory requirements

For more information on mask exemptions, please visit **alberta.ca/masks**.

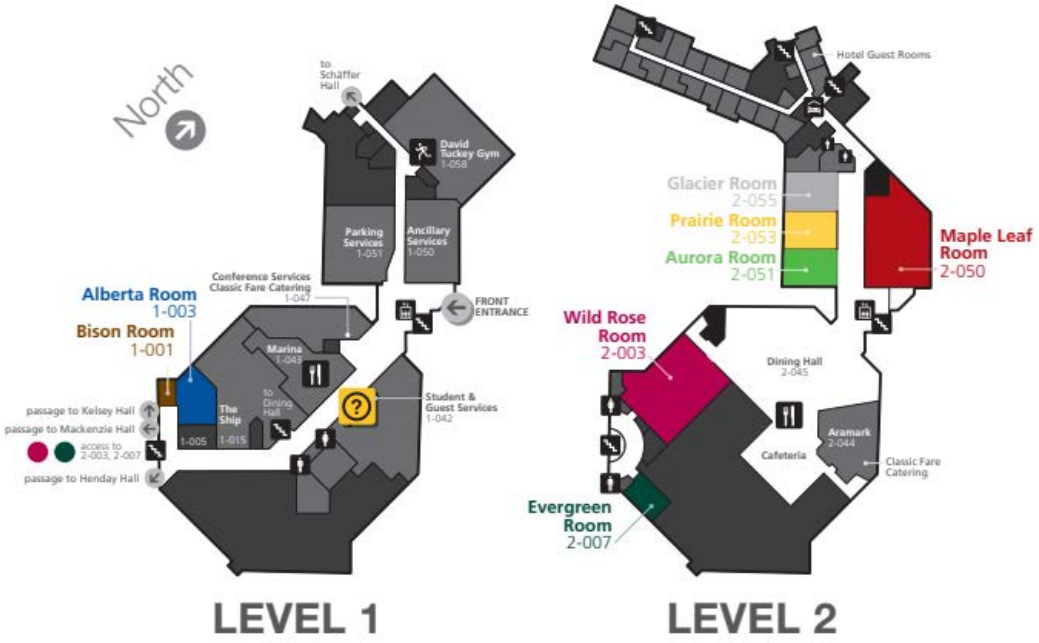
Map to ECHA, Lister Conference Centre



Lister Centre (Exit LRT at Health Sciences Jubilee LRT Station)
Located on the corner of 87 Avenue and 116 Street NW
Edmonton AB
(map & LRT instructions from Hotel MacDonald)

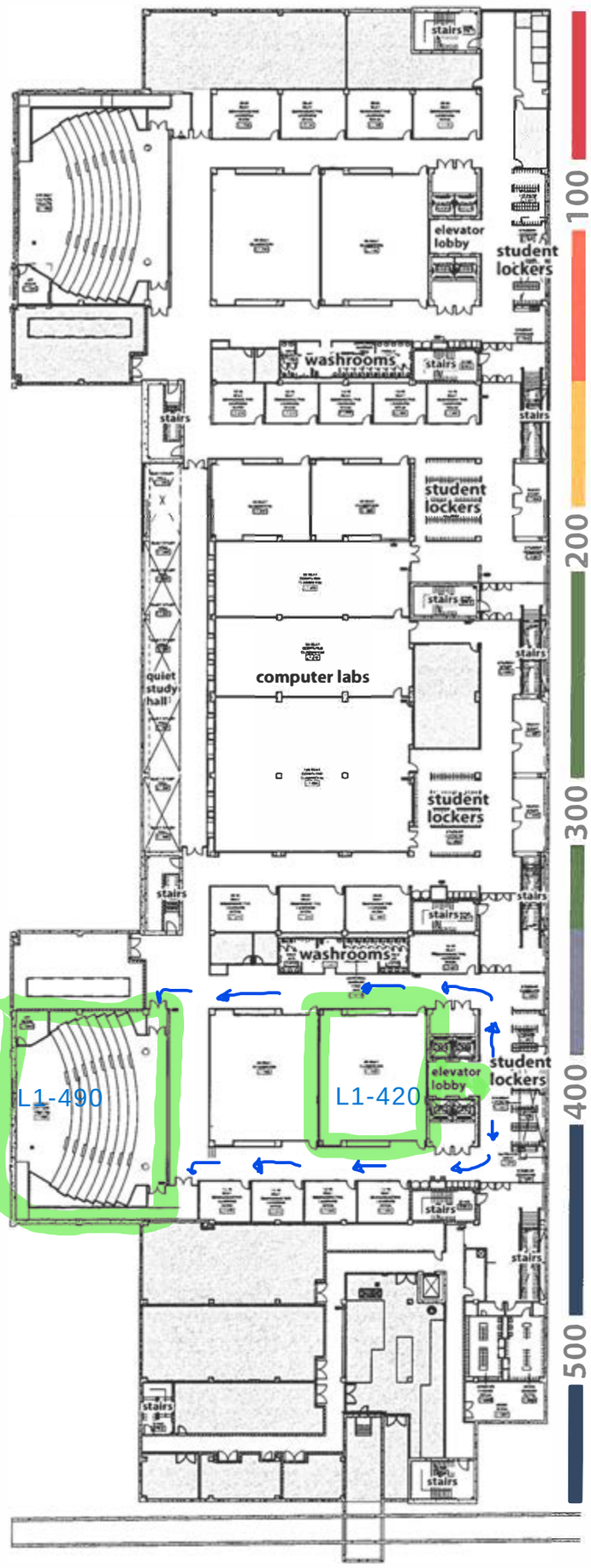
UNIVERSITY OF ALBERTA

CONFERENCE CENTRE



University Club (formerly known as Faculty Club) **(Exit LRT at the University LRT Station)**
11435 Saskatchewan Dr NW
Edmonton, AB T6G 2G9
(map & LRT instructions from Hotel MacDonald)
(walking instructions from Edmonton Clinic Health Academy – ECHA to the University Club)

level L1


stairs
elevator lobby
student lockers
washrooms
stairs
stairs
student lockers
stairs
quiet study hall
computer labs
student lockers
stairs
stairs
washrooms
L1-490
L1-420
elevator lobby
student lockers
stairs
stairs
stairs
stairs
100
200
300
400
500

level 1 - main floor

- Dentistry/Nutrition
- Dentistry (FoMD)
- Medical Laboratory Science (FoMD)
- Nursing
- Nutrition
- Student Commons

level 2

Community Engagement (FoMD)
Continuous Professional Learning (FoMD)
HSERC
Rehab Robotics Lab

Cafeteria 2-530

Pedway to LRT station

level 3

HSC
HSC - Discovery Mall
Nursing
Pediatrics (FoMD)
Pediatrics (FoMD) - Discovery Mall
Pharmacy
Pharmacy - Discovery Mall
Shared Space
School of Public Health
School of Public Health - Discovery Mall

level 4

HSC - Discovery Mall
Nursing
Nursing - Discovery Mall
Nutrition
Nutrition - Discovery Mall
Pediatrics (FoMD)
Pediatrics (FoMD) - Discovery Mall
Shared Space
School of Public Health
School of Public Health - Discovery Mall

level 5

Dentistry (FoMD)
Dentistry (FoMD) - Discovery Mall
HSC - Discovery Mall
Medical Laboratory Science (FoMD)
Nursing
Nursing - Discovery Mall
Shared Space