



pankeyperspectives

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Executive
Director's
Message

Christian B. Sager
The Pankey Institute
csager@pankey.org

Jay graciously allowed me to share his letter with you and I wanted to do so because Dr. John A. Anderson, Jr. is representative of our past, present and future. The strength of his character, his identity, his engagement with our history and his selfless contributions to our Visiting Faculty and outreach efforts are meaningful examples of what we hope to engender in the individuals who choose The Pankey Institute as the hub of their professional development activities.

His understanding of the reasons for the changes we are incorporating are comforting and encouraging because we sincerely desire to communicate the absolutes that direct the Institute's evolution – and to do so effectively, especially for our highly-valued traditional constituency that has been with us for many years and observed much change.

Jay's father, Dr. John A. Anderson, Sr., was the first Director of Education at The Pankey Institute, and he set our initial standards of excellence and relevance during the first decade of our history. Joining him was Dr. H. Loren Miller, the original Executive Director, and it was this two-person leadership team that created The Pankey Institute and inculcated our values – values we are striving to perpetuate in a changing world and profession.

The differing motivations and expectations of the generations comprising the American mosaic have been well reported and documented. Today,

Dreaming

“Cherish your vision and your dreams as they are the children of your soul; the blueprints of your ultimate achievements.”

– Napoleon Hill

any enterprise expecting to survive, much less flourish, must delineate its value and service to a specific audience. Our beliefs are that a significant segment of the GenXers and incoming Millennials aspire to the practice ethics and principles of the Traditionalists and Boomers and that the timeless concepts of the Pankey Philosophy are as inspirational and fulfilling for the younger professionals as they were for the older ones.

Introducing the core concepts to the various age groups requires different methods, but the principles of the philosophical constructs remain the same. The conundrum of marketing to the contemporary market, while still remaining true to the value system of the established professional, constitutes one of the most complex issues faced by an organization that believes its service is worthy of appeal to a society in transition.

Our “dream” is to sustain the impact of the Pankey Philosophy on succeeding generations of dentists. We have been “good” for three decades, and while we cherish our memories of our history and our founders, our mandate is to perpetuate and expand the influence and contribution of The Pankey Institute into the future. If our “memories exceed our dreams” then the “end is near,” says the quote from Michael Hammer. That’s **not** going to happen with your help and the team we have assembled to go forward. ■

Dear Chris,

I appreciated your last installment in pankeyperspectives. Thank you. You mentioned having read Tom Friedman's book, *The World is Flat*. I have just finished it myself and was struck by many things he wrote, but one small paragraph on page 451 made me think of your article and the Institute as a life-affirming entity.

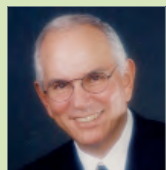
Friedman asked the question: "Does your society (organization) have more memories than dreams or more dreams than memories?" Then he goes on to quote Michael Hammer by saying, "One thing tells me a company is in trouble is when they tell me how good they were in the past... When memories exceed dreams, the end is near. The hallmark of a truly successful organization is the willingness to abandon what was successful and start afresh." The rest of page 451 is also important from my point of view, but I thought of the courage the Institute has taken to not focus on looking backwards but to dream of the future. To that I applaud you and Irwin and all the in-house leadership.

I am very excited and supportive of what is happening at the Institute. Though I am inextricably tied to the past and the wonderful memories there, dreaming based on the same principles and values is our (i.e., the Institute's) future. I would feel tremendous loss if the values and principles of the Institute's founding mission were to be surpassed, left behind or disintegrate because we didn't dare to dream.

I recognize the value and importance of the Pankey Philosophy in my life and how it has been life affirming to so many others. The Institute is the guardian of that heritage. We must continue to dream and retain what has made it great and will make it great. So thank you for continuing to dream and to act on those dreams. May the Institute and its legacy be in the future, not merely in the past!

Warm Regards, Jay

The Ethics Question – A Closer Look



The
Chairman's
Corner

Irwin M. Becker, DDS
The Pankey Institute
ibecker@pankey.org

Having been recently part of two ethics workshops, I feel compelled to discuss with you the ethical dilemma that engages us in dentistry today. The first event was sponsored by the American College of Dentists at the ADA Building in Chicago. For that one, I stayed an extra four days in Chicago after my normal week of involvement with the AES, Chicago Dental Society and Restorative Academy. The second event was associated with the ADEA in Orlando. Both were thought provoking and stimulating, and they brought The Pankey Institute into clear focus as the unique CE provider with a renowned reputation for ethical and professional practices. These practices govern our teaching and how The Pankey Institute performs and interacts as an organization.

Every constituent should be extremely proud of the comments lavished upon your Institute in both these workshops. In fact, we were used as a role model for ultimate ethical practices. This goes, of course, back to our roots and humble beginnings. The basis for the Pankey Institute is enriched by the ethical professionalism demanded by our founders and namesake. For the last 24 years, Chris Sager and I have continually made decisions solely based on what was best for the Institute and what would be the correct thing to do. Literally every other dental organization can take

notice of the practices that guide your Institute.

So what are the essential problems raging in our profession and what do we do that has become a shining beacon for others? Commercialism is increasingly influencing dentistry and continuing dental education. We are philosophically (ethically) opposed to this. We stress that each and every treatment plan must solely and purposely be in the patient's best interest. And, we separate and guard the Institute from commercial influence in our continuing dental education program.

Today we see too many shortcuts being taken during the examination and diagnosis of patients' problems, and these shortcuts lead to quick-fix answers to otherwise complex and sophisticated problems. Surely, the public has been dazzled by the marketing blitz of "Extreme Makeovers" and product-driven treatment solutions. These solutions are notoriously over simplified just to market a particular product or product line. We even are beginning to see corporate pressure to misdirect who should be accomplishing and performing the most complex and difficult procedures.

I particularly worry about any movement that erodes the time-proven benefits of the team approach to interdisciplinary dentistry. You know about my commitment to developing general dentists into restorative dentists, yet there are levels of complications that are best treated by specialists within the framework of interdisciplinary diagnostics and team communication and cooperation. In the long term, I would be leery of any movement that could eventually erode the overall concept of comprehensive care.

In addition, the ugly truth is that licensure credits can be obtained

through infomercial-type educational programs. It seems only right that a properly accredited program should present a broad perspective on a given subject and not present only one product with only that one product's own research being quoted. How can the demonstration of a particular commercial product be worthy of credit granting?

The problem started out small but has grown to major proportions, even at the dental school level. We clearly realize the problem that school-based CE programs have in sustaining themselves without corporate sponsorship. We realize that there clearly can exist a healthy and ethical relationship with the corporate world. However, just as we have existed all these years by tuition sustaining our programs, there must be proper ways to conduct the business of dental education.

As you know and as you must be proud of, we pay for everything we have here at Pankey. We are clean when it comes to any conflict that could lead to any type of bias in our teaching. For example, if we are discussing implants, we can talk about any brand or any company's advantages or disadvantages. In fact, our curriculum is based on principles and practices, not instrumentation, product, or even specific technique.

We can work closely with corporations and put on programs together, but it is always with the clear understanding that we have complete freedom to say anything we want. We have pure disclosure and have no financial obligations that could lead to ethical questions. If other CE providers didn't feel they had to be subsidized or financially sponsored by corporations, dentistry would not be in this dilemma.

I support the good things that the corporate world has done for and with dentistry. I support their

ethical research and development. I simply ask that, as a profession, we insist on ethical practices when dealing with the corporate world. These would include but not be limited to the following:

- 1) Pure and clear disclosures
- 2) Arms-length financial dealings between the corporate world and dental schools and CE programs
- 3) No credit granting for single product courses
- 4) Honest disclosure when comprehensive care is being short-changed (for example, instant ortho, utilizing veneers when orthodontics is more appropriate)
- 5) Withdrawal of corporate support for CE programs that are not ethically-based, promote gross over-treatment and/or utilize principles that are not part of the generally accepted guidelines of dental schools and the respected professional organizations and academies of organized dentistry
- 6) Withdrawal of organized dentistry's support for those few CE providers that offer quasi-degrees that are not universally recognized for their merit or credibility
- 7) Complete disclosure when utilizing case studies that in any manner were laboratory or corporately subsidized so the audience is not misled about what is possible utilizing fee-for-service dental care

It all seems so easy if all of us just did the right thing. ■

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Triple Plus Club

Our Newest Members:

Dr. G. Randy Sachau of Spearfish, SD
Dr. DeAnne C. Blazek of Waukesha, WI
Dr. & Mrs. Eben A. DeArmond, Jr.

SAVE THESE DATES

for the Upcoming Triple Plus Club Meeting at
The Barton Creek Resort, Austin, TX:

September 13-17, 2006

Meeting details are on page 7.

Perspectives: After the Initial Knee Jerk



Director of
Academic
Affairs

Steve Ratcliff, DDS
The Pankey Institute
sratcliff@pankey.org

What is your learning pattern?

Learning is a complex and varied activity, and it is different for adults than it is for children. As adults we attach history, values and attitudes to what we know. In order to learn something new, we must have an openness and willingness to – at least for a brief period of time, set our deeply entrenched history aside.

I, particularly, am guilty of an unwillingness to stay open. When confronted with some new concept or idea that is in conflict with what I think I believe, my first response is to be resistant and to dismiss what I think I hear. “How could that be right,” I ask myself. Or, “I’ve never done it that way!” This attitude is often described as resistance to change, but I think it is deeper than that. I think it is about fear.

When I was in private practice and one of my team members would come to me with an idea, my first response would be to think or say, “No.” It was knee-jerk for me. As I became increasingly aware of how this negativity was affecting my staff, I tried to understand what it was about. It seems that I was mostly afraid of someone else having the right answer. After all, wasn’t I supposed to be the boss? And, the boss is the one who has the answers. If they had ideas, it might mean that I wasn’t a good boss (i.e., the one in control). Convoluted, right? Still, it was how I behaved.

Pleasant surprises come to us if we allow them access.

I have been one of the loudest opponents of neuromuscular dentistry. And before I go any further, hear this: I still believe that it is an incorrect approach to caring for patients. What I want to talk about is my attitude, not the technique. I was recently invited to share the podium with Dr. Rhys Spoor, a dentist from Seattle who practices neuromuscular dentistry and is well known in cosmetic circles. I had to think long and hard about this because I really didn’t want to get into a sparring match with a zealot. I decided to call

Rhys to make sure that he would toe the line or I wouldn’t participate. I hoped that we could do this lecture in the spirit of learning. (Do you hear my historical bias, resistance, assumptions and fear in why I called?)

When I made the phone call, I was surprised to discover that he was most pleasant, and that he had no axes to grind. In fact, I liked him. (How could that be?) By the time we met in San Diego and when we finished our talk, I think we both learned some things. Rhys is delightful, and I consider him a new friend. He is without question doing what he believes to be in the best long-term interest of his patients. Not only that, his dentistry is beautiful. That being said, I still don’t believe that I will practice the techniques that he practices, but here is my learning.

I have been fearful that neuromuscular dentistry would take over and destroy what I believe and practice. I have been adamant that I am right, “they” are wrong, and there is no room for discussion. Fear gets in the way of our good sense at times, and I have been guilty of putting all those individuals who don’t believe as I do into an “other” category and deemed them not worthy. I have also let a few individuals, with whom I either had bad experiences or whose actions and behaviors were

in conflict with my value system, color how I see anyone they have taught or influenced.

Learning can occur when there is a trusting relationship.

So, as I consider how my new friend Rhys Spoor is so seriously misguided about his technique for finding a restorative position, I also want to be sure I can keep my ears open in the event that we have the opportunity to dialog about how we might measure the differences between our techniques and see what we learn. I am certain there is more to learn with and from him. I hope there is always room for intelligent discourse with the intention of discovering the truth.

Isn’t that what we need to be about? When I let personalities get in the way of the principles I hold close, I lose the ability to hear what might be a new truth for me or the opportunity to help someone else discover a new version of the truth for themselves.

I am finding myself more willing to listen and stay curious. It’s funny how that works so well in developing relationships. ■

New! ADA-Pankey Education Connection

The American Dental Association and The L.D. Pankey Dental Foundation have announced a new initiative, the ADA-Pankey Education Connection, under which the two organizations will develop continuing education programming for dentists. Initially, the collaborative effort calls for the Pankey Foundation and the ADA to provide CE programming at the ADA Annual Session, the ADA New Dentist Conference and regional dental conferences. Additionally, the joint effort allows the two organizations to explore other avenues to deliver continuing education programming, including the Internet and podcasts.

As part of the relationship, the

organizations will establish a workgroup to review and revise current Pankey CE programs and to develop new content. According to the ADA’s Executive Director, James Bramson, DDS, one goal for this group is to ensure there is programming of interest to serve a diverse population of dentists, including non-owner dentists in private practice and community health dentists.

“The ADA is committed to continuing education for dentists across all dental occupations,” said Dr. Bramson. “I’m particularly excited by the ADA-Pankey Education Connection because of the Institute’s strong reputation and commitment to quality and innovative learning experiences.”

“We are eager to launch this program and very interested in ensuring that new dentists gain insight from the experiences we’ve derived over the last 34 years,” said Christian B. Sager, Executive Director of the Pankey Foundation. “We’re very pleased for the opportunity to work with the ADA to refine CE programs especially for young dentists.”

The ADA-Pankey Education Connection also provides price reductions for new graduates who are ADA members to attend Pankey Institute courses in Key Biscayne. In the first year following their graduation from dental school or completion of a post-doctoral program, ADA member dentists will receive a 20

percent tuition reduction and 50 percent lodging reduction, and they will be offered an i-CONNECT laptop (including Pankey materials) for \$395. Price reductions for ADA members in their second year following graduation are 10 percent of tuition and 25 percent of lodging.

“We are hoping to attract dentists to the Institute earlier in their careers,” said Dr. Mark Murphy, Director of Professional Relations at The Pankey Institute. “This program makes the Continuum a more affordable choice for new graduates. Financing options for affording the Continuum are also now available.” ■



Clinical Director

Lee Brady, DMD
The Pankey Institute
lbrady@pankey.org

Learning from a Master

As a small child I loved candy and treats, the result of which was decay. Fortunately my father, a laboratory technician, was committed to my dental health and so I frequently found myself as the patient in a dental chair. My parents passed responsibility for my dental health squarely onto my shoulders once I became an adult, and with the beginning of dental school that became truer than ever.

Years later as I progressed through the Continuum, I experienced an awakening curiosity about the condition of my own mouth. Those wonderings grew in magnitude back in my office as I would present comprehensive treatment plans to patients, realizing I was recommending treatment on teeth that looked the same or better than situations in my own mouth.

Not being one to sit around inactive once I get an idea, I quickly had my chair-side assistant take a complete series of radiographs and began doing my own diagnosis. The years had not served my old surface amalgams well, and I was determined to correct the situation.

I called a friend and said, "Hey I need some work," and he squeezed me in on a Friday afternoon between

his last patient and his dinner reservations. I sat in the chair, and he said, "What are we doing," while uncapping the anesthetic at the same time. I was moving forward and my teeth were getting restored, but I had this feeling that I had missed something. Then the missing piece was given to me as a gift.

I had recently arrived at the Institute as full time faculty. I had been wearing my C2 splint religiously since delivery, and after multiple relines it was in need of some attention. I asked Steve Ratcliff if he would help me with my appliance. He was pleased to help and simply requested that I make an appointment. On the morning of the appointment, Steve and I were sitting in his office talking, and he looked up and said, "Let's do your pre-clinical interview." Despite my being surprised that we were going to be so "formal," I said sure, and we began.

I talked in response to brief probes from Steve for over twenty minutes about my beliefs and feelings about the dentistry I had experienced in the past. Those nagging feelings about the missing piece became thoughts, developed into sentences and then complete concepts. By the time we were through and ready to head down to the treatment suite, I realized I had short-changed myself the same way we do our patients. I had been the victim of single-tooth dentistry, and most of this had been self-imposed.

During my conversation with Steve, I became keenly aware of

concerns I had about my present condition, things I imagine I had been intuitively aware of but had never taken ownership of until I was given the chance to process them. I was able to connect with my own values around health and verbalize what "optimal" looked like for me as it concerns dentistry. I felt truly listened to, and this, in combination with Steve's curiosity, created the environment for incredible learning about myself.

Next came the clinical exam. We all know the steps, right? I discovered that I knew the steps to collect the data, not how to create an experience for the patient. The exam wasn't for Steve, and it wasn't about Steve. It was about me, the patient. For all my knowledge and expertise in the field of dentistry, I hadn't owned the conditions in my mouth until Steve helped me experience them.

Co-discovery was an unbelievable process for me as a patient. It put a face on my feeling that something wasn't right. I put together for myself the relationship between cause and effect, and felt empowered to choose and solve the cause not simply deal with the effects as they occurred. More critical, I was central to the process – I was important!

At the conclusion of the exam, Steve rolled his chair in front of me and asked a simple question. "What would you like to stay the same and what would you like to have be different from your dental experiences

of the past?"

It all came together in a rush. This is about me, and I have choices. It was one of the most powerful moments I have experienced both as a patient and as a dentist. In those two hours, Steve had given me one of the greatest gifts I will ever receive. In that short time, I came to clearly understand my desires around my dental health. I developed an accurate picture of my current condition and took ownership of it. Finally I realized that I have the power of choice in how my needs and desires will be treated and the quality of that experience.

Who I am professionally was inextricably shifted that day, as well, because as a dentist and a student, I also received the gift of understanding the "why" behind the pre-clinical interview, comprehensive exam and review of findings. It isn't about jumping through hoops or completing the steps so we can get to the dentistry. Now I spend that time focused on helping my patients take ownership of their present condition, connect with what optimal dental health means for them and supporting them as together we create their experience of dentistry.

Practicing to my fullest potential is about facilitating this level of understanding for my patients. It is a much more challenging mountain to climb to give of ourselves personally, build relationships and set aside who we are to help another. ■

Update on Pankey i-Connect

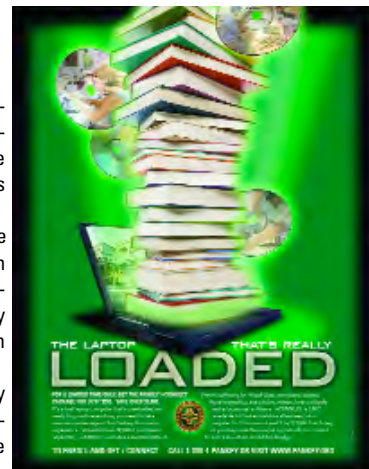
You likely saw the Institute's "Loaded Laptop" and "Connect" ads in the January-April issues of leading trade magazines. For a limited time, Participants will be able to purchase the *Pankey i-Connect*, which is a laptop computer that has been preloaded with the appropriate digital manuals, case photos, videos, financial tools and educational software to take maximum advantage of the Continuum experience. Preloaded software includes the E-Illuminate software for participating in the Web-based distance learning modules (a state-of-the-art virtual classroom and integral part of our new class format).

C1 participants are able to purchase the laptop for \$395. The total value of all the hardware, loaded software and loaded digital media exceeds \$2,000 so

you can readily see this is a real advantage of attending the Continuum. We urge all Pankey mentors, faculty and our other referral champions to use the loaded laptop offer as a means to talk to colleagues about enrolling in the Continuum now.

Students in C2 and above may purchase the *i-Connect* laptop for \$795 and connect more fully with the Institute. If you have a laptop that you would prefer to load with software and digital media, you may purchase a USB flash drive with similar information on it for \$125.

This is an efficient way to centralize your Pankey Institute-related software, manuals, PowerPoint presentations, digital images, notes and more! Call the Institute for more details. ■





Clinical Director

Gary DeWood, DDS, MS
The Pankey Institute
gdewood@pankey.org

Out There!

The power of branding is in the creation of expectations and, therefore, in the creation of greater perceived value. Of course, it is counterproductive and even destructive if those created expectations are not met or exceeded.

Dental services, unlike most other services, do not easily lend themselves to advertising. As a profession, we “sell” health. Our patients, the consumers of our services, always have had very limited ways of judging the value of one dentist over another, let alone of one procedure over another in seeking that “purchase.”

They historically have made the decision regarding their dentist by asking others, sending their kids first, or according to how much they like the dentist and the staff. They made the assumption that all dentists are doctors and would guide them along the same path to health.

In more recent times, many have abrogated their decision to a third party that additionally negotiated fees for them through preferred provider contracts. The cosmetic revolution in dentistry has changed all of that. The public perception of dentistry and the ability of advertising (branding) to influence patient choices came to a new and different place with the success of public spectacles like *Extreme Makeover*.

As demand grew for whitening and cosmetic changes to smiles, it became a good business choice to advertise the training one had received in becoming proficient at

these “new” services. A number of companies and individuals have developed advertising campaigns to create expectations around the training a dentist has received. This development of brand creates a public perception of expertise.

Our participants (you) repeatedly asked that we help the public understand the time, effort and investment you have made in your studies at The Pankey Institute and the value of that training in comprehensive dentistry to them. We have responded.

The Pankey Institute is working diligently to be the source of developing branding for dentists who study here. Our website, pankey.org, is filled with articles, references and answers to frequently asked questions and can act as a disinterested third party source of information. Our Alumni Association’s new patient-centered website, at www.pankeydentist.org, permits members of the Alumni Association to be listed in a whole new way. A personal information page indicates the amount of study the member has done here and can link directly to the member’s website.

We’ve filmed a series of patient information videos that will be made available to news agencies and to our Alumni Association members for their use locally or in their office. We are vigorously attempting to become the source and voice of advanced training in comprehensive, esthetic dentistry. We are becoming a presence in the public domain. We are

working diligently to be OUT THERE!

You, like many of our valued constituents and supporters, may have uncertain feelings about advertising. After all, for many years we have stressed the need to build your practice through relationships with patients and direct referrals from those who were pleased with their experience. This is no less vital in creating a successful practice and must be a very important part of what you do. But, in 2006, we interact with a different kind of client (patient).

Today’s client is better educated and more discriminating in selecting an appropriate dentist for their needs and those of their family. As they seek information to make that decision, it is imperative that they are able to recognize the value of the training you have experienced at The Pankey Institute when they consider your practice.

In the last *pankeyperspectives*, I advised you to celebrate your time here with staff and patients. Do that! Know that we are doing it, also. Together we can create an expectation among discriminating consumers that they will get more value in the office of a dentist who has trained at The Pankey Institute – no matter what services they seek. They will feel that they know they will get what they are looking for because they know The Pankey Institute.

Zig Ziglar taught us that selling is always about what’s best for the buyer. He said, “Sometimes it takes a lot of effort to have them see that as clearly as I do.” We are making that effort. We are OUT THERE! ■

When selecting goods and services for your family or your practice, have you ever found yourself trying to decide between two clearly similar and possibly identical items? Is the “store” brand the same as the “national” brand? What makes that one more expensive than this one? Which is the best choice? How will I decide? How did you decide?

It’s clear that we make decisions about purchases based on much more than just comparison of the goods or services. Advertisers spend billions annually to shape our expectations so that when the moment of decision arrives we will lean toward what we believe we know.

Branding creates a sense of familiarity, comfort and security that our decision is based on real experience. This comfort and security causes us to believe that it is the right choice. In fact, those feelings could be based more on simple recognition than on experiences. Whether experience or recognition, this familiarity creates expectations that this brand is different, is unique and is better.

It’s about value more than cost.

The Best Practices Seminar is coming to you!

Chicago – Aug. 18-19, 2006

Toronto – Sept. 29-30, 2006

Atlanta – Oct. 6-7, 2006

Orlando – Oct. 27-28, 2006

Los Angeles – Nov. 17-18, 2006

Dallas – Dec. 1-2, 2006

Do you know general dentists, specialists, lab technicians and office staff who haven’t visited the Institute and would like to learn about why so many of the most accomplished dentists credit Pankey training as pivotal in their success? The *Best Practices Seminar* is for

them. Dr. Steve Ratcliff, Dr. Lee Ann Brady, Dr. Gary DeWood and Mr. Dale Schwarte will be presenting 1.5 days of exceptional information and inspiration via energizing presentations that earn 12 AGD lecture hours.

The very affordable \$495 tuition fee for dentists and technicians (\$200 for each support staff) includes continental breakfast, lunch and a Friday evening reception. The full seminar tuition can be applied to C1 tuition should an attendee decide to enroll in C1 after the seminar.

Three overriding questions frame this seminar:

- ◆ What do Pankey practices do that elevates them to the top echelon of the profession?
- ◆ What makes their dentistry so predictable?
- ◆ How do they balance their personal and professional lives?

The team will review “Best Practices” in centric relation occlu-

sion (including comparison with neuromuscular dentistry), anterior guidance, TMD, bite splint therapy, 3-D imaging, case planning and risk reduction, behavioral skills and choices that end “roller skate” dentistry and lead patients to want comprehensive care, clinical photography – a key to case acceptance, foundational financial practices, life balance and a philosophy for creating the practice of your dreams.

For more information, please call Mari Blandon at 305-428-5500, or e-mail mblandon@pankey.org. ■



Check it out!

The Alumni Association now has a public directory of Pankey Institute trained dentists at www.pankeydentist.org. Those who have elected to participate by becoming Public Members of the Alumni Association are included. We are excited about the large interest to date, with over 830 dentists enrolled.

On pankeydentist.org, the public can read about your exceptional training, have the ability to search for a list of participating Pankey trained dentists by state and find educational information about comprehensive oral health. Over time, we will have an impact on the public by pronouncing the Pankey model of care and educating the public about comprehensive dentistry.

If you are a Public Alumni Member, you should have received a certificate announcing your listing on pankeydentist.org. On our main website (www.pankey.org), under "Recommended Resources," you will find sample pankeydentist.org ads, a guide to pankeydentist.org advertising and a press release that

can be customized to announce participation.

We encourage you to include mention of your membership in your advertising, practice website and any public educational articles you publish. We hope you link your practice website to pankeydentist.org. We are permitting Public Alumni Members to use a special Pankey Institute Alumni seal (pictured on this page). This seal is available by contacting Pauline Shaw (pshaw@pankey.org). One word of caution, though, please do not imply that all dentists of a practice are members of pankeydentist.org if they are not.

Since getting this new website off of the ground, numbers of Public Alumni Members have called inquiring about the use of the Institute designed ads. Please read the "Guide to pankeydentist.org Advertising" mentioned above to answer your initial questions.

If you would like to become a participant in pankeydentist.org, please contact our Alumni Association Administrator, Pauline Shaw (Phone: 305-428-5553 or E-mail: pshaw@pankey.org). ■



Educating your patients just got a boost with the launch of our new Alumni website! Link your website to pankeydentist.org.

Below are two of the Institute-designed ads for pankeydentist.org dentists. The QuarkXpress files can be rapidly customized by an ad agency, graphic artist, or full service printer with your name and contact information. With more time involved, they can be resized, created in grayscale (for newspapers), have customized paragraph text, include the names of more than one pankeydentist.org dentist and include a practice logo. To see all ads, go to www.pankey.org and look under "Recommended Resources." The Institute is permitting the use of its official seal in the context of these ads. The Institute's official seal (the one with Quid Pro Quo in the middle) is otherwise only used by the Institute on its own publications. The special pankeydentist.org Alumni seal (at top left on this page) can be used on any Public Alumni Member's communications. All ads based on the Institute's sample ads must be approved prior to publication.

TRUST IS A MUST

Each Pankey Institute trained dentist is one of a small, distinguished percentage of dentists who have invested in interdisciplinary training, one of the world's foremost continuing education institutes, the Pankey Institute for Advanced Dental Education. This program is instrumental to the development of skills that allow your dentist to solve the most complex of dental problems. The comprehensive education you receive from a Pankey trained dentist will be unlike any you have received before. We care about you as a unique individual and ensure you in a way that together we can understand every aspect of your oral health and any appearance that can be improved. Hearing about your concerns, opinions and needs will enable our dental team to help you achieve the results you desire. In this office we love what we do. **Now that's something to smile about!**

DR. LOUIS R. JUBLOVE
4801 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33021
954.981.4300

THE PANKEY INSTITUTE
FOR ADVANCED DENTAL EDUCATION
www.pankeydental.org

EXPERIENCE THE ART OF FINE DENTISTRY

Each Pankey Institute trained dentist is one of a small, distinguished percentage of dentists who have invested in post-graduate training at one of the world's premier continuing education institutes. The Pankey Institute for Advanced Dental Education. This program is instrumental to the development of skills that allow your dentist to solve the most complex of dental problems. The comprehensive education you receive from a Pankey trained dentist will be unlike any you have received before. We care about you as a unique individual and ensure you in a way that together we can understand every aspect of your oral health and any appearance that can be improved. Hearing about your concerns, opinions and needs will enable our dental team to help you achieve the results you desire. In this office we love what we do. **Now that's something to smile about!**

THE PANKEY INSTITUTE
FOR ADVANCED DENTAL EDUCATION
www.pankeydentist.org

DR. LOUIS R. JUBLOVE
4801 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33021
954.981.4300



Mark T. Murphy, DDS
Director of Marketing &
Professional Relations
mmurphy@pankey.org

Growing Relations

When you are encouraging a friend or colleague to attend the Pankey Institute, it is a gift to them that goes well beyond technical excellence in restorative dentistry. It is about their growth and development towards a more fulfilling life within and outside of dentistry. On our pankey.org website, it states that "the spirit that drives us is to improve the health and well-being of the world's citizens by helping dentists achieve professional excellence and fulfillment." Clearly we are mission driven, commercial free and scientifically sound in our pursuits. Our philosophy and this approach set us far apart from others. There are several additional CE providers who offer well-rounded curriculum but we stand nearly alone as a nonprofit partner that does much more than help dentists and dentistry.

Not only do we strive to provide post-doctoral education for comprehensive oral health care, but we also endeavor to help dentists realize their dreams. On page 1, you can read Dr. Jay Anderson's letter in which he refers to a bestselling book, *The World is Flat* by Thomas Friedman. Friedman asks if our societies and organizations have more "dreams or memories." Our past has been profound to be sure, but it is and will be our future that defines

us. As your Director of Professional Relations, I have to make sure plans and decisions for the future are congruent with the Foundation's mission and vision for The Pankey Institute.

At the Institute, we often ask ourselves what is in the best interest of our participants. We are not really in the business of selling goods and services as a business would. Nor do we seek control over populations as governments must. We help people grow in the direction of their dreams, not ours, but we work to perpetuate a model of care that we honestly believe is in the best interest of patients and has served thousands of dentists well by allowing them to have meaningful relations and impact lives while doing their best work.

In our teachings, we continuously give prominence to the notion that a balanced life serves everyone best in the end. Happiness and fulfillment within our noble profession goes far beyond clinical competency. Clinical restorative excellence is really just the table stakes to get into the game. It is our philosophy of practice – personalized for each person's circumstances, temperament and objectives, that bring wholeness to the experience. It moves our dental profession from making a living to making a life.

We are reaching out and growing relations in several directions because we continue to dream of a growing influence on the world. I have organized a summary of our recent initiatives along the lines of our mission statement, and I think you will agree that reaching out is in the best interest of our participants.

Increase influence on the profession.

- ◆ The Lanmark Group surveyed dentists about their perception of The Pankey Institute.

- ◆ We surveyed participants about their Continuum experience and needs.

- ◆ We have continued mentor, faculty and curriculum development.

- ◆ We have added appropriate technology and teaching methodologies.

- ◆ We have developed an alliance with the ADA to help new dentists.

- ◆ We have expanded our yearly outreach seminar to six locations in 2006.

- ◆ We have made time for more resident and visiting faculty lectures and presentations outside of Key Biscayne.

- ◆ During the first quarter of 2006, student enrollments increased for all levels of the Continuum.

Help dentists help the underserved.

- ◆ We are surveying and reporting on the public service efforts of the Institute's alumni.

- ◆ We donated \$10,000 to the ADA Foundation for Hurricane Relief.

- ◆ We are promoting phased treatment in our publications and public website.

- ◆ We are promoting donated services as a component of professional life.

Inspire dentists to achieve happiness and balance.

- ◆ Faculty articles appear regularly in *Dentistry Today*, *Dental Practice Report*, *Dental Economics* and *Woman Dentist Journal*.

- ◆ We are developing alliances with several Universities to provide philosophical and behavioral educational content for students, faculty and their alumni.

- ◆ The "Better Practices" outreach seminar and an upcoming "The Grass Is Greener" ad campaign are designed to promote balance and personal fulfillment in dentistry.

Educate the public about the value of comprehensive oral health care.

- ◆ We have created a new website for patients – pankeydentist.org. It provides optimal oral health care information and a directory of participating Pankey Institute trained dentists.

- ◆ The Board funded the Paradigm Media project to develop TV segments about optimal oral health.

- ◆ Four of the Paradigm Media patient education segments can be viewed via pankeydentist.org.

- ◆ *Oral Health Report*, our newsletter for patients of Pankey trained dentists, is in its second year of publication. Over 800 dentists receive this quarterly newsletter for their patients.

- ◆ We are responding in the public press to oral health articles, most recently to a TMD article circulated by Knight-Ridder newspapers. ■



Jack Shirley, DDS
San Antonio, TX
jshir007@aol.com

Foundation
President

Class One
Triple Plus
Club
President

Triple Plus Club to Meet Sept 13-17

Class One Triple Plus Texas Style.

We are having the meeting in Austin, the capital of Texas, at the Barton Creek Resort. This resort is listed among the top 500 resorts in the world in *Travel and Leisure* and is winner of the Culinary Award of Excellence in *Wine Spectator Magazine*. It is located on 4,000 acres of scenic-wooded, cliff-topped and creek-crossed hill country, with four 18-hole golf courses, forested nature trails, sports and recre-

ation facilities, and a full service spa. Its luxury is a Southwestern, casual style that we believe will give you a welcome break from your busy routines.

If you are into the March Madness NCAA basketball tournament, you will be glad to know that one of our speakers is Rick Barnes, the head basketball coach at the University of Texas. We also will have retired General William McClain who is presently Assistant

to the President at the University of Texas Health Science Center in Houston. Our third speaker is one you will remember from the 2003 Alumni Association Meeting. He is none other than Robert K. Cooper, PhD, a world-renowned consultant and lecturer on the practical application of emotional intelligence and the neuroscience of leadership. Dr. Cooper is back due to your high demand and will bring us new information. (Continued on page 9)



Dentistry in the UK – Past and Present... A PERSONAL PERSPECTIVE

Dr. Ellis Paul, Editor-in-Chief of *Private Dentistry*, FMC Publications, UK

Dentistry in the UK changed forever very dramatically in 1948. This was the year that the Socialist Government introduced the National Health Service (NHS). This was based on their philosophy that, all men being equal, healthcare should be free for everyone. This meant medicine, hospitals, and dentistry. Dentists were paid on a fee-per-item basis based on a comprehensive scale of fees – rather like the US insurance schemes but with fees pitched vastly lower.

Naturally, dentists' incomes rocketed as they worked long hours, weekends, and produced dentistry on a conveyer-belt system. Naturally, this cost the government an absolute fortune, and by 1952 they realized it had to be changed. A law was introduced by which patients paid a small contribution towards their cost of treatment. These charges were modest at first but increased regularly on demand, and therefore costs slowly fell. Of course, dentists still had the option of either joining the State system or treating patients privately, setting their own fees. Some did this, but most preferred to stay in the comfort zone of a guaranteed monthly income.

Like all new graduates setting up practice for the first time I worked in the system for some years to build up my patient base. But I knew this wasn't the way to practice the quality dentistry I wanted. So after some seven years, I turned my office into a totally private one. Some patients left but then this was necessary because I couldn't devote my time and attention to every patient without vastly reducing patient numbers. Happily it worked well, and at last I could do the quality dentistry I was trained to do.

One of the most significant events in my personal and professional life was attending a Pankey Institute Continuum Level One in the early 1970's. I had heard Loren Miller speak here and realized that The Pankey Institute offered just what was needed for me to build a successful private practice, develop my expertise in clinical and financial

management, and direct my personal life in the right direction.

I can still remember almost all of the details of that week, and most of the lessons I learned stayed with me for the rest of my practicing life. What sticks in my memory still – apart from the amount of information packed into that week and the rare honour of hearing L.D. himself, was the enthusiasm and motivation it produced in me. After an intensive day's work, after dinner, we went, not to the cinema or the bar but back up to the video room so we could watch and learn for another two or three hours. And this was only because we *wanted* to. I have never experienced a feeling like that to this day.

In 1982, a significant step forward was the Government allowing dentists to advertise. Up to then, it was a criminal offense. It made a huge difference, mainly to private dentists who could advertise advanced and aesthetic dentistry which was not obtainable on the NHS.

The year 1987 saw one of the major blunders by the Government which decided there were too many dentists and so closed two dental schools. This has now come home to roost because we are now desperately short of dentists, and the Government is having to import 1,000 dentists from EU countries.

Over the next decade, I could observe from my lofty private practice perch all sorts of changes in the State system – some good, some bad. One of the positive developments was that more and more hygienists were working in general practice – although a major constraint was that the Hygiene Schools could not produce enough, and many offices still cannot get a hygienist. I have seen also the introduction of Vocational Training. It is now compulsory for new graduates to work for one year in an approved general practice at a fixed salary. They are released one day a week to attend postgraduate training with a dedicated tutor.

During all those years, one saw with increasing regularity, more and

more dentists moving into private dentistry. They grew tired of the ceaseless pressure of producing enough dentistry to cover their rising overheads and still have a good income. The ones that stayed were usually those who knew how to milk the system or those who employed numerous associates, each of whom was a profit base.

But undoubtedly, the year that changed the face of British dentistry forever was 1992. In this year, the Government actually cut fees by 7%. This was for a great many dentists the last straw, and it produced a positive flood of dentists leaving the NHS and moving into private practice. Significantly, The British Dental Association – traditionally biased towards the State system, founded the first Private Practice Committee. And in 1995, Ken Finlayson, a journal publisher, saw the need for a dedicated journal to cater for private dentists. So was born *Private Dentistry Journal*, and I had the honour to be appointed its Editor-in-Chief – a position I am still holding.

Because of the demand for excellence, *Independent Seminars* was born specifically to produce teaching on a wide range of topics and with the calibre of speakers that private dentists wanted. Over the years, many of the world's top speakers have presented these seminars.

The most positive effect of all the negative aspects and changes of the NHS was that it was undoubtedly the cause of a burgeoning private dental sector – now a significant proportion of the dental profession in the UK.

Dentists at last invested large amounts of money in refurbishing their practices, installing the very latest equipment and ensuring all their patients were given personal attention. There are many quite spectacular offices all over England which compare favourably with any others in the world.

Continuing education is booming, and high quality dentistry is being delivered. One of the most successful courses was one that I presented for many years which

taught dentists how to move out of the NHS and into the private sector with all the new skills that this demanded.

Every private practice now provides implants, aesthetic dentistry, crown, veneer, and bridge work of the highest possible standards. Increasing numbers of dentists are travelling to the USA to take courses as public demand for top quality dentistry increases daily. Dentistry in the UK is booming, and the standard is as high now as anywhere in the world.

What of the future? As I write the Government has introduced another major change in NHS dentistry – and one which will make life even more difficult for those who still practice within the State scheme. We are all convinced that, within the next year, private dentistry will expand even more rapidly as it never has before, and dentistry in the UK will be totally private – to the benefit of dentists and patients.

The future is indeed bright. ■

Dr. Ellis Paul has been a treasured alumnus of The Pankey Institute for three decades. He graduated from the University of Manchester Dental School and entered general practice in Manchester, England in 1955. During the early 1970s, he lectured in Operative Dentistry at the University of Liverpool and held numerous advisory appointments to organized dentistry. He was elected a Fellow of the International College of Dentists in 1992 and awarded the Diploma in General Dental Practice from the Royal College of Surgeons in 1993. He was appointed Editor-in-Chief of "Private Dentistry" in 1996 and served as National Chairman of the Private Practice Committee of the British Dental Association in from 1994-1997. He has lectured in dental ergonomics at the Eastman Dental Institute. His prominence in the UK and association with The Pankey Institute has inspired Pankey-trained dentists in the USA to publish in the UK-based "Private Dentistry."



Dr. Kenneth E. Myers, Visiting Faculty, Pankey Scholar, Falmouth, ME

kmyers@maine.rr.com

In my hometown, I am the "Restorative Consultant" for our local chapter of the Seattle Study Club. It is a group of 26 dentists who pool their funds to better educate themselves in dental skills especially focusing on interdisciplinary care. We all commit two thousand dollars per year to fund the selection of speakers we bring to our bimonthly meetings. In comparison to many educational venues, it is a good deal. However, it has several drawbacks when compared to a more structured educational experience as one would receive from The Pankey Institute.

Most of our learning is received in what I would describe as sound bites or snippets. It is a technique-oriented format in which we are taught theories and restorative techniques as presented by our guest lecturers and each other in the group. However, there is not a logical framework to help the dentist organize the thought process of performing day-to-day dentistry. Therefore, I have found that those in the group, who are not involved in any other organized educational setting, have the most trouble applying what we are taught. The disconnect between learning and applying that many dentists experience has become a significant frustration of mine as I try to help others in the club and dentistry, in general, to move forward with their practices.

TRIPLE PLUS from page 7

When my wife, Nancy, and I talked about what we wanted to accomplish at this year's Class I +++ Club Meeting we decided it would be great if we could get everyone to meet someone new and leave with one or two new friends. To get us started, we are going to have a chili cook-off. Everyone will be divided into teams or will be asked to be a judge. The hotel will provide all the accouterments for the cook-off.

Other fun pastimes you can look forward to are shopping at the local outlet mall (one of the best in the

Learning *versus* Doing

I also have concluded that most will never be able to deviate from the traditional commodity (tooth-by-tooth) practice since they have no conception of how a more comprehensive practice operates. Many of the other popular teaching venues available across the country have these same shortcomings.

At our most recent faculty study club meeting, we had a discussion about how we might approach other dentists when discussing past or future care of new or old patients. I find it would be difficult to confront another individual dentist and merely exclaim that they should consider pursuing better continuing dental education. However, I do think as a whole, we can reach out to the masses of dentists involved with the various clubs we all belong to and encourage them to gravitate to a more structured educational venue to help them move forward in applying the snippets of information they continue to obtain at various meetings and study clubs.

We all know that, to fully implement comprehensive care for our patients, it takes a people-oriented diagnostic format to reach the high restorative level to complete what I would usually consider phase four treatment (implants, periodontal surgeries, prosthetic reconstruction, etc). If we were to examine the courses given at most large dental meetings, we would find many dentists learning these procedures but not knowing how to apply them.

It begins with understanding yourself, understanding the patient, performing an above average clinical examination and then thorough,

thoughtful interdisciplinary treatment planning. All of this is done with the ultimate goal of helping our patients maintain their teeth and/or function for a lifetime. And as my friend Barry Polanski and I have discussed in detail, we want dentists to be people driven and not market driven in making their treatment decisions in dentistry. Simply put, we need to get back to matching the person to the treatment choice and not matching the choice of treatment to the patient.

Market-driven dentistry is the type of care driven by the media, the lecture circuit, advertising based journals and often manufacturers promoting their products. Snippet dental education leads to market-driven dentistry, not comprehensive patient-appropriate care. With our knowledge and abilities today, patient-appropriate care is often a more conservative approach to dental treatment. It is ironic that, where once the Institute might have been considered aggressive in treatment, we often find our treatment approach more conservative and less aggressive.

My charge to you is to reach out to those dentists in the various clubs we all belong to and encourage and support them in seeking a structured learning forum such as the Pankey Institute so they can apply all the wonderful dentistry offered to them in other learning environments. Be leaders in high technical ability, but always keep the patient's "person" in mind, not just their teeth. Not only can we help other dentists; it will also be the best for the dental profession, the patients and you. ■

country), wine tasting at the local hill country wineries, and of course, there are those four golf courses.

We know you are looking forward to rekindling old friendships and connecting with people you don't get to see often. We hope you will enjoy meeting and making new friends as well. If you haven't been to a Triple Plus Club meeting or if you haven't been to one in a long time, now is the time to get reconnected. We promise you some great Texas hospitality, food and entertainment – a time to remember. ■

What is the Class One Triple Plus Club? More than 400 have joined our

Class One Triple Plus Club, reserved for those who make donations of \$10,000 or more to the L.D. Pankey Dental Foundation. These donations are used to fund the acquisition of new instructional equipment or start up new educational programs, not for ongoing operations of the Institute. Every other year, members are invited to participate in a trip to a luxurious location to relax, meet other members and hear presentations on subjects other than dentistry. Member names are also honored with an elegant plaque on the wall of our Key Biscayne facility's lobby. Contact the Institute if you are interested in joining – all are welcome! Not all members are dentists.

A Letter to the Miami Herald

This letter was sent by the resident faculty of the Institute to the editor of the *Miami Herald* and published in December 2005.

The Miami Herald article "New Studies Target Old Problem of TMJ," published on December 13, 2005, was an important piece to bring attention to a common, yet complex set of signs and symptoms sometimes labeled as "TMJ," but more appropriately designated as "Temporomandibular Disorders" (or "TMD"). As the faculty of The Pankey Institute reviewed this article, we were concerned about some omitted information. The term "TMJ" actually refers to the Temporomandibular Joint, which is the jaw joint, not the disease process itself. "TMD" is the nomenclature for a wide variety of signs and symptoms that include jaw noises, locking open and closed, as well as the chronic pain listed in the article. While chronic facial pain may be intractable and difficult to treat, the most common and most treatable signs of TMD were not discussed.

Some treatments for occluso-muscle disorders, in which patients experience muscle and facial tightness, sore facial muscles, headaches and limited jaw movement, include bite splint therapy, orthodontics, bite adjustment, physical therapy, stress management, and medication mentioned in the article. The majority of facial pain patients fall into the occluso-muscle category. These disorders are easily diagnosed if the individual has a comprehensive evaluation by a well-trained dentist.

There are types of chronic facial pain that are complex and multifactorial in nature that do not respond to conservative therapies and require a team of specialists: the dentist, neurologist, rheumatologist, internist, sleep specialist, physical therapist and others.

At the Pankey Institute, a not-for-profit organization dedicated to post graduate continuing education for dentists, we felt compelled to respond to the article. The Pankey Institute has been training and educating dentists in a health centered comprehensive approach to oral health care for over three decades. ■

In the Crucible: Small Discovery Groups Part 2 – The Journey Outward



Director Emeritus, Business Systems Development

Richard A. Green, DDS, MBA
rich@evergreenconsulting-group.com

“My personal challenge is to be a question asker – one that facilitates conversations from the “inside out” and “outside in” that lead to greater discoveries of our own deepest intents and what matters most to each of us.” – Rich Green, 2004

This article is in response to my last column, “Small Discovery Groups.” Thank you for reading, engaging and contacting me. After a “Journey Inward” it is appropriate to respond with some “Journeys Outward” to anchor our inward experiences to new intentions and new discoveries.

Last time, I wrote mostly about the journey inward. Today we are living at the interface between our history and our dreams! Our challenge is to uncover our histories and ponder our loftiest dreams and thereby come to know ourselves. Our challenge is to be mindful. Do you “hear” your quiet yearnings?

The intention of the “inside work” (Know Yourself) is to move repeatedly to the “outside” world with a greater sense of competence and confidence in ourself and with a deep commitment to others. This is the true genius of Dr. Pankey’s “Cross of Dentistry,” a reinforcement for his following statement:

“Behaviorally, we cannot take someone where we have not been.”

Often as I sit down to write an article for this newsletter, I have a sense of uneasiness because there is very limited opportunity for a two-way conversation! This certainly is not the case when I begin discussion with a small group face to face – even one that is largely unknown to me. As I sit here writing, I ask myself, “In what way can I make contact with you when your histories, expectations and attitudes are unknown to me?”

When talking about developmental leadership, interpersonal relationships and a person’s journey of self-discovery, I have no desire to tell you what your thoughts, feelings, or actions should be, but I do have the intention to impact you and encourage you to make the journey inward and the journey outward.

Living on the Gulf Coast, as I do, I find significance in the metaphor that self-discovery small group discussions are like “tidal” behavior. When we expose our inner thoughts to those we trust, we come to a better understanding of ourselves. We can then move forward with our intentions more openly and surely.

Sharing the power of our own voice while allowing space for another’s voice is about learning to share the governance of a conversation. Small group sessions should allow time for reflection on both individual and group experiences, then time for feedback. It is not about controlling for perfect outcomes but about deepening awarenesses and continual skill development that can be carried to other venues in our lives such as family, office team and patient interaction and development.

With new awareness, you can reach out to others and invite them

to join you in defining the purpose of your relationship and deciding what your relationship will become. As in small group discussions, you need to be careful not to speak for others, even if you perceive you have been given permission to do so. For in so doing, you would inadvertently diminish their personhood, take away their unique voice, initiative and opportunity for development.

Your goal is to learn to live in the “tension” between dependency and ownership, something that we expect our patients to do as we encourage them to move from “Crisis to Proactive” health choices. Recalling the words “Behaviorally, we cannot take someone where we have not been,” I encourage you to practice these behaviors prior to asking others to do the same!

A committed small group provides a venue for you to develop competence and confidence in your voice. As we experience the “dance” of relationship, we have the opportunity to occasionally stop the “music,” examine the “position” we have assumed, talk about it and then start again. An intimacy develops that allows this interaction to work. Through this work together, we can learn to gently hold trust for one another, practice it and once again extend ourselves to others.

My experience in facilitating small groups is that, as we begin our journey inward and our journey outward, it is often similar to simultaneously having a foot on the “accelerator of participation” and a foot on the “brake of control.” During the process, trust and corporate determination emerge – though not without some wrestling. A partnership emerges that carries the intention of balanced power between our self and others.

The uneasiness we all may feel, at different levels and at different times, is a small sign of the need to dive deeper into those feelings and be mindful of what is attached. There can be a growing awareness of all our life events that have attached themselves to a subject. I appreciate each person’s efforts to open up and touch those areas, sometimes for the first time and not run away from an uneasiness that may appear. There is a need for honesty and integrity around many of our tough issues. It involves a willingness to stay at a boundary where an awareness of our feelings and values challenges our openness (vulnerability). In time, there is the potential of increased congruence in our life between what holds great meaning for us and how we act daily on those beliefs!

The experience of talking and wrestling with what is “inside” in the presence of others builds community, intimacy and powerful personal growth that can be rolled over on our “work” in the “outside” world. Because we often have experienced our “true” self and our conflicts, shared with close friends, and probed the connections to our present, past and deeply held values, those episodes bring enhanced meaning to our lives.

In all the small group activities, if we feel accepted, flaws and all, and loved unconditionally, we can provide environments for others outside our “intimate circle” to have similar experiences. This is powerful in the healing/health professions. We also gain a number of new awarenesses that work on us or allow us to work on them while we do the “stuff” of everyday living, like chopping wood and carrying water! ■

C1 Referral Champions

Dr. Jonathan M. Adams
Mr. Mark Battiato
Dr. Dominic Belcastro
Dr. Andrew Brockis
Dr. Robert R. Canida
Dr. Sang Yun Choi
Dr. Roger Clark

Dr. Phillip M. Christie
Dr. Michael Davenport
Dr. Mary DeCicco
Dr. Peter Fay
Dr. Peter Furnari
Dr. Nick Gravino
Dr. Hans Guter
Dr. Flynn Harris
Dr. Jennie Huet
Dr. Mark Hyman

Dr. Dana C. Jones
Dr. Michael Kapner
Dr. William Kats
Dr. David Latz
Dr. Keith Lemmerman
Dr. Roger Macias
Dr. Marshall Mann
Dr. Rosemarie Middleton
Dr. Mark Murphy
Dr. Ken Myers

Dr. Raymond A. Myers
Ms. Mary H. Osborne
Dr. Richard Pence
Dr. Mark Peters
Dr. Bruce Pettersen
Dr. Barry Polansky
Dr. Bradley S. Portenoy
Dr. James A. Rivers
Dr. Cordell Scott
Dr. Jack Shirley

Dr. Frank Shull
Dr. Fred Slete
Dr. Bruce Small
Dr. Mark R. Stetzel
Dr. Ron Teel
Dr. Tom Trinkner
Dr. Larry Trombka
Dr. Sonya L. Wintzell

Upcoming Faculty Offsite Presentations

(For schedule of courses at the Institute, see page 12.)

THE BEST PRACTICES SEMINAR:

- Chicago: AUG 18-19
- Toronto: SEP 29-30
- Atlanta: OCT 6-7
- Orlando: OCT 27-28
- Los Angeles: NOV 17-18
- Dallas: DEC 1-2

IRWIN M. BECKER, DDS

- Southshore Pankey Affiliated Learning Group: APR 6-7
- John Herrin's Affiliated Learning Group: APR 8
- Seattle Study Club: APR 21
- California Dental Society: APR 29
- Connecticut Annual Meeting: MAY 12
- Mercer Dental, NJ: MAY 17
- Western Essex: MAY 19
- Toronto Pankey Study Club: JUN 8
- Cutting Edge Dental Seminars, Massapequa, NY: JUN 16
- Oregon Pankey Affiliated Learning Group: JUN 29-30
- AGD Meeting, Denver: AUG 3-5
- AAWW, Colorado: JUL 3
- Flat Forehead Soc Pankey Affiliated Learning Group: SEP 8
- Asheville Pankey Study Club: SEP 25
- Faculty Growth Group at Institute: SEP 28-30
- University of Illinois at Chicago: OCT 6
- ADA Annual Session: OCT 16-19

STEVE RATCLIFF, DDS

- Santa Clara Women's Dental Association: MAY 12
- Texas ADPA: JUN 9-11
- AAWW, Colorado: JUL 3
- ADA Annual Session: OCT 16-19
- Greater New York Dental Meeting: NOV 24-29

Lee Ann Brady, DMD

- Santa Clara Women's Dental Association: MAY 12
- DiLauri Group: MAY 19
- AAWW, Colorado: JUL 3
- AGD Meeting, Denver: AUG 3-5
- ADA Annual Session: OCT 16-19

MARK MURPHY, DDS

- James River Study Club, Richmond: APR 7
- Kootenay Den Soc, BC: MAY 12
- Calgary Pankey Study Club: JUN 9
- Wyoming Den Soc Meeting: JUN 10
- Oregon Health Sciences Univ.: SEP 16
- Jackson Dental Society: OCT 12
- Summit Study Club: OCT 26
- Calgary Dental Society: NOV 3

GARY DEWOOD, DDS, MS

- Delaware State Dental Association: APR 7
- University of Minnesota Dental School: APR 13
- Eastside Study Group of Bellevue, WA meeting in Victoria: JUN 23-25
- AAWW, Colorado: JUL 3

RICHARD CHAMPAGNE, DMD

- Monmouth Medical Center, Long Branch, NJ: MAY 31

PAUL EPSTEIN, DMD

- Tufts Dental School CE: APR 21
- NY County District Dental Society: NOV 10

EDWIN A. McDONALD, III, DDS

- Sachau Group, Sioux Falls, SD: MAY 18

ROGER SOLOW, DDS

- AGD Meeting, Denver: AUG 3-5

Our Midwinter Meeting Speakers

Multiple Institute faculty presented at the Annual Midwinter Meetings in Chicago before "full house" audiences. Dr. Irwin M. Becker was a featured speaker at the American Academy of Restorative Meeting, as well as the Chicago Dental Society Meeting. He spoke on the "Principles and Practices of Optimal Care: the Essential Elements." Dr. William J. Davis spoke on "New Techniques in Denture Occlusion." Dr. Michael C. Fling spoke about "The Complexity of Simplicity: Fundamental Practice Principles." Dr. Mark E. Hyman spoke on "The Greatest Hits and Misses of Cosmetic Dentistry." Dr. Mark T. Murphy spoke on "A New Paradigm in Doctor-Lab Communication: Collaborative Agreements."

IN TRANSITION

The Pankey Institute does not take responsibility for the outcome of any relationship you establish with any of the following Pankey participants. Make all contacts directly with the seeking practitioner

SEEKING TO ASSOCIATE OR PURCHASE PRACTICE:

- AZ, NC, or FL: Dr. Sachin Malhotra (603-630-1490, sachin84@hotmail.com)
- Glendale, AZ: Dr. Stan Farrell (602-315-6997; smileman@cox.net)
- Los Angeles, CA: Dr. Kamran Yazdi (310-713-6575, k.dds@verizon.net)
- S. California: Dr. David C. Suh (david@suhdds.com)
- Los Angeles, CA: Dr. Dian M. Olah (505-756-8187, drdianolah@msn.com)
- Boca Raton, FL: Dr. Max Zaslavsky (561-445-3619, maxtooth@aol.com)
- Chicago, IL: Dr. John Spaulding (jtooth12@sbcglobal.net)
- New York City or Long Island: Dr. Robert Popkin (516-766-3153)
- New York City: Dr. Chithra Ambalam (917-647-5938, wisdomtooth64@hotmail.com)
- McLean, VA/N. VA: Dr. Robert Wagner (703-298-3020, rswagner@prodigy.net)
- Norwich, VT: Dr. Toby Kravitz (802-643-2630)

SEEKING TO SELL PRACTICE:

- NW Arkansas: Dr. John P. Spurlin (870-423-4042)
- Hallandale, FL: Dr. Marc Pomerantz (954-454-3883, toothdocmarc@aol.com)

SEEKING AN ASSOCIATE OR TO SELL PRACTICE:

- Denver, CO: Dr. J. Douglas Wilson (303-838-7904; drjdougwilson@qwest.net)
- Clearwater, FL: Dr. Ralph D. Kimbrough (727-799-4897)
- Naples, FL: Dr. Edward Mellinger (239-649-6369, edmellinger@hotmail.com)

SEEKING AN ASSOCIATE OR PARTNER:

- David, CA: Dr. Paul Johnson (530-756-6683; psdskjohnson@msn.com)
- Redwood City, CA: Dr. Arthur Manzo (650-367-8833; artmanzo@aol.com)
- San Diego, CA: Dr. Christine J. Evans (858-755-3780)
- San Diego, CA: Dr. Kimberly Quan-Hubenet (619-995-9234)
- Golden, CO: Dr. Ron Morse (303-279-6929; dronmorse@aol.com)
- Cocoa, FL: Dr. Joel Scalera (321-259-3283)
- Jacksonville, FL: Dr. Bob W. Deason (904-724-6321)
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- Hampshire, IL: Dr. Scott Herman (847-683-3464; generaldds1@aol.com)
- Winnetka, IL: Dr. George Warga (847-441-6510; gwargadds@sbcglobal.net)
- S. Bend, IN: Dr. Deborah A. Fleming (574-259-8571; rfleming@choiceonemail.com)
- Salina, KS: Dr. Thomas Jett (785-825-7354)
- Burlington, MA: Dr. Paul Epstein (781-273-1152; drdental@comcast.net)
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SEEKING DENTIST TO LEASE OR SHARE OFFICE SPACE:

- S. Bend, IN: Dr. Deborah Fleming (574-259-8571; rfleming@choiceonemail.com)
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The Pankey Institute
One Crandon Blvd.
Key Biscayne, FL 33149

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JUL 30 - AUG 2, 2006
SEP 24 - 27, 2006
OCT 29 - NOV 1, 2006
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DEC 10 - 13, 2006
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CONTINUUM LEVEL 2 (C2)

APR 30 - MAY 5, 2006 Japanese
JUN 11 - 14, 2006
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NOV 5 - 8, 2006
DEC 17 - 20, 2006
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CONTINUUM LEVEL 2E (C2E)

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CONTINUUM LEVEL 3 (C3)

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CONTINUUM LEVEL 3E (C3E)

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PANKEY SCHOLAR

Group 5, Part B: JUN 1 - 2, 2006
Group 6, Part B: OCT 12 - 13, 2006

MASTER'S FORUM WEEK

APR 3 - 7, 2006

MAGNE TEAM COURSE

APR 23 - 27, 2006

MASTERING OCCLUSAL CONCEPTS

OCT 15 - 18, 2006

DIGITAL DENTAL PHOTOGRAPHY (DDP)

OCT 22 - 25, 2006

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PROFESSIONAL DENTAL JOURNALISM

JUN 20 - 22, 2007