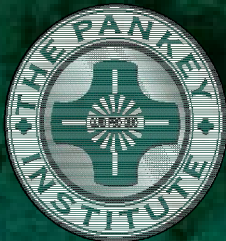


## The Pankey Institute For Advanced Dental Education



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# PANKEYGRAM

## Behavioral Muscle

This issue marks our first-ever 12-page *Pankeygram*. The number of articles submitted for publication has grown, and the quality of the articles is sufficient to merit a larger newsletter. Your *Pankeygram* is written for and by members of the L.D. Pankey Alumni Association and participants in The Pankey Institute's Continuum. The views represented in *Pankeygram* articles are those of their individual authors. And, those varied views lend texture and depth to the Institute-style of continuing education we offer. The thread that runs throughout this issue is your ability to flex your behavioral muscle to facilitate health.

On pages 6 and 10, Dr. Andrew Toy of Leicester, England and Dr. Yasuo Kawamura of Osaka, Japan prompt us to rethink maintenance care of our patients. Can those of us in the U.S. learn something from these two overseas observers? I think so. Their message is to take the time to *truly* look at and celebrate the health of the mouth in a post-restorative consultation and in the subsequent recall visits. This is part and parcel to educating your patients and, in so doing, educating bit by bit the people of the world.

Two of our Faculty challenge us to impact the oral health of our patients through taking time and effort to personally communicate in ways we do not normally do. On page 4, Dr. A.J. Smith of Salt Lake City encourages us to write letters to patients' employers explaining the

limitations of the dental plan they have purchased on behalf of their employees and encouraging plan choices that provide for more comprehensive care. On page 11, Dr. Leonard F. Anglis of Lowell, Indiana reminds us to communicate the "artistry" of what we do and engage the patient in celebrating the fine dentistry achieved. This applause will fuel future commitment on the part of the patient to do his or her part to maintain your artistry and will provide you with energy to take your dentistry to a higher level.

Teeth are of value! The benefits of optimal oral health significantly increase the quality of life of each of your patients over their lifetime. Through your behavior with your staff, patients (and even their employers), you can help create a culture in this world of higher expectations for oral health and higher standards of treatment.

In this issue, Dr. Richard A. Green throws, into his crucible, intentionally developing a strategy to help your staff and patients make discoveries for themselves. On page 2, he defines the dentist as *doctor, teacher and influencer*—a facilitator of health. On page 7, Dr. Bryan D. Stahl of Barrington, Illinois expresses his gratitude for the Institute's role in helping him make *this* discovery of what it means to be a dentist.

On page 5, Faculty member, Dr. Steve Ratcliff of Westlake, Ohio tells us, "I have found the need to exercise my

### EXECUTIVE DIRECTOR'S MESSAGE



Christian B. Sager

behavioral muscles even more than my technical skills." Doesn't that ring bells! On page 3, our Clinical Director, Dr. Greg Tarantola, instructs us to take time to ponder the significance of what we observe—and, after a period of reflection, select the most appropriate action. And, professional ethicist, Dr. Bruce Weinstein of New York City, actually spells out, on page 4, steps to take us down the path of reflection and ethical decision-making. We're not just talking about celebrating health with your patients in these three articles. We are talking about deliberately behaving as professionals worthy of your patients. We are talking about maintaining attitudes and carefully phrasing questions to your patients and *yourselves* that keep you on the high road to influence and serve patients better.

The dental profession does not have to default to "anything goes" as Dr. Barry Polansky of Cherry Hill, New Jersey colorfully argues on page 2. We can all do our part to uphold high standards. Continue exercising *your* behavioral muscle and celebrate those standards with your patients, staff, and those you mentor. You are making a difference. ■

## Let's Walk the Talk

In a recent article by Dr. Danis L. Laisure, published in his regional AGD newsletter, he warned against the over use of a word or concept. Upon reading this article, I also was impressed with the thought that our society tends to grab onto an idea and discuss the concept to the point that it becomes trite. Perhaps, this has been Mankind's tendency throughout history. Even the Old Testament finds reason to plead with Society not to use the name of God in vain. The too-common use of the deity's name would make it vulgar or cheap. Let us look at some concepts that are frequently discussed and might become trivialized. Because this *Pankeygram* deals with behavioral issues, let's look there.

### RELATIONSHIP DEVELOPMENT

I have noticed that some people, who spend significant time talking about behavioral and communication skills, have real-life problems in interpersonal relationships. It's not uncommon for these same individuals to become counselors and advisors who attempt to help their clients in the very arena that they have not succeeded themselves.

Those who "talk" but cannot seem to walk the talk are not good role models. Wouldn't it be wise to select

mentors who have consistently demonstrated success in the area of life (personal and professional) in which growth or improvement is being sought? Even if someone can break down and recount the essentials of establishing relationships, it doesn't mean he or she will be an effective mentor. There is a lot more to mentoring than talking about a strategy for relational excellence.

An example of where I'm going with this discussion is the longstanding relationship that exists with the staff and leadership at The Pankey Institute. When Rich, Chris, Dake, Greg or I talk about staff relations, realize that we have almost no turnover. Remember that our beloved employees have been with us for decades and that the rationale of our success does not lie in the extensive use of staff meetings. Our success with staff begins and ends with a strong sense of mission and a high degree of trust. Consistent leadership, intentional listening, and a genuine caring attitude for the growth and development of our staff have been the methods of establishing trust.

I sincerely believe that is the reason Marge, Aurora, Ede, Diego, Jack and Mark have been with us so long. That is also why Cristina, India, Mari and others have caught onto the spirit of the Pankey

### CHAIRMAN'S MESSAGE



Irwin M. Becker

Philosophy. It is also why some employees like Carmen have moved from working in the Clinic/Lab to Registration to now being in charge of in-house computer network issues. This is an example of helping a staff member develop to her highest potential.

So, do I believe that relationship development is being overdone? No. I strongly believe it is the foundation of success in achieving optimal care. An example of this concept can be found in analyzing my own experience with the specialists who have been a vital part of my dental career. They are my best friends. One is my son's godfather. We have studied together. We share a common philosophy and quite similar values. We consistently demonstrate a level of integrity and honesty that draws us together. We have unconditional trust and love that has allowed us to grow and develop together over the past 30 years for the ultimate benefit of our shared patients, as well as all the patients of their other referring dentists.

*Continued on page 2*

## In the Crucible

**A Process for  
Discovery**



by **Dr. Richard A. Green, Director of Business Systems Development**  
rgreen@pankey.org

*The "crucible" is the metaphorical place where I work out new ideas, feelings and behaviors to make them my own. Using mortar and pestle engenders in me the image of working hard and long with materials that at first don't seem to mix. It's a place of discovery for me, a place for putting things together and rubbing them around—all the while not really knowing what the outcome will be but trusting I'll discover something in the process.*

### Creating a Learning Organization— Celebrating Individual Discovery

"Your dental office should look more like a learning organization than a purveyor of goods and services. Go study people and the way they learn!" These were the penetrating comments Dr. Bob Barkley made to me in the late '60s, and I have been routinely placing them in my crucible ever since. Ingredients have been added along the way through experiences with Carl Rogers, Don Clifton, Chuck Sorenson, Henry Tanner, Avrom

King, patients, friends, and colleagues. It is now clearer to me that the best learning occurs when you or I make discoveries for ourselves, and the Process of Discovery needs to be a *strategy* in a learning organization. A dental office, which is striving to be or become a Tier IV model, functions best when all the people in relationship experience discovery and learning.

Learning is a given. It happens, just as change happens. The real question is do you drive learning and create change, or do you just let them happen. What is not a given is whether you will adopt learning as a part of your organization's way of doing business. Can you harness the process and make it work for your organization? Before that can happen, learning has to become a *strategic choice*. You have to decide that learning is strategic, that it's connected to "doing dentistry." Learning is both an individual experience and a collective experience with patients, staff and self.

The Doctor as Teacher: We have often heard the admonition that, in Latin, "doctor" means "teacher." Too often, we have thought that means "to teach and tell" others, as in *Oral Hygiene 101*. I am sure you have heard yourself and/or your dental hygienist or assistant being very eloquent on the subject. But does this represent education—true learning? Just what do good teachers do? The Greek understanding of the word teacher reveals the ability of a person to move

someone else to another point of view—in other words, the strategy of influencing behavior through an experience. It would then follow that, as doctor/teacher/influencer, our role is to uniquely create discovery experiences for patients, staff and ourselves—experiences in which learning "bubbles-up" for the participants. We are to create a strategy of discovery.

Wait just a minute. This becomes an internal struggle of role confusion. Who am I? As a dentist, I am a fixer of teeth, a fixer of what is broken—not! Rather, I am a facilitator of health. I am a leader who is willing and able to influence behavior—my own and others. I am a leader who creates individualized discovery or learning moments that facilitate growth. Such learning moments can be simply getting someone's attention, cleverly arousing curiosity, gently developing ownership of a present condition, tactfully refocusing attention to the pertinent subject, courageously inviting response, and skillfully negotiating an action plan.

As we continue to develop a practice, those who choose a uniquely individualized, relationship-based, values-driven, fee-for-service style, will find it helpful to be values-driven or choice-driven when it comes to their strategy for discovery.

Creating individualized learning experiences for patients, staff and self... rub that around for a while in your crucible, and see just what you discover! Next time, we will consider your orientation toward health—are you crisis-driven or proactive in your approach? ■

## The Old Guard

by **Dr. Barry F. Polansky**  
(Cherry Hill, NJ)



Readers of my newsletter, *Private Practice*, have become used to me writing about sports as a metaphor for life. My favorite sport is football. The year 2000 has proven to be a great year for football. All of us started out watching the World Champion St. Louis Rams. The Rams are not my kind of team. They have too much flash and dash. They are too hi-tech for me. I'm more of the smash mouth football type. I love old-time defensive football, not football played under a dome or in warm, comfortable climates. So when the snow and ice fell in the Northeast this winter, and teams like the Philadelphia Eagles, the New York Giants, and the Tampa Bay Buccaneers got together to play some defensive football, I loved it.

Football is a game that is won by blocking and tackling at the line of scrimmage—very simple, very basic. Scoring a touchdown should not be as easy as the Rams and the Vikings make it look. I know many of you disagree with me, but those are my values. They may be old-fashioned, but that's the way I think the game should be played. I feel the same way about dentistry.

Now, I'm not saying that teams like the Rams don't have values. It's just that they differ from mine. They are representative of a new order in football. One step beyond what the Dallas Cowboys started a few years ago—a Jerry Maguire style where high scoring and high salaries went hand in hand. I can remember teams from years ago that had a more workmanlike ethic—like Vince Lombardi's Green Bay Packers. Ah... those were the days.

Those were the days, too, when dentists like Dr. Pankey and Bob Barkley would speak about strong values in our profession. It seems that those days are gone now—lost to a different type of dentist and a different style of football. Today it's "anything goes."

I think it was a triumph for football when the Washington Redskins were eliminated from the playoffs this year. This was supposed to be the best team money could buy. What new order owner, Dan Snyder, forgot about was the values of the management, from his office down to the coaching staff, which were never taken into consideration—simple, very basic stuff that creates ultimate success. Snyder followed his own rules, his "anything goes" rules, and his reward became a folly. It doesn't matter what domain you are in, the rules of life still apply—to football, dentistry, or politics.

Yes, I voted for George W. I did so because I watched the Democratic Party govern with an "anything goes" philosophy for eight years. I don't want to get into the shenanigans of our past elected

*Continued on page 7*

### Chairman's Message

(continued from page 1)

That is exactly why Steve Chase, Steve Morrow and Mike Rosenberg are part of the guest presenter program that we utilize during many of our courses. As we challenge each other to rise to the newest level of achievement, I personally keep active in clinical patient care so I can get the occasional nod of approval from one or more of these close associates. So, do I believe that these relationships are important? You bet I do.

Publisher: Christian B. Sager  
Editor: Deborah E. Bush

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The Pankey Institute  
One Crandon Boulevard  
Key Biscayne, Florida 33149

Phone: (305) 361-5433  
Fax: (305) 361-6534  
Email: ldpi@pankey.org  
Web Site: www.pankey.org

Annual subscription is \$15. Students, Alumni, and Associates of the Institute receive a free subscription.

### MENTORING

We hear a lot about mentoring today. Is it over done? The mentoring that occurs intentionally between faculty and students, a senior faculty member and new teaching assistant, or between students and their assigned mentors has made a significant difference in the development of our students. The use of role models, who help us develop the steps of success, cannot be over done.

It is important to choose the appropriate mentor. If common values or a similar sense of purpose do not exist, then you may be following the wrong role model. High integrity and consistent honesty generally attract similarly minded people. And, generally those are the foundations for success. Even though our former President demonstrated a lack of these qualities, I choose to believe that he is the exception.

Seek mentors who have made intentional changes to fulfill their own vision of practice. Choose mentors who have succeeded in the areas in which you know you need to change most. Bond with mentors who express a sincere interest in you and your journey and are willing to develop a relationship with you for the long term, perhaps a lifetime.

### LEAVING A LEGACY

Another topic that could be considered over discussed is leaving a legacy. I have heard dentists speak more about this objective in the last two years than ever before. Of course, that may be because of my age and the age of my peers. I sincerely do not think it is over used. Perhaps, more and more people are striving to make a difference. In a society that spends too much time on material

gains and shallow conversation, making a difference differentiates many who are attempting to be leaders in their own sphere of influence.

I think some people over depend on the notion that a legacy can be achieved in a relatively short period of time and that they can *someday* do something that will leave something lasting for the profession. Expecting to make a difference over a short period or at the end of your career is unrealistic. The "someday" attitude is the real problem. The Pankey Institute stands willing to help dentists make a difference for the long haul and to begin making changes now.

### COMMITMENT

Sure, we can talk about relationship development, mentoring, and making a difference way into the night each time you come to the Institute. You can write vision statements, outline strategies, and sign up for a mentor. But if you aren't committed, if you don't walk the talk, if you don't come to know yourself and patients well, if you aren't willing to make changes in your behavior, then the discussions begin to sound hollow, don't they? Concepts are over spoken and their meaning trivialized.

For me, the important concepts are not over used but they are sometimes demeaned by many words and the lack of demonstration. Take a critical look at your own behavior. Ask a trusted mentor to observe and tell you what he or she sees. Be willing to become uncomfortable in order to grow. Let's all recommit to walk the talk. ■

# 2001 Alumni Meeting: October 25-28



*Alumni Association President, Dr. Yvonne Hanley of Fergus Falls, Minnesota invites you to the 2001 Alumni Meeting. Each meeting has exceeded the expectations set by the one past. This meeting will be no exception.*

The L.D. Pankey Alumni Association will host its 16th biennial meeting on October 25-28, at the new Ritz Carlton Resort on Key Biscayne. Our meeting is shaping up to put you in peak performance! All Pankey Institute participants and supporters are welcome to register and may be accompanied by staff, family members and guests. In 1999, a record 301 people attended, and this year we would like to top that number! A promotional brochure and registration form will be forthcoming.

Because a higher registration fee will be charged for those who are not Alumni Association Members, you may want to join the L.D. Pankey Alumni Association prior to registering. The annual membership fee for 2001 is \$70. To join, simply use the membership form available on the Institute's web site ([www.pankey.org](http://www.pankey.org)) or call the Institute.

Here's what you have to look forward to at the meeting.

Thursday, Oct. 25: Check-in & President's Reception

Name badge and conference materials pick-up will occur at the Ritz Carlton beginning at 1:00 PM. The traditional President's Reception will be held at the Ritz Carlton, beginning at 6:30 PM and running until approximately 9:00 PM. We request that men wear a tie and jacket. This social event will feature conversation, cocktails, and sumptuous hors d'oeuvres.

Friday Morning, Oct. 26: Dr. Robert Winter: Esthetic Success, Mr. Bruce Manchion: Communication

Following continental breakfast at the Ritz Carlton, a morning program for dentists will be presented by Dr. Robert Winter on *Diagnostic Guidelines and Clinical Principles Required for Esthetic Success*. Dr. Winter graduated from the Marquette University School of Dentistry, and in 1983 he completed his Prosthodontics Specialty Residency in Milwaukee,

Wisconsin. He maintains a private practice limited to Prosthodontics in Newport Beach, California and is a member of the graduate Prosthodontics faculty at the University of Washington. Dr. Winter is co-founder of the Newport Beach Dental Forum, an educational facility.

Dr. Winter will discuss one of the most challenging tasks a dentist and technician face—treatment planning and then fabricating restorations that will satisfy the desires and expectations of the patient. Too often we see uniform, lifeless attempts to replicate the complexities and subtleties of nature. When treating a patient needing multiple anterior restorations, the esthetic outcome determines the course of treatment. The diagnostic guidelines and clinical principles that need to be followed will be presented. The esthetic refinements in tooth arrangement, contour, shade and soft tissue appearance will be highlighted. After all, the goal of the dental team is to provide the patient with restorations that will enhance the patient's smile.

An alternative program for non-dentists will be provided Friday morning by Mr. Bruce Manchion who addressed attendees at the 2000 Triple Plus Club Meeting in Bermuda. Mr. Manchion is CEO of Universal Training Concepts, an international education solutions company located in Cincinnati, Ohio and in St. Croix, U.S. Virgin Islands. Prior to forming Universal Training Concepts, Mr. Manchion served as a manager for Procter and Gamble for 14 years. He is a skilled facilitator and has trained thousands of professionals in organizations worldwide.

Mr. Manchion's Communications Skills workshop is designed to help participants strategically use five communications skills: general leads, restatements, interpretations, probes, and pause. Participants will learn how they are currently using these skills and how to use them at the most appropriate time.

Friday Afternoon, Oct. 26: Optional Organized Recreation

Following the morning presentations, you will be free for lunch and to participate in one of this year's organized recreational activities. You may sign up for the activity of your choice at the time you register for the meeting. You will

have the opportunity to participate in a tennis, golf, or fishing tournament, or a luncheon/guided tour. Transportation for these activities will leave from the Ritz Carlton. A box lunch will be provided for those participating in the fishing and golf tournaments. Details about these events will be provided later. If you are not participating in one of these activities you are free to enjoy Key Biscayne in the manner you desire. Friday evening you are on your own to dine with friends and acquaintances.

Saturday Morning, Oct. 27: Faculty-led Workshops for Dentists at the Institute; Alternative Program at the Ritz

On Saturday morning, following continental breakfast at the hotel, dentists will be transported to their choice of workshops at the Institute. These workshops will be facilitated by our faculty. Details about these workshops will be announced at the time you are mailed the conference registration materials.

An alternative program designed for non-dentists will be presented at the hotel by Visiting Faculty member Dr. Mark T. Murphy who will discuss *The Pankey Philosophy*. This will be a rewarding morning for those who live with and/or work alongside Pankey-trained dentists.

Saturday Afternoon, Oct. 27: Open

You will be free for lunch and to spend the afternoon as you desire.

Saturday Evening, Oct. 27: Gala Banquet

The entire group will come together at the hotel for cocktails, beginning at 7:00 PM. A banquet will be served at around 7:30 PM, followed by music and dancing. While not an entirely formal affair, this will be an occasion to don your tropical party attire. Gentlemen, coats and ties are requested.

Sunday Morning, Oct. 28: Keynote Address—Mr. Joe Dillon: Peak Performance

On Sunday morning, you will be provided a continental breakfast. Following this, our keynote speaker, Joe Dillon, will present *The Seven Natural Laws of Peak Performance*.

Joe Dillon is a persuasive, inspirational speaker who travels throughout

North America teaching the fundamentals of a healthy lifestyle. Drawing on over 20 years of personal experience and research, Joe cuts through the myriad of nutrition and fitness information to present hard, scientific facts in a simple, easy to understand manner.

Joe is a former All-American swimmer, an Honors Graduate of the University of California at Irvine, a twice wounded Vietnam combat veteran, and a Conference of Champions winning salesman with Allstate Insurance Company. Joe regularly speaks to large corporate groups, has been a keynote speaker at national and state dental conferences, and writes monthly columns in *The Profitable Dentist Newsletter*.

At approximately 11:45 AM, after the keynote address, we will proceed with adjournment of the Alumni Meeting and the passing of the gavel to the 2001-2003 Alumni Association officers.

Alumni Association Officers

The current officers of the L.D. Pankey Alumni Association are Dr. Yvonne Hanley, President; Dr. Jeff D. Baggett, President-Elect; and Dr. Wayne E. King, Secretary/Treasurer. We thank them for their fine leadership since November of 1999 and the planning of the upcoming Alumni Meeting.



The beachfront Key Biscayne Ritz Carlton opened its doors to guests in March. Every room has a view of the Atlantic Ocean, Biscayne Bay, or sweeping palm gardens. Its amenities, services, dining, and meeting facilities are the best the world has to offer. A block of rooms has been reserved at a special rate for our conference. For reservations, call 305-365-9575, and mention The Pankey Institute. ■

## Reflections



by Dr. Gregory J. Tarantola,  
Clinical Director  
[gtarantola@pankey.org](mailto:gtarantola@pankey.org)

I like the word "Reflection." I believe it describes a very important part of our lives, both personal and professional. Often, we don't allow adequate time for it.

One of my favorite quotes is from Abraham Lincoln, "It is indispensable to develop a habit of observation and reflection." This is not to just observe the world around us or a situation or circumstance immediately involving us, but also to take the time to ponder the meaning or significance of what we observe—and,

after a period of reflection, to select the most appropriate action.

Quite often we are too quick to act! We move from observation to action without taking time to think. But there is a fine balance here, too. We don't want to be so caught up in thinking before acting that we lose the opportunity to act. We don't want fear to shift us into inaction. We want reflection to help us choose the most appropriate action.

The dictionary defines reflection as "mental concentration; careful consideration." To me, this means using that vast resource we all have—our minds. The dictionary goes on to say, "a thought or

opinion resulting from such consideration."

We all need to have core beliefs and values. These help formulate our own vision and, from these, we will have thoughts or opinions on certain matters. But, reflection and careful consideration allow those thoughts and opinions to grow and become more meaningful. Or, we may decide they need modification.

Going back to Lincoln's quote, if we change two words, we can make the quote directly apply to what we do in dentistry. "It is indispensable to develop a habit of examination and diagnosis"—the same thing as observation and reflection. When we examine a patient, we are "observing" his or her condition. When we diagnose, we are "reflecting" upon the observations of the examination. How

often have we too quickly gone from examination to treatment and oftentimes regret our action and resulting consequence?

I see reflection at work every week. Our participants bring a perplexing case from home, and the first question we often hear is "What should I do with this case?" They go on to say, "I did the exam on this patient but it's a tough one. I don't know what to do!" The case then sits on the lab bench throughout the week, and we watch the dentist reflect upon it, then start reshaping things here, adding some things there. As the week progresses, the case begins to take on a whole new look. By Thursday or Friday, we hear, "Guess what, I figured out what to do!" Reflection, it's very powerful. ■

# Write a Letter

by Dr. A.J. Smith,  
Associate  
Faculty (Salt  
Lake City, UT)



Has an insurance carrier ever denied a benefit to one of your patients, indicating that a less expensive alternative treatment would be adequate? Has a patient ever asked you to write a letter to his or her insurance carrier to justify treatment that you either recommended or rendered? Have you ever written such a letter and felt a sense of accomplishment when the insurance carrier reversed its decision and decided to pay the benefit that you had attempted to justify?

Most of us can probably answer "yes" to all of these questions. The next time you are asked to write a letter, however, spend a few minutes educating the patient.

## THIS PROCESS GETS RESULTS.

Let the patient know that he or she is the one who has clout with the employer, and the employer has clout with the insurance carrier. You do not. Agree to write a letter but that you will send it to the employer who negotiated the plan with its limitations and reimbursement levels. Direct the patient to make his or her own case to the employer and to have the employer use your letter when the employer defends the patient's claim with their insurance carrier. Tell your patient that this process does get results. The employer gets a wake-up call with respect to the problems and insufficiencies of dental insurance plans.

When we intervene directly with the insurance carrier on the patient's behalf, our influence is minimal and our pleadings impact only one claim. Because our relationship is with the patient, not with the insurance carrier, there is no incentive for the carrier to meet our demands. We may create enough hassle with letters and calls that the carrier pays a claim to get us off their backs, but no policy changes occur.

There are, however, two entities that have significant influence with the insurance carrier. The patient wields some influence, and the employer who purchased the insurance and pays the premiums can significantly impact the decisions of the insurance carrier. Don't leave the employer out of the loop! It is essential that the employer participate in the claims process.

## YOUR LETTER

When you write your letter to the employer, explain that you are writing at the request of their employee (your patient), and that you feel that their employee has been wrongfully denied a benefit to which the employee should

*Continued on page 5*

# What Should I Do?

Dr. Weinstein is author of "What Should I Do? 4 Simple Steps to Making Better Decisions in Everyday Life" (Perigee Books, 2000) and teaches the ethics module of C5. You may contact him via email at [Bruce@TheEthicsGuy.com](mailto:Bruce@TheEthicsGuy.com) or through his web site: [www.TheEthicsGuy.com](http://www.TheEthicsGuy.com).

Decisions...some are easy: What should I wear? What should I have for breakfast? What should I watch on TV tonight? Others are harder: How should I respond if a colleague is practicing below the standard of care? What should I do if I overhear other health care providers talking about patients in public? Do I have a right to let a patient go if they refuse to pay me in a timely fashion?

When we ask, "What should I do?" and the rights or well being of other people hang in the balance, we are asking an ethical question.

In this article, I will offer a four-step method you can use to answer the question "What should I do?" anytime it arises in your professional or personal life. It is not a formula or a recipe but a process for thinking through difficult decisions with a clear head and emerging with a clearer conscience.

Let us begin by considering a dilemma that graduates of the Pankey Institute often encounter when they return home.

## MY STANDARDS ARE HIGHER NOW. WHAT SHOULD I DO?

Dr. John Doe is a general dentist in a busy solo practice. He is committed to excellence in all that he does, so much so that he has invested in his career by taking the Continuum Level One to Level Five courses at the Pankey Institute over the past five years. A few months ago, after finishing C5, he returned refreshed and energized to his practice but is disturbed by what he notices during patient Jane Hathaway's annual checkup.

Dr. Doe realizes that the bridgework he placed last year has an occlusal scheme that is not up to his current standards. Using the knowledge and skills he had at the time, he built in Ms. Hathaway's acquired bite instead of the centric relation position that he now believes in. Ms. Hathaway is not experiencing any problems currently, but Dr. Doe believes that she might in the future. To complicate matters, Emma Bovary, his dental hygienist, pulls Dr. Doe aside during the exam to ask him why he built the bridgework that way. As Dr. Doe returns to the patient, he wonders, "What should I do?" (Case based on a fictitious scenario written by Irwin Becker, D.D.S.)

## THERE ARE FOUR SIMPLE STEPS TO MAKING BETTER DECISIONS.

Have you ever said to yourself, "If I only knew then what I know now, I would have made a different decision?" When we say this, we recognize that making good decisions begins with getting the facts. What facts are relevant for Dr. Doe to consider?

### 1. ESTABLISH THE FACTS.

- Dr. Doe expects more from himself professionally since studying at The Pankey Institute?
- The bridgework he placed previously meets the profession's standard of care.
- Dr. Doe does not know if Ms. Hathaway would want to know about his concerns, or whether she would be willing to do whatever it takes to achieve the higher standard of care that Dr. Doe now is capable of achieving.
- Dr. Doe may be legally liable if he does not tell Ms. Hathaway about his concerns.
- Dr. Doe's conscience is troubled and is likely to remain so if he does nothing.
- Dr. Doe believes that Ms. Hathaway is at risk for dental problems if he does nothing to correct the bridgework.

Facts are necessary but not sufficient for answering the question, "What should I do?"

### 2. IDENTIFY THE VALUES THAT PLAY A ROLE.

The following values are at stake for Dr. Doe:

- Offering Ms. Hathaway the opportunity for having the best oral health care she is willing and able to achieve, in partnership with Dr. Doe,
- Respecting Ms. Hathaway's right to make decisions for herself,
- Honoring the standards of the dental profession,
- Being true to himself,
- Preventing or avoiding harm to Ms. Hathaway, and
- Treating Ms. Hathaway fairly.

### 3. IDENTIFY THE OPEN OPTIONS.

Dr. Doe could do any of the following:

- Correct the bridgework now without telling Ms. Hathaway why.
- Wait to see if a problem develops and correct it at that time, without letting Ms. Hathaway know about Dr. Doe's initial concerns.
- Leave the bridge work as it is and hope for the best.
- Let Ms. Hathaway know about Dr. Doe's concerns, recommend that the bridgework be corrected, and proceed if Ms. Hathaway agrees.

### 4. TEST THE OPTIONS AND CHOOSE THE BEST ONE.

Are the above options equally good, or are some better than others? Surely the latter is the case. Let's consider the degree to which each option takes the facts into account and promotes the values at stake.

- *Correct the bridgework now without telling Ms. Hathaway why.* This option ensures that Dr. Doe will offer the greatest benefit to Ms. Hathaway he

by Bruce Weinstein,  
Ph.D., Ethicist  
(New York, NY)



can, but he will do so at the expense of respecting the patient's right to know what is going on. This can't be the way to go.

- *Wait to see if a problem develops and correct it at that time, without letting Ms. Hathaway know about Dr. Doe's initial concerns.* By delaying work on the bridge, Dr. Doe places Ms. Hathaway at increased risk of harm. Making a unilateral decision like this also fails to respect his patient's dignity.
- *Leave the bridge work as it is and hope for the best.* It is understandable that Dr. Doe wishes to avoid letting the patient know that the work he did no longer meets his professional standards, but that does not justify keeping Ms. Hathaway out of the loop.
- *Let Ms. Hathaway know about Dr. Doe's concerns, recommend that the bridgework be corrected, and proceed if Ms. Hathaway agrees.* This is the only option that will promote all of the values at stake for Dr. Doe. It may be uncomfortable for the dentist to have an open and honest conversation with his patient, but being a professional requires nothing less. He may even be surprised to learn that Ms. Hathaway's respect for him increases as a result of his being so forthright and treating her with respect and dignity.

## SUMMARY

Dr. Doe should explain that his professional standards have changed and that he sees a need to correct work that he did previously. Ms. Hathaway may balk at having to pay for the new work, so Dr. Doe might wish to strike a balance that both of them can live with. Only he and Ms. Hathaway can determine a fair payment plan for work that would be in her best interest to have.

To summarize the four simple steps to making better decisions:

- Get the facts.
- Identify the values that play a role.
- Find the options open to you.
- Test the options against the facts and values, and then choose the best one.

Notice that the first letter of each step spells the acronym GIFT. This is no accident. When we consider everyone's interests, and not merely our own, we give a gift to our community, our friends, and family—and most of all, to ourselves. The greatest contribution we can make to our relationships is responsible behavior, which ultimately enriches us and helps us achieve the things that matter most. ■

*Acknowledgments: The author wishes to thank Irwin Becker, D.D.S., and Marc Beshar, D.M.D., and Leslie Seldin, D.D.S., for their helpful suggestions on an earlier draft of this article. Protocol was developed by Alvin H. Moss, M.D. and Bruce D. Weinstein, Ph.D. Thanks to Mark Ryan for suggesting the GIFT acronym.*

# Articulators Are for Dentists

I recently received a videotape from a laboratory that has been courting my business. It was a superbly packaged piece of marketing that had full color photographs on the cover jacket showing magnificently executed diagnostic wax-ups. I've had conversation with the lab owner regarding our working together, and I have to admit I was impressed with the visuals and the quality of what I saw.

As I read through the accompanying brochures and pondered the mission statement of the lab owner and his technicians, there was a single statement that continued to catch my eye and create tension for me.

"Doctor!" it proclaimed, "With our master wax-ups you will never have to sell dentistry again. Just show the patient how they will look with our esthetically corrected, functionally perfect, and meticulously executed wax, and the dentistry will be accepted on the spot!"

## AN INNER VOICE

As I thought about a couple of cases for which I'd like a nice wax-up and I anticipated how easy this case presentation would be, I became aware of that still, small voice that creeps up in the back of my mind when I am getting ready to behave in a way that represents faulty thinking on my part. I began to recall the thousands of dollars I'd spent over the years on gadgets and technology so I could "sell" dentistry effortlessly. I've got the computers and intral camera and slide shows, and on and on. I can fess up and tell you that none of them have ever been the foundational reason that any of my patients have moved forward with fine dentistry.

We all have spent countless hours learning to master the technical skills our profession demands. I, like most of you, spend time on my work-ups and I have even spent time making sure I had two articulators ready for my treatment conferences so that patients could see before and after. I even use a wax-up created by a master technician on the occasions when I want to really have an impressive presentation.

In the not so distant past, I would orchestrate these presentations so that I could review the findings of the exam, discuss the solutions to the problems I discovered, and then show the patient the beautifully waxed, optimal solution

to her troubles. Then, I kept doing single tooth dentistry because people just didn't say yes to what I had to offer.

## WHAT WENT WRONG?

There are lots of reasons why I wasn't successful with those treatment consultations. Foremost, though, is that I forgot that articulators are for dentists. I forgot where the focus of the consultation should lay. I was presenting solutions to problems patients weren't ready or able to see. I was problem-focused rather than values-based, and I obviously hadn't listened well to the patient or engaged him/her well enough to establish ownership for all the problems I wanted to solve. I hadn't learned that all the steel, wax, and stone at my disposal couldn't take the place of thoughtful, caring questions with full attention to the answers.

## UNDERSTANDING

I have experienced great learning in this vein from the *Patient Satisfaction Survey (PSS)*. The PSS is an instrument developed by the Institute's own Dr. Richard Green in conjunction with the Gallup organization. It is a tool that allows the dentist to survey both patients and staff to create a benchmark of where the practice is at a point in time. The information is gathered by the office and returned to Gallup for a detailed analysis.

I have used this instrument three times. In every utilization, the learning has been fresh and profound. I have gained insight into how my patients and my staff view me and what we are trying to accomplish together. I have had the opportunity to hear from my patients what they liked and what they found wanting in my office. This learning helped me understand that articulators, wax-ups and hi-tech gizmos will only consistently work in the presence of an established, trusting relationship. In my practice, this rarely takes place in one or two visits.

I have new understanding of what can take place in both the chair and in the initial consultation if I listen carefully and pay attention to what the patient is telling me. Wonderful things can happen if appropriate questions are directed to the patient. Mary Osborne (a facilitator and recovering hygienist who is a guest presenter at the Institute) has often told me to listen to my patients;

after all, they are their own best doctors. I have found great power in starting exams with, "Share with me, if you will, what is your understanding of the health of your mouth." This same stem sentence can create opportunity for patients to open up if used in other ways. How about, "What do you believe caused that tooth to break?" or "How did you come to choose silver for the fillings in your mouth?" and "What is your understanding of the reason your gums bleed?"

As to the articulator issue, consider this. How often have you handed a patient an articulator with a set of models, waxed or unwaxed, only to have the patient hand it back to you after a cursory look? I found myself feeling frustrated because patients weren't appreciating the hard work I'd put into solving their problems. That led to me either talk faster or louder. I was sure that if I just gave them enough information they would have to say yes. NOT!

## SOMETHING THAT WORKS!

I have learned that I get a much better response if I hand the patient a set of models without the articulator. I have experienced that often the patient's first response is to try to make the models fit together. I sit quietly for a few moments then ask, "What do you see that you'd like to talk about?" Often, upon seeing the models, the person will ask about something we discovered during the exam. He or she will frequently turn the models all around and start making comments or asking about what is observed. If there are no questions, I will always have something to ask that relates back to the exam we did together.

For example, "Do you remember those two teeth we found that were sore and a little loose? Let me show those to you on the model. Now, do you notice anything about those teeth that is different from others around them?" You and I both know that there will probably be a wear facet or occlusal discrepancy. I want the patient to find it. Once the patient sees the problem area, the next question might be, "What is your understanding of why it might have happened?" The words are less important than the intent of the exchange. The patient has the opportunity to discover for him/herself the condition of the dentition and surrounding structures.



by Dr. Steve Ratcliff, Teaching Assistant (Westlake, OH)

This is the essence of co-discovery. Only when the patient has a complete understanding of what disease or dysfunction is present have I earned the right to discuss solutions. In my practice this might not occur immediately. Sometimes it takes many visits, either with my hygienist or me, before they are ready to move into definitive solutions other than phase I dentistry. When this moment occurs, when the patient says, "You told me that we could do more. What did you have in mind?" I know that I can pull out the articulators with the beautiful wax-ups.

## TRIAL AND ERROR

I believe that it is important to say that this has taken me ten years to understand and to implement. I have found it necessary to work with many consultants, advisors, and mentors to learn how to ask questions and hear the answers. I have had many patients leave my practice because I presented huge treatment plans before I knew them and they had the chance to own the solutions for themselves. I believe, however, that trial and error were the only way for me to discover my best style of connecting with people. It is equally important for me to say that I have measured my progress person by person. That is, I get better every time I work at asking questions.

I have found the need to exercise my behavioral muscles even more than my technical skills. I encourage the practice of role-playing in team meetings to try out new verbiage. Meet with small study clubs to test out your ability to ask questions with a group of people you trust. Seek consultants skilled in relationship building to help you uncover your best style. Find mentors who will help you build your confidence.

Your reward will be the opportunity to do your "best stuff" for patients who will pay a fair fee with gratitude and appreciation. ■

## Letter (continued from page 4)

be entitled. Be articulate as you enumerate the reasons your recommended treatment should be a benefit to the patient.

Stress that you are attempting to help the employer intercede in the patient's behalf. It is usually helpful to reference the practice parameters developed by the American Dental Association. Suggest that the dental consultant review a specific parameter which supports your case. The parameters describe the range of treatment modalities acceptable for a given condition, and they stress the importance of the at-

tending dentist's clinical judgment. They are an authoritative source of support for you.

Employers need to be educated. Generally they do not want poor insurance coverage for their employees, but they seldom hear the whole story. They are usually "sold" plans that are represented to be good plans for a reasonable cost. They are told that we charge too much, not that a plan's level of reimbursement is unconscionably low. They may be led to believe that a particular plan covers "everything that is usual, customary and reasonable," implying that anything the insurance carrier considers is not necessary treatment.

When we allow the employer to deal with insurance claim issues, the misconceptions are dispelled, perspective is gained, and positive change may occur. ■

Note: Recently, some of our constituents sent the Institute mail at our prior address, and the mail was returned to them as undeliverable. We are working with the Key Biscayne Post Office to continue forwarding mail. Please do your part to minimize returned mail by alerting your staff about the new address and updating your address records to:

The Pankey Institute  
One Crandon Boulevard  
Key Biscayne, FL 33149

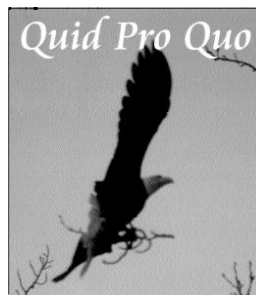


Photo courtesy of Dr. Ronald M. Teel, Fairbanks, Alaska



## Celebrating Health

by Dr. Andrew Toy  
(Leicester, England)

As a regular visitor to The Pankey Institute from "across the pond," I have had the enlightening experience of being an outside observer in a new and foreign culture. I may miss some details from time to time, but as an outsider I see more clearly some of the problems you face as a result of the normative culture of dentistry in the U.S.

For one, "busyness" appears to be a common predicament. There are just too many patients to handle in the desired fashion. So, with the Pankey Philosophy well in mind, you slow down and attempt to create a high quality professional relationship with each patient before embarking on advanced clinical procedures appropriate to their needs. You hope you will not feel as rushed but patients are clearly attracted to the sort of caring and devoted professional that commits themselves to this type of behavior, and so more people line up in hopes of receiving your time and attention, and most of you have difficulty turning them away. Despite your intention to practice "lower-density" dentistry, you feel tremendous pressure to see more patients.

What's more, many of the patients lining up are very nice people but have a poor appreciation of oral health. You ask yourself if you will ever have sufficient time on your end to properly educate them, and you question whether there will be sufficient interest on their part to make your time investment worthwhile. They present themselves to you because they've heard you are kind and gentle, listen well, and have a nice team.

For a long time I struggled to understand how a dentist could describe himself or herself as too busy when a normal session comprises perhaps just four or five patients. I later realized that most dentists in the U.S. are also seeing perhaps eight other patients concurrently in adjoining hygiene surgeries. Somehow, seeing those eight patients doesn't count as intellectually challenging dentistry in the dentist's eyes. After all, "they're only in for recalls." Clearly, though, the responsibility and time taken does mount up (not to mention the cost of employing hygienists).

So, while the Pankey Philosophy is heard and implemented in the new patient examination and pre-restorative education process, dentists by and large still allow themselves to be too busy squeezing in recalls. I think this pervasive

problem results from the way dentists view the recall and assign value to it. Indeed, at root is the very basis of our personal philosophy of dentistry: whether we exist to provide and promote health or merely to fix disease.

Many in our profession still see health simply as an absence of disease—the biomedical model. However, from as far back as 1948, the World Health Organization viewed health as "a complete state of physical, social and psychological well being and not just the absence of disease." This biopsychosocial model of health incorporates the notions of feelings, behaviors, and relationships with others. I'm sure this sounds very familiar to all students of the Pankey Philosophy. The patient's oral health has a lot to do with his or her values, beliefs

"recall and prophylaxis." But we know health is not a static state. The oral physiology is constantly changing throughout our patients' lives. Different lifestyles may create different dietary habits. Parafunctional habits can start and stop. The tissue's response to disease changes with age. Salivary quality and flow can reduce over time and in response to drug therapy.

In our biomechanical mode of thinking, we view the recall as a time to identify disease in order to treat it. To our credit, we look for something to fix using our professional skills. To our discredit, it's become normative culture to believe this recall exam can be achieved by popping into the hygiene room for a few minutes between or during our "own" patient's treatment. Everybody knows (you, the hygienist and patient) that you are squeezing the recall exam in whilst the real dentistry is going on next door.

Applying the health-centered, biopsychosocial model, let us look at the recall exam from the patient's point of view. The health-conscious patient truly appreciates the recall being elevated to a major role in health maintenance—as

### Publisher's Note:

*In this article, Dr. Toy suggests an ideal method of building dental IQ on a cumulative basis.*

and understanding—the basis of Dr. L.D. Pankey's four-level classification according to dental IQ. The Institute teaches us to assess the patient's dental IQ and aim to raise it through a process of education over a period of time (perhaps years).

According to L.D. Pankey, the purpose of dentistry should be the optimal health of the patient. There is no doubt that health can be achieved with advanced restorative and surgical procedures, expertly applied as we are encouraged to do at the Institute. However, expertly applied advanced restorative and surgical procedures do not necessarily produce optimal health for the patient. The beautiful \$20,000 restorative case can look very sad after five years of abuse by the patient who hasn't truly understood the value of his or her new dentition. A patient's health has more to do with his or her own ideas, feelings and behaviors than our clinical expertise. Health-centered dentistry involves fine clinical work *and* active participation by the patient.

Once we have finished a case, we tend to move into the "maintenance phase" frame of mind. Hopefully, the patient will have excellent home care, oral health will remain stable, and future treatment will be minimal. From now on, we expect the patient to require just a

important as the attention given to the fine detail of occlusion, margin, or shade at a treatment visit. It is you the patient has come to see. The health-conscious patient would like to think you are giving him or her your undivided attention, rather than nipping in and out for a few short minutes. Patients don't just value your clinical skill—they value the whole experience of the visit from the hellos to the goodbyes and everything in between.

Patients obviously want problems to be identified, but they also love to be told how healthy they are. How often does that happen in medical practice? And don't underestimate the positive feeling they have from being given time and respect from their dental professional. Just a recall, then?

In a health centered practice, our professional role is not only to diagnose disease and dysfunction but also look for health across the whole breadth of the oral condition—monitored against past records carefully collected at the comprehensive new patient exam. We are to assess the patient's level of risk and communicate this level. Oral health education can be provided, related to the specific needs of the patient. Hopefully, we can report to the patient that everything is healthy, and we shouldn't just report the patient's health—we should celebrate it!

I'm sure many of you are saying there's nothing new in this—it's common sense. It may be common sense, but I'm not sure it is that common. As far as I can tell looking as an outsider, Pankey students do not value the recall sufficiently to give it the time it needs. Nor do they charge properly for it. For some reason, they are comfortable with crown fees way above the insurance company rate but dare not raise their recall fees.

The ideal recall appointment will obviously require more of the dentist's time than the present pop-in consultation. I suspect the final cost may be 400% of the current insurance fee but in dollar terms, this is a relatively small amount compared with most Pankey dentists' crown, bridge, or denture fee. You could suggest a recall every 12 or 24 months for those at low risk. Associate Faculty, Dr. Richard L. Alpert, suggested that 10 to 15 minutes may be enough time to check the dentition and reaffirm the relationship but you do have to make yourself *truly* present.

Applying the new recall fee to your practice will send a clear message to your patients and team that you value each recall very highly as a crucial part of the patient's oral health career. The success of this strategy depends on you creating an experience that is perceived as worthwhile by the patient and team. Create the experience before you raise the fees, and ensure your team shares your values, too.

Some of your patients will be delighted by the experience and be happy to pay. Others will not be delighted and wish to find another dentist. I believe that those who stay will share your oral health values and more likely become "above the line" patients. The extra time allocated for education at the recall visit should result in patients ready to quickly accept your treatment recommendations and request the fine dentistry you have to offer.

Once you have a new recall program in place, you and your staff can inform new patients of your practice of spending more time with your patients than the average dentist does—every time they come—and that your special time and attention will cost more than they may be accustomed. This should shorten the line at your door and remove some pressure. But you will know you are doing your best for each patient. The problem of "busyness" will be tackled through a process of values clarification across the whole range of services you have to offer. In my opinion, this is perfectly synchronized with L.D. Pankey's philosophy. No longer are post restorative visits just recalls. They are celebrations of health! ■

## Fund to Honor Christian Ludwig

Dr. Charles A. Varipapa has established a Triple Plus Fund in memory of Christian W. Ludwig, who was killed one week prior to the date he was to graduate from The Baltimore College of Dental Surgery Dental School at the University of Maryland at Baltimore. He was killed near his off campus home

when he tried to assist a fellow student who had been attacked. Ludwig was stabbed through the chest just hours after having successfully completed his Northeast Regional Board Examination.

Ludwig grew up in Long Grove, Illinois and excelled at life. Ending four years of dental school near the top of his class, Christian Ludwig was going to continue his education in Los Angeles in a specialty program in periodontics. He had been involved for four years in a mentorship program at Dr. Charles Varipapa's

Southern Maryland Office.

At the most solemn graduation exercise ever conducted at the world's first and oldest dental school (now over 160 years old), classmates characterized Ludwig as a "constant joy to be around" and a person who had only two kinds of days, "good days and great days." According to Carrie Burmeister, a university counselor, Ludwig was "the best and the brightest."

The October 29, 2000 Continuum Level Six class, in which Dr. Varipapa

was a participant, generously contributed to the fund in honor of Ludwig and in appreciation of Visiting Faculty Dr. Carl E. Findley, Jr. and Dr. Tom M. McDougal. If you would like to contribute to the Christian Ludwig Triple Plus Fund, please send your donation to The Pankey Institute marked for this fund. ■



Left: Dr. Charles A. Varipapa; right: his mentee, Christian W. Ludwig

## The Old Guard

(continued from page 2)

officials; they've been well documented. The gross effect however, was to send the message that you can get away with just about anything in this country. This isn't my philosophy. But the *Pankeygram* isn't about football or politics. It's about the practice of dentistry.

Dentistry has certainly changed over the past few years. It seems that the only place values are spoken about in dentistry is The Pankey Institute. I find that Pankey dentists understand the meaning of the word professional, which is to place the interests of the patient before the interests of the dentist—very simple, very basic. Could you imagine it being any other way? No, I don't mean just any single dentist; we see that all the time. But what if all dentists were self-centered, that is, they placed their needs before those of their patients? What would our profession look like then? "Anything Goes?"

Now, you may say that I'm naive. That could never happen! But when I listen to many speakers on the circuit today, this is what I hear being taught. "Charge your patients more, doc," and "You don't need orthodontics when a few laminates will do the trick, doc," or any number of other ideas that will put dollars into your pockets faster than a pass from Culpepper to Moss.

Let's take two skilled technicians, perhaps dentists, quarterbacks, or locksmiths. It doesn't matter. Let's say that both of these technicians have equally fine skills and unlimited knowledge in their field. How the technician uses that knowledge and skill will determine how he spends his life. The locksmith can have the hands of a neurosurgeon and use them to diffuse bombs for the government, or he can become a bank robber. The only thing that makes a difference in one's career is values.

Values can be changed, and if they are, they can make the biggest difference in one's life. It's been said that the things that change a person's life more than anything are the books he reads and the places he's been. If you read enough books and travel to enough places, I'm sure your values will change.

Now, I'm not saying that football teams like the Rams and Vikings don't have values, and I hope I haven't offended anyone in St. Louis or Minnesota. I'm only trying to make the point that what we believe will determine how we live our lives. Having great values doesn't automatically turn you into a winner. If that were true, I wouldn't be crying over my beloved Giants right now.

There was a moment after the NFC Championship Game that brought a tear to my eye when Giant owner, Wellington Mara, accepted the George Halas Trophy from Halas' daughter, Virginia McCaskey. Halas was the founder of the Chicago Bears. Ironically three hours later in Oakland, California, Art Modell, the original owner of The Cleveland Browns, accepted the AFC Championship Trophy for his victorious transplanted team, The Baltimore Ravens. Within a short span of time I was reminded of football's old guard making their return. I thought for a second that we hadn't heard from them in some time, but they have endured. And, they will

endure because those old timers bring strong values to the game.

We must respect the difference between knowledge and wisdom. There is much clinical knowledge needed to become great in dentistry. I see young dentists speaking around this country who have accomplished great things in a very short time. I don't doubt their knowledge and skills. It's the wisdom that worries me. Being affiliated with The Pankey Institute has certainly expanded my skill and knowledge base but, more importantly, being around some of the dentists, whom I consider to be members of the old guard, has increased my wisdom.

I worry about the future of dentistry. The Pankey Institute is still the only place that considers values and wisdom as the foundation of a healthy career in dentistry. I worry because the more I look out there, the less I see of the old guard. Our culture rewards the slick, the rich, and the fast, but I know the old guard is still there.

There is a story that Will McDonough, the TV analyst and sports-writer for The Boston Globe, tells in his book, *The Final Season*, about Bill Parcells. Parcells has been the coach of three NFL teams, The Giants, The New England Patriots, and The New York Jets. His accomplishments are legendary. McDonough's book tells of his relationships with the respective team owners. He had a particularly strong relationship with the late Leon Hess, the owner of The Jets. After Hess died and the memorial service had ended, Parcells called The Giant's owner, Well Mara and said, "I want you to take special care of yourself, because now, with Mr. Hess gone, there aren't many of the old great ones left. Every time this league loses one of the old guard, it loses another piece of its heart."

When I read that story, I was taken back to my early years in dentistry when I would listen to speakers like Pankey and Barkley. The heart of dentistry still remains alive today in Key Biscayne. I applaud its Director, Chris Sager, and its Education Chairman, Irwin M. Becker, for steering a wise course and maintaining a Faculty of over 100 master dentists with the highest standards and values for optimal patient care. Every time I hear one of these two gentlemen speak or read one of their articles on professionalism and leadership, I am proud to be affiliated with The Pankey Institute. I am proud because The Pankey Institute represents those "true north" values that are timeless.

Some of the things that are being taught in our profession today may lead to what seems like quick success. On the other hand, if you stick to the principles of value-centered dentistry you may not score on every play but, in the end, you'll be around to reap the repeated rewards of a life fulfilled. This year's Super Bowl brought a record low TV rating, a 40.3 national rating with a 60 share. That means an average of 40.3 percent of the country's TV homes were watching at any given moment, while 60 percent of in-use televisions were tuned to the game. Too much defense, too many punts, and the threat of a low score are not popular amongst football fans. In my opinion, sometimes what is not popular is good. ■

## Heartfelt Gratitude



by Dr. Bryan D. Stahl  
(Barrington, IL)

The reason I write is to express gratitude for how The Pankey Institute has changed my life and, in the process, my practice. My journey began at a time when my practice was "manufacturing" more dentistry and production dollars than I have achieved since. I thought that I had a very normal practice. In fact, I did. My practice was "busy" seeing far more patients each day than I even care to see now. I fixed lots of teeth and thought that I had good relationships with my patients. If this was what dentistry was to be about, then why was I so dissatisfied with my profession?

I began some intense personal reflection time and inward looking. Talking with many people resulted in discussion of a variety of solutions but it was the reflection time that produced the most reliable result. As I started pondering my dissatisfaction, it was easy to blame someone else, at least for the short haul. It could be the "evil" insurance companies, the "feisty" patients, "overhead" employees, or a host of other reasons. The truth was that I had built my practice and was responsible for what it had become. I was not proud of what I had built. This was a painful realization to swallow.

At this time, I contacted a specialist I had worked with and I asked for a referral to an excellent dentist for my own dental care. This came on the heels of having a gold crown, fit by a friend and dental school colleague, which had an open margin. After four attempts to fit the crown properly, he said, "Bryan, it's close enough." (Obviously, this was not the predictable dentistry talked about at The Pankey Institute.) Even though my friend was a "nice" person and I could tell his patients really loved him, I thought of this as an ethical issue, not just a technical failure. I thought there must be more to this profession than being nice.

I contacted two dentists that the specialist recommended. I heard from them both that I should attend The Pankey Institute. Having no idea what the Institute was, I requested information and upon receiving it became intrigued. You've heard the saying: "When the stu-

dent is ready, the teacher will appear." I was the student and was all ears.

After attending Continuum Level One in January of 1996, I knew I desired to see the Continuum through. Many had already envisioned and created the practice that I wanted. They had already paved the way. Dr. Irwin Becker's philosophy lectures were most interesting to me, so compelling, in fact, that they changed my life and practice.

I believe the Philosophy is what has changed me most. I always new I could master the technical skills. After much "research" as Dr. Joe Carnley calls trial and error, failure and practice. Eventually success would come.

It is a very humbling experience to move from an unconscious incompetent to a conscious incompetent. I did not want to remain in that stage of life. I had my work cut out for me. Besides The Pankey Institute Continuum, I continue to spend countless hours of personal study toward becoming a master dentist in the many facets it entails. I have become more knowledgeable about the masticatory system and more confident in treating patients, but there has been more than developing technical excellence.

There have been deeper patient relationships built. Money cannot buy the satisfaction that comes with these relationships. The mutual trust and respect has been awesome. There is much personal satisfaction in knowing I have given my absolute best to each and every patient I choose to serve.

There also has been pain in trying to build my practice toward a Tier IV level. I have had many patients leave the practice realizing we no longer have the same goals in mind for their oral health. Many who have left were personal friends. I have had to realize that I cannot please everyone. I have had to realize that I have to please "the man in the mirror" and God. I know this is a journey which cannot be marked only by completing another Continuum Level. This is a lifelong growth process. It also is a process I would not trade for the world. Thanks a million to all of the "Pankey" dentists who are living the Philosophy. I am encouraged by your dedication. Words cannot express the gratitude I have for the Institute. It has changed my life in so many ways. For this, I am forever indebted. ■

## Pleasantly Surprised

I completed Continuum Level One in January 2001. I will admit that I arrived with a skeptical attitude. At the beginning of the week, I was concerned about rumors I had heard about The Pankey Institute Continuum being single-minded on how to practice dentistry. I was surprised to discover these opinions were unsubstantiated and obviously fostered by individuals who have never participated in the Continuum. Latitude exists to apply acquired knowledge and techniques in our own individual styles of practice and patient populations. The Faculty made my C1 experience memorable and enjoyable. My time at the Institute passed all too quickly, and parting was "sweet sorrow." I look forward to the rest of the Continuum. Here's to spreading a true picture of what The Pankey Institute is all about...helping us develop to the best of our ability as happy, competent promoters and deliverers of optimal oral health.

— Dr. Mark A. Barnes (Wheaton, IL)

## 2001 Pankey Financial Management Tools

**Update to Our Previous Variance Management System Provides Additional Financial Planning Tools**

The 2001 Pankey Financial Management Tools, also called "Pankey Tools," were released for sale in March 2001 through The Pankey Institute's Resource Center (Bookstore). The 2001 Pankey Financial Management Tools are a collection of Excel spreadsheet applications developed by Dr. Richard A. Green, Director of Business Systems Development, to help you "diagnose and treatment plan" your practice and personal financial health. You may use these worksheets to benchmark and analyze your present situation, develop a plan for your future financial goals, and ponder "what if" scenarios. These hands-on learning tools come at a time when faculty and students want to more fully understand their practice numbers, influence them, and budget their practices based on their new understanding.

Much of today's financial reporting is from a tax-basis point of view. This can be confusing when it comes time to make practice management decisions. A different set of "management" reports is more useful. Our financial management tools were designed for busy healthcare professionals, primarily dentists, who want to review significant management information prior to tax considerations. Our tools provide accurate, easy-to-follow summary pages of practice data, as well as details for follow-up and in-depth analysis.

The core of the 2001 Pankey Financial Management Tools is the Variance Management System (VMS) which contains updated versions of the MIS, Proforma, and MISYTD spreadsheets. We provide the user with two versions of a Simplified Management Income Statement (MIS). These two spreadsheet applications (MIS Original.xls and MIS 2001.xls) enable the user to enter detailed information about the practice and automate the calculation of income and expenses for services rendered based on the user's accounting time system (monthly, year-to-date, or 12-month rolling).

Exercises in the Proforma application (Proforma 01.xls) allow the user to set and reset the financial components that drive the performance of a practice. The user can create various financial scenarios by simply changing the numbers. Easy input and automatic calculation let the user examine break-even and percent profit numbers; analyze cash flow, the Hygiene Department, and Associate Department; forecast and budget next year to achieve desired rewards; assess hourly fees within the Philosophy; and test the impact of gain sharing on the projected Management Income Statement (MIS).

The updated MISYTD is an easy system for tracking monthly and year-to-date numbers. Presented in a variance management format, the MISYTD.xls Management Income Statement allows the user to enter monthly data and easily obtain year-to-date reporting. Line item percentages are highlighted for quick review of practice performance. Monthly actual to budget, YTD actual to YTD budget, and YTD reports enable comparisons. This variance management format is of particular use to the office that budgets the practice. Workbooks are provided for 2001 through 2006. These workbooks are linked so that the previous year's actual monthly numbers are automatically carried to the next year's workbook for variance comparison.

### RECENT ADDITIONS TO THE PANKEY FINANCIAL MANAGEMENT TOOLS INCLUDE:

- Additional "practice financial health" applications to enhance the analysis of your practice. These include worksheets for measuring practice health, estimating fees, calculating dollars per hour, developing your degree of difficulty and risk, and setting revenue goals.
- All new "personal financial health" applications to facilitate your personal goal setting. The new applications include worksheets for helping you calculate and analyze net worth, measure wealth accumulation, develop a spending plan, create a realistic retirement plan, evaluate how much insurance is right for you, and plan for your children's college education. Although these types of worksheets can be found in commercially available software, as well as on-line at many financial Web sites, it will be helpful for you to have simple, readily available worksheets in one location.
- A collection of articles and lists to help you develop your personal discipline on the way to financial freedom and ultimately financial independence.

### TO PURCHASE:

The 2001 Pankey Financial Management Tools may be purchased in PC format and include a comprehensive guidebook. If you previously purchased the Variance Management System, you may purchase the 2001 Pankey Financial Management Tools to upgrade your current system for only \$250. The new purchase price of the tools is \$395. Purchase requests should be made to Mark Collis in The Pankey Institute Resource Center (Email: mcollis@pankey.org or Phone: 305-428-5509). Please see the adjacent box for a description of the new Foundations of Financial Management Level One course scheduled for April 29 - May 2, 2001 and October 21 - 24, 2001. This course is designed to walk you through the 2001 Pankey Financial Management Tools and provide you with a three-day forum focused only on practice and personal financial planning. ■

## New Financial Management Course

**Two Classes in 2001: April 29 - May 2 & October 21 - 24**

The new Foundations of Financial Management Level One three-day course will enable you, the principal, to focus on learning financial management principles and applying them to your dental practice using the 2001 Pankey Financial Management Tools (Excel spreadsheets) developed by the Business Systems Development Department of The Pankey Institute. In addition to presentations and discussions, you will perform many hands-on computer exercises on your own laptop, under the supervision of Dr. Richard A. Green and trained faculty. The latest version of the 2001 Pankey Financial Management Tools will be included within the tuition fee.

Course Content: Seminars and exercises will include: Leadership and The Philosophy, Wealth Accumulation, Overview of Computer Generated Dental Practice Modeling and the Why of Financial Tracking, Introduction to the Pankey Financial Management Tools, and hands-on computer exercises applying the Pankey Tools to case study data, then to your own practice data. The spreadsheet exercises cover net worth analysis, management income statements, financial ratios, practice budgeting and projections, variance management, fee determination, gain sharing, personal budgeting, college and retirement planning, and more. You will also hear Dr. Green's reflections on The Pankey Institute's Operations Studies ('93, '94, '96, '98, '00), Pricing Analysis Report, and Patient Satisfaction Survey statistics. And, you will have a quick preview of the future Financial Management Level Two course, which will demonstrate the use of QuickBooks Pro to streamline your Pankey Tools application. (The Level Two course, to be offered in 2002, may be attended by the practice's financial administrator when accompanied by the dentist.)

Prerequisites, Tuition Fee & Registration: Prerequisites for the upcoming Level One course are completion of Continuum Level Two prior to the class and completion of a Pricing Analysis Report (PAR) within one year of the class. Participants should be familiar with Microsoft Excel. Participants will bring their own laptop computer (Excel loaded) for use in the classroom. The 2001 tuition fee is \$2,485. For more information and to register, please call Melissa Wilhite, the Business Systems Administrator (Email: mwilhite@pankey.org or Phone: 305-428-5503). ■

## REFERRAL CHAMPIONS

Over the last three months, Continuum Level One students reported that the following individuals referred them to The Pankey Institute. Quality referrals such as these are a major component of our success. Thank you!

Dr. Vivek Amin  
 Dr. Walter F. Biggs  
 Dr. Andrew G. Coburn  
 Dr. John T. Darling  
 Dr. Michael B. Davenport  
 Dr. Jimmy Eubanks  
 Dr. Robert J. Florio  
 Dr. R. Vaughan Glover  
 Dr. Charles Greenbaum  
 Dr. William Y. Gregg  
 Dr. Stephen Haber  
 Dr. Debra A. Higham  
 Dr. William F. Kalpakis  
 Dr. John C. Lee  
 Dr. C. Roger Macias, Jr.  
 Dr. Thaddeus J. Marciniak  
 Dr. Osvaldo Z. Mayoral  
 Dr. Richard C. Nelson  
 Dr. Matthew P. Patterson  
 Dr. James R. Pride  
 Dr. Bradley Portenoy  
 Dr. Henry F. Pruett, Jr.  
 Dr. Joel Rauchberg  
 Dr. Alan Rauchberg  
 Dr. Donald R. Rozema  
 Dr. Rick Schlackohl  
 Dr. Barry S. Segal  
 Dr. G. Franklin Shull, Jr.  
 Dr. John E. Sullivan  
 Dr. Susan J. Sup-Barnes  
 Dr. Janet E. Thomason  
 Dr. Thomas J. Thacker  
 Dr. Charles A. Vanpapa  
 Dr. G.C. White ■

## DC TEAM

**New Course to be Held  
 October 21 - 24, 2001**

A new course has been designed specifically for the dentist and ceramist to attend as a team to focus on esthetic treatment planning. State-of-the-art porcelain techniques, which enhance restorative and esthetic results, will be presented in a hands-on environment. The latest advances for optimum porcelain build-ups, occlusal and periodontal concerns, as well as team-building skills, will be addressed. Participants will write a position paper and develop a greater understanding of the expectations and limitations of the dentist and other team players.

### Part One:

- The New Paradigm in Treatment Planning
- Ceramist-Dentist Role in Diagnostic Work-up
- Esthetic Case Development

### Part Two:

- Dentist-Ceramist Relationships
- Esthetic Communications - Color Mapping

### Part Three:

- Esthetic Criteria for Natural Beauty
- Build-up and Finishing of the Ultimate Restoration

For more information and to register, please call our Registration Department at 305-361-5433 or email the Registrar, Mari Blandon at: mblandon@pankey.org. ■

## HIMS Dates Changed to September 5-8

The Pankey Institute and the Gallup Organization will jointly sponsor their fourth annual *High Impact Management Seminar* for dentists at Gallup headquarters in Lincoln, Nebraska, on September 5 - 8, 2001. The dates of the Seminar were moved from May 30 - June 2, 2001 in response to requests from participants and prospective participants.

Those attending will be able to define and implement objectives developed for their specific practice through The Pankey Institute's *Patient Satisfaction Survey (PSS)*. An individualized session with a Gallup Organization senior consultant, as well as group sessions with other Pankey dentists, will create a rare opportunity to explore management strengths and learn how to maximize them.

Plunge into the 21st century with expert insights and customized management advice for your unique practice. The *High Impact Management Seminar* is a personalized management experience designed to help you develop your own personal management style and maximize the performance of your staff. You will learn to apply more of who you naturally are to your daily work environment. Throughout the program, you will explore your own talents, the strengths of your staff, the quality of the work environment, and winning management concepts and strategies that can be incorporated into the workplace.

Learn from Top Managers: The Gallup Organization conducted in-depth interviews with more than 80,000 successful managers to find out what great managers have in common. Gallup's highly interactive management program is built around the wisdom of these exceptional managers on how to select, motivate, retain and develop people. You'll discover ways to enhance your personal management style by learning from the unique perspective and strategies of these successful managers.

Understand Your Unique Strengths Better: Prior to the program, you will complete the *Gallup StrengthsFinder® Survey* via the Internet. During the program you'll receive a developmental report that highlights your top five signature themes and suggests strategies for maximizing those strengths. You'll benefit from one-to-one consultations with a Gallup Consultant where time is spent discussing your talents, the talents of your team, and how to leverage those strengths to build a stronger, healthier, more productive workplace.

Learn about the Strengths of Your Staff: Your staff members will also have the opportunity to complete the *Gallup StrengthsFinder® Survey*. You will receive results during the program along with instructions on how to utilize and communicate these results to staff members afterwards. In addition to gaining valuable knowledge about individual staff member's talents, you'll develop a team talent composite that offers insights into the team dynamics within your staff.

Take Home Management Tools: Activities and tools will be provided that can be utilized in the workplace to enhance individual and team effectiveness. One of the most effective of these tools is the *Gallup 4 Keys Coaching Guide*. This tool provides insights for managing staff members more effectively by identifying each individual's unique talents, relationship needs, sources of motivation, and preferred kinds of recognition.

Build A Great Place to Work: Data is also gathered through the *Q12™ Survey* that provides participants with feedback on their staff members' perceptions of the workplace on 12 key items that have shown a high correlation to business outcomes like productivity, profitability, retention, and customer satisfaction. The *Q12™* feedback provides you a means to measure and track improvements in the quality of your workplace environment using data specific to your workgroup.

The Results: The High Impact Management Seminar enables you to learn from the practices and special insights of the most successful managers and then apply this knowledge to your practice. You'll return to the workplace with increased self-knowledge and the confidence to lead even more effectively.

Program Schedule: The program is conducted at Gallup's corporate headquarters in Lincoln, Nebraska. The session begins on Wednesday, September 5th at 3:00 PM and concludes at 12:00 noon on Saturday, September 8.

Lodging: You are responsible for your own lodging. Gallup has reserved a block of rooms at the Chase Suite Hotel, conveniently located next to Gallup's Headquarters in Lincoln, Nebraska. A preferred rate of \$78.00 per night is available for attendees. Please call the hotel at (402) 483-4900 to confirm your reservation with a credit card. The Chase Suite Hotel provides a courtesy van from the Lincoln airport to the hotel.

Tuition Fee, Prerequisites & Registration: Tuition for the seminar is \$3,280. This seminar will be limited to 24 participants. If you have completed a *Patient Satisfaction Survey* since October 1998, you automatically qualify for this *High Impact Management Seminar*. If you completed your last *PSS* survey prior to October 1998 or have not yet completed a *PSS*, you need to do so before the seminar and should start the *PSS* now. For more information and to register, call Melissa Wilhite, our Business Systems Administrator, at 305-428-5503. ■

## The Benefits of Taking Snapshots

by Dr. Richard A. Green, Director of Business Systems Development

Ofentimes we wonder if we want our picture taken. In my present state, I wonder if my solar panel will show too much. But, the benefits to our family and friends outweigh any concern. The same is true of taking a picture of our practice health. It would be worthwhile to benchmark your patient's perception of all that you do.

We do get better at what we measure! This long held management principal has often been neglected in dentistry. We, as dentists, like "to do dentistry" but are not accustomed to measuring outcomes in a formal fashion. There are many forms of measurement. We need to let our imaginations go and discover creative ways to measure. One overlooked measurement is a reliable way to evaluate the impact we have on the patients' perceptions of our dental office. How much could you grow if there were a statistically valid and reliable way to take a "snapshot" of your patients' perception of what you are doing with and for them?

Are your patients completely satisfied with the experience they have in your office? Many of the things on a dentist's to-do list are technical in nature because most of us feel more comfortable in that arena. The *Patient Satisfaction Survey (PSS)* deals with a broader view of your practice than technical competence. You get feedback from your patients on your vision and its application. The *Patient Satisfaction Survey (PSS)* was developed in tandem with Gallup, a leading consumer research organization, to enable participating dental practitioners to survey their patients and staff to find out what they can do to become super achievers. As of this date, we have surveyed over 12,000 patients and 1,200 employees nationally. Experts at Gallup have analyzed the data, drawing on more than 30 years of experience researching health and other service professions.

We have learned that patients rate the top practices significantly higher on many attributes, including cleanliness, ease of communication, and proactive patient education, to name a few. Employees rate the top practices significantly higher in the areas of encouraging quality work, personal development, and respect. The top rated practices have a significantly higher rate of referrals, greater profits, and substantial loyalty among patients and employees.

Because we want to share this knowledge with other dentists committed to achieving their best, we teamed up with the Gallup Organization and invested over \$100,000 to develop the *Patient Satisfaction Survey (PSS)* and *Workplace Audit*. Through these two unique surveys, you can survey your own patients and staff at about one-fifth the cost of contracting a professional consultant to conduct a survey for you.

Our research has shown that both patients and employees appreciate being asked to participate in these surveys and are left with a feeling their opinions are valued. You simply order the preprinted surveys from The Pankey Institute. Then, you give a *Patient Satisfaction Survey* to a representative sample of your patients and give your staff members a *Workplace Audit*. With each survey, comes a return envelope that enables your patients and staff to mail their completed survey directly to Gallup, ensuring confidentiality.

Individualized Feedback for Your Practice: Usually within four to six weeks of receiving the surveys, Gallup analyzes the data and prepares a report that includes a detailed interpretation of results, performance indicators that allow you to compare your ratings to national averages and the top 10% of Pankey-trained professionals, and a concise Executive Summary of observations and recommendations. You'll learn about the strengths of your practice as well as areas for improvement. You'll be given specific activities that will help you build loyalty, and increase referrals and profits. You'll also receive an invitation to have a follow-up phone conversation with one of The Pankey Institute's faculty members with expertise in practice management and behavioral science.

For more information and pricing, please call our Business Systems Development Administrator, Melissa Wilhite, at 305-428-5503 or email her at mwilhite@pankey.org. Go ahead and measure the perception of your patient base. Perception is reality. It is not what you are doing but what your patient perceives of what you are doing that needs to be measured. From that information, you can take definitive action. You can intentionally change your course and then measure your patient's perception again to learn the response. Trust the process of taking "snapshots" of your patients' and staff's perceptions. It has been insightful to those who have done this and studied the feedback they received. ■

**When the results of the PSS and Workplace Audit from a large number of practices were compared, those practices with the highest patient satisfaction had correlating high satisfaction among their staff. Here are the top five things their staff members were saying in order of frequency:**

- I am very optimistic about my future in this dental office.
- I have fun working in this dental office.
- I enjoy staff meetings.
- I feel great pride working in this dental office.
- At work, my opinion seems to count.

**Do you know what your staff is feeling/thinking? What are you doing to promote these responses in your staff?**

## The Aishi Club

by Dr. Yasuo Kawamura  
Osaka, Japan



In Japan, dental fees are covered by insurance with the exception of preventive treatment. Most dentists perform only treatment authorized by the health insurance plan, and patients receive "free" treatment. Dental treatment is outdated, and dentists do not care about the quality of care. The average number of patients seen each day is between 20 and 30. The typical Japanese visits a dentist only when in pain. There is no customary regular checkup.

According to the statistics of the Ministry of Health and Welfare in Japan, our people have an average of 25 natural teeth when they reach age 50, twelve when they reach 60, six when they reach 70, and four when they reach 80.

### TURNING POINT

In 1962, I went to Miami to meet Dr. L.D. Pankey. There, Dr. Pankey and Drs. John Anderson, Loren Miller, David Hoffman, and Henry Tanner instructed me at The Pankey Institute. That was a big turning point in my life as a dentist.

It has been 38 years now since that first visit. Initially, I faced many obstacles and difficulties in providing comprehensive dentistry. However, the Kawamura Clinic was able to overcome difficulties with leadership and, step by step, developed a comprehensive dental treatment process for patients. Unlike most dentists in Japan, once we have stabilized a patient's oral condition and improved it as much as possible, we try to protect the patient's oral health. This is only possible if the dentist and patient combine efforts for plaque control and tooth maintenance.

### MOTIVATING PATIENTS

We used to send postcards and make telephone calls to patients to recommend regular checkups. But, this recall system was not very effective. The patients were too autonomous in their thinking. Perhaps, 30% came for examinations.

I thought a lot about what would bring patients back to the office for regular examinations. Whenever possible, I introduced my patients and other dentists to the "International Standard of Dental Treatment" hoping they would recognize advances made in dental health worldwide. It was difficult to communicate how initial comprehensive care and ongoing, regular maintenance dentistry would affect the citizens of Japan epidemiologically. My own patients would have to become the basis of knowledge that would allow me to communicate better. I was determined to collect data to further dental education in Japan.

To motivate my patients to want checkups, I came up with the idea of organizing a club for my patients who would have their oral health maintenance examinations at the Kawamura Clinic. For holistic dental treatment, motivation is essential. We fully anticipated that the stimulus among club members would motivate our patients as much as the interaction between patient and dentist.

When we formed the club, we envisioned the group would become an

organization to monitor and understand the epidemiological results of routine checkups and maintenance treatment. Members would be our patients who all receive the same systematic series of examinations to maintain good health. Members would be instructed to work as a group with a mutual sense of solidarity and to be responsible to each other. Members would count on each other for support and adherence to the plan. We would set as an objective the development of team activities that would produce solidarity and help patients realize how oral health affects the quality of life.

### AS SUCCESSFUL AS ENVISIONED

On October 20, 1974 (49, Showa Period), about ten volunteer patients from the Kawamura Clinic met socially for that first time in a hotel conference

*"We fully anticipated that the stimulus among club members would motivate our patients as much as the interaction between patient and dentist."*

room in Osaka. They discussed forming a club to maintain oral health. I explained why an organization of patients was needed. The following year, we met several times and formed the "Dental Information Center, Aishi Club" on April 25, 1976. Because "Ai" means love and "Shi" means teeth in Japanese, "Aishi Club" literally means "meeting place of people who love teeth." We were fortunate to have 538 members when the club was established.

Over the last 25 years, this cooperative group has achieved good results. We have been able to adhere to our plan and collect epidemiological data of tremendous value. Club activities include lectures, concerts, domestic and interna-

tional travel, gourmet tours, and parties.

The promotion of holistic dental treatment has become my life's work and "The Aishi Club" a spiritual resource. From the late 1960s until today, I practice health-oriented dental care including prevention and maintenance care. I do not simply treat symptoms as they appear. Whenever I perform a complete oral examination and find dental disease that has been left untreated, I carefully plan comprehensive treatment to create a healthy and sanitary environment in the mouth.

### SOME INTERESTING FINDINGS

Ever since I met Dr. Pankey 35 years ago, I have wanted to bring advanced dental techniques to Japan. The Aishi Club—began 25 years ago by 538 patients who had their initial treatment at the Kawamura Clinic—grew to 2,300 in the year 2000. We have detailed records of 2100 members on our computer. I have

personally analyzed the records of 817 people. Of these, 374 have continued with systematic examination and treatment for 15 years, 339 for 20 years, and 104 for 25 years.

The difference in years depends on the age of the patient when treated for the first time. As a result, patients who had an initial treatment between 20-35 years of age, have lost less than one tooth on average, no matter how many years they have continued their maintenance. Patients who had an initial treatment between 36-70 years have lost less than 10% of their natural teeth after 15 or more years of treatment. (Often these adults lost some of their teeth at the first treatment but the rate of losing teeth then

stayed very low.) Our patients have fared significantly better than the average Japanese and better than the international standard.

We happily conclude that if a person comes to the clinic regularly for checkups and treatment throughout childhood, the achievement of 80/20 is 100% possible. Octogenarians can keep more than 20 natural teeth if they are initially treated before 35 years of age and keep doing maintenance. Even if initial treatment is after 35 years of age, it is possible to keep 80/15 in the case of continuous maintenance. But, it is necessary to have routine cleanings of the teeth and periodontium.

### HOPE TO CONTINUE INFLUENCE

I am very proud of the results of The Aishi Club members and thankful to the members for motivating each other and furthering dental research and knowledge. I hope our clinic will have continuing influence on the practice of dentistry in Japan. I am happy for my patients as they have benefited from a better quality of life.

When I look back over a thorny path aiming at "Holistic Dentistry," "The Aishi Club" was always standing by me to support Kawamura Clinic. ■

### Upcoming Faculty Presentations

- April 19-20, 2001—L.D. Pankey Dental Foundation, Inc., Board of Trustees Meeting at The Pankey Institute
- April 21, 2001—L.D. Pankey Dental Foundation, Inc., Board of Directors Meeting at The Pankey Institute
- May 3-5, 2001—Texas Dental Assoc. State Meeting (San Antonio), Presenter: Dr. David C. Hildebrand (Contact: 972-931-0681)
- May 17, 2001—NC Dental Society Meeting (Myrtle Beach, SC), Presenter: Dr. Steven M. Hart (Contact: 919-677-1396)
- May 31, 2001 (Evening)—Tomaka Seminars (Daytona, FL), Presenter: Dr. Irwin M. Becker
- July 4-6, 2001—Symposium on General Dentistry (Medical College of Georgia), Presenter: Dr. Gregory J. Tarantola
- July 21, 2001—American College of Dentists (Beaver Creek, CO), Presenter: Dr. Irwin M. Becker
- Sept. 5-8, 2001—High Impact Management Seminar at Gallup (Lincoln, NE), Presentors: Dr. Richard A. Green and Dr. Steve Ratcliff
- Sept. 14, 2001—Brevard County, Florida, Dental Society, Presenter: Dr. Richard A. Green (Contact: jscalera@aol.com)
- Sept. 14, 2001—University of Florida Lecture to Residents (Gainesville), Presenter: Dr. Irwin M. Becker
- Sept. 21, 2001—Newport Harbor Acad. of Dent. (California), Presenter: Dr. Irwin M. Becker
- Oct. 13-17, 2001—ADA Meeting (Kansas City, MO), Presentors: Mr. Christian B. Sager, Dr. Irwin M. Becker, Dr. Gregory J. Tarantola
- Oct. 25-28, 2001—L.D. Pankey Alumni Association Biennial Meeting, Key Biscayne Ritz Carlton
- Nov. 17, 2001—L.D. Pankey Dental Foundation, Inc., Board of Trustees Meeting at The Pankey Institute
- Nov. 30, 2001—Tomaka Seminars (Daytona, FL), Presenter: Dr. Gregory J. Tarantola

## Seeking...

The Pankey Institute takes no responsibility for the outcome of any relationship you may establish with any of the following Pankey participants. Make all contacts directly with the seeking practitioner.

### Seeking an associate/partner:

- Anchorage, AK: Dr. Kirk A. Johnson (907-349-0022)
- Boulder, CO: Dr. Gerald B. Savory (303-530-4145)
- Clearwater, FL: Dr. Ralph D. Kimbrough (727-799-4897)
- Macon, GA: Dr. Larry E. Landers (912-741-3688)
- Salina, KS: Dr. Thomas Jett (785-825-7354)
- Farmington, ME: Dr. Peter Swallow (207-778-6268)
- Menominee, MI: Dr. North A. Shetter (906-863-2206)
- Seattle, WA: Dr. Paul H. Chilton (206-824-4700)
- Waukesha, WI: Dr. DeAnne C. Blazek (262-542-2970)
- Seeking an associate or purchase:
- Southern California (San Diego preferred): Dr. Albert Lopez (aldds24@hotmail.com)

- Florida: Dr. Johnson Hagood (757-428-8404)
- Southeast Michigan: Dr. Jehan Wakeem (313-882-6058)
- New York City or Long Island: Dr. Robert Popkin (516-889-2418)
- Gilford, NH: Dr. William Dowling (603-528-4252)
- Northern Virginia: Dr. Lois Wilson (703-494-3176)

### Seeking to purchase practice:

- Vero Beach, Florida or Northern Florida Coast: Dr. Robert Wable (858-673-9382)
- Southeast Coast Florida: Dr. Jonathan Cohen (954-917-6999)

### Seeking to sell practice:

- Miami Lakes, FL: Dr. Darlenn Ayan (305-331-4144)
- Keene, NH: Dr. James A. Henderson (603-352-8716)
- Virginia Beach, VA: Dr. Johnson Hagood (757-428-8404)

### Seeking to sell partnership in practice:

- Adrian, MI: Dr. Lisa Frost (517-263-3400 & 517-423-2086)

### Will provide locum tenens:

- Atlanta, GA: Dr. Sidney Williams (404-371-9154) dsid@mindspring.com

## Maestro, Raise Your Baton!



by Dr. Leonard F. Anglis, Teaching Assistant, Lowell, IN

In the summer of 1999, we had the extreme good fortune to see, as a family, the "Three Tenors" (Pavarotti, Carreras and Domingo) perform live at Tiger Stadium in Detroit. The afternoon had been rainy, and in our hotel room we watched the weather channel radar track an extremely large thunder storm headed directly for the historic stadium. I changed from my dress shoes to my running shoes in preparation for the soaking we were about to receive. We arrived early and stood in line for this once-in-a-lifetime performance. When we were inside the stadium, we found that my Internet ticket finding ability had been effective for we were on the field close to the stage.

I kept looking skyward to check on the darkness and swirling winds. Just as the announcer finished telling us that all three performers were present and ready to perform, the sky began to clear, and the stars became visible, one by one. Then, each of the tenors came on stage, one after the other, and performed. The music filled the stadium and seemed to pick us up off our chairs. Even my five-year-old son was temporarily mesmerized by what was happening. Each of the tenors seemed to try to outdo the others.

Tension grew with each succeeding performance. Then, Luciano Pavarotti performed the piece *Nessun Dorma*. The beauty of the piece and his interpretation brought everyone I could see to tears. They continued as a trio to perform several songs until the end of the program. At the conclusion, they were greeted by a continuous standing ovation through four encore pieces.

The music that night was as technically perfect as I could assess, even though critics have said the three voices have had better days. But their technical perfection is not what brought everyone onto their feet. It was their interpretation and emotion. It seemed evident to me that without the "art" of performance added to the "science" of music, these fabulous operas would be no more interesting than "elevator" music.

If we quickly change our thoughts to dentistry, we can view it also as an art just as much as a science. What if we were to emphasize the science over the art? Would the dentistry be lifeless? Of course, it would. Just as Pavarotti takes a lifeless piece of music—a scientific, mathematical equation—and creates a living emotional statement, shouldn't our dentistry reflect emotion?

### THE EMOTIONAL SIDE

I think our over emphasis on the technical aspect of dentistry, almost to the point of ignoring the emotional side of our work, leaves out the part which could add to the appreciation of our craft. I have heard patients calling offices for an initial exam, and the person in charge almost reads a script of what the doctor is going to accomplish at the first visit. This is followed by the fee that is due at the first appointment.

In my office, I have taken the per-

son in charge of the front desk and asked a series of questions. You have been in several dental offices over your life, correct? What is different about the experience here that makes it special? Why was it important to have that first exam? Why should the patient look forward to it? How can you help someone remember the benefit received so they can explain it to someone else with enthusiasm? How can you help the patient realize this is what he or she really wants so the patient looks forward to the experience?

When the patient arrives at the office, it should convey the atmosphere of a spa. The patient should be pampered and made to feel very special and important. There should be a healing atmosphere to the decor. Refreshments should be available for visitors. Everyone should be prepared as if company is coming for a special dinner in your home.

Using the methods developed at The Pankey Institute, we automatically give our attention to the patient during the initial interview. We have to educate, but more importantly, we must listen to the needs and expectations of the patient.

A patient stopped by our office to look around and requested some information on dental implants. The next day, the patient called and asked to have time to speak with me. During the ensuing appointment, the patient revealed her most intimate fears and the various reasons she had been avoiding dental treatment. She was concerned that the dentist and staff would "look down" upon her or criticize her for her oral condition. Her initial visit to the office to get information was her way of scouting to make sure no one who knows her works here. After our visit, she knew we cared and were empathetic, and we knew how to schedule her for her appointments on a non-busy day and with always the same assistant.

The consultation appointment is one of the most important times to incorporate art and emotion. In making a large purchase, people will evaluate it on both an emotional and logical basis. The emotional content of the presentation sells the person, and it is the logical portion that the person typically uses to justify the purchase. Many times, in a presentation, the dentist will emphasize the technical aspects of the treatment. Somehow, emotion has to be incorporated into this process. Whether it is excitement or emphasis on the benefits, it is this aspect that allows a patient to say yes. Yes! YES!

When we give information to a patient, it is like the small pins found in shirts to hold them together in the package. If I throw the pins at you and they hit you on the hand or cheek, you will feel them. But, if I take one of these pins and attach it to an iron bar, I can drive it through your heart. The pins are the logical information and the bar emotion.

How to measure and use the emotional content effectively will be our continuous study throughout our careers. Without the emotional mode, patients will not be able to feel the benefits of the treatment. When showing a patient an esthetic wax-up of her front teeth, I told her an artist took wax and fashioned her teeth in a way that would change her smile. Normally very reserved and professional, the lady broke into tears saying

that she had put up with her appearance her entire life and never felt she could smile. Now, she knew it would be possible. She wanted to immediately start. She had not yet received information about what was involved and what it would cost. With a precise idea of how we will feel or how we will look, we can justify the time, money and discomfort to get there.

### THE ARTISTRY

During treatment, we need to emphasize the artistic things we do. Once a patient was referred by another to our office. She was told I was an "artistic" dentist. What had I done to give my patient the feeling that I was artistic? What could I do in the future to make sure more patients thought of me that way? In my mind artistry is one of the most important things we can accomplish to ensure patient satisfaction. Truthfully, though, I don't know the answers to these questions.

I have some notion of what can lead the patient to the assumption I am artistic. Use of our study models and the time we invest in making them is a start. We are a sculptor when we fashion a lifelike replica out of acrylic. In theory, how much different can our instruments be than the tools used by Michelangelo to carve the statue of David? The porcelain artist uses various layers of color to fashion a replica of our provisional and also uses the color to develop a lifelike three dimensional appearance. This can be compared to the fresco painter who rapidly places multiple layers of color before the plaster dries. We have to believe in our artistic talents and techniques. When we do, we can convey the sense that we are artists to our patients.

During the post-case interview, we have our final chance to emphasize the emotion and the artistic content of our work. Usually, this is not necessary because the patient is already benefitting from the time and effort of our work. I recall one case where, after we finished taking the post-case pictures for a complete restoration, tears welled up into the eyes of the patient. She began to relate that she was sure when she started treatment that she would lose her remaining teeth. She was impressed by the time we spent educating her and then creating the result necessary to satisfy her concerns.

### THE APPLAUSE

What is the appropriate response to a compliment? Certainly, we need to acknowledge the compliment in some fashion. I have seen people in this situation say something like "It was nothing." What a travesty, especially on something as complex treatment. I have never seen a performer not acknowledge the applause and appreciation. This applause is like the carbohydrates that an endurance runner takes in after a long effort. Taking it all in is necessary for refueling and growing stronger for the next time.

Our work is something significant. It is something very special. We do it with genuine care and caring. It is our responsibility to charge the patient with becoming a missionary for this kind of treatment. The patient who has experienced the benefits and has the words to express the emotional benefits first-hand is a powerful promoter of dentistry. In a few words, a patient can motivate others to seek this type of care. The patient does not encourage others out of self-interest motivated by economic gain but out of true

gratitude. Encourage your satisfied patients to motivate others.

You are the conductor of the symphony of your practice and your life. Dental performances should be our emphasis in the treatment of our patients. We must cue in to our artistic side because this is the side which contains the emotion.

When a patient started to cry at a post-case interview, she stated she would love us forever because of the way her treatment had changed her life. This happened almost ten years ago but I can still feel the emotion and appreciation given me at that moment. Dr. Pankey would say the appreciation given for a case well done was far more important than the fee the patient paid. How true this is!

It is the appreciation which will drive us to the next level on our ladder of development. By making our treatment into a performance, our patients will travel great distances to experience our care. It is with this attitude I am sure you will hear applause and see tears of appreciation for your art. So it is with much pleasure and anticipation I command you, "Maestro raise your baton!" ■

## No Tears, Just Awe

by Deborah E. Bush, Pankeygram Editor ([dbush@pankey.org](mailto:dbush@pankey.org))

It's been four months since my two-jaw surgery. Even though my eyes didn't well up with tears, I hope my surgeon (Dr. Steven M. Holmes of Miami) and orthodontist (Dr. Juan Carlos Quintero of Miami) understand how grateful I am for their fine technical work and care.

There have been significant changes in my life: a new profile, a new smile, properly aligned teeth, and the elimination of snoring. I've been responding to queries with smiles and "I'd do it again" statements. I have been encouraging others who have had the procedure recommended for them. I've been quite detailed in my description of sensations and recovery stages with patients facing the same surgery. I tell them that, in my case, it was worth it. My family and friends have accepted my new look and are pleased. Many have remarked that I look ten years younger.

I feel very healthy and objective about what has occurred and is occurring. I like the results. The process wasn't too uncomfortable—with the exception of the pre-surgery jitters and initial week of swelling. And, I know the decision was the right one even if a rare problem had cropped up. Fortunately it didn't.

I am in total awe of how well the process went. I was not wired shut, nor constrained in any manner with the exception of sticking to a non-chewing diet. Noticeable swelling was gone by week five. All traces of numbness were gone by week eight and nerve tingling by week ten. I was back to work part time after two weeks and full time after three. I had no desire to chew food until week seven which was the appropriate time to begin placing load. During the first six weeks, I lost twelve pounds but was rarely hungry. When you think of all the cutting, screwing and stitching involved in the surgery, it is quite remarkable that the body heals so completely and quickly.

So my hat is off to Drs. Tarantola and Becker for encouraging me down this path and to Drs. Holmes and Quintero for superbly executing their artistry. Thanks go to so many of you from all over the country for your cards, email, and flowers. I'm looking forward to the next phase—equilibration and restoration. ■

http://www.pankey.org  
 Fax (305) 361-6534  
 (305) 361-5433  
 Key Biscayne FL 33149  
 One Crandon Boulevard



The Pankey  
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 Education

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 PERMIT NO. 988

## THE PANKEY INSTITUTE UPCOMING CLASSES SCHEDULE

Note: \*\* denotes a class has been filled, and you may be placed on a wait list.

### APRIL 2001

03 Continuum Level I\*\*  
 08 Continuum Level II\*\*  
 08 Continuum Level III\*\*  
 15 Open Week  
 22 - 25 Team Enhancement  
 29 Continuum Level IIE  
 29 - 02 Financial Man. Level I\*\*

### MAY 2001

06 Continuum Level I\*\*  
 06 Continuum Level IV\*\*

### JUNE 2001

03 Continuum Level I\*\*  
 03 Continuum Level IV  
 10 Continuum Level II\*\*  
 10 Continuum Level III\*\*  
 17 Continuum Level V  
 24 - 27 Specialist\*\*  
 27 - 29 Technician Level I\*\*

### JULY 2001

01 Open Week  
 08 Continuum Level I \*\*  
 15 Continuum Level II\*\*  
 22 - 25 Team Enhancement\*\*  
 29 Esthetics Week

### AUGUST 2001

05 Continuum Level IIE  
 12 Continuum Level I  
 19 Continuum Level III  
 26 International CV (Spanish)\*\*

### SEPTEMBER 2001

02 Open Week  
 05 - 08 High Impact Man.  
 09 Continuum Level I  
 09 Continuum Level IV\*\*  
 16 Continuum Level II\*\*  
 16 Continuum Level III\*\*  
 23 Continuum Level VI  
 30 Continuum Level IIE\*\*

### OCTOBER 2001

07 Continuum Level I  
 14 Continuum Level II  
 21 - 24 DC Team  
 21 - 24 Financial Man. Level I  
 25 - 28 Alumni Association Meeting  
 28 Continuum Level VI

### NOVEMBER 2001

04 Continuum Level IIE\*\*  
 04 Continuum Level V\*\*  
 11 Continuum Level I  
 11 Continuum Level IV  
 18 Open Week  
 25 Esthetics Week\*\*

### DECEMBER 2001

02 Continuum Level I  
 09 Continuum Level II  
 09 Continuum Level II  
 16 Continuum Level IIE  
 23 Open Week  
 30 Open Week

### JANUARY 2002

06 Continuum Level IIE  
 06 Esthetics Week  
 13 Continuum Level I  
 20 Continuum Level III  
 20 Continuum Level III  
 27 Continuum Level VI

### FEBRUARY 2002

03 Continuum Level I  
 03 Continuum Level IV\*\*  
 10 Continuum Level IIE  
 10 Continuum Level V\*\*  
 17 Pred. Com. Dentures  
 24 Continuum Level IIE

### TUITION/LODGING FEES

	2001	2002
Continuum Level I	\$3,075	\$3,225
Continuum Level II	\$3,190	\$3,350
Continuum Level IIE	\$3,275	\$3,450
Continuum Level III	\$3,390	\$3,560
Continuum Level IV	\$3,490	\$3,665
Continuum Level V	\$3,625	\$3,790
Continuum Level VI	\$3,740	\$3,925
Dawson Master's	\$3,890	\$4,090
Esthetics Week	\$4,100	\$4,290
Predic. Com. Dent.	\$2,475	\$2,590
Specialist Course	\$2,250	\$2,375
High Impact Man.	\$3,280	\$3,280
Fin. Man. Level I	\$2,485	\$2,625
Pankey Team Enh.		
Dentist	\$1,850	\$1,950
Team Member	\$1,450	\$1,500
Periodontal Team		
Dentist & Hyg.	\$3,200	\$3,375
Add'l Hygienist	\$1,875	\$1,975
Technician Level I	\$1,890	\$1,990
DC Team		
Dentist	\$1,890	\$2,075
Ceramist	\$1,890	\$2,075
Lodging:		
Single occ./night	\$155	\$160
Shared occ./night	\$111	\$115

## Class Registration Form

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Preferred Course & Date** \_\_\_\_\_  
 (\$600 nonrefundable deposit required)

**Alternate Course Date** \_\_\_\_\_

**Pankey Lodging** (\$150 nonrefundable deposit required)

**Single Occupancy**                       **Shared Occupancy**

**Method of Payment:**

**Check**     **Mastercard**                       **Visa**

**Credit Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

Please forward the completed form along with the appropriate deposit to:  
 The Pankey Institute, One Crandon Boulevard, Key Biscayne, FL 33149  
 Telephone: (305) 361-5433 or Fax: (305) 361-6534