

THE PANKEYGRAM

Dr. Loren Miller's Legacy

In 1971, Dr. H. Loren Miller left his very successful, relationship-based practice of over 20 years, in Dallas, Texas, to become the Director of The Pankey Institute. Until his retirement in 1981, he dedicated himself to helping thousands of dentists through The Continuum.

Later in 1971, his colleague, Dr. John Anderson, Sr., arrived in Miami to become a co-director. Together these men teamed to organize and develop the first Resident and Visiting Faculties, secured and improved the Institute's teaching facility at the Dupont Plaza on the waterfront of downtown Miami, and helped grow the curriculum. Both of these men made sacrifices in their professional and personal lives, giving up their established practices and relocating their families to Miami, to lead The L.D. Pankey Dental Foundation, Inc., in forming The Pankey Institute.

These were the Institute's formative years, in which the dream to perpetuate and extend the advanced dental education taught in Dr. L.D. Pankey's traveling seminars would become a reality. These years were not without financial

and operational hurdles but they were filled with purpose and had a significant impact on dentists, dentistry, and the well being of hundreds of thousands of patients worldwide. The Pankey Institute, then called the "L.D. Pankey Institute," made a difference from its very beginning. We owe a debt of gratitude to Dr. Loren Miller.

On April 29, 2003, Dr. Miller passed from this life. He was 83 and had lived with cancer for some time. His wife, Betty Miller, whom many of you know personally, lives in Dallas and may receive mail at home (6151 Bandera Avenue, Apt. B, Dallas, TX 75225-3352). His two daughters, Connie Miller Dennis and Peggy Eileen Miller, live in California, where Dr. Miller and his wife enjoyed some of their retirement years.

Mrs. Miller reminds us that her husband liked people very much and realized early on that a dentist should treat a patient as a whole. "During his time with the Institute, he mentored thousands of young dentists," reports Mrs. Miller, "and was instrumental in helping them understand the value of balancing their lives."

Dr. Miller was one of the inspired group, led by Dr. Harold Wirth, who had the vision of a continuing education organization that would become our beloved Pankey Institute. The desire of Dr. Miller and the other originators of The Pankey Institute was to share the quality of life they enjoyed with their colleagues who were experiencing significant stress in the pursuit of their profession. In his book, *The Pankey Institute: How It Was Conceived, Believed and Achieved* (published in 1993), Dr. Miller wrote, "In the mid and late 1960s, a few of us in dentistry became aware of the enormous gap which existed between the lives we enjoyed and those which were experienced by the vast majority of practitioners."

To this end, the Institute began holding seminars that addressed all aspects of dental practice. In the early seminars and throughout the evolution of the Continuum, clinical, behavioral, and financial topics were all pulled together to assist dentists in proactively shaping their professional and personal lives to provide their patients and family the best care possible while at



Executive Director's Message

Christian B. Sager
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the same time improving their own physical, emotional, spiritual, and financial health.

Dr. H. Loren Miller subscribed to a philosophy of practice and living that resulted in the establishment of one of the world's most prestigious professional learning centers. His dedication to giving back to the profession he enjoyed and his genuine love of people allowed him to make sacrifices in his own life so The Pankey Institute could be born and flourish. Think of the 100's of 1,000's of lives (dentists, patients, dental teams, and families) his work touched, and you will begin to understand his legacy. Think about the 100's of 1,000's of lives you, too, could touch, and this legacy looms even larger. ■



Chairman's Message

Dr. Irwin M. Becker
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Thoughts Post FEP 2003

observed that all participants clearly felt an infusion of energy.

Third, we utilized small groups to work on various critical topics that will help classes, faculty, and leadership tactics in the future. (In our courses, we have observed that small groups can solve problems and build consensus much better than large unmanageable groups or even individuals can accomplish on their own. So, we have learned to rely on "the small group process.") A white paper is being published that describes conclusions and recommendations of the small groups. This paper will help us orient new faculty, as well as establish enhanced standards for all class preparation by both Resident and Visiting Faculty members. In my view, this publication is another significant step in our long history of proactively working to be the best learning center for advanced dental education.

Clinical Director Dr. Steve Ratcliff has made significant discoveries during his advanced education studies on Adult Learning. As part of FEP, he shared information with all of us and increased

our awareness of factors that make a difference in the effectiveness of our educational program. Understanding the way adults learn and studying the various teaching styles that individual faculty prefer and utilize will help in our proactive self-development and complementary working relationships. Each faculty member will benefit from this increased awareness, and we look forward – with great anticipation – to learning and utilizing an entire core of new material that Dr. Ratcliff will be bringing to us as he continues his studies.

One of our guest speakers, Dr. Steve Liebowitz, emphasized a concept that I have come to rely on almost daily. He spoke on the importance of thinking in terms of BOTH/AND, not EITHER/OR. "BOTH/AND" thinking is a simple, positive approach to all learning, opinion development, communication, negotiating, and problem solving that leads to successful relations and outcomes. Because BOTH/AND thinking has had such a profound effect on my life, I'd like to challenge you to examine where and how you can utilize this approach in

your practice, your personal life, and even your interactions with organizations such as The Pankey Institute.

Here's an example in my own thinking. Various ways of working out an occlusal bite splint (now called a "Physiologic Repositioning Orthosis," or "PRO") have undergone evaluation and discussion at the Institute. While discussing the differences between the classic Tanner Appliance design and the Universal type of bite splint, we came to the conclusion that both had merit and both had useful indications. The conclusion wasn't EITHER/OR but rather BOTH/AND.

(Continued on page 2)



CHAIRMAN'S MESSAGE

(Continued from page 1)

Think about the controversies surrounding the etiology of TMD. Just a few years ago, the Occlusionists and the Psycho-Social-Behavioralists were greatly polarized in their thinking. Today, I have come to the understanding that both theories have their place and utility – and that the comprehensive view holds the best opportunity for helping patients with this affliction. As our understanding of the role of stress, systemic disorders, and sleep disorders increases, we understand better how to appropriately apply the role of occlusion. It is clearly not an EITHER/OR discussion any more. And, more than ever, it is clear that we must understand each patient's own individual health circumstances as fully as possible.

At our weekly faculty meetings, in which we review the course schedule and time allotted for its various components, we consider dental-technical issues, philosophical-behavioral issues, and financial-management issues. We wouldn't be answering the needs of our participants if the clinical, philosophical, and managerial segments became an EITHER/OR argument. I have become quite comfortable with the BOTH/AND approach, and observe it to be the most effective way of teaching and learning.

Don't you wish the world's leaders and religious factions would begin to use BOTH/AND thinking to solve problems? Please share with me your own examples of how the BOTH/AND approach has worked for you. You may email me at ibecker@pankey.org. I hope you have a wonderful summer. ■

People Are Amazingly Wonderful

By Harvey Trautenberg, Controller of The Pankey Institute

I am blessed with a wonderful family, both at home and at The Pankey Institute. One of the greatest gifts life has given me is my son Zachary, who was born 18 years ago with muscular dystrophy. He is a very intelligent, young adult – currently chair bound and has a tracheostomy. This is a glimpse at the wonderful people around us.

My wife Marci and I never knew what to expect from Zach as an infant, toddler, adolescent, or adult. We decided by choice and necessity to enroll him in public school in Dade County. We were fearful of the challenges to confront him – the gamut from cruel classmates to physical barriers placed in his path. Marci's perseverance procured an angel of a classroom aide, Yvette Walker, who became Zach's protector and friend. Her tenure with Zach was from third grade through Zach's senior year in High School. The duo received more than the public school curriculum – Zach taught Yvette computers, and Yvette taught Zach life.

Illnesses, hospital stays, surgeries,

traches, and wheelchairs were obstacles conquered. Graduation day approached. Zach's class comprised 800 seniors along with 3,000 parents and friends. A three-hour roll call was guaranteed.

Our extended family was there to "make some noise" for Zach. As his turn approached I worked my way to the front of the Miami Beach Convention Center and peered into a camcorder's viewfinder. My friend next to me said, "There he is." And as my heart rate increased, I heard his name over the PA system. I did not anticipate what came next. Through the viewfinder, I saw a sea of white mortar boards rising in unison. Then, everyone present gave Zach a standing ovation for at least two minutes as he rode down the receiving line, accepting handshakes, kisses, and good wishes from the dignitaries in attendance. *There wasn't a dry eye in the house.*

Today, Zach is enrolled in Florida International University, in Miami, and looking forward to his college experience. So am I. ■

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Continuum Levels 3 – 6 have a common theme when participants come together on Sunday afternoon. When faculty ask the class what they would like addressed during the week, several people will say “case presentation” or “How do I get people to say yes?” Having been there myself, I recognize that somewhere in the upper level continuums I began to realize that I had much improved clinical skills but my patients weren’t committing to treatment. In fact, when I reached C5, I was still doing primarily single tooth dentistry.

What has to happen to hear the magic word “Yes,” and does “Yes” mean that you are done and all that is left is the opportunity to create tooth dust? Who is responsible for the patient saying “Yes,” what role does each team member play, and how is the process choreographed? How about the existing patients – how do they get into the new system? How is one person supposed to make all of this happen?

Searching for those answers led me in many directions, not the least of which was believing that if I just educated my patients well enough, they would say yes. Education, however, was not the solution. “Education,” as we use the word in dentistry, implies teaching and/or telling patients what we believe are the solutions to their problems. Frequently, I would tell them, and tell them, and tell them again, only to have them put off treatment or even leave



Improving Case

By Dr. Steve Ratcliff,
Clinical Director
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New “Team Approach” Course Will Lead to

the practice. The piece I was missing was trust and ownership.

Trust and ownership start with helping each individual understand and experience the present condition of her mouth and oral health. It means finding language that creates meaning for the person with the dental problem – a way of helping her understand what is happening using terminology to which she can relate. It also means the team must function differently than the traditional model if we are to make a difference for our clientele.

Consider what may be happening at chair side during your comprehensive exam. How do you interact with your assistant? Is she a recorder of data, or do you work in tandem to interact with the patient so a three-way dialog occurs? Is it okay for her to ask you questions about what you are seeing? If it is okay, then the patient will understand that asking questions is encouraged and perhaps will be more willing to participate. Do the two of you ask the patient’s opinion about the condition of her mouth? It was enlightening for me to begin to realize that most people do

have an opinion about the condition of their mouth and are usually delighted to share that opinion.

What happens in the hygiene chair to continue developing trust and ownership? Is your hygienist trained to pick at teeth and be the floss Nazi, or have you worked together to help her understand how to invite her patients to participate in the learning process?

On those occasions that the patient does say “Yes,” what happens to sustain her enthusiasm and understanding? How does the team interact to keep all the specialty appointments and different procedures from confusing and confounding the patient? I ask an awful lot of questions, don’t I?

As I started to discover these questions for myself, I wondered how to help my team and I find answers. I needed outside help. I couldn’t do it alone. Finding a facilitator, who could help us work and develop our own style and processes, became integral to succeeding. Because of those experiences and because we are committed to helping you develop your own answers to these questions, we are creating a new team

course: **Improving Case Acceptance: A Team Approach.**

Facilitated by Mary Osborne, Joan Unterscheutz, and the Resident faculty of the Institute, this three-day course will focus on the comprehensive examination, the preclinical interview, treatment consultation and the role of the team in all of these processes. The dentist and those key team members, who see their role or have the potential to see their role as one of helping your patients make healthy choices, will participate in a myriad of group activities designed to help you all become more effective at your work.

Think of it as a gift to yourself! You can become part of the process rather than bearing the responsibility of both leading and participating. When the team has the freedom to be creative together, it allows for a higher degree of commitment on the part of those who help design the systems. Follow through and success is more likely with a committed team.

By the completion of the course, you will have the tools to put into practice a more effective interview, examination process, and consultative process. You and your team will have engaged in work that allows you to better know yourselves and your patients. The end result will be improved case acceptance, a more highly empowered team, greater work satisfaction, and a whole lot more fun! ■

Who covers your practice while you’re away? In past articles I have written about guidelines for study clubs, mutual aid and calamity agreements, and other issues related to maintaining a strong professional network. This article is more personal, but it validates the reality of the previous articles. I have learned that a professional network can be a valuable safety net in the face of an unexpected disability. After all, who ever thinks it could happen to them?

In April 2002, I visited the Cooper Clinic in Dallas and received the most complete and thorough physical evaluation I have ever experienced. By the end of the day, a life-threatening heart problem was diagnosed and steps were taken to correct the blockages that were found. I encourage you not to ignore what your body is telling you!

On May 1, 2002 I had double bypass surgery. The surgery was successful and saved my life because of the proactive approach taken by me and by the physicians who cared for me. These circumstances set in motion a series of events that not only saved my life, but also helped maintain the continuity of my office, and most certainly my peace of mind.

When word of my problem became known, The Pankey Institute Study Club of Michigan stepped for-

Who Covers Your

By Dr. Sandy Parrott, Associate Faculty (Port Huron, MI)



ward to organize a schedule to ensure my practice would be covered and functioning while I was gone. Their plan assured continuity and a normal schedule for the office during the entire month of May. It covered the office schedule with a dedicated group of dentists with like values and similar methods, techniques, and philosophies of doing dentistry.

The group began working in my office, taking turns on a regular schedule. They performed needed dentistry, checked hygiene and, in general, allowed the office to function in a normal fashion. A regular schedule functioned even on the day of my surgery! My health problem actually caused a 3-month interruption in the normal activity of the office. One month involved adjusting to the diagnosis and getting things in order for my absence, the next month was the surgery and recovery, and one more month was spent adjusting and easing into a normal schedule.

The generosity of the group accomplished several purposes, but the

bottom line was they were able to preserve 75% of the practice production and practice revenues, which certainly covered the overhead. Their efforts satisfied patient concerns and needs, staff duties continued normally, and, most importantly to me, it allowed me the peace of mind to recover and not worry about the office.

Several other significant things evolved from this series of events. We have all heard the statement: “An expert is someone 50 miles from home with a carousel of slides.” These dentists became “the experts!” They motivated patients who had been postponing needed dentistry for various reasons into committing to needed and recommended treatment.

They became second-opinion experts. Their efforts in this area provided an appointment schedule that carried the practice for the rest of the year. It allowed my practice to meet and exceed production and collection goals for the previous year.

On the personal side, you can also prepare. Potentially life-threatening sur-

gery is harder on your family than it is on you. They require reinforcement from you and others to prepare mentally for an uncertain future that could change their world dramatically. Be patient with them and be as supportive of them as they are to you. Take time to cover details, even unpleasant ones that are tough to talk about. It makes everyone feel better, and it eases the tension. Make sure your spouse and family are familiar with the details of the agreement you have with the study club, and discuss details of how the office will be covered while you are gone.

It was a big morale booster to realize the sense of community that exists within the Pankey network. As people became aware that a problem existed, the phone calls, cards, prayers, and notes of encouragement became a real source of help before, during, and after surgery. Never underestimate the value of a phone call, note, or card to someone you know is encountering an adverse situation. Your contact could make all the difference in the world.

Is it important to belong to a study club? Is it important to have a mutual aid and calamity agreement with the members of the group? Could it happen to you? The answer is yes, yes, and yes. Be prepared. Forewarned is forearmed. ■



My dentist is one of the most sophisticated, talented, and deservedly successful people I have had the privilege of befriending. We belong to two study clubs together. We're close enough to trust each other with our greatest successes and frustrations. Marybeth's practice is consummately successful. She is busy. She is profitable. Her work is fabulous. Her patients love her. Her staff is outstanding.

Marybeth and I had a long conversation the other day. We went over a few clinical and management issues. She told me of occasions when she and her team seem a bit disjointed. "Sometimes we just don't seem to be on the same page," she said. I admitted that this phenomenon happens in my office on occasion, as well.

This problem is not at all unique. All of us have periods of highs and lows in our motivation and focus. The sports pages are filled with stories of professional athletes needing to be motivated by their coaches or managers. Neither our teammates nor we are any different. The most wonderful people need to be educated, guided, and motivated constantly. Like it or not, one of our jobs as leaders is to provide that guidance.

In shaping, growing, and reinventing my practice, I, too, get frustrated. It's not easy to adjust my own work habits when I learn a new behavior or skill. It's even harder to get others to adjust theirs. The problems that Marybeth and I face in this area are shared with every other industry.

In their wonderful book *Love 'Em or Lose 'Em*, Beverly Kaye and Sharon Jordan-Evans describe 26 strategies to retain employees and keep them functioning at their best. I would like to focus on two of them, an important do and an important don't.

Let's face it; we mentor daily.

The problem that Marybeth and I experience relates to our team's craving for a teacher. If you think about it, this craving is no different than our craving for continuing education, self-improvement and mastery. If our team members are intelligent, why should they desire any less education than we do? The only difference is they look to us as their daily mentors.

The type of mentors we choose to be will determine how we interact with our team and, ultimately, how well they perform and how long they stay with us. As I reflect on the teachers I have encountered in my 21 years in practice and four years of dental school, I realize there is a positive and a negative way of mentoring.

Each day of my career, I carry a profound and fond debt of gratitude to my mentors who have unselfishly shared their knowledge with me in a

Getting on the Proverbial "Same Page"

Thoughts on Staff Mentoring

By Dr. Alan G. Stern (Ocean, NJ)

Reprinted from Dr. Barry Polansky's Private Practice Newsletter Vol. 4, No. 6

"At no time can we allow ourselves to be anything other than splendid in our professional homes."

positive, fraternal or paternal way. They have taken me under their wing, making themselves available whenever I need them, always providing rational, intelligent input, and, most importantly, allowing me the intellectual space to solve my own problems. Under their tutelage, I have learned, done, and accomplished more than I imagined possible, and I can only look forward to my future.

In dealing with the wonderful people who work with me, I try very hard to be more of a mentor than a boss. Because I have been married to my front desk person for 25 years, we have learned and grown together. And, although I teach my dental assistant and hygienist, my entire team teaches me, as well.

Our relationships are strong and secure, but we still need each other to stay at the top of our games. None of us is perfect all the time (except, perhaps, my wife when we're at home). We recognize and accept this, and resolve to become better every day.

A positive approach leads to positive results.

My 11-year-old daughter has been involved in gymnastics since age four. About five years ago, her coach resigned and was replaced by the coach's younger sister. The new coach was aggressively nasty, insulting girls who under-performed and doling out excessive physical training to individual team members as punishment for the slightest inadequacies in their practices.

My daughter's performance faltered, and she became miserable at the gym. Her schoolwork suffered. My wife and I, as well as several other parents in the gym, were outraged. My daughter was asked to leave the team and go to a team with a lighter schedule and a more laid-back type of coach.

To no one's surprise, Tracey has flourished under her new coach. He works her very hard, and she still makes mistakes. The difference is that Coach Ken laughs at her minor errors, and she corrects them without anguish or misery.

She had a great season last year and looks forward to practice again.

More than half of the girls on Tracey's former team left the gym and have found other more positive-minded coaches under whom they are flourishing, as well.

Know yourself!

Understanding that the negative aspects of our dental school experience can creep into our own behavior is important. Tracey's problem in the gym reminds me of the classic dental school experience. Many of us in the 70's and 80's encountered instructors who were hell-bent on proving our inadequacies. It seemed that the whole system was based on punishment and ego bashing by instructors who had no care or concern for the well-being or development of the students who looked to them for guidance.

Dr. Lynn Carlisle of Colorado talks about the dysfunctional educational system in his book *In a Spirit of Caring*. The poisonous pedagogy that is seen in some dental schools can filter down to our patient relationships and, quite possibly, to our relationships with our team members. This leads me into Kaye and Jordan-Evans's *don't* principle of team retention.

Emotions can get hijacked.

The one negative in *Love 'Em or Lose 'Em* concerns aberrant behavior. In this book, which is not about dentistry or any other specific industry, reference is made to a dentist who throws instruments at his assistant when she makes a mistake. I recently heard stories of other professionals berating their staff members in front of patients.

I have spent time with many professionals who have nothing but negative things to say about the people with whom they spend most of their waking hours. In some cases, the comments are well deserved; however, at no time can we allow ourselves to be anything other than splendid in our professional homes.

It has always seemed appalling to me that one as educated as a dentist, physician, or other health care professional can regress to throwing instruments or berating others who look to them for guidance. Yet, there have been many times in my career when I

came pretty close to acting in a blatantly unsightly way with some people. How could I allow this to happen?

Emotional Intelligence, by Daniel Goleman, talks of emotional hijackings that go on daily in our minds. Our brain's circuitry is arranged in a way that allows irrational emotions to bypass our rational thought processes. The stress of our daily activities can lead to an emotional hijacking.

Indeed, if we allow ourselves to get hijacked, instruments can fly, insults can hit the air, and employees can hit the road! We need to be aware of this phenomenon, nip it in the bud, and avoid, at all costs, destructive behavior towards those, on whom we rely, to help us achieve our goals.

Emotionally hijacked behavior can be controlled. I have learned to lengthen my fuse by pausing in my reactions and understanding that I'm working with a dedicated, devoted team.

Our effort is a work in progress, needing constant nurturing and correction. Kaye and Jordan-Evans tell us that we all are quite capable of stopping our jerk-like behavior. Some of us need honest feedback from our teams. Some of us may even need professional help. All of us are better off when we can conquer our potential emotional hijackers.

Small groups can work together in a non-threatening way.

Marybeth has a fantastic practice with some wonderful teammates. So do I. We have recently discussed getting together to discuss the specific problems we face and then presenting the issues to our teams at a joint meeting. Marybeth and I are friendly enough, and our team members know one another very well. We feel that we can form a small study group to work out our little issues in an honest, non-threatening way over a good meal and a few bottles of wine. This type of nurturing should go very far in our and our teammates' development. I fully anticipate that it will work for us.

I would encourage you to find your own fun and comfortable way to nurture and educate your team. Find a mentor. Be a mentor. Ignite your spirit of caring. By all means, work at remaining calm and aware in stressful situations where an emotional hijacking could occur. ■

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When I began practicing dentistry 48 years ago, the prevailing management style viewed employees as replaceable units that could be plugged into the rigid dogma of managing, organizing, and controlling. Their only responsibility was to do as they were told and be quick about it. Women were most often referred to as "the girl up front" and "the girl in the back." The doctor made all the decisions and performed every procedure because he could not delegate important tasks to a "twit." Twits were lucky if the doctor was a benevolent dictator. This dictatorial management style injures the dignity and self-respect of the person and inhibits personal growth. It limits the potential of the organization because only one person makes all the decisions.

Abraham Maslow says, "People, deprived of opportunities to satisfy at work the needs, which are now important to them, behave exactly as we might predict – with indolence, passivity, unwillingness to accept responsibility, resistance to change, willingness to follow the demagogue, and unreasonable demands for economic benefits."

Many surveys conducted by me and others identify the top eight factors that motivate team members. They are:

1. Appreciation
2. Recognition
3. Responsibility
4. Trust
5. Empowerment
6. Acceptance
7. Work Fulfillment
8. Financial Responsibility

People able to meet their needs at work will empower themselves when leaders create the environment, opportunity, expectation, and encouragement.

Initially

Team development is based on the vision, purpose, and philosophy of the leader and his ability to select people with the potential to continuously learn, create trusting relationships with patients and other team members, and help clearly define the philosophy of the organization through shared core values and objectives. The people selected must have the potential to be team players, work interdependently, accept responsibility, and be accountable for their actions. This is a tall order!

Purpose and Fulfillment

Beyond financial reward, status, and security, employees want to belong to an organization that stands for something larger than themselves – a worthy purpose that gives them a sense of pride and accomplishment, and challenges their creativity. An organization with the defined purpose to "help improve the quality of life of the people we serve" can provide meaning to the lives of its employees. A group of people committed to a shared vision and pur-

The Empowered Team

By Dr. M. William Lockard, Jr., Advisory Faculty (Oklahoma City, OK)



"Team members feel empowered when they have permission and power to make important decisions"

pose beyond their self-interest find they have energy not available when pursuing lesser goals.

Shared Vision and Personal Growth

Shared vision creates synergistic empowerment. It unleashes the energy, talent, and capacity of everyone involved. It bonds people together, giving them a sense of purpose. However, vision and purpose that are truly shared take time to develop. They emerge over time as a by-product of the interactions of individual team members.

Peter Senge believes that the personal growth of each team member must occur before the practice can grow. Leaders must help team members to identify, improve, and apply their strengths to reach their potential and achieve a feeling of self-fulfillment. The team must learn to look at the larger picture, from seeing problems as caused by someone else to seeing how their own actions create the problems they experience, and how each person's actions in one area of the practice affect the next person and the whole organization.

When the purpose of the organization is clear to all participants, team members can visualize their own role in achieving the purpose and feel responsibility for assisting the entire team in reaching collective goals. Then, personal growth can occur in tandem with team growth.

Most of us, at some time in our lives, have been part of a "great team" of people with common goals and compatible personalities that function together in an extraordinary way. We trusted each other, complimented each other's strengths, and compensated for each other's weaknesses. That relationship didn't just happen. We made a commitment to a shared vision and purpose, to personal growth, and to each other.

Be the Model

In his book, *The Fifth Discipline*, Senge says, "Personal mastery is being committed to lifelong learning. It is the discipline of continually clarifying and deepening our personal vision, of focusing our energies, developing patience, and seeing reality objectively. Through learning we recreate ourselves. Through learning we become able to do something we were never able to do before. The discipline of personal mastering is clarifying the things that are most important to us and what really gives

our life meaning and fulfillment. The core leadership strategy is simple: be the model. Commit yourself to your own personal mastery. There is nothing more powerful you can do to encourage others in their quest for personal mastery than to be serious in your own quest."

High Expectations – Appreciation – Approval

Leaders need to communicate high expectations consistently to their team in order to help them maximize their talents. Leaders always need to show appreciation for their team's commitment and efforts. Responsibility, approval, and recognition build a person's self-esteem and increase the individual's productivity.

Information – Decision-Making – Accountability

Personal experience leads me to believe that a great team functions like an open forum in which everyone participates in the decision-making process. The free flow of conflicting ideas is critical for creative thinking and discovering new solutions that no single individual would have thought of on his or her own.

Everyone has a specific role and responsibilities that are important for the success of the practice. People support what they create; therefore, it is vital that everyone offer ideas and solutions that will contribute to the success of the practice. This participation process motivates the team to support the decisions that are made for which they feel a personal ownership.

To be successful, the team members must have all the information they need to make wise decisions. Information and participation are the source of energy that gives people control of their work and tells them what is working and what is not. The more information and participation they have, the more they will hold themselves accountable.

Executive Decisions

Total participation, however, in all decisions is not logical or practical when the financial investment, risk, and responsibility are not shared equally. The doctor must clearly define the vision and purpose to guide the practice and the values-based philosophy that will influence all the team members' actions and decisions. Once again, the doctor's expectations for personal growth, standards of excellence, and acceptable

behavior must be understood by all, and team members need to clarify their expectations of each other in order that everyone can contribute to the leadership of the practice.

Clear expectations, high standards, and clear communication among team members reduce the risks that can arise when a leader grants considerable operating autonomy to team members. Expectations should stretch people beyond their current levels of achievement. Mutual understanding and agreement up front creates the standards against which people can measure their own success.

Leaders give responsibility and trust people to make decisions. Leaders hold people accountable for the results of their decisions, not the method. When people demonstrate the ability to achieve the agreed upon standard of excellence, they feel empowered with ownership and accountability.

Share Leadership

Today, the successful practice will have shared leadership. Few doctors have the energy or the ability to fulfill all the responsibilities that a values-based practice requires. Not everyone on the team can or would choose to be a leader but the potential is within some, and they will emerge when the opportunity or necessity arises. The team will confer leadership status on these people.

In addition to day-to-day decisions made by each department of the practice, there are certain policy and administrative decisions that can be improved if made by the doctor with team members. Examples of these are fee policy and adjustment, vacation policy and sick pay, selection of new team members, budget planning (short and medium range), changes in practice hours, scheduling, and control systems.

The Never Ending Spiral

The pursuit of excellence is a never-ending spiral of commitment, learning and doing to higher standards of service and technical excellence. It is a process that must be dynamic, creative, and adaptive. It is the sum of everyone's energy and input. The strength of the organization is no stronger than the power of the shared values and personal relationships within it. I believe technical excellence and the quality of the team will have more impact on your success than any other factors. ■

Dr. Lockard has served The Pankey Institute as an Assoc. Faculty, Advisory Faculty, and Trustee. He has taught with The Pride Institute and was a clinical instructor in Fixed Prosthodontics at the Univ. of Oklahoma. He has presented seminars on comprehensive restorative dentistry, philosophy, and team development throughout the U.S., England, Japan, and Canada. He is a member of the Pankey Speakers Bureau and available for in-office con-

In the Crucible: Oh the Places You

By Richard A. Green, DDS, MBA, Director of Business Systems Development (rgreen@pankey.org)



It takes your commitment and courage to actively shape an environment that supports the development of your team!

"Great organizations achieve sustainable growth and profits because they do what other organizations don't. They maximize the unique individual talents of their employees to connect with customers. They know that tapping the resources of humans is the only remaining area where significant improvements can be made and so lead to an unlimited source of competitive advantage...Will this change the way you view employees and customers alike? It should – if you want to profit and grow along with the great organizations and compete with them." – An excerpt from Follow This Path by Coffman and Gonzalez-Molina

Staff turnover is costly. Gallup research shows that staff turnover can cost an organization, on average, one and one-half times the annual salary of that lost person. More specifically, for front line employees, it's .41 times; for professional associates it's 1.77 times; and for managers, it's 2.44 times. Employee engagement is paramount! So is management style important in a dental office?

Many participants at The Pankey Institute report "staff issues" are major hurdles to their progress. Often I hear, "I wasn't trained as a manager," or "How do you motivate staff to do things differently to implement change?" I also hear, "I know how to *do teeth*, but staff issues drive me up a wall!" The emotion

attached to these comments varies from mild frustration to deep-seated anger.

There was a time when a loud voice, and the throwing of dental instruments were a part of dentistry's untold story. Even at times today, in some corners, fear and intimidation seem to be a closely held back-up management style.

The post-World War II norm in U.S. business was "all-knowing" executives barking orders to compliant employees. Even in today's generally congenial workplace, bosses, who manage with intimidation and fear, are hardly rare.

Corporate stories are told about a former CEO of Scott Paper and Sunbeam, who earned the nickname "Chainsaw Al" – in part for his abuse of underlings. Booz, Allen and Hamilton had a "turnaround" executive, whose job it was to quickly turnaround a recently acquired company so it could be placed back into the marketplace "whole." He was a patient of mine. I had known him even as I was a young boy growing up in Hinsdale, and I couldn't understand his nickname – "Hatchet Harry." But, it's not just top executives in business who earn these interesting descriptive nicknames; dentistry has its stories, as well.

The articles in this *Pankeygram* are replete with dentists' attempts and desires to have healthy relationships with staff in order to facilitate healthy behaviors with and for patients. Today, thanks to mounting research in the field of effective organizations, management by coercion is losing its sway

Poor communication can devastate a dental office when staff members don't share ideas or information because they fear they would be betting their jobs if they did. The dentist's (manager's) decisions suffer. Leaders get a

skewed view of what is going on in their office or organization when people are afraid of telling the truth. People, who clam up, think management doesn't care during or after confrontation. Gallup's research shows the main reason people leave their employment is they believe their boss doesn't care about them.

Coercive management is appropriate at times. It works well in emergencies, the battlefield, and when a business is in crisis. It seems that some managers occasionally create a crisis as a way of justifying their style. But crisis situations are truly rare in a dental office. So, if you act as though crisis is the norm in your office and take a command-and-control style, bark orders, and get angry (visibly or somewhat hidden), you may find you alienate people.

You may begin to understand this as you reflect on how quiet the staff is in a staff meeting or how the staff lacks enthusiasm for "pulling on the rope" with you. The root may be your behavior.

In my experience, you may be faced with a situation that only you can change by changing your own behavior if you observe the following happening:

1. Your staff doesn't converse much and is often silent when you walk by.
2. Your staff lacks enthusiasm in a staff meeting.
3. Your staff members generally don't feel good about themselves and what they do.
4. Your office seems like a revolving door.

Most managers resist the reform

offered up by others because this type of change is an "inside job." The kind and gentle approach without being soft (friendly but firm) is one that honors the personhood of those that join you in your Vision, Mission, and Purpose. It's apt to work better than you have ever imagined.

As you read several articles in this issue of the *Pankeygram*, you will uncover many of the lessons learned and expressed by individuals who have sought and continue to search out a better alternative to getting "work done through people." They have discovered each person's uniqueness and seem to get "people done through work" by allowing each participant to do more and more of what they have strengths and talent to accomplish.

In this way, the dentist/leader/manager creates an environment in which self-esteem grows and staff members discover opportunities to create attachment and engagement that provides meaning to their work and lives. This in turn leads to similar engagement with patients and an environment where positive health choices are made with personal intention. Questions like "How do I motivate staff?" become a mute point.

Read on. Place the thoughts of our *Pankeygram* contributors into your crucible and rub them around. Come to the Pankey/Gallup *High Impact Management Seminar* and learn more about your strengths as a manager. Learn how to leverage your strengths for positive growth and outcomes in your office. Learn processes that you can implement that will help you grow as a facilitator of your team and your patients. ■



How to Determine What Your

By Dana Ackley, PhD, Co-founder of Peak Performance Consultation, Roanoke, VA (danaackley@prodigy.net)

Mel Gibson's character in the movie *What Women Want* acquired the ability to read the female mind from a rather clumsy incident with a hair dryer. As a result, he knew how to give women what they want. They responded to him with substantial enthusiasm.

Leaders might want to know how to generate similar energy for their company. I don't suggest near electrocution with a hair dryer for this purpose. Fortunately, a real life alternative exists.

The Gallup Organization studied 80,000 leaders and the one million peo-

ple who work for them. The goal was to identify great workplaces on the basis of three outcomes that leaders want – high satisfaction, high productivity, and that old favorite, high profit. Gallup found that when leaders deliver nine factors that workers want, workers usually deliver on these outcomes.

Cynical readers will think that what workers want is "more money." Leaders who limit themselves to that belief are condemned to under-performing employees. Of course, pay matters to all of us. However, Gallup found that compensation schedules did not differentiate between great and not-great

workplaces. The message seems to be that if you want people to show up, just offer money. If you want people to perform at their best, read on.

First, workers want leaders to provide clear expectations about desired outcomes. Then leave the methods of achieving the outcomes up to the workers.

Second, once you have told them what you want, give them the resources they need to succeed. Imagine your boss telling you: "I want you to clear that acre of trees. Here's a pair of scissors to use." How much energy would you have for the task?

Third, workers love the chance to use their best skills. Employees with strong relationship skills enjoy using them to build relationships with customers. Those without such skills would simply founder in a sea of failure. Therefore, when you hire, match employee talents with the demands of the job. If you invest time in doing this, then much of your job will be to stay out of the way.

Fourth, workers want recognition. Recognition creates energy. Without recognition, employees may get the

(Continued at top of next page)

incorrect impression that "Nobody
WHAT WORKERS WANT
(Continued from page 6)

cares what I do." Such a belief is demoralizing, which depletes the energy people bring to the job. Further, people seek contact with their leader. Even negative contact is better than no contact at all. If you only respond to workers when they need correction, they will provide you more opportunities to give correction in order to have the contact. In other words, leaders who only offer criticism are "teaching" their workers to make mistakes.

Fifth, employees want leaders to be interested in them as people. They want to matter beyond their job role. This does not mean that we should become their friend. They probably have friends. It does mean that we have an appreciation for who they are as a person and where their job fits into their lives.

When I was in graduate school, the professor who had directed my studies

for two years asked me one day, "Ackley, do you have any kids?" First, I hate to be called by my last name. Second, he should have known the answer to that question after two years. He only asked at that time because it affected something he was interested in, not out of interest in me. It finally dawned on me that I needed to change professors.

Sixth, employees want to learn. Wise leaders give them the chance to do so. People have an inborn drive to learn and grow, unless it has been pummeled out of them. When you give a worker the chance to learn new skills, your message is that you respect them and that you have an interest in their future. In your own experience, did you not have increased energy for someone who believed in you?

Seventh, employees want the chance to be heard. This does not mean that you have to agree with an employee. What does matter is that you listen to and consider their opinions on work-related issues. As a leader, you

need to be free to disagree but to dismiss a worker's ideas out of hand is demoralizing. Don't be surprised if they simply quit thinking altogether.

Eighth, workers want their jobs to have meaning. This usually means that their job is linked to a company whose mission matters. One man changes bed pans in a hospital. To some, this might be a meaningless job. For him, because he believes so strongly in what the hospital is trying to accomplish, it means a great deal. He sees himself as contributing to the quality of the patients' experience.

Suppose your company is not involved in a noble pursuit like health-care. If your company makes steel joists, workers can take pride in the making of America. If yours is the grocery business, workers can take pride in bringing to the people high-quality food with an amazing range of choice.

Finally, workers want to work with co-workers who are committed to quality. Remember when your parents warned you about the impact of the

company you keep? The same is true on the job. Workers want leaders to provide them with co-workers in whom they can be proud. How proud and energized would you be in your job if they let just anybody do it? How proud and energized are you in your job if leaders are intensely careful about whom they select?

Make yourself a checklist of these nine steps that leaders can take to create a great workplace, for themselves and their workers. Self-assessment can be the beginning of becoming a great leader. Then, make plans about how to upgrade in the areas of most need. Every reader is likely to find some. ■

This article was reprinted from the June 17, 2002 Blue Ridge Business Journal with permission of the author. Dana Ackley, PhD helps companies bring out the best in their people. He is a business/organizational psychologist, trainer, book author, and national speaker. His column, Advice Management, appears regularly in the

The Pankey Institute Brand Promise

By Deborah E. Bush, Director of Marketing & Communications

Our Brand Promise

In The Pankey Institute's Continuum Experience, you will learn how to shape your practice so you can provide the comprehensive and individualized care that is most beneficial for the patients you serve, most professionally ful-

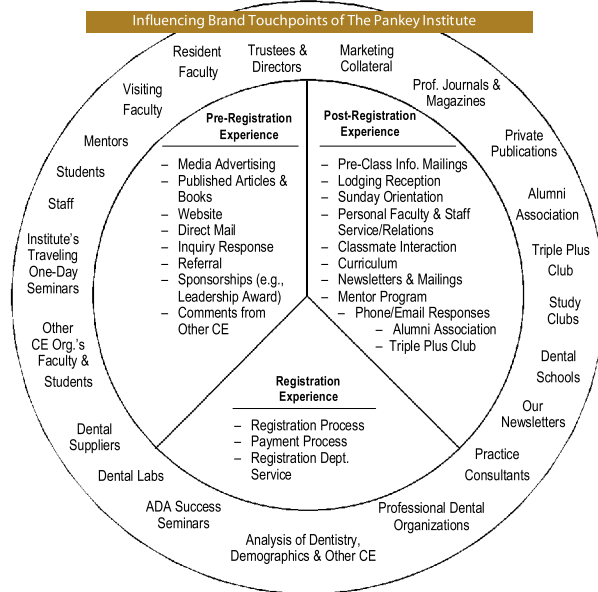
leagues, you can state it, too. Promise for which we have become known. I honestly think our faculty and students understand this is our promise. Our media advertising reflects this promise. The Institute's educational program is intended and designed to deliver on it! And, the next time you have the opportunity to share what The Pankey Institute is all about with your patients and col-

Our Touchpoint Wheel

Pankey Institute interacts with the Marketplace. The concept of a Touchpoint Wheel is well discussed in the book *Building the Brand-Driven Business* by Scott M. Davis and Michael Dunn, which states, "Every time an employee gets to touch a customer or

a customer gets to touch the brand, that company gets the opportunity to either reinforce its brand promise or totally denigrate it."

In the Touchpoint Wheel below, you are all very much a part of influencing the Institute's brand and "Marketing" the Institute. ■



Each year, The Pankey Institute's Executive Director and I begin the process of designing our current year's marketing collateral by asking ourselves and others some tough questions. I say "tough" because the answers inevitably result in the realization that we still have room to improve our product, our message, and all the supportive operations that surround it.

You may not notice all the changes that occur. And, it's not uncommon for some changes and enhancements to take considerable time to initiate and refine. From time to time, I hear of disappointments when the Institute does not immediately seize and act upon someone's great idea. But you can be sure we are motivated to communicate honestly, serve you well, stay at the forefront of the profession, and continuously improve.

This year, as we began designing our media campaigns, I was delighted to be able to articulate, in less than 60 seconds, The Pankey Institute Brand

New Florida Study Club

The First Coast Pankey Study Club held its inaugural meeting on April 29th in Jacksonville, Florida. Twenty-two dentists from as far away as Daytona Beach attended, representing general practice, perio, ortho and oral surgery. Sixteen of the attendees joined as members, with the remaining four joining the club's mentoring program in anticipation of attending their first Institute course. The opportunity for growth and interaction is excellent as the span of the members' Institute experience ranges from C1 through C6 and beyond. The club was honored to have as presenters Dr. Philip Ankrim (a Pankey Institute Teaching Associate and Past President of the Class One Triple Plus Club) and Dr. Randall Caton, both from Gainesville, Florida. Their presentation, "The Pankey Philosophy and Team Treatment Planning," helped reinforce the benefits to be gained from a learning group of professionals committed to values-driven, comprehensive patient care. The club has a fabulous schedule of presentations, special events and in-office workshops planned through 2004 that are designed to foster each member's journey on the high road to excellence. For more information, contact Dr. Lee Ann Brady (Phone: 904-268-2011 or Email:



The First Coast Pankey Study Club Celebrates Inaugural Meeting

Cast Gold Course Scheduled for June 23 - 25, 2004

This new 3-day course provides the basic clinical and scientific information necessary to diagnose and perform cast gold restorations to the highest level. Via lectures, video, and hands-on exercises, participants will observe and practice preparation and finishing of gold restorations. We will discuss educating your patients and other dentists about the incorporation of gold into a restorative dental practice. Participants must have completed C2E. Visiting Faculty will be Dr. Warren Johnson and Dr.

Class One Triple Plus Club News

New Members:

Dr. George Christodoulou
Dr. Mark J. Fabey
Dr. Sven F.H. Grail
Dr. Stephen J. Ikemiya
Dr. Michael D. Mallinger
Dr. Gerald K. Millheim

Dr. Andrea Robinson
The L.D. Pankey Study Club of
Greater St. Louis

Next Meeting Has New Dates:
San Diego on October 13-16, 2004

Referral Champions

In the last three months, new participants reported that the following individuals referred them to The Pankey Institute. Thank you for your support and leadership.

Dr. James R. Amstadt, Horicon, WI	Dr. Carol A. McGonigle, Tucson, AZ
Dr. Peter P. Audette, Worcester, MA	Dr. Mark Moats, Henderson, KY
Dr. Anne C. Barrett, Marlton, NJ	Dr. Kirk A. Nelson, Atlantic, IA
Dr. Rennie D. Bradley, Victoria, BC	Dr. Kirk Opdahl, Independence, MO
Dr. Kathleen Brennan, Ann Arbor, MI	Dr. Barry F. Polansky, Cherry Hill, NJ
Dr. Peter Dawson, St. Petersburg, FL	Dr. Crispin W. Paul, Atlanta, GA
Dr. Frank Graziano, White Plains, NY	Dr. Barry Segal, Aventura, FL
Dr. Ronald W. Johnson, Longmont, CA	Dr. Gregory J. Tarantola, Miami, FL
Dr. David C. Jones, Louisville, KY	Dr. Carrol C. Trewet, Atlantic, IA
Dave Knutzen, The Knutzen Group (Practice Consultants)	Dr. Skip Van Gorden (Eau Claire, WI)
Dr. J. Stephen Lovell, Parkersburg, WV	Dr. Steven P. Wolfson, Houston, TX
	Dr. John C. Workman, Glen Elyn, IL

Seeking

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

SEEKING TO PURCHASE PRACTICE:

Los Angeles, CA: Dr. Kamran Yazdi (310-713-5575)

SE Coast Florida: Dr. Jonathan Cohen (954-917-6999)

SEEKING TO ASSOCIATE OR PURCHASE PRACTICE:

Los Angeles, CA: Dr. Kamran Yazdi (310-713-6575, kadds@verizon.net)

S. California (San Diego preferred): Dr. Alberto Lopez (559-591-4925 or 559-591-8888, aldds24@hotmail.com)

S. California: Dr. David C. Suh (david@suhdds.com)

Los Angeles S. Bay Area, CA: Dr. Dian M. Olah (drdianolah@msn.com, 310-416-9739)

Panhandle of Florida, Austin, TX or other SW location: Dr. Dianne Forbes (304-776-3566, dmfgettowater@cs.com)

Atlanta, GA: Dr. Lisa Davis (770-730-5933, davis_la@bellsouth.net)

SE Michigan: Dr. Jehan Wakeem (313-882-6058)

SW Michigan: Dr. Susan Dennis (616-327-3400)

Gilford, NH: Dr. Wm. Dowling (603-528-4252)

New York City or Long Island: Dr. Robert Popkin (516-766-3153)

New York City: Dr. Chithra Ambalam (917-647-5938, wisdomtooth64@hotmail.com)

Cleveland, OH: Dr. Jason Bienia (216-328-1841)

SEEKING TO SELL PRACTICE:

Norwalk, CT: Dr. Anthony R. Salvato (203-438-3346, tonysalvatodds@aol.com)

Marietta, GA: Dr. David Yates (SE Transitions: 770-532-7123, 866-314-7048)

Gautier, MS: Dr. Arthur S. Roberts (228-497-0630, asmr@cableone.net)

Bismarck, ND: Dr. William J. Congdon (701-258-1321, thesmilecenter@compuserve.com)

Tomball, TX: Dr. Emily E. Graham (Of. 281-351-2090, H. 281-351-6560, eegdds@swbell.net)

SEEKING AN ASSOCIATE OR TO SELL PRACTICE:

LaJolla, CA: Dr. Thomas G. Brown (858-454-3221)

Atlanta, GA: Dr. David W. Yates (770-429-1545, docdwy@mindspring.com)

Upstate, NY: Dr. Kimberly Iannotte (908-542-1633, k.iannotte@verizon.net)

SEEKING AN ASSOCIATE/PARTNER:

Anchorage, AK: Dr. Kirk Johnson (907-349-0022)

Turlock, CA: Dr. James Eggleston (209-634-5871)

Boulder, CO: Dr. Gerald Savory (303-530-4145)

Clearwater, FL: Dr. Ralph D. Kimbrough (727-799-4897)

Ft. Lauderdale, FL: Dr. Mel J. Livernois (954-772-0842, mlivernois@att.net)

Jacksonville, FL: Dr. Bob W. Deason (904-724-6321)

Lake Wales, FL: Dr. Maxwell Weaver (863-676-8536)

Palm Beach, FL: Dr. Dina Wexler (561-653-3339)

Macon, GA: Dr. Larry Landers (478-741-3688)

Ketchum/Sun Valley, ID: Dr. Robert L. Cunningham (208-726-3457, svfang-dr@aol.com)

Hampshire, IL: Dr. Scott Herman (847-683-3464, generaldds1@aol.com)

Salina, KS: Dr. Thomas Jett (785-825-7354)

Burlington, MA: Dr. Paul Epstein (781-273-1152)

North East, MD: Dr. David A. Leatherwood (410-287-2323)

Farmington, ME: Dr. Peter Swallow (207-778-6268)

Port Huron, MI: Dr. Sandy Parrott (810-984-3700, docsip@advnet.net)

Boone, NC: Dr. Jerry O. Butler (800-727-5858)

New York, NY: Dr. James Hudson (212-246-2682)

Manitowoc, WI: Dr. Chris J. Hansen (920-437-7444, chansen@manty dental.com)

SEEKING DENTIST TO LEASE OFFICE SPACE:

Plano, TX: Dr. Fred M. Rabinowitz (972-867-5989)

SEEKING LAB TECH TO LEASE LAB SPACE:

Las Vegas, NV: Dr. Steven Avena (702-384-1210, avenasj@cs.com)

Our 2003 "Optimal Dentistry" Tour

For the fourth year in a row, Pankey Institute faculty will travel to three cities for a one-day seminar. This year's seminar will go to Boston, Philadelphia and New Orleans. The seminar is titled "Optimal Dentistry" and will include eight segments.

1 Motivating clients begins with actively listening and coming to know their individual concerns and circumstances. When you develop an individualized, caring, doctor-patient relationship, trust grows. Learn how you can create a positive future for you and your clients through behavioral development.

2 Comprehensive examinations are essential prior to comprehensive, individualized treatment planning. Learn all the components of a comprehensive examination and the value of doing the exam in an impactful, co-discovery way.

3 Advanced clinical skills are needed to provide optimal care that is the highest service to your clients. Learn what these skills are. Come to a clear understanding of how The Pankey Institute's Continuum and support programs can help you develop them.

4 The fee-for-service practice is only a dream for most dentists but thousands of dentists have stepped outside the insurance-driven business of "get-by" dentistry. No doubt, you have dreams of accomplishing this, too. Learn how others have gone

through the process while at the same time developing the skills and understanding required to deliver optimal dentistry.

5 The art and science of dentistry are interrelated. A major step on the journey to optimal dentistry is understanding the role of occlusion, TM joints, and muscles on oral function, health, comfort, and esthetics. There is much to learn and think about. In this one-day seminar, you will come to a better appreciation and develop a plan for hands-on growth in this area.

6 Creating optimal restorations – that predictably function with optimal comfort, are naturally beautiful, and have longevity – can be an immense source of pride. In this seminar, you will come to an understanding that exquisite provisionalization and an interdisciplinary approach are keys to successfully meeting this challenge and serving your clients best.

7 Creating appropriate comprehensive treatment plans does not have to be overwhelming for the patient or for you. Understand how treatment can be separated into phases that lead to optimal care when accomplished over time.

8 What's your vision for your practice? If you are like most professionals, you need to periodically step away from your busy schedule and look at the long-term health of

your practice. Are your core values and principles taken into consideration as decisions are made and relationships built day by day? Are you systematically making your vision of dental practice a reality with the support of your family and office team? Are you balancing the elements of your life to create happiness for yourself and others? If not, why not? You can!

A proactive approach to understanding yourself, your work, and your patients will take you where you want to be. Learn more about an ageless system of understanding, first expressed by Dr. L.D. Pankey, that has positively influenced the lives and practices of thousands of dentists, their office teams, and millions of patients worldwide.

Time to Get the Word Out!

The "Optimal Dentistry" seminar is an ideal way for dental professionals to be introduced to the advanced dental education of The Pankey Institute. If you live in the Boston, Philadelphia, or New Orleans areas, please encourage your colleagues, referring specialists, technicians, and even staff members to attend. The enrollment fee is \$295 for each dentist or dental specialist, and \$150 for each dental support person. Lunch is included. Completion of the seminar earns 8 AGD lecture credits. Simply call 305-428-5500 to register!

BOSTON

Friday, Aug. 8, 2003
8:00 am - 4:00 pm
Sheraton Framingham
1657 Worcester Road
Framingham, MA 01701
508/879-7200

PHILADELPHIA

Friday, Aug. 22, 2003
8:00 am - 4:00 pm
Marriott Philadelphia West
111 Crawford Avenue
West Conshohocken, PA 19428
610/941-5600

NEW ORLEANS

Friday, Nov. 14, 2003
8:00 am - 4:00 pm
Wyndham Metairie New Orleans
4 Galleria Boulevard
Metairie, LA 70001
504/837-6707

Rotating Faculty for the
2003 "Optimal Dentistry" Tour
Dr. Irwin M. Becker
Dr. Gary DeWood
Dr. Michael Fling
Dr. Steven Hart
Dr. Mark Murphy
Dr. Steve Ratcliff
Mr. Dake Schwartt

Distance Learning

By Dr. Matthew J. Messina, Fairview Park, OH



There continue to be many discussions today concerning the concept of Distance Learning. Educators use this term to mean alternative methods to bring information to the student, without the student coming to the institution of learning. Why then, do I still feel the need to travel far from home to seek training at the Institute? I suppose this makes me very old fashioned, or at least not of this enlightened century of electronically capable students. I find that, for me, the distance is an integral part of the learning.

In order to learn, you must put yourself in an environment where learning is possible. My annual pilgrimage to The Pankey Institute begins with

the efforts to put the office to bed for a week's absence, packing for the Florida sun, and saying goodbye to family. There is something therapeutic in the flight for me; it seems that is one of the few times I am alone with my thoughts, and I begin to focus on my goals for the week.

When I arrive, I begin to meet old friends and make new ones. The environment is familiar, but always changing. A week at the Institute provides the scaffolding upon which I lay the planks of my growth and development as a person and a dentist. I find that I often learn as much in the evenings from other classmates as I do during the daily sessions. There is much to be said for synergy in learning. I think we all learn more effectively from discussion and challenging concepts

with others. The sharing of ideas produces more than one person meditating alone.

As I return home, I have that quiet flight to make notes to myself, and plan the changes that I want to install at the office. I return refreshed and focused on the mission at hand.

Each time I return to the Institute, I find myself able to clearly refine my vision. With a clear vision in place, it is easy to write the action steps required to achieve the goal. After this, it is simply a function of making it all happen when I return home. My time at the Institute serves to put me in a position where change is possible. Discussing our goals with others creates accountability. Peer pressure can be a useful thing, and the support of friends makes difficult steps seem easier.

Joining other dentists who share similar values allows me to be part of something bigger than just my little corner of the world. I have found that, when you "soar with the eagles," you need to fly south each winter to recharge, refresh, and refocus.

I am reminded of the story of the man who went to the mountain to seek wisdom from the guru at the top. After struggling to reach the seer, the advice seems simple. The man comes to realize that it is the journey that is the source of his growth, not the knowledge from the wise man. In much the same way, I find that the journey to the Institute is an essential part in my growth and development. My concept of Distance Learning is that I see a benefit to traveling a distance to learn and experiencing the process with others. The true results of my education remain in my ability to "go the distance" to make true change happen in my life. ■

The printed 2003 Alumni Directory will be mailed in July.

Oct. Alumni Meeting: "Positive Future"

Join us October 16-19, at the Key Biscayne Ritz-Carlton for the 17th biennial meeting of the L.D. Pankey Alumni Association. All Pankey Institute participants and supporters are welcome to register and may be accompanied by staff, family members and guests. The current officers of the Association are Dr. Jeff D. Baggett, President; Dr. Wayne E. King, President-Elect; and Dr. Dale A. Sorenson, Secretary/Treasurer. We thank them for planning the upcoming meeting and their fine leadership since October of 2001. AGD lecture and participation credits will be available for attending the keynote presentations and some of the workshops of this conference titled "Positive Future."

Alumni Association members have received a special mailing detailing the meeting and a registration form. If you have yet to join the Association and want the meeting brochure and registration form, please contact The Pankey Institute (Phone: 305-428-5500 or Email: ldpi@pankey.org). Inquiries about joining the Association may be submitted to Pauline Shaw (Phone 305-428-5553 or Email: pshaw@pankey.org).

Schedule of Events

Thursday, October 16

At The Ritz-Carlton:

1:00 - 6:30 pm Conference Check-in
6:30 - 9:00 pm President's Reception: Cocktails, Hors d'Oeuvres
(Jacket Requested)

Friday, October 17

At The Ritz-Carlton:

7:30 - 8:00 am Continental Breakfast
8:00 - 8:30 am Opening Remarks
8:30 am - 12:00 pm Keynote - Thomas F. Trinkner, DDS: Esthetic Advancements
8:30 am - 12:00 pm Alternative Keynote - Brian DesRoches, PhD & Kim Mc Bride: Creating a Positive Future
1:00 - 6:30 pm Afternoon Golf, Fishing & Kayak Options

Saturday, October 18

At The Ritz-Carlton:

7:30 - 8:30 am Continental Breakfast
8:30 am - 12:00 pm DesRoches & Mc Bride: Optimizing Your Influence
7:00 pm - Cocktails, followed by Gala Dinner (Jacket Requested)

At The Pankey Institute:

8:30 am - 12:00 pm Choice of Workshops for Dentists

Sunday, October 19

At The Ritz-Carlton:

7:30 - 8:00 am Continental Breakfast

Brian DesRoches, PhD & Kim McBride

Creating a Positive Future

Dr. DesRoches, author and business consultant, recognizes the frustration, conflict, and disappointments so many of us experience in our concern and care for others. In this interactive workshop, you will learn the steps in a new pattern of thinking that can significantly increase your ability to create a positive future for others in your life and reduce the stress associated with difficult situations and relationships. Dr. DesRoches calls this "implementing the 21st century pattern of thinking." This program will appeal to dentists and non-dentists and is recommended for dental staff and spouses.

Optimizing Your Influence

When people spend significant time together or are significant to each other, they develop emotional relationships and influence each other's thoughts, feelings, emotions, and behavior. In this Saturday session, you will learn how to create the most important experience clients seek in their relationship with your dental office and the most important experience people seek in their personal relationship with you. This program will appeal to dentists and non-dentists and is recommended for dental staff and spouses.

Robert K. Cooper, PhD
Advanced Excellence

Dr. Robert Cooper has been the highest-rated faculty in the Lessons in Leadership Distinguished Speakers Series™ sponsored by universities and business schools nationwide. Stanford Business School Professor Michael Ray has praised him as "a national treasure." USA Today named him "the ultimate business guru for the new millennium." Dr. Cooper is recognized for his pioneering work on the practical application of emotional intelligence and the neuroscience of trust and relationship. This acclaimed educator will speak to us on how exceptional leaders and teams liberate untapped human capacities and excel under pressure.

Workshops

Dr. Steve Ratcliff, Clinical Director
Provisionals for Veneer Restorations

Creating beautiful, functionally correct provisionals is the key to achieving success with all restorations. Veneers can be frustrating to provisionalize and keep in place. In this hands-on workshop, you will review preparation design and participate in an exercise to fabricate provisional restorations for an anterior case. You will have the opportunity

to review preparation design, review materials and methods for exquisite veneer provisionals, fabricate provisional restorations for a maxillary anterior veneer case, review adhesion techniques for veneer provisionals, and review anterior guidance principles to ensure the most predictable results.

Dr. Gabriel Don Sing, Clinical Director

Orthosis Therapy

Each participant in this hands-on workshop will learn the whys of orthosis therapy, the rationale of orthosis design, and how to fabricate a physiologic repositioning orthosis using The Pankey Institute PRO-former on mounted study casts. Design options will be reviewed.

Dr. James C. Kincaid, Associate Faculty

The New Patient Experience

Few things differentiate your practice better than a truly comprehensive new patient examination and consultation. However, Dr. Pankey believed that to maximize your effectiveness in helping patients, it is essential to "Know Your Patient." Taking the time to discover the patient's concerns and values, and then, developing a treatment plan to achieve his or her goals sets the stage for a relationship based on trust. In this session, Dr. Kincaid will describe a new patient experience based on Dr. Pankey's philosophy.

Dr. Garrett B. Lyons, Jr.
Developing the Esthetic Practice

Dr. Lyons is a member of the American Academy of Cosmetic Dentistry and a Fellow of the American Society for Dental Aesthetics. The *Contemporary Esthetics and Restorative Practice Journal* awarded him its Cosmetic Practice of the Year Award in 2003. He will review some of the techniques required in transitioning to a complete cosmetic practice or partial development of a cosmetic practice. This session will include discussion of the Pankey Philosophy and how it is related to a cosmetic practice, smile design, development of staff, and implementation of new technology.

Dr. John R. Droter & Dr. Cheryl Scott, Teaching Assistant

Orthopedic Medicine & the TMJ

The TMJ undergoes the same disease processes as other joints in the human body, yet we are poorly trained in orthopedic medicine. With the technology of MRI and CT scans, we have been able to better understand the TMJ and all of its disease processes. In this session, you will develop your understanding of the TMJ, disease processes of the joint, and how modifying the tops of teeth or moving

Keynote Programs

Thomas F. Trinkner, DDS:
Esthetic Advancements

Dr. Thomas F. Trinkner graduated from the Ohio State University College of Dentistry in 1983 and has been in private practice in Columbia, South Carolina for 14 years, where his focus is on cosmetic and complex rehabilitation cases. In 1998, he was awarded Accredited Member status by the American Academy of Cosmetic Dentistry for Excellence in the Art and Science of Cosmetic Dentistry, and he is a member of the Academy of General Dentistry and the American Dental Association.

Dr. Trinkner is a Teaching Associate of The Pankey Institute and a

clinical instructor for the General Residency Program at Palmetto Richland Memorial Hospital in Columbia. In addition, he teaches at The Aesthetic Advantage program at New York University. Dr. Trinkner has been selected to serve on the editorial board of *Practical Procedures in Aesthetic Dentistry* and *Signature Magazine*, and he is currently the Editor of the *Journal of the American Academy of Cosmetic Dentistry*. He lectures nationally and internationally in the field of esthetics and complex restorative dentistry.

In his keynote address, he will speak on the latest advancements in esthetics and restorative dentistry, and the communication required between the dentist and ceramist for best results.

Reprinted from Mary Osborne's Leadership Guide, "Practice Renewal," a quarterly CD and print publication.

One of the questions I hear most often in my work with dentists has to do with when to present a treatment plan. The simple answer is "when the patient is ready to hear it." The more complex issue has to do with *how we know* when they are ready. It's as if we believe there is a magic moment in which to present a comprehensive treatment plan. If only we could sense that moment!

In reality there is no magic moment. In fact, there are a number of steps in the decision-making process—several factors that influence the choices people make. Each person you treat will go through that process differently.

Dr. L.D. Pankey often talked about the "clinical riddle" you must figure out in suggesting treatment for every single patient you see. Dr. Rich Green, teaching at The Pankey Institute today, talks about the corresponding "behavioral riddle." Figuring out that riddle is a challenge, but there is nothing mysterious about the process. The clues come from the patients themselves. You can learn to both read the clues and influence the process.

This is not a one-size-fits-all process. It is different for everyone. It involves knowing yourself as well as knowing your patient. It is not usually a two-step process. It includes, but is not limited to, the new person interview and the exam. It involves more listening than talking, more following than leading. It is a simple process, and to become skilled at it, the price you have to pay is attention.

Rather than waiting or searching for a magic moment, I'd like to suggest a structure for developing and assessing two parallel processes: Partnership and Engagement. Partnership refers to an attitude of mutual respect, responsibility and collaboration. Engagement refers to actions that demonstrate that attitude. Both are essential to the decision making process for comprehensive care. As you learn to take advantage of every opportunity to encourage partnership and engagement, you will help your patients develop confidence in their own ability to make difficult choices.

Building Confidence

I like the idea that the process of helping people make healthy choices is a fascinating behavioral riddle. Learning to listen for clues to solving that riddle is a challenging and exciting process. In every conversation, I learn about the patient as I assess and encourage Partnership and Engagement. Those two processes are always present in my mind.

In order for patients or clients to enter into a partnering relationship they must have a high level of con-

The Right Time: Part 1

Thoughts on When to Present the Treatment Plan



by Mary H. Osborne, RDH, Guest Presenter (Seattle, WA)

"There are a number of steps in the decision-making process—

confidence in themselves as well as in you. The more they trust their own judgment, the better able they are to enter a relationship of mutual trust. If they feel unsure of themselves, they are not likely to trust your competence and your motives.

The capacity for Partnership in this sense is an internal process that we can listen for and encourage. In a partnering relationship, clients may or may not require a lot of information. They may even say, "Whatever you think is best, doctor." But they'll say it from a position of confidence rather than helplessness.

Listening for Clues

Even before a new person walks in your door, you can hear clues about where they are in regard to partnering if you listen carefully. During the initial phone call, pay attention to the kinds of questions they ask, how much they seem to know about their dental health, and how open they are to new possibilities.

In the pre-clinical interview you can continue to learn about their attitudes about health and healthcare. Listen for comments that may indicate their level of trust in doctors in general and dentists in particular. What responsibility do they claim for the conditions existing now and for choices they have made in the past? What indication do you hear about how actively they want to participate in the process of becoming healthier?

Paying attention at this time gives you a baseline understanding of that person as important as any medical baseline information you gather. Like any baseline, it is not designed to be the end of a process, but the beginning, a way of measuring progress. It allows you to enter the relationship by meeting them exactly where they are at this point in their development. It helps you look for opportunities to help them become a more active partner with you.

I like to ask questions, for example, about physicians they see, how they chose them, and what they like about them. In asking about their health history, I want to know what they know, what they believe, and also how they act on their beliefs. I want to know how they came to a decision to take a supplement, for example. If they

discovered the benefits of it through their own efforts, as opposed to on their doctor's recommendation, that tells me something about the way they make decisions.

All of these questions help you get a sense of where they are now in terms of their willingness and ability to participate actively in their own health care. Comprehensive dental care requires a high degree of commitment on the part of the patient or client. The more they participate in the process, the more likely they are to value the care and appreciate the results.

Encouraging Partnership

As you hear where they are now in regard to responsibility for their general health, you can invite them to partner with you in regard to their dental health. This is an ongoing process that goes far beyond just telling them to feel free to ask questions. It goes beyond telling them they can make choices. It is a subtle process of looking for ways to get them involved. There are two simple tools you can use to encourage partnership: asking questions and asking permission.

Asking questions about health creates an empowering co-discovery process. There is nothing in the prevailing medical model that encourages patients to see themselves as key players in the process. In most cases they are instructed, lectured, and directed, as if they were children.

How often are you asked by a health care provider for your opinion about what may be causing a problem you are having? Rarely? Ever? How often do you *have* an opinion about why you are having a health problem? If you are like me, you always have an opinion. We know ourselves better than any doctor knows us, but rarely are we asked to take any responsibility for figuring out the problem.

One of my favorite questions to ask dental patients about whatever problem they are having is why they think they are having that problem. *I'm sorry to hear your tooth broke, Mrs. Green. Why do you think that happened? You say your gums have always bled, Mr. Black? Why do you think that is? What do you think about why you get headaches so often, Ms White? Are you aware of any pattern in their occurrence?*

Questions like these tell the

patient that you respect their knowledge and their opinions. These questions ask them to share the responsibility for solving the clinical riddle. Whether or not they have answers to the questions, you are inviting them to begin to think about their health in a different way.

Asking permission is another way to encourage patients to take responsibility for choices. It is empowering to ask, "Would you like us to take those x-rays for you now, Mr. Black?" It is not empowering to state, "We're going to take some x-rays now." The difference between the two is subtle but significant.

Too often patients and clients are never asked to agree to anything until they are presented with a significant treatment plan. How can we expect to know when they are ready to hear about a complex treatment plan when we have not heard about their readiness for anything else we have suggested?

A friend and colleague told me about a woman who came to their office to find out about having implants. The dentist talked with her and listened carefully to her questions. At some point, he responded by saying that he needed x-rays to know more about what was possible for her and that he would have the assistant do that now.

My friend noticed something in the woman's expression and asked, "Are you ready to have us take those x-rays now?" The woman looked relieved and said she was not ready. She had more questions. They listened to her questions, some of which had to do with cost. They answered what they could, even though most of the questions required the x-rays to give them more information. Eventually the woman *asked* to have the x-rays taken.

The interesting thing about this story is that I believe the woman would have gone along with those x-rays when the doctor first said he was going to take them. She was not highly resistant to them, just not totally ready for them. All too often, patients are swept along in a process in which they feel they do not have control, but they don't fight the process. It could have been all right to go forward with those x-rays. But I believe it would have been a missed opportunity to empower the client. If you believe partnership will be important at some point, I think sooner is better than later. Look for opportunities to ground your relationship in partnership. Then, in every interaction, with every patient, ask yourself these two questions: What evidence do I hear of an attitude of partnership? What can I do to encourage partnership? ■

Mary H. Osborne has worked for over thirty-five years as a clinical hygienist and patient facilitator. The website for Mary H. Osborne Resources in Seattle,

Changing Relationships

By Debbie Rhyne, Administrator/Patient Facilitator in Dr. Margie Mannering's Office (Chicago, IL)



Over the last eleven years that I have worked in Dr. Margie Mannering's office, I have felt a personal loyalty to Dr. Mannering and enjoyed the relationship we have. I have also enjoyed rising to new challenges as they occurred. However, at various times as I have seen my co-workers leave the practice and new employees fill their positions, I have questioned my own long-term goals. Even though I knew I played an important role in the practice, I wasn't sure this was where I should stay. Was I missing opportunity to grow personally and financially elsewhere?

More specifically, I wondered whether my skills would be better utilized and rewarded working as an office manager in a larger office. As an administrator working in downtown Chicago, I even asked myself if I really wanted to stay in dentistry. After all, there were other options.

I shared some of my personal thoughts with Dr. Mannering, which was difficult at times. I didn't want her to feel I was threatening to leave as a bargaining tool for more income, but it was obvious that she did. Even as tension started to build, I knew I didn't really want to leave the practice. Deep down I knew there was something different here that I couldn't easily replace. What was I looking for?

I gained insight after Dr. Mannering returned from the Pankey Institute-Gallup High Impact Management Seminar and we were introduced to our top five strengths. I was unhappy with my own results because

my strengths were all too much alike and I wanted to be more well-rounded. All my impacting strengths – which are MAXIMIZER, WOO (winning others over), POSITIVITY, and DEVELOPER – were rounded out with COMMUNICATION. Where was my strategic, intellectual side?

Dr. Mannering continued to assure me there was no right or wrong. In fact she stated what she wanted was for all of us to be in a position where we can be ourselves, use our strengths, feel good and be productive. There is certainly nothing wrong with that, but I wasn't feeling good about it. Going to work everyday started to feel like I was in therapy. It became less difficult for me to voice my frustrations, and I felt a similar response from Dr. Mannering. I knew we were both asking, "What is best for me? What is best for her? What is best for the practice?"

My job, as I knew it, was starting to change and I was feeling a loss of responsibility. I had been working with the practice finances for years, integrating systems into the Quickbooks program. I even taught Dr. Mannering the computer program so she could attend Foundations of Financial Management Level One. As she began handling the numbers herself, I wondered, "What am I going to do?"

I struggled emotionally until one day we discussed our patient briefing/debriefing process (or lack of it at the time), and I confidently responded, "I can do that! That's something I would be good at!" A new direction for some of my time and talent was finally discovered.

My role in the practice began to change, and to tell you the truth, I do

enjoy talking and working with our patients much more than I ever did working with finances. Still the nagging question remained "How was I going to be productive in the office without being at the front desk?"

The practice was always developing clinically, but with a goal to streamline and distribute front desk activities, my concerns escalated. What was I going to do with my strengths besides talk? Fortunately for me, we started to work with Mary Osborne. My questions were soon answered.

One day, Dr. Mannering asked me to sit chair side during the new patient exam. Before I knew it, I was sharpening my red/blue pencil and charting MOD amalgams. Actually that part made me nervous, but when I started talking with the patient and asking questions during the exam, we noticed a co-discovery process that engaged all three of us in conversation. I became more comfortable as patients included me by looking my way for responses to observations being made.

When I asked Dr. Mannering for feedback I was told, "This seems to be working great." Our real feedback came in the increase of patient referrals from our new patients. Now, I've been invited to join in the consults, too, as a facilitator to the patient in making choices about their dental health. My strengths were beginning to make a difference, and I saw myself and my role in the practice with a new set of eyes. There were no more mistakes, just opportunities to learn.

The supportive relationship I had developed with Dr. Mannering was having a positive effect in the practice. Excited, we returned to Seattle for Mary

Osborne's coaching seminar. Now, I can see the transfer of information is not always where the most learning takes place. More importantly, I learned I was a valued team member and my contribution was respected. I realized my strengths could also benefit the development of our team.

I know my desire to change and grow has been a direct result of the support and understanding Dr. Mannering has provided, and I have begun to see how important it is to support our patients and fellow team members. Our patients do appreciate our clinical, professional image. Educating them and providing them with information has always been a focus.

What is changing is our desire to assist our patients in making value-based decisions regarding their overall health. Although we often face patient resistance, working with Mary, we are learning a new language and way of thinking. In the past, we were always afraid to "challenge" our patients because we were afraid they would leave us. Now, through our own growth we support our patients in their health choices while developing more meaningful relationships with them.

I was always able to have rapport, exchange greetings, and talk in generalities. When I tried to share clinical information, I would give brochures, show pictures, or distribute whatever other aids I could. Now, I am experiencing how much more information people will share when they feel I am listening to them. I enjoy building new relationships with Dr. Mannering, our patients, and my team.

The support I've received to develop as a facilitator has given me new personal satisfaction, and I'm part of a team engaged in important life choices. My work has new meaning. My commitment to the practice has grown far beyond liking the doctor and feeling loyalty to her. ■

CORRECTIONS

C5 and C6 are not two consecutive weeks!

In the last *Pankeygram*, when I described enhancements made in the Continuum, I inadvertently gave the impression that C5 and C6 run consecutively and that the time commitment is two weeks in a row. NOT TRUE! C6 is a continuation of C5, Interdisciplinary Dentistry, but these two Continuum Levels are still to be taken a week at a time just like the rest of the Continuum. You are encouraged to invite your specialists to attend with you, particularly your periodontist and orthodontist. Studying together is a gift and will help you solidify your expectations of one another, your systems and processes, and your understanding of how you can best work together. My apologies for the confusion! – Dr. Steve Ratcliff, Clinical Director

The photo and article honoring Dr. Robert Coopmans, in the last *Pankeygram*, was submitted by his close friend, Dr. Dan Shield of Neillsville, Wisconsin. In this photo, Dr. Coopmans and his wife, Mary Ann, are in the center. Dr. Dan Shield is at the far right.



Dr. Socher Honored

During the Annual Meeting of the Illinois State Dental Society in September, Dr. Jeffrey Socher received the honor of being named ISDS Distinguished Member. Dr. Socher has held nearly 60 positions in organized dentistry and is affiliated with more than a dozen organizations, including the Academy of Dentistry International, the Pierre Fauchard Society, and the American College of Dentists. He is a fellow in five organizations, including the International College of Dentists, the Academy of General Dentistry, and the Odontographic Society of Chicago.

Dr. Socher, who completed The Pankey Institute Continuum in 1994,

practices dentistry in Arlington Heights, IL, where he is actively involved in the United Way, Rotary Club, the Sherwood Improvement Association, and St. James Pastoral Council.

Long-time ISDS member and Past President Dr. Frank Schroeder said, "Dr. Socher is an outstanding individual. He has done a lot for the Society, but he has also been tremendously involved in his local community. It's not obvious how hard he works. He has a presence and an ability to get things accomplished in the organizations he works with without making a big deal out of it. He is not a taker. He's a giver, and he's a gentleman." ■

Connecting the Dots

By Dr. John F. Davis, Teaching Associate (Park Ridge, IL)



As many parents would, I have vivid memories of my daughter asking me to watch her as she placed the point of her pencil to a spot on a paper marked Dot #1, then carefully trace a straight line to Dot #2, and would not stop until she reached the Finish: Dot #32. A clown face or the head of an elephant would finally appear much to her delight and satisfaction. Karen was completely focused and absorbed in her task of creating a series of chaotic straight lines that, when viewed as a whole, became a recognizable form.

Patients are asked daily to consider making changes in their mouths that will move them towards a state of optimum dental health. Our recommendations are often complex and confusing to the patients, and the thought of leaving a well-known and acceptable condition can be terrifying to the patient. Who wants to end a condition that has become so familiar for a journey that has an unknown outcome?

Christian Sager's August 2000 *Pankeygram* article, "Change takes Courage" admonishes us to "revisit the realities of being in relationship with your clientele/patients. Know Your Patient requires a complex series of interactions between the organization and recipient of care." Chris continued writing: "They (dentists) are unwilling to ask their patients what they think of the quality of relationship." Chris theorizes that the overriding reason for this reluctance appears to be fear. Our Continuum gives each of us the opportunity to improve our technical, managerial, and behavioral abilities with the introduction of new ideas and skills.

Numerous models exist to describe change and transition processes. William Bridges in *Managing Transitions, Making the Most of Change* describes a linear change experience during which individuals, or organizations, must travel through a "wilderness or neutral zone" as they give up the "old" and move towards the "new." While studying how people behaved during dying and death experiences, Dr. E. Kubler-Ross created the Transition Curve in which four behaviors are witnessed. Even as we talk with our patients about their oral health, we will recognize the stages of Denial, Resistance, Exploration, and Commitment.

Linda Ackerman describes three change models. Two of her models are linear in design: Developmental Change and Transitional Change. The Developmental Model describes the process of improving a condition or skill such as becoming more efficient at flossing or brushing. Her Transitional Model is similar to Bridges' model with the change being managed over a predetermined period of time towards a defined outcome. Ackerman's Transformation Model, however, might be the model that best illustrates what our patients experience in our offices.

The Chaos portion of Ackerman's diagram is not unlike the Dot-to-Dot drawings of our youth, a series of straight-line events that – when taken in total – reveal a new "picture." Dentists frequently are called into action during the patient's Chaos period. If the time seems to be right, we accumulate data, develop a diagnosis and treatment plan, and enter into a dialogue with the patient about treatment options. Now, imagine yourself at your consultation

desk following your well-planned presentation, and your patient fails to embrace your recommendations. What do you begin to think? Chris Sager wrote in that August 2000 article, "...the patient is with us for our care, skill, and judgment. To be successful, we need to communicate gracefully to the patient that we have spent considerable time, skill, and judgment in coming to our recommendations. We also need to present our recommendations with the message that we have invested so much of ourselves in determining the optimal course because we truly care about the patient."

I have experienced dialogues with patients when they thanked me for my presentation and hard work on their behalf, and yet told me they would think about my treatment plan. Did I fail to know my patient? Did I err in assuming the time was right for a consultation? Was my treatment plan too complex or did I fail to address the patient's chief concerns? Through participation in small study clubs, was determined to improve both my diagnostic skills and my interpersonal communication with a great emphasis upon active listening. I also decided to survey over 100 doctors who participated in the Continuum Level VI courses that I taught from 1993 through 2001. I asked three questions about their patient's resistance to change when presented a comprehensive treatment plan. I discovered that my experience with patients was not unique.

Question One – My patients resist change because of ____? Respondents reported: non-specific fear (33% of patients), pain (22%), surgery (26%), cost (75%), and other (44%).

Question Two – How long does it

take resistant patients to agree to treatment? The respondents said it took from one month to five years for the patient to agree to proceed. The doctors felt most patients took between one to two years to make an affirmative decision.

Question Three – What made the difference in patient's decision to change? Respondents reported: continuous education of patient by the doctor (85%), other people (38%), improvement of finances (44%), and family members (14%).

Once I realized that my peers experienced that same type of patient resistance that I encountered, I became more comfortable relinquishing control to the patient. Listening to the patient on a feeling level and trying to become connected to the patients through their stories and life experiences truly permitted me to know the Patient in ways I never before experienced. Relationships with patients became less stressful once they recognized we were willing to stand by them no matter how long it took for them to make a decision to proceed. What appeared to be resistance in the past was now recognized as a time for the patient to muster the courage and energy to begin a process that would take them to new and unfamiliar places in their lives. No one knows how long it will take to move through the wilderness of the neutral zone, but with support and a caring attitude, most patients will eventually take the first steps.

Enjoy and embrace change. As you move from Point "A" to Point "B" and beyond, you, your staff, and your patients will eventually begin to see the "picture" that was there all along just waiting to be discovered. ■

Seniors have something to smile about!

Dr. Kenneth Myers of Falmouth, Maine started a local "80/20 Club" last year.

To qualify, Dr. Myers's patients have to be at least 80 years old and have at least 20 of their own teeth.

Two and one-half years ago, Dr. Myers read in the *Pankeygram* about an 80/20 Club in Osaka, Japan that was the brain child of Japanese dentist Dr. Yasuo Kawamura. The idea of honoring his elder patients in their health accomplishment took shape in Dr. Myers's practice a year ago with the first luncheon celebration at his office.

In June of 2003, Dr. Myers hosted

a second celebration, this time with 45 attendees. "It was one of the most moving things I've ever seen," Myers

assertive about being transported from the nursing home for the celebration."

Myers recognizes the elderly have much to deal with as they did not benefit from fluoride growing up and most have limited financial means. He knows of two other 80/20 Clubs in the U.S. and would enjoy knowing if there are more. His email address is kmyers@maine.rr.com.

The 80/20 Club in the Osaka, Japan area, where Dr. Kawamura practices, has about 2,500 members after over 20 years of inspiring celebrations and comprehensive dentistry. Dr. Kawamura was

said. "These people are very proud of what they have accomplished given that the average 80-year-old in the U.S. has 12 to 15 of her or his own teeth. Some of my patients were very



The American Academy of Fixed Prosthodontics recently selected Dr. Maurice Martel, former President of the AAFP, to receive the 2003 Moulton Award for his leadership, service and professionalism.

Dr. Martel, of Holden, MA, is a Senior Faculty member of The Pankey Institute. Top left: Dr. Maurice Martel, Top right: Dr. John Goodman, AAFP President.

Be Part of the Solution

By Dr. Jack Shirley, Associate Faculty (San Antonio, TX)



There seems to be a great deal of concern by the U.S. government about the lack of indigent and affordable dental care.

They say dentists are more concerned about making money and whitening teeth than about meeting the dental needs of the general population. We are hearing that the masses are complaining that we are too expensive and not available when needed. To make matters worse, there is a continuing shortage of dentists in America.

We have fewer dental schools now than ten years ago, and the fewer dental schools are training fewer students. The latest statistics show that women make up almost 50% of the freshmen classes in dental schools, and predictions indicate female dentists will comprise 29.2% of the dental workforce by 2020. Currently, a greater percentage of female dentists work part time (less than 30 hours per week) than male dentists. Compound this with the increasing dental needs of the general population, and it becomes clear why the government is concerned.

The government will respond to

the needs and wants of the American people. A possible response is to open the country to masses of foreign dentists. Many are likely to be poorly credentialed. The government may begin to mandate indigent care or force us into some type of Medicare or socialized dental care system. We can be part of the solution and hopefully avoid those possible government actions by doing some type of volunteer work that will benefit the general public.

There are numerous volunteer organizations that are looking for dentists, but if there isn't one in your community, you need to form one. The need is always there; it is going to take some initiative to meet that need.

As public awareness increases about the shortfall in dental care, we at The Pankey Institute need to step up and lead the charge in giving back to the community that has provided us with so much. I propose we post, on our Pankey Institute website, volunteer work with which any dentist associated with the Pankey Institute is involved. We could also post opportunities that are available to dentists for volunteer work. We could encourage volunteer-

ing by recognizing dentists that volunteer a certain number of hours each year. For example, we could give a *Quid Pro Quo* award to all dentists that provide a certain number of volunteer hours.

I personally have found volunteer work to be very rewarding. I have been involved with such organizations as Food for the Hungry in Africa, The Southern Baptists in Brazil, and Frontier Laborers for Christ in Thailand. Locally, I have served in a barrio clinic on the south side of San Antonio by volunteering one Friday a month for 12 years. All of these experiences have been very positive and rewarding.

If every member of the ADA were to become involved in some form of volunteer work, there would be no problem. But, the problem is real. The solution is, for now, in our hands. We can either choose to ignore the problem, or we can take the bull by the horns and take care of business. Each of us must ask ourselves, what can I do to end the crisis that is facing us? Otherwise, someone may answer the question for us with an answer we don't like. ■

Are you providing volunteer hours to the underserved?

Your Name _____

Practice Address _____

Where have you provided volunteer hours in the last year? _____

Estimate of total volunteer hours provided in the last year? _____

May we recognize you on The Pankey Institute's website www.pankey.org?
 Yes No

Are you seeking an opportunity to provide volunteer hours?
 Yes No

Are you seeking volunteers to aid in your volunteer organization?
 Yes No

Please Fax this information to the attention of Deborah E. Bush at The Pankey Institute (305-428-5566).

Dr. Gusha Makes Big Difference in Central Massachusetts

Dr. John Gusha of Holden, MA, is among the outstanding individuals from across the country selected this year to receive the Dr. W. Joseph Johnston Community Health Leadership Award. Dr. Gusha, the nation's highest honor for community health leadership, was named by the American Dental Association, Dr. Sammy Bryan, Director of the Massachusetts Oral Medicine Institute, Dr. Dan Lanham, Dr. Don Lutz, Dr. Page McNall, Dr. John Stovall, Dr. Dr. A.J. Smith, Dr. Darron Taylor, Dr. Mark Taylor

His work on the project began in 1999 when he recruited his colleagues to open a free dental clinic in Worcester County where many urban and rural residents have limited access to dentists and hygienists. This clinic provides more than dental care; it also educates physicians and nurses to perform oral health screenings and teach young mothers about preventing tooth decay.

Dr. Gusha has a long history of community health advocacy. After working his way through dental school and setting up a private practice, he began volunteering at a church's free medical clinic. In 1993, he chaired the Holden Board of Health. Dr. Gusha has pushed for and won state legislation allowing a pilot program to expand access to dentists for Medicaid patients. ■

Many of You Participated in ADA's "Give Kids a Smile" Program

According to the April 7, 2002 ADA News many of the Institute's students and faculty volunteered in 2002 for Give Kids a Smile, a program that delivers care to underserved children who would not otherwise receive dental treatment. If we missed your name in the ADA list, please let us know.

- AL Dr. J. Paul Diaz, Dr. Earl Rogers, Dr. James Sanderson, Jr.
- AK Dr. James Arneson
- AZ Dr. Michael Thompson, Dr. Russell Weed
- AR Dr. Thomas Stotts Isbell, Dr. Timothy Messer
- CA Dr. Steven Anderson, Dr. John Frederick, Dr. Matthew Korn
- CO Dr. Jan Heidbreder
- CT Dr. Thomas Gorman, Dr. Gary Pearl, Dr. Brian Singletary
- FL Dr. Walter Biggs, Dr. James Callahan, Dr. Dennis Carmody, Dr. Geraldine Ferris, Dr. Laurie Gordon-Brown, Dr. Dan Henry, Dr. David Junca, Dr. Sam Low, Dr. Yvonne Rausch
- GA Dr. Bruce Carter, Dr. Douglas J. Giorgio, Dr. T. Howard Jones, Dr. Phil Miller, Dr. William Pottorf, Dr. Karyn Stockwell
- HI Dr. Paul Tanaka
- IL Dr. Douglas Anderson, Dr. Warren Jesek, Dr. H. Cyrus Oates, Dr. Ronald Paschall, Dr. Keith Suchy

- IN Dr. Donald Pulver, Dr. Mark Schymik
- IA Dr. James M. Harris, Dr. Kathryn Kell, Dr. Dona Prince, Dr. Paul Readhead, Dr. Gerald Schleier
- KS Dr. Robert Herwig, Dr. Bert Oettmeier, Dr. Jeff Stasch
- KY Dr. William Lee, Dr. Frank Metzmeier, Dr. Michelle Story
- LA Dr. Robert Chastant
- ME Dr. Randy Thivierge
- MD Dr. Rashmi Parmar
- MA Dr. James Cinamon, Dr. Paul David Epstein, Dr. Barbara Kay, Dr. Nicholas T. Papapetros, Dr. Andrea Richman, Dr. David Schmid, Dr. Peter Schortmann, Dr. Stanley Shustak
- MI Dr. Zuzana Grunberger, Dr. Brian Maduri, Dr. David Yentz
- MN Dr. Michelle L. Bergsrud, Dr. Heidi M. Brandenburg, Dr. David Cook, Dr. Rob Donlin, Dr. Donald M. Erickson, Dr. Kimberly A. Harms, Dr. Douglas G. Shamp, Dr. S.A. Whalen
- MO Dr. Alan Foster, Dr. Don Hite
- MT Dr. Scott Manhart
- NB Dr. John Ahlswede, Dr. David Duey, Dr. Robert E. Roesch
- NV Dr. James White
- NH Dr. Lawrence Bartos, Dr. James Hendersen, Dr. Neil Hiltunen, Dr. Stephen Langlois, Dr. Philip Mansour, Dr. Robert Marshall, Dr. Eliot Paisner, Dr. Glenda

- Reynolds, Dr. Ronald Szopa, Dr. Joseph Williams III, Dr. Mark Wirant
- NJ Dr. Maria Ambrosio
- NM Dr. Joanne Allen, Dr. Michael Thompson, Dr. Faith Ventura
- NY Dr. Frederick Hecht, Dr. Virginia Plaisted, Dr. Michael Teitelbaum, Dr. Joseph Viola
- NC Dr. Keith Dedmond, Dr. Mary Bennett Houston, Dr. William Lewis, Dr. Thomas Morgan, Dr. William Morris, Dr. Richard Pence
- OH Dr. Robert Anthony, Dr. Pam Cermak, Dr. Roger Clark, Dr. Joe Crowley, Dr. Chris Deister, Dr. Jane Dodson, Dr. Hans Guter, Dr. William Hagerty, Dr. Mary K. Hayes, Dr. Doug Hoefling, Dr. Scott Illif, Dr. Bert Jacob, Dr. Carole Kelley, Dr. Marius Laniauskas, Dr. Keith Lemmerman, Dr. Mark Logeman, Dr. Matthew Messina, Dr. F. Patrick Miller, Dr. John Murphy, Dr. Tom Payne, Dr. Larry Schmakel, Dr. Carl Scott, Dr. Burton P. Siegel, Dr. James Sims, Dr. Pat Soria, Dr. Michael Willen, Dr. George Williams
- OR Dr. Clarie Campbell, Dr. Len Gerken, Dr. Brad Hester, Dr. Robert Johnson, Dr. John F. Lake, Dr. Janet P. Peterson, Dr. John Resenthal
- PA Dr. Donnel McHenry, Dr. Jeffrey Rosenberg
- SC Dr. Dudley Beatty III, Dr. W. Lynn Campbell

The Relationship-Based Practice

By Dr. Lynn D. Carlisle (Fort Collins, CO)



What is different about a relationship-based practice? Hmm... My Pankey study group recently had a meeting.

We were doing our personal updates, and I talked about the web site I had created for relationship-based practices...why I created it...who it was for...

Dick Anderson asked me a question that stopped me in my tracks. He has a way of asking questions that do this. His questions seem simplistic, but when you think more about it, they are hard to answer. As usual, I initially thought, "Well duh, you've been practicing this way for 30 years and you don't know the answer to this question?"

His question follows. "Tom Black's (not his real name) patients just love him. He is one of the best people persons I know. He is a good dentist with a very successful practice. He mostly enjoys practicing dentistry. Isn't he relationship-based?"

I stammered out a reply with which I wasn't satisfied. I thought, "I should be able to answer this question easily after all I have written about it."

I have been thinking about his question ever since. "What is different about a relationship-based practice? And, is Tom Black a relationship-based dentist?" I know Tom Black and know enough about him, his dental work, and his practice to cause me to think about this answer.

I think Tom Black has a high emotional intelligence (EQ) to use Daniel Goldman's phrase for people who have high relating skills. I think he is a natural when it comes to relating to people. I think he is very good at building rapport with people, and this leads to his patients liking him. Rapport is the ability to relate to people in a way that results in a cordial, friendly, hearty feeling.

The ability to do this is a tremendous asset in building a practice. If people feel the dentist is likable and is good at building rapport, they will refer friends to him. They will say something like, "He is really a good guy. I like him." If the friend asks, "But is he a good dentist," the referrer will answer with something like, "I think so, I haven't had any problems with anything he has done."

I have been jealous of the Tom Blacks of the world, because I was not a natural at building rapport. I had to spend a lot of heart muscle and stomach lining to learn this way of being. (This is good news for most of you, who share this disability with me—it can be learned.)

In Tom Black's case he is a good dentist, and I would recommend others to him. He does good work, he relates well to people, he is well thought of, he makes a good income, he has a large practice with an associate, he is good at the business side of dentistry, and he enjoys the life dentistry provides him.

But, do I think he is relationship-based? No. What would make it so? I reread the chapter titled "Nitty Gritty Approaches in Private Practice" from my book, *In a Spirit of Caring*, which I wrote in the early 1990s. This is what I wrote in response to a similar question.

If you came into our practice you would see that we do many things that other dental practices do, but the environment we practice in and our beliefs are different from most practices. You would see that we do many of the same dental procedures. The bulk of what we do is to provide dental care. If a person has swelling, bleeding, or pain we take care of that. If a person has gum disease or dental decay we treat that. If a person wants to maximize their dental comfort, function, health, and looks, we create a plan with the person to do that. If a person wants to prevent dental problems and learn self care techniques, we help them learn ways to do this.

WHAT IS DIFFERENT?

The things that are different are our long term commitment to wellness with its emphasis on exercise, nutrition, stress management, and faith; our holistic focus and our belief that a person's beliefs, feelings, and spirit influence their physical health; the way we participatively work together as a team; the work we do with chronic disease and chronic pain patients; and our relationships with our clients.

Since this question, I have frequently thought about "What is different?" Sometimes, I feel evangelical and even arrogant as I extol the virtues of relationship-based approaches. There are significant differences in relationship-based practice. What would the client or consultant see if they went into a relationship-based practice? They would see:

- ◆ *An emphasis on collaborative team and client relationships*
- ◆ *An emphasis on long-term health planning occurring in a relationship that helps the client define personal lifestyle objectives*

jectives

- ◆ *A focus on wellness instead of just eliminating disease*
- ◆ *A holistic focus instead of a reductionist focus*
- ◆ *An emphasis on the creation of a facilitative learning environment*
- ◆ *A commitment to the personal and professional growth and actualization of the team members*
- ◆ *A feeling that a caring relationship with the client is as important to the client's well being as the dental treatment.*
- ◆ *A commitment to doing your best behaviorally and technically*
- ◆ *A belief that pain and disease provide information about conflict and disharmony*
- ◆ *A focus on a values-based, philosophy-driven practice*
- ◆ *A focus on service and a belief that out of service of giving will come personal, spiritual, and financial fulfillment*
- ◆ *A growing recognition and openness to the importance of spirit in their practice*
- ◆ *An effort to go beyond competence to finding meaning and direction from their practice of dentistry*
- ◆ *A recognition of the role of mistakes as part of learning*

Dentists who practice this way need to be technically excellent or working towards excellence. But this is not what differentiates a relationship based dentist. Obviously there is no one practice that exhibits all of the above characteristics. I feel if you went into a practice that was moving toward a relationship-based way of practicing you would, over time, see the intent to manifest these characteristics in the personal and professional lives of the dentist and long-term team members.

I still believe these statements are true ten years later. Now, that's a lot to live up to. It takes a lot of work and commitment to be a relationship-based dentist. As L.D. Pankey said, "You have to pay the price".

I have been working toward this way of practicing for 35 years, and I still

don't live up to all of the characteristics listed above and probably never will. I don't know of a dentist that does. But, you don't have to have all of the merit badges to be a relationship-based dentist. You just need to believe this way of practicing is important and to be working toward building this kind of practice.

Why do I practice this way when there are easier ways of practicing that don't require "Paying the price"? This is a great Dick Anderson question. It is just in me and always has been. I have never been content to just practice dentistry. I have always been a seeker, and the relationship-based way of practicing has been a good path for me. It meets my wants and needs. For me, it is more fulfilling. And, experience tells me it also is true for most of you who are reading this article. ■

Lynn Carlisle, DDS is the author of the book IN A SPIRIT OF CARING (available from The Pankey Institute Resource Center - 305-428-5509). He is the publisher, editor and primary contributor of the website www.spiritofcaring.com, which provides subscribers access to classic and new articles including book reviews and interviews with successful practitioners, a discussion forum, ideas and resource links for relationship-based practices, surveys, downloadable forms, keyword search capability, and more.

2003 Faculty Speaking Engagements

July 19: Tennessee Dental Hygiene State Meeting, Presenter: Dr. Cheryl Scott—Occlusion (615-256-1600).

Aug. 8: Pankey Institute Optimal Dentistry Seminar, Boston. See page 9.

Aug. 22: Pankey Institute Optimal Dentistry Seminar, Philadelphia. See page 9.

Sept. 11-12: Team Building Workshop sponsored by Lone Star Dental, Plano, Texas. Presenter: Dr. David Hildebrand. Room for participants—contact Dr. Mac McDonald (469-241-9000).

Oct. 17: Fourth District Dental Society of NY State, Presenter: Dr. Paul Epstein.

Oct. 31-Nov. 1: University of Indiana School of Dentistry, Presenter: Dr. Dale Sorenson—Anterior Esthetics (888-373-4873).

Nov. 14: Pankey Institute Optimal Dentistry Seminar, New Orleans. See page 9.

Nov. 18: East Middlesex District Dental Society, Presenter: Dr. Paul Epstein.

Dec. 2: Greater New York Dental Meeting, Presentors: Mr. Christian B. Sager, Dr. Jack Shirley.

Dec. 5-6: Greater New York Academy of Prosth., Presentors: Dr. Irwin M. Becker, Dr. Gregory J. Tarantola.

