

**In Memoriam:
 Mrs. Betty
 Pankey**



Mrs. Betty Pankey, wife of the late Dr. L.D. Pankey, passed away quietly on February 21. She had been a resident of Coral Gables for 70 years. Born in 1910, in Jacksonville, Florida to Beatrice and Richard Taylor, she was a graduate of Florida State College for Women in Tallahassee. She was a grand and gentle woman, supportive of her husband's career and family. She loved her church, family and friends. She will be remembered for her loving and patient nature, selfless devotion and abiding faith. She is survived by her children, Kitty Kirkland, Beth Lotspeich, Dr. Lindsey Pankey, Jr. and Anne Martin. Her eleven grandchildren and fifteen great-grandchildren adored her. Services were held on February 24 at the First United Methodist Church of Coral Gables. Donations may be made to the church (536 Coral Way, Coral Gables, FL 33134). ■

What We Stand For

The Pankey Institute was founded on the bedrock principle that the patient has the fundamental right to a comprehensive oral evaluation and appropriate treatment provided by a skilled practitioner in accord with the patient's individual temperament, circumstances and personal objectives. The foremost task of today's oral health professionals is recognizing the remarkable advances in restorative materials and techniques and incorporating this new knowledge in a structure best accommodating the patient's goals and expectations. Our continuing education curriculum increases the dentist's understanding and ability to clinically apply all of the new science and techniques in an ethical and appropriate manner and to do so in accord with the highest and best purposes of the profession.

The ethical concept of the "Informed Consent" doctrine requires the dentist to communicate the treatment options available to the patient in a clear and unambiguous manner. The availability of staged treatment enables a larger segment

of our population to choose comprehensive care that will pay many health and financial dividends to the patients over the course of their lives. The ability to counsel and guide the patients toward choosing care, which is in their long-term best interests, is perhaps the most challenging aspect of the relationship-based practice. The Pankey Institute has had over three decades to refine a curriculum that enables these abilities.

At its best, dental practice in 2004 is complex, and a broad-spectrum curriculum is required to develop the required expertise to excel as a health-centered practitioner. Applying new knowledge in a context that respects the risks and enhances the rewards of comprehensive care is central to our Continuum. We have assisted thousands of dentists in integrating highly refined clinical, managerial and behavioral skills to form successful health-centered practices. We also have helped them balance their application in a manner that enriches their expectations for a rewarding and fulfilling personal life.



**Executive
 Director's
 Message**

Christian B. Sager
 csager@pankey.org

Has it been a while since you referred a colleague to the Institute? Have you met an aspiring dentist you admire? Is there a colleague unhappy in practice? Leading a dentist to the Continuum is a gift you can give to this person and at the same time to the public and your profession. You can have a hand in propelling someone to finding joy in the practice of dentistry.

We hope more practitioners, who are attracted to the health-centered model that builds an enduring doctor-patient relationship of trust, will find time to come to The Pankey Institute. We stand for integrity and for advancing your ability to excel in all aspects of practice for the long-term best interest of your patients. ■



**Chairman's
 Message**

Dr. Irwin M. Becker
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**Interdisciplinary C5-C6 Has
 Become Three 3-Day Sessions**

The Pankey Institute recently announced a new format for our Interdisciplinary Level courses. Now, there will be three different 3-day courses for our participants and their specialists. Continuum Level 5A is the first in this series. It will be held first on October 3-6, 2004.

We have gone to the 3-day format to increase the opportunity for you and your team of specialists to coordinate time out of your busy practices to attend courses designed to be of special benefit to you when attending as a team. You may elect to attend these courses without team members, but we do recommend you attend each with one or more of your specialists. Specialists do not have to attend a C1 or Specialist course before coming to any of these three courses.

Each of the three courses will begin at 12:00 Noon on Sunday and

finish by 1:00 PM on Wednesday. There will be a follow-up portion of the course to be completed at home via web-based learning modules. These modules will be an extension of the course and aid in the implementation of your learning.

C5A, "Introduction to Interdisciplinary Care," is designed to help you approach complex cases that require interdisciplinary treatment with greater confidence and increased understanding. This course will help you develop or increase synergy among your interdisciplinary team members.

Covered at the Institute will be the Pankey Philosophy, concepts of occlusion, the philosophy of optimal care treatment, organized treatment planning, the periodontal interface, a case work-up and preparation, multiple treatment case discussions, orthodontic considerations, basis of cephalometrics, the ortho-perio interface, endodontic considerations and perio and ortho esthetics. Follow-up, web-based workshops will include management of mucogingival defects, records management and your

own interdisciplinary case documentation and presentation.

C5B is designed to help you with complex cases that require implant dentistry. Covered at the Institute will be prosthetically driven treatment planning, implant utilization and working with specialists, the implant restorative interface, esthetic considerations, site development, implant-ortho coordination, implant provisionalization, imaging for implant treatment planning, surgical stents, questions about implant splinting, work-up of an implant case, multiple treatment case discussions and laboratory discussion. Follow-up, web-based workshops will include choices in impression techniques, treatment planning and documentation of your own implant case.

C6 is designed to help you with complex cases requiring interdisciplinary orthodontic and orthognathic treatment. At the Institute, we will cover position papers, team solutions to a case previously sent to your team to work-up, orthodontic-orthognathic considerations, virtual treatment planning of real cases utilizing com-

puters to aid in diagnosis, the oral surgeon's perspective on head and neck disease, the oral surgeon's perspective on TMD, presentation of Pankey Scholar treatment planning cases and your own team presentation of a treatment planning case. Follow-up, web-based workshops will assist you with staff development in the interdisciplinary practice, and we will provide a forum for discussing cases submitted by participants.

There is no prerequisite for specialists to attend any of these three courses. The sequence for dentists is C4, C5A, C5B and C6. I am confident you and your interdisciplinary teams will benefit highly from these courses! ■



New Program Will Benefit Profession

By Deborah E. Bush, Editor

Writing for publication is an essential skill for those dental professionals who wish to publish research results, share case reports and clinical or management techniques with colleagues, or educate the public about oral health issues and the services dentists provide.

Written forms of communication serve an essential role in any profession, and dentistry is no exception. Dental professionals who can communicate via the written word in accordance with accepted editorial standards will enjoy enhanced prestige, credibility, and recognition among their professional peers and the public.

There is a clear need for dentists, specialists, laboratory technicians and other members of the dental team to have the knowledge and skill to effectively present clinical techniques, research results, practice management information, editorials/essays and academic information in an acceptable form for the many publications that publish such information.

The L.D. Pankey Dental Foundation is happy to announce the establishment of The Center for Professional Journalism at The Pankey Institute. Our purpose is to teach dentists and other dental professionals the techniques and principles of writing for peer reviewed and non-peer reviewed dental publications, book publishers and consumer publications that contribute to the public's knowledge of health.

The first limited-attendance course, *Professional Dental Journalism*, is scheduled for September 8 -10, 2004. There are no prerequisites. The faculty of the Center is comprised of leaders in journalism for both dental and consumer publications, including:



- ◆ Phillip J. Bonner, DDS, FACD, FIADFE, Editor-in-Chief of *Dentistry Today*, recipient of the Golden Pencil Journalism Award from the International College of Dentists, author/contributor to four books and author of over 300 articles and professional video scripts
- ◆ Ira B. Lamster, DDS, MMSc, Dean of Columbia University School of Dental and Oral Surgery, Editorial Board member of *The Journal of Periodontology*, and a leading researcher, author and editor
- ◆ Faculty and guest presenters with expertise in the laws and ethics of journalism, consumer health education publishing and book publishing

The prestige and ethics of The Pankey Institute, its nonprofit status, and its excellent infrastructure and experience in conducting educational courses make it the perfect organization to establish the Center. We look forward to implementing the unique curriculum of the Center which does not exist elsewhere.

We welcome you to register for this new course. For more information contact Pauline Shaw by calling 305-428-5553 or emailing cpij@pankey.org.

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Perspective

By Dr. Steve Ratcliff, Director of Academic Affairs,
 The Pankey Institute (sratcliff@pankey.org)



As I am preparing to write this column and realize that once again I am up against a last minute deadline to get these 1000 words to the editor, I am struck by the fullness of my life.

I just returned from the Chicago meetings where I reconnected with friends and acquaintances from around the country and the world. Universally they were wondering how I have "settled" into life in South Florida since my transition from private practice to teaching full time. They asked about my family and living in Miami and how life is at the Institute.

Responding to those questions and preparing for this article give me pause to think just how much life has changed in the last two years. I no longer have day-to-day contact with patients. Instead, I have day-to-day contact with our participants. My administrative life is no longer wrapped around the running of a dental practice. Rather it is about managing the day-to-day operations of our Education Department. While I no longer manage a dental staff, I do manage the staff of the Education Department. Maybe things haven't really changed that much after all.

People tell me that I look like I'm having fun. In fact, I am! I have trouble telling the difference among work, play, love and worship. They all seem to run together for me. On a daily basis, I am surrounded by people whose company I enjoy, who stimulate me to new discovery of self and others, and who cause me to laugh and feel excitement.

I learn something new about myself almost daily, and I constantly reformulate what I understand and believe about dentistry. New projects seem to find their way to my desk weekly and are attacked with enthusiasm (hence the late start on this article).

I have always had trouble with the concept of balance, yet I think that since I am happier with my life than at any other time in memory, I must be doing okay with balancing things. Balance for me comes from a sense of serenity in my relationships, my work and my spiritual life. It is less about the amount of time that I spend at each than it is about finding ways to incorporate all four parts of Aristotle's cross of life into everything I do.

I know I spend many hours at my work – some would say far too many. Yet, my work is an expression of love, spirituality and play. I hope that in every human transaction during my day, I have the grace to find a way to make it meaningful for the people with whom I interact. When I am playing, I hope that I have the wisdom to bring my full spirit to what

I am doing. When I express love, I hope I do it in a way that changes my spirit meaningfully. Perhaps (I hope), I will affect others similarly.

My wife and I had a tough transition to the culture in Miami. Excited as we were to make the move and experience all the diversity life in South Florida has to offer, we were not prepared for how long the transition to new friends, familiarity, and comfort would take. We didn't expect that making new friends outside of the Institute community would be so hard and take as long as it has. We didn't think we would miss familiar things like our favorite grocery store or the parks where we spent so much time.

We chose a house that is too far from the Institute, and this has resulted in a commute that burns up 1+ hours of my day. Jane's first job didn't work out when the company went bankrupt. Our kids were upset with us because we took them from their childhood home. If you counted up our levels on a stress-o-meter, we were off the charts.

As with many parts of life, if enough time is allowed to pass, things work out. We just sold our house and are moving to a home much closer to the Institute, Jane has a new job, both kids are in college in South Florida and are very happy, we are making friends outside the Institute, and we have recommitted to our marriage in a very significant way. We even have a new favorite grocery store!

Balance is not about living a stress-free life, nor is it about always being successful. Rather, it seems to be best defined for me as the willingness to pay attention to those things that are important and allow me to live out my core values. It is a journey inside, to the deeper parts of the self that we often don't want to know or acknowledge.

Balance is not about avoiding events or conditions. It is about embracing all which makes us whole and alive. For me that is deepening my relationship with Jane, making every attempt to connect with each participant in a class, and even when failing, continuing to try. It is learning more about my kids and my changing relationship with them as they grow into adults. Balance is finding my place in this community and remaining open to learning about a new culture. It is about accepting my limitations as an educator, father, husband, dentist and man – and still seeing that I have much to bring to this world.

Balance is greeting each day with wonder and a sense of discovery. Life is sweet. ■

Evidence-Based Dentistry, Friend or Foe

By Dr. Jerry Simon, Stamford, CT (jerrysimon@sprynet.com)



There is a looming threat on the horizon that is bigger than OSHA, more invasive than HIPPA, and doesn't advance essential causes like sanitization and patient privacy. The worst part is that it is carefully veiled under the mission of improving the quality of dental care. In fact, its name sounds so reasonable that one may have a hard time really understanding the magnitude of the threat. While I have no doubt that "evidence-based dental care" will create some value, it also stands to devastate many fundamental tenants of dentistry and also lower the standard of care.

WHAT IS IT? Evidence-based dentistry is based on the medical notion that one should be able to quantify a treatment and the response of the patient and "prove" the effectiveness of the treatment. The gold standard of evidence-based medicine is the randomized double blind study where random patients receive a pill or injection of either a test drug or placebo, and neither the doctor nor the patient knows which is which. Then, they statistically analyze the results. Since the only variable is the "medicine," one can determine if the drug has therapeutic value beyond the placebo effect.

The placebo effect is the difficult to quantify effect that happens in any medical interaction. When a person has a strong enough belief in something, it can have a very real effect on their biological processes and can create profound alterations, positive or negative, on their immune system. Studies of pain drugs have shown that when a doctor sees the patient, listens to his/her complaints and prescribes a "medicine" said to help, even if it's only a sugar pill, the patient will report up to 30% relief from the pain if the patient believes in the doctor.

The placebo effect is why many people believe prayer helps a patient recover from an illness if the patient has a strong belief in a higher spirit. In fact, the placebo effect is so powerful that I recently read an interesting article on the negative side effects of placebos. The sugar pill dispensed as a pain medication frequently creates side effects that people associate with pain medicines, for example, nausea.

THE PROBLEM WITH USING IT IN DENTISTRY: While the placebo effect is always present to some degree, we should be able to quantify what part of the recovery is actually due to the drug versus what part is due to other factors so we can maximize the risk versus reward balance in patient treatment. The problem with evidence-based stud-

ies in dentistry is the same as evidence-based studies in surgical medicine. The results are based on the skill of the doctor. Not every doctor has equal knowledge, experience, desire and ability. As a result, not every doctor will get the same results with what appear to be the same procedures. No one thinks that every baseball player, singer, or carpenter for that matter is the same. The business world knows that and the public certainly does. Is it possible that the world of academic medicine and dentistry does not realize this?

WHO WILL BENEFIT? My concern is that dentistry is going to become prepackaged care delivered by Dr. All-the-Same and at the 80th percentile of the UCR. There is no doubt that the top benefactors would be the insurance companies. Imagine a new rubber stamp to deny bite treatment claims ("Cosmetic" and "Above the UCR") with a more official sounding "No Evidence." Other beneficiaries could be government policy makers and influencers who desire dental care to be an off-the-shelf product rather than a unique combination of care, skill and judgment.

PREVIOUS STUDIES: A favorite supporting article for evidence-based dentistry is the one by Forssell ("Pain," December 1999), wherein he reviews articles that purport to study the effectiveness of bite splints and equilibration as a treatment for TMD. Since the studies Forssell chose to review are generally inconclusive, Forssell and his colleagues do not believe the evidence proves these treatments are effective.

How is it possible that we can routinely diagnose head, neck and facial pain as occlusal muscle pain and consistently provide the occlusal treatment that relieves the pain, as well as creates a stable biomechanical relationship for teeth and jaw joints? I successfully delivered bite treatment to 97 patients in 2003 without a single treatment failure, yet the academic folks tell us there are no studies to back this up.

The problem is that these supposedly evidence-based studies do not account for the ability and/or any prejudice on the part of the operator. We should examine the backgrounds of the authors of the studies that do not validate the effectiveness of bite splints and occlusal equilibration. Are the authors practitioners with a history of continuing education and clinical success with bite treatment? In the words of Loren Miller, "Do they have these treatments on the shelf?"

Where are the carefully defined terms? Does TMD mean pain in the muscles, joints or bones? What about biomechanical dental disease such as abfraction? What are the

standards of care, clearly defined end points and confirmation that the end points were indeed achieved? Constructing a bite splint and adjusting the bite or equilibrating teeth is not a standardized, off-the-shelf product like a bottle of pills that can be randomized and blinded.

The reality is that evidence-based protocol studies were invalidated before they even began. The only thing these studies measure is the **ineffectiveness of the operators to execute the procedures**, not the procedures themselves. The bad news is that all of these agenda based studies slip on by without being challenged because they sound scientific. How can you argue with scientific statistical analysis? Besides we all know the phrase, "Let the folks who believe it cannot be done get out of the way of those already doing it." We have come to a time when we need to dispute these claims for what they are: a sham!

LET'S DESIGN A STUDY: I propose we design a study to measure the effectiveness of proper bite treatment. We have to first define TMD as a complex entity that has three separate components. (1) It can manifest as head, neck or facial pain that results from or is triggered by jaw muscle strain, fatigue or spasm due to overwork caused by occlusal interference. (2) It can be a biomechanical dental disease from overloading the dento-alveolar system such as abfraction, cracked, loosened or broken teeth. And, (3) it can be the result of internal damage to the jaw joint and associated structures.

If we are going to study pain and occlusion, let's **select just the patients who actually have occlusal muscle pain** because they are the only ones who can respond to bite treatment. If you were going to study a new antibiotic for strep throat infections, wouldn't you exclude patients who had anything other than throat infections due to streptococcus bacteria? Evidence is essential for evidence-based dentistry, so we need to determine that the patient's pain is indeed occlusal muscle pain in the first place.

The patient population would be divided into three groups. (1) The first group could go to first-year clinical dental students to create and deliver bite splints that were not correctly adjusted for CR, etc. (2) The second group would go to dentists who have a history of being able to deliver the above standard of care in bite splint treatment. Both of these groups would have splints constructed and adjusted. (3) The third and final group would receive no treatment and be the control.

The treatment objectives would be to create a bite splint that (1) is stable and well fitting with no soft

tissue impingement and (2) has even and simultaneous contact for all or most of the posterior teeth on a flat posterior plane so there are no interferences to or deflections from CR (or Adopted Centric Posture should the disc be less than fully centered on the condyle).

CR would be defined as occurring when the condyles are fully seated in the fossa with the muscles relaxed and unstrained. CR would have to be proven by load testing and reproducibility. Lateral guidance in the canine area of the splint would have to be such that there is immediate posterior disclusion on the working and balancing sides. Anterior guidance would have to be such that there is immediate disclusion of the posterior teeth by the canines in lateral and the centrals in protrusive, that is, unless the patient requires a little long centric or freedom anteriorly.

Each patient would have their treatment evaluated and documented by a qualified independent reviewer, selected by someone like Irwin Becker or Peter Dawson, to see if the above criteria were met. Only by incorporating this last step, can we be sure that we are, in fact, evaluating the procedure, versus the ability of the practitioner.

We could ask the patients to complete various pre- and post-treatment questionnaires to evaluate their response to treatment such as frequency and intensity of pain, other affective symptoms (phobia, photophobia, nausea and so on) and necessity for rescue medications. This type of study will create valid data that can be used to "provide the evidence" to prove that what we have been successfully doing in dentistry for over 50 years does work and at the same overturn dozens of studies that are nothing more than bad science.

CALL TO ACTION: I am in favor of many aspects of evidence-based dentistry because we all have had experiences where a product or technique failed to deliver the expected and promised results. At the same time, I am not in favor of using it to attack dental treatment that has been proven successful by thousands of dentists on tens of thousands of patients. Nor am I in favor of using it to promote lowering the standard of care and reduce expenses for insurance companies.

Dentistry and surgical medicine are both an art and a science. Evidence-based studies in dentistry must meet the requirements I have offered above. Let's stop being the silent minority and make our voices heard. Take a colleague to lunch or invite one to a study club, and help them learn that the bite matters. Get your patients excited about the work we are doing, and write articles for the lay media. And, let's do some good studies and present them to the rest of our profession. Let me know of your interest and email your ideas to jerrysimon@sprynet.com. ■

Triple Plus Club to Meet Oct. 13-17, 2004 in San Diego

Speakers: Dr. Frank Spear, Troy Jones, CFP
and Dr. M. William Lockard, Jr.



By Dr. Michael C. Fling, Associate Faculty and
President of the Class One Triple Plus Club

Making a commitment to give ten thousand dollars over a ten-year period to The Pankey Institute establishes your membership in the Class One Triple Plus Club. You may wonder what's in it for you? In addition to the obvious tax deduction, we can feel good that these funds help doctors, staff and their patients with education and information to advance the journey that Dr. Pankey began years ago. However, there is more that this commitment can provide.

Not until attending my first Triple Plus meeting did I understand that a meeting where you couldn't discuss teeth could have such a profound effect on my practice, my personal life and even how I treated teeth. The friendships established, our mutual yet individual commitment to Dr. Pankey's philosophy, and the exposure to topics other than teeth has been remarkable.

It is with great anticipation that I would like to extend a special invitation for your attendance to the 2004 Class One Triple Plus Club meeting. Even if you are not a member of the Triple Plus Club, please read on. We'll be at The Four Seasons Aviara Resort in San Diego, CA. A reception will be held on the back lawn of the resort on Wed. evening, Oct. 13, 2004. Then, we will be treated to a variety of speakers and events in the days to follow.

Dr. Frank Spear will be our speaker on Thursday and Friday mornings. While we all know Dr. Spear to be one of the world's finest educators and lecturers, we have a special opportunity to hear him speak on something other than teeth. The following describes his presentation—**Living Your Dream Life While Walking in Present Reality.**

When we leave dental school, we all have a dream of what we

want in our lives. Family, friends, practice and financial success are all part of that dream. And, if all goes well, we often achieve much of that initial dream only to discover now the dream has changed. In fact, for most of us, the dream continues to change as we walk through the different stages in our life and practice. What hasn't changed, however, is the experience we were looking for in those early dreams.

In fact, throughout our lives, our fantasies about family, friends, practice and money are not about the event we see in our imaginations but the experience it will bring us. During our two days together, we will focus on identifying the experiences we look for in the different stages of our lives and practices — and the obstacles that typically block us from achieving them. In addition, we will cover how to consciously alter our current situations so we can live our dreams more consistently in and out of the office.

We'll be wrestling with the questions: where am I now in the four common stages in the life of a practice, what beliefs do I hold from earlier stages, how does fear keep

me from releasing those beliefs and moving forward, what do I want, what does my dream life look like now, personally and professionally what needs to change to achieve that picture, and what is my treatment plan for making those changes a reality now?

We will attempt to shape our personal future via a five and ten-year plan, and even discuss options for how we may one day leave dentistry, transitioning out with a sense of fulfillment and joy.

On Saturday morning, **Troy Jones, CFP**, will present **Being with Money**. During this session, we will discover our relationship with the modern world's most powerful secular force — money. Investments... Taxes... Retirement... These words and concepts lead people to look for external solutions to their money issues. Troy asks us to flip our approach and look inside for our own personal truths. He will challenge us to set aside our preconceived notions of money and definitions of financial planning, and then build a plan from the inside out — by getting in touch with our personal money truths and changing

them forever. Jones believes this is the only way to find lasting peace with money.

Finally, we will be honored to hear **Dr. Bill Lockard** close our meeting with his presentation **Turning Point/The Impossible Dream**. Having served as one of the original Cadre of the Pankey Institute, Dr. Lockard has a special way to deliver this moving message. He will reflect on a few turning points that have changed the course of dentistry and enhanced the personal lives of those who continued their quest of the impossible dream. Dr. Lockard will discuss the four essential characteristics required to achieve your impossible dream.

The Four Seasons Aviara Resort has much to offer. Situated just north of San Diego, it is a beautiful resort renowned for its amenities and service. With a championship golf course, an incredible spa, a magnificent tennis facility and beautiful swimming pools overlooking the Pacific, you will have a difficult time trying to decide what to do with your spare time. Visiting the San Diego Zoo, the Port of San Diego, golfing at Torey Pines, hang gliding the cliffs of the Pacific and shopping at LaHoya are all possibilities.

This special meeting will surely give back to Triple Plus members an experience to remember. Keep in mind that even if you are not a member, you may attend this meeting by special invitation. So members, mark your calendars to arrive Wed., Oct. 13, 2004 with a departure on Sun., Oct. 17. And by all means, invite a guest. If you are not a member, feel free to contact me at 405-848-6743. Indeed, we have made a commitment to give. What we receive in return is immeasurable. To give is to receive. I look forward to seeing you in San Diego. ■



In the Crucible: Time to Interrupt?

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

Times seem slow but there may be acres of diamonds in your own backyard.

Recent survey data collected by The Pankey Institute indicate that our upper-level Continuum participants are increasingly more effective at spending appropriate time with each new patient to do a comprehensive examination and treatment plan. We also have data from our 2003 Pankey Operations Study supporting the contention that "Pankey Practices" enjoy higher per patient revenue, which implies a more effective use of the complete examination, diagnosis and treatment plan process than the average dental office.

Information published in the October 2003 *Pankeygram* provided you with some details on operational efficiencies that could be implemented in the management of

your dental practice. From the 2003 Pankey Operations Study, we also have statistical evidence revealing that it has been more difficult for dental practices to generate a profit over the last three years.

I have placed an "Investing Basics" article on the Institute's website that discusses the Market Rotation and Consumer Optimism that affect your practices. To read this article, go to www.pankey.org, then click on the "For Professionals" button, then the "News" button, then "Investing Basics." A pull-down menu allows you to select the October 2003 article. This article will give you something upon which to reflect, as you consider strategic options for your unique situation.

Our Continuum participants re-

port that new patient flow is down, as well as the number of patients saying yes to treatment plans. While many dentists place their primary focus on new patient flow, it is not the only or main driver in a uniquely individualized, relationship-based, values-driven practice. You can intentionally develop existing patients by helping them clarify their health choices. This should be a primary responsibility of the dentist and team. Rather than focus on new patient flow, take a fresh look at the status of each existing patient.

When thinking about a practice, often the "acres of diamonds" are overlooked especially if, when the patient first came into the practice he or she said, "No," "Not now," or "Could we slow down?"

Ask yourself, "Do I see myself as a fixer of teeth or a facilitator of health?" From my vantage point, I would suggest that you move toward a more intentional engagement with your existing patients. It's probably been a while since you intentionally engaged patients, whom you've been seeing for years, in clarifying their health values via discovery and encouragement.

It's a common story. A new patient walks in the door. You invite this client to a comprehensive exam experience, and he or she accepts the process. This new patient even heartily joins in the process with the appropriate spirit of discovery and learning. Then, the patient starts treatment but all the while is really still sizing up your office. The new patient measures your responses to requests, questions and desires (expressed or unexpressed).

Then, this patient moves into the "hygiene loop" — sometimes with and sometimes without a well thought out or outlined development plan. From that point on, more often

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Triple Plus

By Vanessa C. Leon, Assistant Editor

When Pankey participants decide to give back, they do it in style. Founded in 1978 to help the Institute surmount financial difficulties, the Class One Triple Plus Club today has about 450 members, each of whom have pledged to contribute \$10,000 to the Institute over a period of ten years. In recognition, members have a small plaque erected in their name at the Institute upon completion of their pledge payment.

"It's a celebration," said Mr. Christian B. Sager, Executive Director of the Institute. "It's a way to give back. Our members usually feel they are getting benefits from the Institute beyond what they've paid in tuition, and this Club gives them a way to show their appreciation. It's the premier philanthropic support group."

Today, members are making a real difference in the ability of the Institute to provide high quality education.

Three years ago, Club funds became restricted. "Every nickel we get now from the Club goes into the Educational Excellence Fund," Mr. Sager explained. "The only thing we can use that money for is something to enhance the educational process. An example would be our current desire to replace our classroom projectors with next generation technology." All expenditures require Board of Trustee approval, ensuring that funds will always be used for the higher, educational purposes of the Institute.

Even the Club's name is synonymous with excellence. Rooted in Dr. L.D. Pankey's own patient classification system, the name is derived from several ideas. First, the Class One patient was one who was engaged in his or her health wholeheartedly and could afford to pay any fair fee with gratitude and appreciation. Beyond this, however, were One Plus and Double Plus patients, who were star patients, wealthy and utterly engaged in the process of health. To signify the excellence of the Club, both classifications were combined and taken up a notch to Triple Plus.

This level of excellence also includes the sense of community so common among students of the Institute. "Participants come from all over for our C1 classes," Mr. Sager said. "If they're in a Study Club in their own town, it's a different environment; they see each other as competitors. When they get here, they find out there's not much new under the sun. They may have thought they were unique and isolated and that no one else had the same problems, but here we all are. The sense of community that develops here is very important, and the Club takes it to another level."

Every other year, this community of like-minded professionals gathers at a different four-star resort to celebrate, learn and associate with each other. Seminars that focus on issues that personally affect members are the main feature.

"It's a spouse-oriented course," said Mr. Sager. "This meeting doesn't have as its text anything to do with dentistry directly. We discuss lifestyle values and issues, philosophy, financial management and so on. The program is very distinct. Spouses get to

meet, and they find out that these gatherings are different than the prototypical dental gathering."

Past meetings have been held at such diverse locations as Jackson Lake Lodge in Grand Teton National Park, WY, The Tides Inn in Irvington, VA and Elbow Beach Bermuda Rafael Resort. This year's meeting will be held in San Diego and promises to be just as spectacular.

The Pankey Institute always welcomes new members into the Class One Triple Plus Club. "We find people join for two reasons," said Mr. Sager. "One is to give back. They feel the Institute has enriched their lives beyond expectation and want to do what they can to help. The second is association, often with some of the most illustrious names in dentistry. There's a real need for that sense of community, and this Club provides it."

Anyone interested in joining may contact Melissa Wilhite (Email: mwillhite@pankey.org or Phone: 305-428-5557). We look forward to seeing you at our next meeting, which will take place October 13-17, and also on our wall of recognition! ■

There are a number of steps in the decision-making process — several factors that influence the choices people make.

We cannot discuss the right time to present treatment without addressing the question, "When are you ready?" In his book, *Successful Preventive Dental Practices*, Dr Bob Barkley wrote about his own discomfort in presenting treatment:

"In spite of a natural sales ability, presentation of large amounts of dentistry to people of moderate means was not a pleasant experience. Sooner or later they would have to be told the cost, and my middle class, depression background reared its ugly head. I felt like a huckster. I was torn between offering these people second-class repairs that might be a poor investment, even damaging, or being called an expensive dentist by my small town friends. It was not quite so bad when my diagnostic skills were limited to dental school capacity, but several dozen postgraduate courses had given me the ability to find thousands of dollars worth of things wrong with people's mouths."

Most of us in dentistry can relate to Dr Barkley's words and have experienced some of the feelings he articulated so well so long ago. Our ability to work through these issues is an important factor in our ability to help patients accept care. When they have confidence in themselves and in you, they are more likely to accept treatment. They must trust both your motives and your knowledge. By the same token, you will be more effective if you have confidence in your own knowledge and motives.



The Right Time: Part 4

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

Reprinted from Mary Osborne's Leadership Guide, "Practice Renewal," a quarterly CD and print publication. Parts 1 - 3 were published in preceding Pankeygrams Vol. XI, No. 2 - 4.

KNOWLEDGE: To persuade patients and clients of the value of your work, you must have confidence in your knowledge and your ability to diagnose, treatment plan and deliver the services you offer. One of the best ways to develop that confidence is by making thorough preparation a regular part of your work. When I hear dentists say that they do a complete workup and set aside time for a consult on "big cases," I smile to myself. There are "big cases" waiting to be presented in every dental office. What I know is that you will never do the "big cases" if you don't take the time to approach every patient from the perspective of comprehensive care. I would like to suggest a four-part strategy for increasing your clinical confidence:

- Perform a thorough comprehensive exam on all new patients. Take appropriate diagnostic records, study the information you have gathered and work up the case with an ideal result in mind.

- Schedule regular treatment planning meetings with your team. Choose a new patient and discuss what everyone has learned about him or her. Review findings and treatment recommendations, invite questions and encourage a lively discussion of options.

- Make consultations the rule rather than the exception for all new patients. Every patient deserves the opportunity to learn about optimal oral health.

- Gather with a group of like-minded dentists, whether you do it locally or get on an airplane. Share your cases and your stories. Ask for feedback and support.

These four steps will improve both your diagnosis and delivery of treatment. That thorough preparation will do a lot to increase the patients' confidence in you. But, whether or not the patient accepts treatment, I would like to suggest that the effect on you is more significant. Your confidence in your own ability grows with every case you prepare as well as every case you deliver.

MOTIVES: Confidence in your clinical knowledge is important, but confidence in your own motives is at least as important. Dr. Pankey used to say that dentists will never do their best dentistry until they are clear that the patient needs it more than they do. Most often that concept is applied to the importance of a solid financial footing. It is true that when we feel insecure financially we are likely to be less effective presenting treatment. There is a confidence that comes from financial security. But I believe there is more to it than that.

There is an element of self-knowledge, of truly connecting with the inner core of your personal and professional values, which contributes to your confidence in your own motives. When you have no doubt that your focus is more on your patient than on yourself, you

can speak with confidence. Dr. Pankey defined professionalism as "that quality of conduct which accompanies the use of superior knowledge, care, skill and judgment toward the benefit of another or society prior to a consideration of self-interest."

Each time your professionalism is tested and you are able to put self-interest aside, you speak with greater confidence. But the confidence that influences your patients to choose optimal dental health is not based on a false bravado or clever language. It is a quiet confidence that comes from within. Ask yourself how you felt the last time you talked with a patient about treatment recommendations. Where was your focus? Was it on yourself and your skillful presentation? Was it on your models, PowerPoint or beautifully bound written plan? Was it on your production numbers? Was your mind so preoccupied with acceptance or rejection that you lost sight of the needs of the patient?

Or were you able to come to that conversation with genuine care for the patient and sensitivity to his or her concerns? Did you bring a sense of curiosity about how your recommendations would fit their needs? Did you come well prepared with information suited to their attitudes and beliefs? Did you hear in your heart that you wanted to help them and that you had something of great value to offer? The more you are in tune with that inner core of your personal and professional values, the more you will offer your best with confidence and pride. When your conversations are grounded in that inner confidence, you may be surprised how ready your patients are to hear and act on your recommendations. ■

The Pankey Scholar Program

By Vanessa C. Leon, Assistant Editor

Dr. Michael J. Scherb knew when he was still in dental school that he wanted to follow the Pankey Philosophy. "A friend of mine read *A Philosophy of the Practice of Dentistry* by L.D. Pankey, and we knew undoubtedly it was how we wanted our practices to be," he said. Three months after graduating from dental school, Dr. Scherb came to the Pankey Institute for his first Continuum class. He's never looked back.

"I've wondered what kind of dentist I would be without Pankey," he said. "But I know no other way. It's been a matter of taking the principles and applying them to my practice, taking into account my personality, my circumstances, and my objectives. Without Pankey, I wouldn't have the overall perspective of balance."

Dr. Scherb has always been on the leading edge. In 2002, he became part of the first class of Pankey Scholars, students who have completed all Continuum courses and are then invited to take part in a rigorous test of their philosophical and technical knowledge. From the beginning, the group knew it was special. "We met every evening and contemplated the meaning of being in the first Pankey Scholar group and the impact it might have," Dr.



Dr. Michael J. Scherb

Scherb reported. "We thought of the cadre of individuals who first took courses under L.D. Pankey, and now here we were the first Pankey Scholars. There will always be a strong connection among us."

Potential Pankey Scholars are challenged to show their achievements in philosophical understanding and application, behavioral relations (with patients, staff and others), clinical competency and practice financial management. The course isn't easy. "People are beginning to realize how special the program is," said Dr. Scherb. "Just because you go to the Scholar classes doesn't mean the honor will be awarded to you. It's something you earn. If you aren't practicing what you're learning, you won't be given Scholar status."

Dr. Scherb credits the faculty of the Institute in helping him fulfill his dream of becoming the best dentist he can be. "They're here to help," he said. "They're challenging you, they're grading you, but at the same time they want you to be successful, a representation of the Institute. They won't be here forever, so they want guiding lights out there to perpetuate what this is all about. They want us to be missionaries, just as we want our patients to be missionaries."

In his patient-centered practice, in Jupiter, FL, Dr. Scherb is respected for having gone to such lengths to become a better dentist. "My patients know about me being a

Pankey Scholar because my office manager Toni created a board that's a celebration of my journey to become a Scholar," he said. "It includes excerpts from the *Pankeygram* and letters from Dr. Becker and from some of my colleagues." Peers have shown respect as well, but Dr. Scherb suspects he's seen as being a little different because of the challenging route he's taken. "I'm okay with that," he asserted. "My patients' happiness comes first."

Learning as an integral part of life is an important concept for Dr. Scherb. "Continuous improvement is one of my credos. You always need to strive to learn and grow. For instance, I feel strong technically but in behavior relations, I have some work to do. I need to find out who I am, how I communicate, and then carry that over to my patients."

In the end, Dr. Scherb is adamant that without the Pankey Institute, he would not be the dentist he is today. As a Scholar, he's fulfilled a dream that began 15 years ago with a simple book of philosophy. "It's satisfying to know I accomplished something that took a lot of effort, time, heart and patience to achieve, and that it was a true endeavor."

Created in 2002, the Pankey Scholar program was designed to give outstanding students the opportunity to be awarded an honor that reflects their years of hard work and dedication. As part of the program, small groups of six potential scholars meet over a period of nine months for two 2.5-day classes, during which they are challenged to show they have developed a full

grasp of the philosophical, behavioral, clinical, and financial issues taught at the Pankey Institute. Each student is guided through the process by faculty with supportive assignments and constructive suggestions.

Technical principles taught in the Continuum, including occlusion and periodontics, are expected to be understood well. Participants are expected to demonstrate excellent intra-oral photography (slide or digital). However, technical mastery is only one piece of the puzzle, and Pankey Scholar classes utilize group discussion to explore staff issues and the application of philosophical principles. Students also are asked to demonstrate understanding of their own practice's financial situation and to show prudent managerial decision making.

Eligibility for the Pankey Scholar program is based on completion of the Continuum (including Esthetics Week), being a practicing dentist in good standing, and eagerness to present a few cases to a select group of faculty. Completion of the program does not result in an academic degree; however, patients and peers will understand the value and achievement represented by becoming a Pankey Scholar.

"We believe we've created a challenge for lifelong learners that will distinguish them as part of the very best of the profession," said Dr. Irwin M. Becker. "We hope many will take the challenge."

For more information, please contact our Registration Department Manager, Mariacelia Blandon (Phone 305-428-5500 or Email mblandon@pankey.org). ■



NEW WRITER ON STAFF

Please welcome Vanessa Leon, who has joined our staff as a Communications Specialist. A former freelance writer experienced in many different types of corporate writing, Vanessa has the ability to turn just about anything into interesting reading.

"I've already felt welcomed by everyone at the Institute," she said. "And I'm looking forward to the challenge of communicating the Institute's message to participants, alumni and future students."

Vanessa has a BA in Sociology from Florida International University, but has always considered herself a writer first. "I took some time to do freelance writing after the birth of my daughter," she said. "I loved it from the beginning. I feel lucky to be able to continue that path with The Pankey Institute."

2004 Outreach Seminars

By Deborah E. Bush, Editor

The 2004 Pankey Institute outreach seminars are going to Houston, TX (October 8), Salt Lake City, UT (October 29) and Grand Rapids, MI (November 12).

"This year we've changed the format of our seminars," said Dake Schwarte, Operations Manager of the Institute. "These seminars are a prime opportunity for Pankey participants in the local region to bring their colleagues, staff, lab technicians and specialists to a Pankey Institute program. For the past six years, we've gone to a different set of cities each year. Along the way, we learned that support staff are sometimes overwhelmed by the technical parts of the program, so we're going to invite these people to a separate breakout room, where we'll focus the Pankey Philosophy and issues relevant to

their work. This will make the seminars more valuable to both the dentist and the staff."

The outreach seminars will be taught by Pankey Institute Faculty. On the presentation team this year are Dr. Irwin M. Becker, Dr. Mark T. Murphy, Mr. Dake Schwarte, Dr. J.A. Reynolds, Dr. Gayle Reardon, Dr. Steve Ratcliff, Dr. Jack Shirley, Dr. Mac McDonald, Dr. Chris Ramsey, Dr. Dale Sorenson and Dr. Steven Hart.

The seminars are an introduction to the foundations of the Institute's educational curriculum, communicating the importance of understanding and developing relationships with patients, doing comprehensive exams, providing optimal care, occlusion, the development of interdisciplinary teams, predictable restorative dentistry and the Pankey Philosophy.

CONGRATULATIONS

Dr. David Hildebrand, one of our Associate Faculty, was selected as a co-recipient of the Baylor College of Dentistry Alumni Association Distinguished Alumnus award for 2003/2004. Several Pankey Institute faculty and alumni were voted by

their peers as among the "Best Dentists in Dallas" by a peer-based survey of 2,400 northeast Texas dentists conducted by "D Magazine." Making the "Best" list were Dr. Jimmy B. Eubank, Dr. Larry Herwig, Dr. David Hildebrand, Dr. Tom M. McDougal, Dr. Edwin A. (Mac)

McDonald, Dr. James H. Reisman, Dr. Kevin L. Seidler and Dr. W. Keith Thornton.

Congratulations to our newest Triple Plus Club members: Mary H. Osborne and Dr. Mark D. Williams. ■

IN THE CRUCIBLE*(Continued from page 4)*

than not, the patient is on his or her own, and the six-month recare cycle continues unless there is an **intentional interruption** designed to develop the patient's concern for oral health and action.

Thousands of patients in thousands of communities across the country continue to assume that **crisis dentistry is the norm**. "If it

ain't broke, don't fix it." It takes considerable energy and design to reverse this inertia.

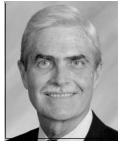
Often as a dental team, we assume the patient knows what is expected. Does the patient really know? We told the patient but did we engage the patient? Did we sustain interest in helping the patient make optimal choices?

Has someone on your team intentionally stopped what they were doing with the patient, chang-

ed the context of the setting and asked the patient about his/her understanding of his/her oral health? Is there a time when you schedule active listening? This conversation could be beneficial to your practice health!

At times when things seem slow, you have plenty of opportunity to become busy learning with your patients. Scheduled follow-up about the patient's progress and ownership of his/her oral health plan is

critical to facilitating further engagement in the practice. The feedback the patient hears needs to be positive. Focus on strengths. Give your patients the opportunity to talk and to own their preferred future. The desire for optimal dentistry will rise and so will your profit. But more exciting, your patients' lives will be improved, and you will have fun doing your best work for them. Continue to discover the "acres of diamonds" in your own backyard. ■



Empowerment: Part 1

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

Empowerment is the opportunity for all team members to create a future together. All members of the team must own the vision, purpose, philosophy and motivating spirit of the organization. Everyone must have all the information they need to make correct decisions and take appropriate action. When a team has a sense of purpose, with a philosophy of shared responsibilities and guidelines, they do not need many rules and regulations.

Winning teams are more like open forums in which everyone

participates in the decision-making process. It is important that team members make decisions for which they hold themselves accountable. The leader must make it clear that team members are expected to participate with their thoughts and ideas.

Everyone has a specific role and specific responsibilities which are important for the success of the practice. It is important that everyone offer their personal goals along the way. People then are committed to achieving group goals and objec-

tives for which they feel personal ownership. When the decision is made, the team will be motivated to execute the plan. However, it is not logical or practical to share total participation in decision making when we do not share equally in the financial investment, risk and responsibility.

The doctor (executive) is responsible for developing the office mission, philosophy and standards of excellence. The doctor makes decisions regarding major financial expenditures and long range plan-

ning such as retirement date, facility relocation or facility remodeling. The staff (administration) participates with the doctor in decisions surrounding fee policy and adjustment, vacation policy, sick pay, selecting new team members, budget, short and medium range planning, changes in practice hours, scheduling and control systems. Day-to-day, each team member is responsible and accountable for decisions made to conduct business to achieve the daily goals. ■

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 ASSOCIATE OR PURCHASE PRACTICE:

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

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

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

Panhandle 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)

Chicago, IL: Dr. John Spaulding (773-327-4127, tooth12@spcglobel.net)

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

SW Michigan: Dr. Susan Dennis (269-327-3400)

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)

N. Virginia (McLean or outside beltway): Dr. Robert S. Wagner (703-298-3020, rswagner.prodigy.net)

SEEKING TO SELL PRACTICE:

NW Arkansas: Dr. John P. Spurlin (870-423-4042)

Marietta, GA: Dr. David Yates (678-923-4929, docdwy@mindspring.com)

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

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

SEEKING AN ASSOCIATE OR TO SELL PRACTICE:

NJ & NY Practices: Dr. Kimberley Iannotte

(609-927-1295, k.iannotte@verizon.net)

SEEKING AN ASSOCIATE/PARTNER:

San Diego, CA: Dr. Christine J. Evans (858-755-3780)

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)

N. Atlanta, GA: Dr. Anita L. Tate (678-297-3992, dranitata@bellsouth.net)

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

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

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

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, docslp@advnet.net)

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

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Upcoming Faculty Presentations

N. District Dental Society, Atlanta, GA – April 16: Dr. Irwin M. Becker

Texas Panhandle AGD Meeting – April 16: Dr. Dennis H. Munholland

Monmouth (NJ) Medical Center – April 20: Dr. Richard Champagne

Portenoy Pankey Affiliated Learning Group, New York City – April 22-23: Dr. Irwin M. Becker

Baylor Dental School, Dallas – April 30: Dr. Ron Stukalin, Dr. David Hildebrand, Anita Strohl, RDH

AGD, Sarasota, FL – May 1: Dr. Irwin M. Becker

Pankey Number One Applied Learning Group, Minnesota – May 7: Dr. Irwin M. Becker

The Texas Meeting, San Antonio – May 13-15: Dr. Dennis H. Munholland, Dr. Barry F. Polansky

May 15: L.D. Pankey Dental Foundation Directors Meeting

Middlesex County (NJ) Dental Soc. – May 27: Dr. Richard Champagne

High Impact Management Seminar at Omaha, NE – June 2-5: Dr. Richard A. Green, Dr. Steve Ratcliff

Practicing to Win, Univ. at Sea – June 26 – July 5: Dr. Barry Polansky

AGD Annual Meeting – July 8-10: Dr. Irwin M. Becker

Pacific NW Dental Conf., Seattle – July 15-16: Dr. Dennis H. Munholland

Greater St. Louis Dental Soc. – Sept. 9: Dr. Ron Stukalin, Dr. David Hildebrand

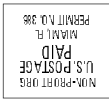
ADA Meeting, Orlando – Oct. 1: Dr. Irwin M. Becker, Dr. John A. Anderson, Dr. Michael C. Fling, Dr. Michael J. McDevitt

Portenoy Pankey Affiliated Learning Group, New York City – Nov. 11-12: Dr. Steve Ratcliff

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The Pankey Institute
 for Advanced
 Dental
 Education



Upcoming Classes at The Pankey Institute

Tuition & Lodging Fees		Course Dates (Please call 305-428-5500 for latest course information.)			
Tuition Fees	2004	CONTINUUM LEVEL 1	ESTHETICS WEEK	MASTERING OCCLUSAL CONCEPTS	IMPROVING CASE ACCEPTANCE (A TEAM APPROACH)
Continuum Level 1	\$3,590	April 25, 2004 (<i>Japanese</i>)	Aug. 22, 2004	Oct. 10, 2004	July 18, 2004
Continuum Level 2	\$3,750	May 23, 2004	Oct. 17, 2004		
Continuum Level 2E	\$3,890	July 11, 2004	Nov. 28, 2004		
Continuum Level 3	\$3,990	Aug. 15, 2004			
Esthetics Week	\$4,690	Sept. 26, 2004		SLEEP DISORDERED BREATHING	PROFESSIONAL DENTAL JOURNALISM
Continuum Level 4	\$4,150	Oct. 24, 2004		May 16, 2004	Sept. 8, 2004
Continuum Level 5A	\$4,090	Dec. 5, 2004	CONTINUUM LEVEL 4		
Continuum Level 5B	\$4,190		April 18, 2004		
Continuum Level 6	\$4,290		April 25, 2004 (<i>Japanese</i>)		
Pankey Scholar: Part A	\$3,470		July 11, 2004		
Part B	\$3,690		Sept. 26, 2004	DIGITAL DENTAL PHOTOGRAPHY	
Specialist Course	\$2,990	CONTINUUM LEVEL 2		Oct. 17, 2004	
Mastering Occlusal Concepts	\$3,350	May 2, 2004			
Sleep Disordered Course	\$3,290	June 6, 2004			
Digital Dental Photography		July 25, 2004	CONTINUUM LEVEL 5A		
Dentist	\$2,800	Sept. 12, 2004	Oct. 3, 2004		
Photographic Assistant	\$1,800	Oct. 31, 2004		PANKEY-GALLUP HIGH IMPACT MANAGEMENT LEVEL 1	
High Impact Management Level 1	\$4,000	Dec. 12, 2004		June 2, 2004	
Financial Management Level 2			CONTINUUM LEVEL 5B		
Dentist	\$3,350	CONTINUUM LEVEL 2E	Nov. 7, 2004		
Financial Administrator	\$1,090	May 7, 2004		FINANCIAL MAN. LEVEL 1	
Technician	\$2,320	June 20, 2004		MAY 10 - 12, 2004	
Improving Case Acceptance		Aug. 8, 2004	CONTINUUM LEVEL 6		
Dentist	\$3,050	Sept. 19, 2004	June 13, 2004		
Team Member	\$1,500	Nov. 14, 2004		FINANCIAL MAN. LEVEL 2	
Two Team Members, each	\$1,300		PANKEY SCHOLAR	Oct. 10, 2004	
Three Team Members, each	\$1,200		3B: July 26, 2004		
Four or More Team Members, each	\$1,000		4A: Aug. 30, 2004		
Professional Dental Journalism	\$3,250	CONTINUUM LEVEL 3		TECHNICIAN COURSE	
Lodging Fees at The Pankey Lodge		May 2, 2004		Aug. 30, 2004	
Single Occupancy/Night	\$180	June 6, 2004	SPECIALIST COURSE		
Double Occupancy/Night	\$130	Aug. 1, 2004	June 27, 2004		
		Sept. 12, 2004			