

## Remembering Dr. Henry M. Tanner

**H**enry M. Tanner, DDS, a master teacher, who was on our Advisory Faculty, died peacefully at home on September 6, at the age of 80. Dr. Tanner was born January 31, 1923, in Salt Lake City, Utah. After attending the University of Utah, he married Sarah Smith in 1943 and moved to Los Angeles, where he attended the University of Southern California, graduating with a degree in dentistry.

He joined the faculty of USC after graduation and continued to teach there, where he chaired the Department of Fixed Prosthodontics and had a part time dental practice until 1973. He served in the Navy as a Lt. Commander from 1954-56. He taught dentistry at the National Naval Medical Center in Bethesda, Maryland. During the first three decades of his career, he presented hundreds of lectures across the U.S. and around the world.

Dr. Tanner was also involved with research projects to advance dental science and practice. Dental materials, equipment, and instrumentation were among the endeavors that he and Dr. George Hollenbeck and other prominent researchers

pursued. Over a dozen leading dental manufacturers have listed him as a consultant in the development of new and better products for dentistry.

In 1974, Dr. Tanner moved to Miami to serve as the Assistant Director of Education at The Pankey Institute (then called "L.D. Pankey" Institute) and graced the Continuum with his sound teaching, wit, and deep care until 1980. On page 10, Dr. Richard A. Green writes about those years in a very personal way.

Dr. Tanner returned to Salt Lake City in 1980 to practice fixed prosthodontics. Within a few months, his beloved wife Sarah died suddenly. Later, he married Joan Crawford Madsen and with her help opened his own practice, in 1986, specializing in restoration and TMD. For the next eight years, while practicing full time, he taught and lectured extensively, nationally and internationally. In 1994, he closed his practice but continued to teach and consult up until his death last month.

The influence that his knowledge and expertise have had on the world of dentistry cannot be measured. He will truly be missed by many in his

field. More importantly, he was a kind and loving family man who enjoyed spending time with his large family who adored him. His quick wit and humorous way of seeing the world enriched everyone around him.

As I read his obituary from the Salt Lake Tribune, I am struck by the number of family members who surrounded him, including 8 children, 34 grandchildren, and 20 great-grandchildren.

Here are some words from Dr. Sandy L. Parrott, one our Associate Faculty from Port Huron, Michigan. "Henry was a VERY special person to dentistry and a wonderful friend and mentor to me. He is truly, by far, the most influential person in my development as a dentist. He has helped me in more ways than I can express in words. There is not a day in my practice that I don't think of him because I use techniques and philosophies that I learned from him. His influence has helped dentists from all corners of the world, and his teachings will be carried on and not forgotten by those impacted by his caring and nurturing presence." ■



Executive Director's Message

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Chairman's Message

Dr. Irwin M. Becker  
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## Education Department Grows

**D**ear Friends, it gives me great pleasure to announce that Dr. Gary DeWood has joined The Pankey Institute as a Resident Faculty member and will serve as our Clinical Director, during the six-month period of Sept. 2003 through March 2004, and will be a principal instructor in the Continuum and Financial Management courses.

Dr. DeWood received his dental degree, in 1980, from Case Western Reserve University, in Cleveland, Ohio. He has run a successful private practice since 1981. In 1995 he became Assistant Professor in the Department of Otolaryngology at the Medical College of Ohio. He was appointed to the Visiting Faculty member of The Pankey Institute in 1993 and made Associate Faculty in 2002.

Dr. DeWood is a member of the American Dental Association, the Ohio Dental Association, the Toledo Dental Society, the Chicago Dental Society, the American Equilibration Society, the Academy of General Dentistry, and the Academy of Fixed Prosthodontics. In 1980, Dr. DeWood received an Academic Award from the Pierre Fauchard Academy. Since 1993, Dr. DeWood has presented on numerous occasions, both nationally and internationally.

His wife, Dr. Cheryl DeWood, served until recently on our Visiting Faculty. She is currently a student in the Graduate Orthodontic Program of the College of Dentistry of the University of Tennessee.

It also gives me great pleasure to announce the September hiring of Dr. Erik Zudans as Resident Clinical Instructor. I am confident of his enthusiasm, talent, and interpersonal skills related to comprehensive dentistry. He will be assigned to all clinical and laboratory activities, and will serve as a collaborative liaison between the students and faculty during those activities. Additionally, he

will be involved in research projects and practice dentistry in the faculty treatment suite.

Dr. Zudans graduated from the University of Florida College of Dentistry in 2000. He entered private practice in Jupiter, Florida after graduation and began participation in the Pankey Institute Continuum during his first year of practice. Dr. Zudans was an officer of the North Palm Beach County Dental Society and a participant at the Atlantic Coast Dental Research Clinic. Dr. Zudans is a member of the American Dental Association and the Academy of General Dentistry.

Recently, I created the new position of Director of Academic Affairs, selecting Dr. Steve Ratcliff to fill this position. His first year on the Resident Faculty was clearly marked with growth and accomplishment. In addition to being a principal instructor in the upper Continuum levels and speciality courses, Dr. Ratcliff is now in charge of all day-to-day activities of the Department of Education. This leaves me more time to focus on future planning, Pankey Affiliated

Learning Groups, Faculty development, the Pankey Scholar program, and in general, being the architect of the department.

Dr. Zudans will report directly to Dr. Ratcliff, and you should go directly to Dr. Ratcliff with input and questions about day-to-day activities. My door is still open to each of you, and I continue to welcome your suggestions in our never-ending journey to be the best world-class continuing education facility possible.

I am looking forward to the next year with great anticipation. — Your Chairman of Education, Irwin ■





# We Learn from the Numbers

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

"The best investment you can make is in yourself!"

— Dr. L.D. Pankey

Knowing your numbers, from a management point of view, is one of the duties of a CEO in any business endeavor. These numbers and the stewardship they imply involve more than finances. They involve the human resources of time, strengths and talents.

## PAYING ATTENTION TO THE NUMBERS

Commonly dentists are too fatigued after a day's clinical and staff management activities to develop and/or interpret financial reports. More than 90% of practicing dentists cannot accurately state their true "Operating Overhead." This is just one example of dentists lacking financial understanding of their businesses. This is not the case for CEOs in other businesses, and it is not a good thing for dental practices.

Commonly dentists become aware of their numbers once a year when they meet with their accountant at tax time to review what the accountant has done to minimize tax impact. Accountants organize the financial reports of the dental practice to facilitate tax filing. These reports unfortunately have little value to a dentist in day-to-day operational decision-making.

In fact, there are just a handful of vital statistics (monitors) which can tell a dentist how his/her practice is performing. These are, of course, the compilation of other more basic data that can be used to monitor how a practice is performing and further diagnose any problem that exists, but the data are rarely presented in a manner that is useful to the dentist or considerate of the dentist's limited time. Pankey Institute courses and the Financial Management Tools software are designed to help you build the monitoring reports you need. In fact, the purpose of the "Pankey Tools" is to automate those reports and warn you when your numbers are out of acceptable range. You may call the Business Systems Development Department Administrator, Marcelo Toledo, for additional information (either telephone 305-428-5503 or email mtoledo@pankey.org).

## THE 2003 PANKEY PRACTICE OPERATIONS STUDY

A large number of practitioners (135), who have completed C5 and are tracking their numbers, invested

further in themselves by participating in the 2003 Pankey Practice Operations Study. Each participant received an individualized report reflecting on how her or his practice compared to other "Pankey" practices. Valuable patterns emerged, and I will share some highlights with you below.

Note: The full 2003 Pankey Practice Operations Study Report contains more information than can be reported and discussed in a newsletter so I encourage you to purchase the full statistical report and discussion of findings from The Pankey Institute's Resource Center. Simply contact Mark Collis (Email: mcollis@pankey.org or Phone 305-428-5509). The report presents the material in many different ways to help you in your analysis: by geographic location, revenue size, whether solo or group practice, for all respondents and separately for high-profit respondents (determined by the Modified Operating Profit Percentage of revenues).

## NEW PATIENT FLOW

Pankey Practices report new patient gain per year at a rate of 10 – 12% of their active patient base, and they report revenues greatly exceeding ADA averages. *Dentistry Today* has reported that a stable dental practice, with an effective internal protocol for new patient promotion gain, will have about 2% growth of active patients per month or 24% per year. You might read from this that we are not as effective as the ADA average at bringing in new clients. On the contrary, I read into this that we are more effective at spending appropriate time with each new patient to do a comprehensive examination and treatment plan. Pankey Practices reveal higher per patient revenue, implying a more effective use of the complete examination, diagnosis, and treatment plan process than the average dental office. We take in fewer new patients a month because we spend more time with each new patient.

## HYGIENE YIELD

Throughout the six Pankey Practice Operations Studies since 1993, our High Profit practices have smaller hygiene departments (based on percentage of services rendered). It is incumbent on you and your management team to strategize what you can do to make your Hygiene Department a profitable department. A future article from me will discuss all the variables that may be at work and possible strategies for you.

## OPERATING PROFIT

To accurately measure the

operational effectiveness of a practice, we use the Modified Operating Profit Percentage (MOP). The MOP allows us to compare practices from an operations viewpoint without consideration of how much money is being spent to finance the practice. While the average investment in a practice, over the lifetime of the dentist, may be about 6% of revenues generated, it can range from 1% to 20%, depending on the individual's circumstances at specific times during their careers. Our statistical study automatically adjusts the percentage of those practices with an associate, thereby leveling the "playing field" when comparing solo practices to those with associates.

All our previous Pankey Operations Studies (1993, 1994, 1996, 1998, and 2000) showed a MOP median of 42%. This last study showed a MOP median of 40%. Similarly, the High Profit practices had a median of 52% and this time a median of 49%.

**This means it was more difficult to make a profit in 2002 than previously.**

## VARIABLE EXPENSES

Looking at Variable Expenses, the 2003 study helps us understand how the style of the practice impacts Clinical Supply fees. For example, we see that when the Principal's volume of patients is increased or the percentage of Hygiene is 30% or higher, it is difficult to get the Clinical Supply percentage much below 6%. We also see that the higher the fee is for a specific procedure, the smaller the Clinical Supply percentage will be.

The study also brought insight into laboratory costs. As a practice experiences a greater percentage of lab related services for anterior esthetic restoration from "high-end" labs, it becomes very important that you know your hourly costs so you can appropriately plan out the fees of a case. High Profit Pankey Practices demonstrated an average ratio of prosthetic fees to lab costs of 5 to 1. This ratio was derived from totaling the dollars generated from all lab-related services in 2002 and dividing this total by the total lab cost for the year. The average Pankey Practice had an average ratio of 4 to 1.

About 20% of our participants at The Pankey Institute have an associate in their practice. Only 14% of the practices in 2003 study have associates or are organized in groups. The Associate Percentage varies with the amount of services rendered by the Associate in relation to

the Principal and the Hygiene Departments. The most important management number is derived from dividing the Total Associate Salary and Benefits by the revenue generated by the Associate. The 2003 study demonstrated that the Pankey Practice range for this percentage is 30% – 40% with 38% being the average.

## FIXED EXPENSES

Our 2003 Pankey Practice Operations Study told us a lot about fixed expenses and their variance between All Practices and High Profit Practices. Just a couple of highlights follow.

We feel strongly that you should not live on what is left over; therefore, our studies include the Principal's Salary and Benefits as a Fixed Expense. In all our Pankey Operations Studies, the average for the Principal's S&B has been 34% for all respondents and 40% for High Profit Practices. Based on this, we believe that, at break even, the Principal's S&B should represent at least 34% of Total Practice Revenues in a solo practice or groups without associates.

In the category of Administrative Supplies and Services, there are a number of items, dentists tend to believe are too small to manage. When they are put together, however, they commonly add up to around 9%! There are special situations when this number might go higher than 9% such as when you are investing in consulting to help you and your staff with your systems. The 2003 Pankey Practice Operations Study median, for all practices, was 7.6%, well below 9%.

## IT IS INTERESTING

When we put together our data from six Operations Studies, our Patient Perception Surveys (at this point, on well over 15,000 patients and 1,500 staff members), and the Pankey Emotional Intelligence and Implementation (EQ-i) Study (see page 4), some interesting insights surface. One thing we plainly see is that we get better at what we measure! Another is that while technical excellence is a given, it is not the only determinant of success. The blending of technical expertise with a behavioral acumen for development of doctor, patient, and staff – along with new ways of communicating through listening – are a basic requirement for the uniquely individualized, relationship-based, values-driven, fee-for-service private practice.

The commitments of the participants at The Pankey Institute reflect an investment in themselves. This and other studies reveal 1% to 2.5% of revenues are being dedicated to continued learning – certainly a number that Dr. Pankey would have roundly applauded. ■

Over the past 20 years, the Institute has encouraged clinical photography as part of personal development for our participants. Initially, documentation was for the purpose of self-evaluation and perhaps for presentation. Gradually the focus of clinical photography has changed to primarily emphasize patient education and diagnosis. The Institute has incorporated clinical photography in some fashion in the first five Continuum levels but usually in short introductory bursts. As we watch our participants grow and develop, it has become apparent that we can do more.

Photography, as an entity, has changed dramatically in a very short time. Digital image capturing has created the opportunity for instant visualization of clinical pictures, and computers allow us to create presentation pieces in minutes. This digital explosion makes our work easier and more exciting, yet also requires new learning and application. In direct response to the requests of our faculty and participants, and with the collaboration and input from literally dozens of faculty members, we are proud to present our latest course addition: *Digital Dental Photography*.

We believe this course is the most complete dental photography



## Perspectives

By Dr. Steve Ratcliff, Director of Academic Affairs  
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course currently offered in the U.S.A. It will be three days filled with experiential learning that will prepare you to take your clinical photography to the highest levels. The first session of this new course is scheduled for October 17-20th, 2004. It will encompass all aspects of clinical photographic digital imaging, including:

- Digital camera selection
- Capturing digital images effectively and efficiently from both the photographer's and assistant's perspective
- The views of clinical photography with hands-on experience to learn and practice the entire gamut of dental images
- Moving images from camera to computer and establishing a photo management system that will be specific to your needs
- Appropriate photo manipulation—learning to adjust brightness and

contrast

- Introduction to portrait photography: lighting, backgrounds and poses
- Calibrating monitors and printers
- Printing images
- Basics of creating a PowerPoint presentation

There are no course prerequisites. Even those, who have never attended the Continuum, may attend this course. Participants will be asked to bring a laptop computer with Windows 2000 or Windows XP as the operating system. Apple laptops will work as well, as long as the operating system that is loaded supports Microsoft PowerPoint 2000 or XP. You will have to have installed on your laptop a current edition of three readily available software applications: Microsoft PowerPoint 2000 or XP, Adobe Photoshop Elements, and

Adobe Photoshop Album. Bringing a digital camera is also encouraged but not required. Printers and photographic paper will be supplied.

The first class will be limited to 24 participants, and doctors may bring one photographic assistant with them at a reduced fee. We have an outstanding group of visiting faculty who will be involved with this course and who understand digital photography at all levels. They will be intimately involved with close hands-on guidance throughout the three days.

Additionally, we are very excited about the manual for this course. Early in 2004, *Digital Dental Photography: A Clinician's Guide*, will be published and offered to the dental community. This book will illustrate the complete uses of clinical photography with large color photographs of all suggested images. Chapters on using three software applications (Photoshop Elements, Photoshop Album, and PowerPoint) are included, as well as a chapter by Dr. Jim Fondriest on utilizing photography for laboratory communication. We believe that combining the course and book will give you and your practice everything you need to be successful with clinical photography. ■

## Giving Is Receiving Reported by The Editor

**B**ecoming a *Category of One* is a 2003 bestseller on how extraordinary companies transcend commodity and defy comparison. Its author, Joe Calloway, is a restaurateur and business consultant, from Nashville, Tennessee, whose client list reads like Who's Who in business. He speaks frequently on business trends, branding, and competitive positioning.

Dr. Cheryl A. Scott, also from Nashville, is an example of what Calloway calls "A Category of One." In Chapter 9, "The Heart of a Category of One Performer," he writes, "Sometimes a Category of One performer is right under your nose. In this case, her hands were in my mouth. Dr. Cheryl Scott is my dentist. Over the years, I have been fascinated with the success of the practice that Cheryl has created with her wonderful staff. She is not only a great dentist, she's an insightful business person as well."

Dr. Scott is one of our Visiting Faculty members who holds both the Mastership Award and the Fellowship Award of the Academy of General Dentistry. She also serves on the board of trustees for the Tennessee Academy of General Dentistry."

As you "listen" to the following excerpt from the interview on pages 204 to 210 of *Becoming a Category of One*, you'll clearly hear why Dr. Scott's practice differs from most

dental practices but is similar to a great many practices that our Pankey Institute participants enjoy.

"Did you ever have a moment when you felt like you made the decision to make your dental practice something really special? A moment of truth when you truly decided to go to the next level of performance?"

Dr. Scott's reply: "Yes, I had a thrilling moment of understanding 12 years ago, the memory of which is now with me all the time. I had just learned a new procedure. The "scientist/craft person" in me, a common denominator in most dentists, valued this new procedure because it brought a higher level of science and skill to the care I could offer my patients and also a dramatic increase in their comfort. Any new skill requires one to slow down, slow way down to get it in your head, your hands, and then into your practice.

"The life-altering, practice-changing, unexpected joyfully-rewarding surprise for me was not the new procedure at all. What changed my life forever was the way my first patient, John, responded to the level of care.

"The presence of time seemed to disappear for me as I treated him. Nothing in the world mattered except bringing ALL of myself and my new learned skills to my patient. Nothing mattered except his comfort. That's what John saw and that's what he

thanked me for over and over again. Yes, he loved the exceptional comfort of his bite and jaw function as he spoke. He had an immediate appreciation for the fine-tuning and exquisite harmony in his mouth. We finished treatment, he stood up, I was saying my 'goodbye, see you next time,' when unexpectedly he held his hands out, creating a pause in the room, and I knew he wanted to tell me something. As the silence in the room expanded, his eyes looked into mine, he stepped forward and took my hand, and then from someplace deep inside him came a soft 'Thank you' followed by more silence and a handshake.

"I cherish that moment often. That 'Thank you' meant more to me than I can express. He was thanking me for placing his care and comfort above all else and for staying present, without interruption and without regard for time or money, until that care and comfort was achieved to his satisfaction, as well as mine. It was the first time that I 'got it' that giving is receiving. I knew then that nothing in dentistry could ever be as satisfying for me as that kind of gratitude. It was at that point that I wanted to change myself and my practice, make it all that I could be, all that it could be. A philosophy of how to practice began to interest me. I began then to develop a plan for achieving a relationship-based practice.

"Later, I deepened my understanding of what happened as I studied the writings of a world famous

dentist, Dr. L.D. Pankey. His definition of a 'professional' is that quality of conduct which accompanies the use of superior knowledge, skill, and judgment toward the benefit of another person or society prior to any consideration of self-interest. His motto was 'quid pro quo,' as you give so shall you receive."

Read on, in *Becoming a Category of One*, to hear more from Dr. Scott and one of her staff members about the importance of relationships in providing the highest level of care and the impact they have on patients' lives. Dr. Scott's practice is only one of many illustrations you will enjoy reading and reflecting on. This new book, published by John Wiley & Sons, Inc., may be ordered from The Pankey Institute Resource Center (Phone: 305-428-5509 or Email: mcollis@pankey.org). ■

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An additional article on The Pankey Institute's research will appear in October's Dentistry Today.

## Satisfying the Ultimate Requirements of The Philosophy

We have learned that emotional intelligence is key to optimal dental care.

By Dana C. Ackley, PhD; Irwin M. Becker, DDS;  
Richard A. Green, DDS, MBA

Our core focus on everyone's welfare guides all that we teach. In particular, it is why we encourage the development of a depth of doctor/patient relationship rare today in health care. Mutually important relationships humanize what otherwise is in danger of becoming a technical, faceless, inhuman series of contacts. When clinical techniques are performed in a superficial relationship, it is too easy for patients, dentists and staff to get hurt, each in different ways. When our work is performed within the context of a significant relationship, the best interests of everyone are naturally protected – by everyone.

The creation of deep relationships requires psychological skills that are not taught in dental schools. We have recently concluded a research study, and its results will significantly enhance our ability to help you learn these skills successfully and then apply them to your practice.

*Emotional Intelligence (EQ)* is a set of skills that help people to integrate reason and emotion to help you learn these skills successfully and then apply them to your practice. *Emotional Intelligence (EQ)* is a set of skills that help people to integrate reason and emotion for superior problem solving in human interactions. These are the skills that people use to read, understand, and respond effectively to the emotional signals sent to us by others and by ourselves. They empower us to understand and adjust our reactions to events and people and enable us to influence others. These are the skills that dentists need to create the kinds of doctor/patient relationships we seek to teach.

For the past twenty years, psychologists have been developing and researching EQ. Their work has made the acquisition of the psychological skills that we need more accessible to those outside psychology than ever before. The fruits of this research include easy-to-understand definitions of the skills required, ways of assessing our own emotional intelligence, and ways to develop skills that are necessary to our jobs but which we may not have had the opportunity to learn to the degree required in our demanding profession.

One leading researcher in EQ, psychologist Reuvan Bar-On, PhD,

has identified fifteen component skills that comprise the overall concept of EQ. He has also developed a psychological instrument that measures each of these skills so that people can know their current level of development. Skills measured include such things as Self-Regard, Emotional Self-Awareness, Stress Tolerance, and Empathy.

**Our Study:** Research demonstrates that different jobs require different combinations of EQ skills for maximum success. For example, Air Force recruiters do best when they are strong in five EQ skills - Assertiveness, Empathy, Happiness, Emotional Self-Awareness, and Problem Solving. CEOs have been found to enjoy more success when they are strong in Independent Thought, Assertiveness, Optimism, Self-Actualization, and Self-Regard. We need to know which of the fifteen EQ skills are most important to help Pankey dentists succeed in applying the Pankey Model to their own practice.

To find out, we asked participants, who have completed Continuum Level V (or higher), to answer two questionnaires. A total of 212 answered the call, and 144 of them provided complete data that we could use. One questionnaire they completed was the EQ-i. The second (*Survey of Progress - SOP*) was developed for this study to measure progress in integrating the Pankey Model into their practice. (We thank Dr. Paul Henny, who helped Dr. Ackley develop the initial version of the SOP. We also thank those dentists who completed Beta versions of the measure and offer extremely useful feedback.)

**Results:** We found that higher scores on the SOP were associated with higher scores on thirteen of fifteen EQ skills measured by the EQ-i. This outcome suggests that EQ skills

are highly important in transforming a practice into one aligned with the Pankey model.

Through the magic of complex statistical analysis, specifically a regression analysis for those of you who remember your statistics classes, we also discovered that of those thirteen skills, four matter most – Emotional Self-Awareness, Assertiveness, Reality Testing, and Self-Actualization. Here are some brief descriptions of these skills.

*Emotional Self-Awareness* is the ability to accurately recognize our own feelings. When we are not aware of our feelings, we can't know whether what we are doing feels right to us. This makes it harder for us to protect our interests in our interactions with patients and staff. Further, emotions influence behavior. Without self awareness, we often engage in behavior for unknown reasons. We may be responding emotionally to a patient without knowing why, making it difficult to change our behavior when we need to. Finally, our emotional reactions to our patients can tell us a lot about them, if we pay attention.

*Assertiveness* is the ability to express our feelings, beliefs, and thoughts, and to defend our rights in a nondestructive manner. This skill is essential in presenting our treatment ideas to patients in clear but non-coercive ways. Do not, as many do, confuse assertiveness with aggressiveness. Aggressiveness leaves people feeling threatened, in need of protecting themselves. Assertive behaviors leave people feeling safe and open to listening and negotiating.

*Reality Testing* is the ability to read situations accurately rather than allowing our emotions to overly influence our interpretation of what is going on. If you are in a bad mood, good reality testing will keep you

from interpreting a patient's good but challenging question as a rejection of the treatment plan you spent hours creating. You will hear it for what it is so that you can respond appropriately. Alternatively, good reality testing will keep you from wearing rose colored glasses (i.e., denial) when a patient is making a valid complaint about something in the office or in a treatment plan.

*Self-Actualization* is the ability to realize one's potential capacities, both professionally and personally. This is the skill people need to grow, develop and become as much of who they are capable of becoming as possible. We believe the Pankey Practice Model helps dentists become the best they can be.

**Surprises:** We expected to find that Self-Regard, Empathy and Interpersonal Relationship are essential skills for success with our model. Indeed, they did have significant, positive correlations with SOP scores, meaning that as skills in these areas are stronger, SOP scores are higher. While we continue to believe that these are important skills, they were not found to discriminate more successful Pankey dentists from less successful individuals to the same extent as the four skills identified.

**Implications for Dentists:** When dentists find that their transitions are getting bogged down, the natural response is to upgrade their technical skills. Sometimes that's the right answer. However, the results of this study suggest that it may also be worthwhile to consider attending to EQ, the "other skills" needed for success. Methods to assess and enhance your own EQ skills exist. The good news about EQ is that all of us, at whatever age and stage of life, can improve our abilities in these areas. Psychologists (experts in behavior change) who have also become expert in EQ development, such as Dr. Ackley, can be excellent coaches in this area.

**Impact on the Institute:** The results of this study will impact our teaching strategies. We will look for ways to work EQ assessment and development into the Continuum. In addition, we anticipate supporting study clubs by offering EQ learning opportunities through the Msiting Faculty. ■

### Relationship Grows with AEO

Often Pankey Institute participants lament that they are unable to find orthodontists who understand and apply principles of functional occlusion. Likewise, orthodontists completing Advanced Education in Orthodontics (AEO) courses have the converse problem. Recently the resident faculty of The Pankey Institute met with the faculty of AEO to lay groundwork between the two organizations to help restorative dentists and orthodontists, who share the same treatment goals and philosophy, interact.

Drs. Bob Frantz, Ted Freeland,

and Andy Girardot outlined the AEO philosophy, their teaching approach, and reviewed many of the topics taught in the AEO comprehensive two-year course, which is taught at the University of Detroit School of Dentistry.

The AEO group was founded to carry on the teaching of Dr. Ron Roth who, over 35 years ago, saw the need to add functional occlusion to orthodontic treatment philosophy. It took him years of observation and experimentation to develop diagnostic and treatment methods that would successfully integrate occlusal goals into orthodontics. He has been teaching

these concepts successfully to orthodontists for 30 years. Two years ago, Roth and his associate, Bob Williams, closed their teaching facility in San Francisco. The decision to close was due in large part to very high demand for their time internationally. Though Roth's work has impacted orthodontics worldwide, functional occlusal goals are still not generally taught in U.S. orthodontic programs. Indeed, a major leader in orthodontic education has stated that orthodontics is purely a cosmetic service. Roth successfully founded several schools around the globe, and AEO is the only such school in the U.S..

The occlusal philosophies and methods taught at The Pankey Institute and AEO are congruent. This common ground sets the stage for a synergistic relationship between the two groups. Future interaction and teaching sessions are anticipated. If you would like to know more about AEO or you know an orthodontist interested in learning how to apply functional occlusion goals, AEO can be contacted at AEO Institute, 801 East M-32, Gaylord, MI 49735-9701 (Phone: 989-732-7539, Fax: 989-732-9313, Email: tdfortho@dunsonline.com). ■

Reprinted from Mary Osborne's Leadership Guide, "Practice Renewal," a quarterly CD and print publication. Part 1 was previously published in Pankeygram Vol. XI, No. 2 (June 2003).



## The Right Time: Part 2

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

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

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.

**Assessing Engagement:** An important process essential to decision making for comprehensive care is engagement. While partnership refers to an attitude of involvement, engagement refers to actions. They are parallel and corresponding processes. As you listen for and encourage partnership, you can learn to listen and watch for engagement. You can also encourage engagement. And you can learn to take advantage of the learning opportunity it presents. You know you have engagement when the patient is working as hard as you are. When they are working, they are learning.

One of the greatest challenges we have in dentistry is what I refer to as "getting patients in their mouths." In order to help them appreciate the benefits of optimal oral health, we often have to raise their level of awareness of existing conditions. Many patients have never looked in their own mouths; it is a mysterious place for them. Others have a high level of awareness. You can learn to listen for clues.

I like to ask new patients if their gums bleed when they floss. Some will use that as an opportunity to "confess" that they don't floss, or not as often as they should. They may say they never noticed if there was bleeding, in which case, you can ask them to pay attention to it in the future and let you know what they discover. Some will say that sometimes they bleed and sometimes they do not. If we stay in the question and ask if there is a pattern to that, they

might say they notice their gums bleed when they forget to floss for a few days. Do you hear different levels of engagement in each of those statements? Wherever they are, you can help them go to the next level.

**Curiosity Is Key.** The more we can engage patients and clients in understanding what is going on in their mouths, the more curious they will become. Curiosity is often the missing link in presenting treatment. Why would we want to give someone information about something when they are not curious? Engagement is the key to curiosity.

Patients have not typically been encouraged to participate in dentistry, so they come to us as passive subjects rather than active participants. They have been subjected to language they do not understand, shown x-rays they cannot read, and been told of problems they have not experienced. Very often, when we tip back the chair for an exam, they tune out everything we say until we sit them up again.

**Five Action Steps:** Remember that engagement involves action. Showing your patient what you see with an intraoral camera is wonderful, but it does not necessarily constitute engagement. We want them to do more of the work, and the more of their senses we can involve in that process the better. There are five important actions you can encourage them to take. You can encourage them to:

**Talk.** When they are talking, they are working. They can learn about themselves as you learn about them. Listen carefully and ask them to expand on points they make.

**Ask.** Don't just give them permission to ask questions, encourage them to. Refrain from giving them every bit of information you think they might ever need to have. Give them a chance to ask.

**Look.** When they talk about something in their mouth, hand them a mirror and ask them to point so you

can look at it together. Look for ways to help them see in their mouths, and not just when they are in your office. Give them mirrors to work with, suggest things for them to monitor between appointments, and ask them follow-up questions about what they have observed.

**Touch.** Each sense you engage strengthens the connection. Ask patients to put their hands on parallel muscles on both sides of the face to feel the difference between them. Invite them to place their finger on a tooth that has some mobility. Giving patients their diagnostic casts to hold in their hands also engages both touch and sight.

**Experience:** If you can help patients become aware of experiencing different sensations, they will become engaged in the process. Ask them to pay attention to when their muscles feel tender or to notice where their teeth touch first when they close. Ask them to notice when buildup begins to form on their lower front teeth after they've had them cleaned.

After your next exam, ask yourself how many of these five activities the patient engaged in. Plan for how you might encourage further participation in the next appointment. Encouraging partnership and engagement is a developmental process; it is never over.

**Co-Discovery:** The ideal place to hone your skills is in the initial exam. Commit to making that a more relevant and meaningful appointment for them. Take the time to develop a true co-discovery process. There is no more valuable use of your time

To determine the effectiveness of your new person process, ask yourself: "Is this my exam, or the patient's exam?" Who is leading whom? How is your exam a reflection of what you have learned, and are learning, about this particular person? How personalized is your process? The more the patients lead you the more engaged they are like-

ly to be.

Clinical co-discovery can begin any time. It may start before they are seated in a dental chair when they point to a tooth. That action is evidence of engagement and presents an opportunity for mutual learning. Follow their lead. Look at where they are pointing. Hand them a mirror. Ask them to expand on what they have noticed. Listen carefully to their responses. Ask follow-up questions. Listen for their interpretation of the problem, and pay attention to the language they use to describe it. Stay in the question. Let them know you will look at it more carefully during their exam. You are starting to partner with the client and encourage further engagement.

**Chasing Rabbits:** When you are ready to begin the comprehensive exam, the ideal entry point will be through something the client has said. It may be something they raised, or something you asked about. Connect what you are looking at with what they told you. Help them begin to develop a context for what they know about their mouth. A broad perspective is better. If you keep your focus on individual teeth, your patients will stay focused on single teeth also. If you move toward a bigger picture, your patients will. If you are curious about the implications of what you are discovering, your patients are more likely to become curious.

The best description I have heard of this process is that the dentist is "chasing rabbits." The process can go in several different directions for some time, based on what you and the patient are discovering together. Don't be too quick to try to give answers. Don't rush this process. Don't sabotage this rich learning opportunity by being too anxious to teach.

A thorough exam is essential and you probably learned to do that in a stepwise, methodical way. That is your exam, not the patient's exam. While it is important to cover all the bases, the order in which that occurs can vary. Think of the exam form as a checklist to make sure you don't miss anything, but allow yourself the freedom to learn with your patient. The more the patient feels in control of this process, the more they see it as a good use of their time. Patients and clients can be impressed by your exam, but they are more likely to be influenced by their exam. (Part 3 will appear in the next Pankeygram.) ■

## Happiness

Author Anonymous

The 92-year-old, well-poised and proud mother-in-law of my best friend, who is fully dressed each morning by eight o'clock, with her hair fashionably coiffed and makeup perfectly applied, even though she is legally blind, moved to a nursing home. Her husband of 70 years recently passed away, making the

move necessary. Maurine Jones is the most gracious, dignified woman that I have ever had the pleasure of meeting.

After many hours of waiting patiently in the lobby of the nursing home, she smiled sweetly when told her room was ready. As she maneuvered her walker, I provided a visual description of her tiny room, including the eyellet sheets that had been hung on her window. "I love it," she stated with the enthusiasm of an

eight-year-old having just been presented with a new puppy.

"Mrs. Jones, you haven't seen the room... just wait." She replied, "That doesn't have anything to do with it. Happiness is something you decide on ahead of time. Whether I like my room or not doesn't depend on how the furniture is arranged. It's how I arrange my mind. I already decided to love it. It's a decision I make every morning when I wake up. I have a choice; I can spend the day

in bed recounting the difficulty I have with the parts of my body that no longer work, or get out of bed and be thankful for the ones that do. As long as my eyes open, I'll focus on the new day and all the happy memories I've stored away for this time in my life."

Old age is like a bank account. You withdraw from what you've put in. Deposit a lot of happiness in the bank account of memories. ■

## Directors and Faculty Take Commitment Seriously



**By Dr. Mark T. Murphy, Associate Faculty and Trustee, (Rochester Hills, MI)**

During the last two years, the Directors of the L.D. Pankey Dental Foundation and the Visiting Faculty have taken seriously the Institute's mission to improve the health and well-being of the world's citizens by helping dentists achieve professional excellence and fulfillment. Each dentist on the Board and Visiting Faculty personally offered a Leadership Award to a dentist they know and wanted to refer to the Continuum. This Leadership Award entitled each "sponsored" dentist to a \$500 tuition fee reduction, which the Foundation felt was an appropriate motivator in the recent slow economy. The message was that, despite these more difficult financial times, we encourage you to invest in the Continuum, both because you are worthy and because we know personally the benefits of this particular continuing education.

That bit of encouragement was accepted by 56 new Continuum participants. Why? We believe it is because someone they respected communicated to them the value of the Continuum and that they were worthy of it. This year, we are initiating a new program called "Pay It Forward." Recently, I wrote my fellow Faculty and Board members the following:

*Following a lecture on occlusion in Rochester, New York, a very sharp young man, who had asked provocative and challenging questions, came up to me afterwards. We had the kind of discussion common to Key Biscayne after a day of learning. When I mentioned how well matched he was for the Pankey experience, he lamented wanting to go but not being able to afford it. Then, half joking, he asked, "Why don't you pay for me to go, and I'll do the same for someone else some day?" I laughed, or said something unremarkable. But for months I could not shake the idea. He was right.*

*I am writing all Faculty and*

*Board members of the L.D. Pankey Dental Foundation, who are dentists, to invite you to be a charter member of a special group that provides a unique opportunity to create an "unfunded" endowment scholarship for The Pankey Institute called "Pay It Forward." It involves sending a student to C1 and paying his or her entire tuition with the expectation that that dentist will do the same for someone else some day.*

*Just imagine what will happen. Maybe I'm dreaming, but if just 100 of us paid for two C1 tuitions over a ten-year period, and the recipients did the same ten years out, we would have a rolling influx of 200, then 400, then 800, then 1600... new students due to this program. That would be 3,000 total new students due to this program within 40 years, or 25% of our desired enrollment.*

*I don't know about you but I find this exciting. And the best part is that I have been part of carrying on the mission and objectives of The Pankey Institute and passing on its values and the benefit of its learning*

*experiences to endless generations. Giving this gift, and the growth along a chosen path such as ours is an honor and privilege. I am not suggesting that this be done in place of Triple Plus Club membership but in addition to it.*

*To start things off, I have paid the C1 tuition for the previously mentioned young dentist. Additionally exciting for both of us is the fact that he will be attending C1 during the first week of December when I will be at the Institute teaching. He has agreed to Pay It Forward!*

*When you Pay It Forward for someone, please let the Registration Department know so the Institute can properly thank you via the Pankeygram newsletter.*

This new program is not the exclusive domain of the Faculty and Board. All of you are welcome to "Pay It Forward" for an exceptional young dentist should you be moved to do so. Please contact the Registration Department of the Institute for assistance (Phone: 305-428-5500 or Email: mblandon@pankey.org). ■

## Just Do It By Dr. Michael L. Johnson (Mesa, AZ)

If you get the opportunity to participate in a dental humanitarian project, just do it. Chances are you will have an outstanding experience. This past year, I was able to take my 13-year-old son along with 20 other participants to one of the jungle villages of Peru. Our two-week adventure in the Amazon rain forest was well worth the trip.

On this particular trip, we had two main objectives. Our first was to build an additional classroom on to the existing elementary school. The second was to provide as much dental care as possible to the 1,700 students who attend the school. Half of our group was involved with the construction and the other half with dental care.

When one travels to a third world country, you really never know what to expect. Things never go exactly as planned, and you have to be ready to improvise at all times. When we first arrived to the school, we asked the principal where would be the best place to set up our dental "shop." We were hoping it was going to be someplace inside on a cement floor, not a dirt floor. He indicated the library would be best, and they would move the classes to accommodate us. We arranged the desks to serve as our sterile area and used the existing tables to store supplies. We placed one desk behind the dentist for our 12 o'clock working area (rear delivery at its finest).

For dental chairs, we were able to borrow three lawn chairs from the local hotel. Two reclined (great for restorative) and one did not. That one was used for extractions. We were lucky enough to have electricity and were able to fire up the compressor. Thanks to two portable Adec dental units we took down there and donated supplies from Patterson Dental we were ready to begin. (Yes, in case you are wondering, we left our articulators at home.)

While a class was in session, I would take my flashlight, do a visual exam and screening, write down the involved teeth and whether they needed filling or extraction, and then move the kids to anesthetize them in the library. After they were numb, dental treatment would begin. We did the best we could to save as many of the permanent teeth as possible; however, a great number of them were not salvageable. As sad as it is for these kids, this was the first dental attention most of them had ever received.

The delivery system that we used differed quite a bit from what we are accustomed to in the U.S. Each dentist needed two assistants — one to hold the flashlight and one to hold the suction. We wanted to keep it simple at the beginning because all of our helpers were high school and junior high school kids with no dental experience. By the end of the week, all helpers were

doing quite well.

We were very impressed with the children. They were delightful and treated us with respect. A good number of them had toothaches but amazingly did not complain. I imagine this is a normal part of life for them. The three dentists saw about 130 kids, filled 120 teeth, and extracted 95 teeth. Overall, we were pleased that we had made somewhat of an impact on the dental health of the children.

The new addition to the school was constructed next door to the library. On the first day, the area was prepared for cement. No, there are no cement trucks. We took a turn at mixing sand, gravel and cement mix on the ground with a shovel. Then, we loaded it in a wheel barrow, pushed it to the site, and dumped it. After six hours of doing that, we had a great appreciation for manual labor. Although primitive by our standards, this method still works. By the end of the week, the addition was complete except for the tin roof. That portion will be completed by the local people.

Before leaving, we rented some motorcycles and rode to a remote town some 20 miles away to provide dental care. Since electricity was unlikely, we left the dental units behind and loaded our fanny packs with lidocaine, topical, forceps and alcohol. Obviously, extractions were the only service we were able to provide.

Of course, no trip to Peru would be complete without a visit to the world famous ruins of Macchu

Picchu near Cuzco. We spent two days there before heading home. Although it is always nice to come back home, the memories of an expedition of this magnitude are truly a blessing in my life and in the life of my son. ■

### Upcoming Faculty Presentations & Special Events

Oct. 17, 2003: Fourth District Dental Society of New York, Presenter: Dr. Paul Epstein, "The Marriage of Esthetics and Occlusion"

Oct. 31-Nov. 1, 2003: University of Indiana School of Dentistry, Presenter: Dr. Dale Sorenson, "Anterior Esthetics" (888-373-4873)

Nov. 11-12, 2003: NW Suburban Branch of Chicago Dental Society, Presenter: Dr. Steve Ratcliff

Nov. 14: Pankey Institute Optimal Dentistry Seminar, New Orleans (305-428-5500)

Nov. 18, 2003: East Middlesex District Dental Society of New York, Presenter: Dr. Paul Epstein, "Esthetic Communications"

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

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

*Continued on next page...*

# Spiritual and Personal Insurance: Usual and Customary?



By Dr. Dale A. Sorenson,  
Teaching Associate  
(Newburgh, IN)

As many of you know, in April of 2002, my family endured a very tragic event. My daughter was involved in an accident that ended in the horrific and devastating loss of a person's life. It has definitely changed our lives and will probably continue to do so for many years to come. Unfortunately, I believe some of the more serious changes are yet to occur.

On April 18, my 16-year-old daughter was returning home from getting Subway sandwiches for herself and her brother, at about 6:30 PM. It was a beautiful spring day, right at dusk. As a typical 16-year-old, life was great. The music was playing, the sunroof was open, the air was fresh – could life be any better? In a split second of inattentiveness, she crossed over the centerline into the path of a motorcycle rider who was not wearing a helmet. She hit him head on, and he was killed almost instantly. Her airbag deployed. She was physically unhurt. However, the aftermath would become almost more than we could bear.

The philosophy of the Institute taught me many years ago to have a vision, plan well, and then work the plan. Whether that meant in the direction I wanted for my practice, in the scheduling of my patients, or in determining how I spent my time. That advice always proved prudent and successful. My wife, Michelle, and I had developed a vision, as well, for our children. How do you ever prepare for such a devastating alteration to that vision?

Though this horrible and tragic

accident could have been worse, it certainly spins you into a state of chaos and despair. It doesn't take long to go right to panic mode, and from there you have to only hope for the best. It has been a very tumultuous and highly stressful year since, with many episodes of hope, disbelief, confusion, and despair. Despite it being an emotional roller coaster, I would like you to consider, with me, putting this event in another perspective.

I feel compelled to reflect on my many experiences as a student and a teacher at the Institute. It doesn't take long for one to realize and appreciate that our Institute is very special. You notice it from your first exposure, simply walking in the front door for the first time. Something makes it different. Something makes it unique. Something always draws you back. What is it?

You find yourself trying to figure out that answer the more times you return for the Continuum. Is it the magic of Key Biscayne and driving over the bridge? Is it the high level of quality and excellence of the curriculum? Is it the unsurpassed state-of-the-art facility? Is it the integrity and excellence of the faculty and presenters? I believe, at times, it is difficult for the students to come up with an answer to that question. They want to but just can't put their finger on it or come up with the right words.

I also think that the answer changes depending on the development and exposure that a particular student has had in the Continuum. However, I think that sooner or later, the real and true answer comes to light. It's the people. All the technical, philosophical, and managerial material is the "icing on the cake." It's the nurturing, caring, and deep-seeded love that "our family" has for one another that makes the difference.

We all have developed and cherished many relationships in our lives, through our involvement and association with the Institute, for which we have to be eternally thankful. Just think about it. Sit back and wonder what your life possibly would be like without some of those people in it. It is a scary thought. I can't tell you how many cards, letters and calls I received from our Institute "family" expressing their concern and remorse. I couldn't even imagine the number of thoughts and prayers. And, it started from the top.

I received a call from Irwin that I will never forget. When my receptionist came back to my office and told me Dr. Becker was on the phone I was taken aback. I'll never forget his expression of genuine caring concern and empathy. It really got to me. But I couldn't help but think how special that was and how much that call meant to me, as did all the other

calls I received from other people at the Institute.

News such as this is something you don't feel comfortable telling the world. However, my "family" knew without me telling them. Isn't that interesting? I couldn't help but feel how blessed I was and how grateful I felt to have the support, love, and genuine concern of so many special people. I am thankful that I could "cash in" on my "spiritual insurance." I could never express to all of you the appreciation and gratitude from my family for all of your concern.

But the lesson went further than that. I am sure Rich Green would probably choose to die rather than have me comment on any business management issues. He of all people knows my resistance to "numbers" and my tendency to focus on my strengths as opposed to my weaknesses. I'll just have to take that chance.

Anyway, the logistics of our tragic event became almost an ongoing nightmare. I was going to be forced to "cash in" on my personal insurance.

Being inexperienced when it comes to dealing with attorneys and litigation puts you in a position to endure a painful education. The process was both stressful and deliberate. The awareness came with respect to my personal umbrella insurance. I had always felt very comfortable that I was very well insured. I carried the maximum coverage on our automobiles and had, in addition, a \$1,000,000 personal umbrella policy. This policy was a separate entity and not tied in with my building policy.

Unfortunately, one of the darkest aspects of litigation in dealing with a tragedy such as this is that, at some point in the process, you have to come up with a dollar amount of what someone's life is worth. Though some attorney may tell you otherwise, what I found interesting was that this configuration is somewhat cut and dried. What isn't cut and dried are the litigious posturing, deliberate negotiation, and playing the waiting game. Although common sense would say, "let's get this thing over with as soon as possible," the reality is that the process takes months to come to fruition.

Being dark again, the basis of the configuration is that they estimate a person's salary, multiply that by the number of years until that person's 65th birthday, throw in inflation, ad come up with a figure. It sounds cold but that's basically the starting point. Other extenuating circumstances can skew that number many different ways. Consider the difference of that number between a 40-year-old neurosurgeon and a 40-year-old laborer. Finding this out was

eye opening and sickening all at the same time.

It didn't take long to realize that I was well under insured. What could I have been thinking? But, as they say, "out of sight, out of mind." If you never have to use a personal umbrella policy, would you ever know you were under insured? That was one lesson in itself, but the lesson got tougher.

Before we had closure of our ordeal, I inquired with my insurance agent with regards to increasing my coverage. He said as long as we had an open claim, I could do nothing. We lived on pins and needles for many months. We were relieved when there was closure to the litigation process.

I immediately called my insurance agent to increase my coverage. Upon checking, he called me back and politely told me that I was rejected from increasing my coverage because I had had a previous claim. I was going to have to leave my coverage as is.

If an automobile carrier has ever canceled you before, you know what I was feeling. I understood their position but felt vulnerable and helpless nonetheless. I found it interesting that calls to other agents and companies yielded similar responses. Consequently, I have been struggling to find a new carrier willing to take on a client with such a large previous claim. I would never have imagined myself in that predicament.

My objective is not to gain sympathy. My objective is to share my story and encourage you to do your own personal insurance inventory. Do it before you need it. Do it before you can't change it. Understand that life can have many unpredictable surprises. Insurance, now, takes on a different perspective for me, and I wanted to share with you that discovery. I cringe even more, now, when I reflect on Rich's reference to "experiential learning."

My family and I are fine. We are really doing very well. My intent, in putting a pen to this story, is to possibly spare one person from going through even some of what my family and I have gone through. My concern is that they may be many others who share our same vulnerability and liability. I would like to protect one of you from making the same "mistakes" I made.

That's what families do. They look out for one another. That's why we are so special, and that's what makes this Institute so special to me. As I reflect on its gifts and responsibilities, in the light of today's society, a question surfaces. What about these relationships are "usual and customary?" We really are family. ■

## Upcoming Faculty Presentations & Special Events (continued)

Hawaii Dental Association's Annual Meeting on January 15-16, 2004 : Presenter Dr. Peter Fay, "Centric Relation versus MyoCentric" and "Achieving Insurance Independence"

Spring Meeting of the L.D. Pankey Dental Foundation, Inc. Board of Trustees: March 26 2004

Triple Plus Meeting, San Diego: Oct. 13-16, 2004 (Program, lodging, and registration information will be announced in the Spring 2004 Pankeygram.)

Members of the Visiting Faculty, please inform the editor of future presentations we may list for Pankey participants to attend.

## Additional Congratulations

So many are deserving of praise that we are happy to include as many mentions in the *Pankeygram* as we can, but we need to know what to report. Please don't be shy about sharing your accomplishments or those of other Pankey Participants with us. Elsewhere in this issue, you will read articles and see boxes of information for which we congratulate you.

**Dr. Lee W. Boushell of Winter Haven, Florida**, was recently awarded Fellowship in the Academy of General Dentistry. In order to earn this honor, Dr. Boushell completed 500 hours of continuing dental education, passed a comprehensive written exam, and fulfilled five years of continuous membership with the AGD. Dr. Boushell graduated from the University of Florida College of Dentistry in 1991 and then served in the U.S. Army Dental Corps from 1991-1994 before going into private practice in Winter Haven.

**Dr. Carmine J. Esposito, Coordinator of Temporomandibular Disorders and Occlusion at the University of Louisville School of Dentistry**, recently presented Sara Brendmoen the 21st Annual L.D. Pankey Award. This honor is bestowed upon the student who has treated many patients in the TMD/Occlusion Clinic and expressed a desire to continue studies in this area. It has become one of the most prestigious and sought-after awards at the dental school and is presented in recognition of one of the school's most distinguished alumni, Dr. L.D. Pankey. Dr. Brendmoen participated in TMD research while a student and will begin general practice in her hometown in Virginia.

**The newly designed dental office of Dr. Ellen Dayan** was featured in the summer 2003 issue of *Dental Practice Management*. Her vision was to provide complete dental services to fewer clients in a calm and rejuvenating environment, "a place people never want to leave." Her challenge was to achieve this in less than 900 square feet on the seventh floor of the Eglinton Centre in Toronto. The new office features a private consultation area, two operatories, sterilization center, laboratory, staff kitchen, and washroom. Dr. Dayan's team follows a front-deskless concept, performing all administrative tasks in a business area designed to facilitate communication and confidentiality. The ambience is inviting and relaxing due to soft lighting, mellow music, an inviting fireplace, a refreshment center of herbal teas and flavored coffees, gleaming hardwood floors, and warm decor. Patients may select a spa service such as a relaxing hand/foot massage during dental procedures. Computers networked with both digital radiography and photography play an essential role in education and client involvement. In her practice, computer desktop publishing is used to customize brochures on the practice and dental procedures—and also to customize helpful reports her clients can take home with them from their consultations concerning their diagnosis, treatment recommendations and alternatives.

## New Triple Plus Club Members

Dr. James C. Fulmer (Kinoshia, WI)  
Drs. Lynne S. and William H. Gerlach (Plano, TX)  
Dr. Richard L. Rogers (Frederick, MD)  
Dr. Beverly A. Kodama (Sacramento, CA)

*We are sad to report the recent death of Dr. Robert Coopmans, a founder of the Central Wisconsin L.D. Pankey Study Club. Inquirees may be made to his close friend, Dr. Dan Shield of Neillsville, Wisconsin.*

## 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. Glen F. Abbott (Santa Maria, CA)        | (Woodmere, NY)                            |
| Dr. Philip N. Ankrim (Gainesville, FL)      | Dr. Robert Schaeffer (Oswego, NY)         |
| Dr. Diane T. Arel (Harrison, OH)            | Dr. Bruce Shaw (Miami Beach, FL)          |
| Dr. Dennis Carmody (Rockledge, FL)          | Dr. W. Bruce (Lawrenceville, NJ)          |
| Dr. David N. Croop (Cincinnati, OH)         | Dr. Gayle S. Terwilliger (Chesapeake, VA) |
| Dr. Mary DeCicco (Skillman, NJ)             | Dr. Mildred J. Tinkner (Flint, MI)        |
| Dr. Walter D. Fain (Knoxville, TN)          | Dr. Schuyler Van Gorden (Eau Claire, WI)  |
| Dr. Henry A. Gremillion (Gainesville, FL)   | Dr. Henry Yu (Edmonton, CAN)              |
| Dr. Thomas M. Grewe (Eau Claire, WI)        | Dr. Kevin Wegrzyn (McHenry, IL)           |
| Dr. Steve Hart (Chapel Hill, NC)            | Dr. Kent Willet (Columbia, MO)            |
| Dr. Thomas P. Hand, Winter Park, FL)        | Dr. Carol A. McGonigle (Tucson, AZ)       |
| Dr. Ratti Handa (Boston, MA)                | Dr. Mark Moats (Henderson, KY)            |
| Dr. Malcolm E. Hawley (Winter Park, FL)     | Dr. Kirk A. Nelson (Atlantic, IA)         |
| Dr. James Herron (Charlotte, NC)            | Dr. Kirk Opdahl (Independence, MO)        |
| Drs. Richard and Amy Hunt (Rocky Mount, NC) | Dr. Barry F. Polansky (Cherry Hill, NJ)   |
| Dr. John Hyatt (Bovertown, PA)              | Dr. Crispin W. Paul (Atlanta, GA)         |
| Dr. Steve Ikemiya (Riedley, CA)             | Dr. Barry Segal (Aventura, FL)            |
| Dr. William Kats (Downers Grove, IL)        | Dr. Gregory J. Tarantola (Miami, FL)      |
| Dr. Dalton Keith (Charleston, SC)           | Dr. Carrol C. Trewet (Atlantic, IA)       |
| Dr. John Kling (Alexandria, VA)             | Dr. Skip Van Gorden (Eau Claire, WI)      |
| Dr. Stephen Krist (Tampa, FL)               | Dr. Steven P. Wolfson (Houston, TX)       |
| Dr. Alice T. Lam (Houston, TX)              | Dr. John C. Workman (Glen Elyn, IL)       |
| Dr. Jeffrey Lineberry (Boone, NC)           |                                           |
| Dr. Edward O. Mukamal                       |                                           |

## 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, k.dds@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 (269-327-3400)  
Gilford, NH: Dr. Wm. Dowling (757-564-8694)  
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:

Northwest Arkansas: Dr. John P. Spurlin (870-423-4042)  
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)  
New Jersey: Dr. Kimberly Iannotte (908-542-1633, k.iannotte@verizon.net)

### SEEKING AN ASSOCIATE/PARTNER:

Turlock, CA: Dr. James Eggleston (209-634-5871)  
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)  
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)  
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, docslp@advnet.net)  
Boone, NC: Dr. Jerry O. Butler (800-727-5858)  
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)

### SEEKING CHAIRSIDE ASSISTANT:

Denver, CO: Dr. Bruce Dunn (303-758-5858)  
Middleburg, VA: Dr. Robert A. Gallegos (540-687-6363)

### SEEKING COVERAGE:

Marathon, FL: Dr. Lawrence F. Kassouf (1 day/week or occas. days) 305-743-4847  
Vineyard Haven, MA: Dr. Peter Strock, PO Box 1513, Vineyard Haven, MA 02568  
(Desire a sabbatical, timing/duration negotiable. Subsequent association possible.)

### WILL PROVIDE LOCUM TENENS:

Atlanta, GA: Dr. Sidney Williams (404-371-9154, drsid@mindspring.com)  
Florida and Texas: Dr. Dianne Forbes (304-776-3566, mfgettowater@cs.com)

# So you think you need the builders in?

By Dr. Andrew C. Toy (Loughborough, England) andytoy@talk21.com



Reprinted from the June 2003 issue of *The Dentist* magazine.

With an architect for a brother, it is probably inevitable that I have been involved in more building projects than most. So, when we decided to embark on a major refurbishment project at our surgery, you would naturally think that a constant source of expert opinion would be a great help. Whilst in most cases it has been, I have to say that the chuckles and cries of "that's a good one" when yet another crisis hit the fan were not the most helpful comments in the book.

My brother's first piece of advice was "when the builders move in, you move out" – all well and good if you can drop in a ready-made bank of Portakabins, plumbed in and ready to go – but not an option for us. There was no running away from it, we had to take this project full on. We had no choice but to work side by side, spatula by trowel, bridge pontic by Catnic RSJ with builders.

Our eight-month campaign highlighted a number of key aspects of the building trade culture, which I would like to pass on to you so that you can learn how to manage the process quicker than we did.

**Builders are action men.** The first thing to realize is that builders are action orientated. They feel best when they are tackling a problem by doing something. It may not be the best way to do it in the long run, but if it gets the problem sorted quickly, they are happy.

This action orientation manifests itself in several ways. In early site meetings, I found myself frustrated

by my inability to express a problem. Almost immediately, Martyn the contractor, or Mick the foreman, had cut me off in mid-sentence, come up with their own solution and were working on the next agenda item. I was not even half-way through explaining what the problem was, why it was a problem for me and what may happen as a consequence of the problem. How could they give me a solution when they hadn't even begun to understand the problem in the first place?

**Builders are not reflective like us.** When we provide treatment, we can assess the results when the patient returns either for recall or in pain. We have to think long term because, in a sense, we have to live with any problems we create. When builders leave a job, they never have to live with it. This means they do not have the opportunity to reflect on the consequences of their actions. When they come up with a solution, it will invariably fit in with their short term, action orientated culture.

You, however, will want a solution that gives you the best long-term result. Beware of the swift, easy answer.

**Builders are macho drama queens.** Builders love a crisis – the bigger, the more dreadful, the better. When they present you with an unforeseen problem (such as rising damp), avoid plunging headlong into the abyss they are describing to you. Try taking a few steps back, go back to your dentistry, and come back a few hours (days) later. It's quite likely that the problem is only half as bad as they feared, and you won't have lost any sleep over it. (The cost of dealing with our rising damp fell from about 8% of our total remodeling budget at 7:55 AM on Monday to the cost of a dehumidifier by 5:00 PM on Wednesday.)

**Builders often give you the answer they think you'd like to hear.** This forms part of their action based, short term thinking. The classic one, of course is "We'll definitely be out by next Friday."

**Specification documents are negotiable and often ignored.** I strongly recommend that you get a very detailed, professionally created specification document and keep to it. Builders will be looking for a quick and simple way of completing the job (and trying to save money). Your specifications are likely to get in the way of that, and they will often convince you that the item is: (a) not made anymore, (b) not as good as their alternative, (c) impossible to build/fit.

They may also choose to change or omit items from the specification without telling you. Do not be swayed easily by their arguments and stick to your written documents. It's so easy to try and be helpful and let them do what they think is best. They are not reflectors and may not have your interests at the center of their thinking. You will be the one who has to live with the result (in our case, a floor plug that is in completely the wrong place – not easy or cheap to replace).

It's also important to know your specifications inside out – don't just rely on your professional advisors. You will be the one the builder turns to on a daily basis during the job. (And when they ask you for "just a couple of minutes" to talk over something, expect to lose your whole lunch hour.)

**Builders work in an adversarial culture.** When disagreements arise, as they almost invariably will, expect the builder to put his side of the argument very forcefully, ignoring or dismissing your views. They will wait until you either back down or realize

you are you are equally adamant, in which case, they will seek a negotiable solution. Once this little skirmish is over, they will happily return to their cheery banter with you and your team as if nothing has happened.

**Builders respond to the "deadline management" technique.** Time is definitely relative when completion dates are discussed. As the outset, Martyn and Mick confidently asserted that whilst they had requested a six-month contract, they would easily be out in five (what they thought we wanted to hear). Of course, we didn't believe a word of it and proceeded to plan our opening ceremony for an evening two months after our completion date. I knew we'd need a few weeks to get ourselves back to normal and add the finishing touches for the public. At about month four, Mick asked when we really needed them out. Our six-month contract would not be long enough (despite the penalty clauses).

They finally left at 4:00 PM on the day of the ceremony. Instead of two months without them, we had two hours! On reflection, I wonder whether we shouldn't have moved the ceremony forward a month, thereby invoking the deadline management technique builders seem to respond to.

**The Rest:** Finally don't forget the dust, damp, noise (three different radio stations on at one point), food, cigarette and tea breaks that are part of the builders' daily lives. Look forward to the peaceful hours after 4:00 PM when most of them have gone home.

If you can also make friends with the builders, like we did, you also will share many happy moments to lighten the load – an essential balance to the challenges ahead. ■

## Part of the Solution

See volunteer articles on pages 6 and 10 of this issue.

**Dr. Carol Summerhays of San Diego, CA** volunteers treatment time to the San Diego County Dental Society Mouth Guard Program and to Rotary International's 1000 Smiles Program. In the last year, **Dr. Peter March of Peoria, IL** volunteered 100 hours to the Will-Grudy Medical Clinic. **Dr. Glenn Kidder of Baton Rouge, LA** volunteers treatment hours on a regular basis to the Greater Baton Rouge Community Clinic. **Dr. Tim Tischler of Austin, TX** donated 30 hours of treatment time to the Panama-Christian Medical Mission.

## Our Newest Pankey Scholars

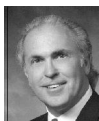
The following dentists recently completed the requirements of becoming "Pankey Scholars." Eleven dentists have celebrated this achievement since December 2002. For information about the program, please contact the Institute's Registration Department.



Dr. Thomas W. Dawson  
Associate Faculty  
Arlington, TX



Dr. Kenneth E. Myers  
Teaching Assistant  
Falmouth, ME



Dr. William P.D. Wynne  
Teaching Associate  
Raleigh, NC



Dr. Michael S. Fling  
Associate Faculty  
Oklahoma City, OK



Dr. Gayle Tieszen  
Reardon  
Teaching Assistant  
Sioux Falls, SD

## H.M.T.

Recognizing a man who started a relationship with me as a student and teacher, and soon became a mentor, friend, and colleague.

A quiet man was he!

By Richard A. Green, DDS, MBA, Director of Business Systems Development

Dr. Henry M. Tanner 1923-2003

*"What matters most of all, is the dash between those years!"*



I met Dr. Henry M. Tanner, when Dr. Loren Miller and Dr. John Anderson invited him to join them as faculty at the L.D. Pankey Institute in 1974. One of his primary tasks was to help develop the newly formed "Cadre." This was a diverse group of 15 dentists/clinicians, who had recently finished the Continuum and would be transformed into teachers/facilitators of others' growth. (We must have shown some promise.) Looking back, one could certainly say that we were at least a few chapters ahead of the Continuum's participants, but we, in no way, knew anything about teaching other than "teach and tell" or a more advanced understanding of "tell, show and do." It was Dr. Tanner's job to guide us in the discoveries that would help us become educators.

Initially we experienced him as

a student would, with lots of questions. In Socratic style, he would often respond by asking another question that was similar but stated in a way that it caused us to think and discover the answer on our own. This tended to frustrate us but also raised our level of curiosity. Ultimately, I began to realize that the seeds of an answer lay within his questions – what a gift! As I would return with an observation and another question, he would often smile. The smile encouraged me to stay on the journey of discovery, learning, and growing. I also came to understand that, as he smiled, he knew before I did that I was about to learn something! He was quickly becoming a mentor! Could we slow down enough to consider what's true and real? Could we understand the way other

people feel?

Henry represented for me much of what I was trying to learn about the application of Carl Rogers and his "Client-Centered Therapy" to the field of dentistry. The issues of "Person-Centered Dentistry" were very similar, took an inner strength, and in fact, were quite revolutionary at the time. Issues of "control" and "Locus of Control" became real as I learned under his tutelage and watched him work with us, our participants, and my patients prior to and while "doing" dentistry. As his patient, I experienced a different level of excellence, both technically and behaviorally. Much of what I was trying to learn, he did intuitively. It was well integrated in his life.

**Treat each other with respect and more often wear a smile.** Henry became a "co-conspirator" as I became more of an educator. Starting in 1980, we did workshops four times per year in my office for dentists who desired to learn more about appliance therapy, occlusion, and equilibration. Soon he was doing this across the country and Japan. He had an openness to team with me and others, though he could have easily done it by himself. This led to partnering in a way that combined the best in each of us to create a new and totally different experience with self and others.

As we talked, he told me, "Slay your mentors in order to grow and individualize as a person and professional." I needed to come to grips with holding my mentor in respect and at the same time "slaying" him so I could become a unique person. There have been occasions in my life where I have had the time to process that and pass on that learning to those I mentor. Henry gave me the time and the freedom to become and develop

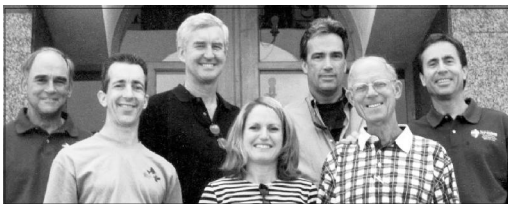
an interdependent relationship as opposed to a dependent one. In this way he has profoundly influenced my daily life and life as a dentist/educator.

Henry's funeral service on Sept. 12, 2003 was a wonderful celebration of his life. We heard many stories from family, dental colleagues, and friends. A theme radiated as each spoke. It was "Henry" no matter what the setting. "Take your tools and develop them to your fullest. Don't shout about it. Just do it and, while you are doing, include others in the process."

A legacy is shaped through patterns of living throughout a life. A legacy is formed by those who recognize the gifts given through the intentions in your expressed values. As I listened to others describe their experience with Henry and as I reflect and write about his impact on me, it becomes clear that we all saw him "called" to be inquisitive, continue learning, and apply anew inventive discoveries in his life. He would say those discoveries were gifted to him through his patients and other significant relationships. Maybe so, but there was a pattern in his life of "work" to develop the gifts (tools and talents) he was given for the benefit of others. That "work" with his gifts found wonderful expression in his family, church, and community. It found expression in dentistry via teaching students and dental educators, inventing numerous instruments for our profession, and modeling a way of engaging patients in discovery about their own present condition and future health choices.

I know there are many who have had very similar experiences with Dr. Henry M. Tanner. I am confident that literally thousands of dentists around the world celebrate his life and gifts to us. Thank you, Henry! ■

## Mission to Romania



*"This trip has become, without a doubt, the most significant thing I do all year – both for them and for myself." – Dr. Dave Hildebrand*

Seven "Pankey" dentists volunteered two weeks in June to work in the medical and dental clinic sponsored by a church in the city of Braila, Romania. They were part of the ServingHIM Healthcare International Ministries, a nonprofit Christian organization initiated in 1998 to provide medical and dental care and evangelism in a "M.A.S.H." type environment. The seven were

(left to right, starting with top row) Dr. David Hildebrand from Dallas, TX; Dr. Denny Byrne from Baltimore, MD; Dr. Mac McDonald of Plano, TX; Dr. Kevin Seidler of The Colony, TX; Dr. Byron McKnight of Mesquite, TX; Dr. Nancy Ward of Baltimore, MD; and Dr. Gene Lambreth (retired orthodontist) of Dallas, TX.

The June team saw 464 patients, performing extractions, operative, and prophyls. This was Dr. Seidler's 6th year, Dr. Hildebrand's 4th year, Dr. McDonald's 2nd year, and Dr. Lambreth's 2nd year. Also on the

team were Dr. Bob Borkowski – an orthodontist from Dallas, Dr. Mark Hall from Alabama, three dental assistants, one hygienist, and 14 additional helpers. Another seasoned dental team from South Dakota, headed by Dr. Randy Sachau – a "Pankey" dentist, went to Braila in August with 23 volunteers. Drs. Denny Byrne and Nancy Ward will head up a team in 2004.

A four-story, state-of-the-art medical and dental clinic will be completed next year, and more healthcare professionals are being touched to participate. The vision, fund-raising, construction and equipping of the clinic are the result of prayer, presentations, and volunteerism that was inspired by a Christian preacher in Romania, Pastor Stefanutz, who spoke against the oppressive actions of the communist dictator Calcescu and was imprisoned for it. When citizen resistance to the government grew in 1989 and Calcescu was executed by Romania's military generals,

chaos ensued leaving the economy in shambles. Romanian churches, including Stefanutz's, appealed for aid. Upon hearing of the plight of the Romanian people, Dr. Seidler and his friends set about praying and working to send people and resources to Romania to positively change the country. The call spread to churches across the U.S. and positive changes are occurring.

Dr. Seidler, Dr. Hildebrand, and their friends are principal contributors to the construction project, as well as volunteer medical personnel. Others may want to get involved by going on a mission trip, donating financially, or giving medical equipment and supplies. You may contact Dr. Kevin Seidler (6600 Paige Road, Suite 100, The Colony, TX 75056), Dr. David Hildebrand (16910 Dallas Parkway, suite 120, Dallas, TX 75248) or ServingHIM Healthcare International Ministries (P.O. Box 794151, Dallas, TX 75379). ■

## New Courses at The Pankey Institute

*You asked for these courses, and we delivered! Whether you've been to the Institute recently or haven't been back in years, we have some wonderful new CE options to choose from that are relevant to your practice. To register for these courses, call the Institute's Registration Department at 305-428-5500 or email mblandon@pankey.org.*

### CAST GOLD COURSE

Cast gold restorations have been used to restore teeth for over 100 years. Many alternatives have been tried but no material has come close to matching the many advantages of cast gold, which can be used anywhere at any time on any person with unparalleled biocompatibility, marginal integrity and longevity. The only limitation on some patients is esthetics, which in many situations can be handled. The use of gold inlays, crowns and bridges has increased recently due to the relatively early failure of other materials. Many practicing dentists are choosing gold to replace other failed restorations. Unfortunately, many dentists and technicians have not been properly trained to perform these demanding procedures. Now, for the first time, a three-day, hands-on seminar will be presented by two highly skilled clinicians, Dr. Warren K. Johnson and Dr. Bruce W. Small. This course is designed for both dentists and laboratory technicians, and there is no prerequisite to attend.

The first session of this new course will be held on June 23-25, 2004. After taking this course, each participant will have 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. The 2004 tuition fee for this course is \$3,090. Upon completion, you will receive 24 AGD lecture and participation credits.

### IMPROVING CASE ACCEPTANCE – A TEAM APPROACH

If you are part of a dental team whose members see relationship building as part of the process in helping your patients choose health over patch and repair dentistry, then

this course is for you! The dates for the first session of this new 3.5-day course have been set for July 18 – 21, 2004. Your faculty will be Dr. Steve Ratcliff, Ms. Mary H. Osborne, and Ms. Joan Unterschultz. This course offers a tremendous growth opportunity for the dentist and key team members to learn how to play an expanded role in intentionally helping patients make healthy choices.

Through experiential learning modules, you and your key team members will have the opportunity to examine your respective roles in the preclinical interview, the comprehensive examination, treatment consultations, ongoing hygiene visits, reintroducing the patient of record into the new style of practice you have chosen, and financial arrangements. You'll discover together how you can improve your teamwork to better help your patients want the benefits of optimal care and accept the dentistry that will improve their lives. Even better, you'll be energized and bonded as a team to see what you can "make happen" back home in your practice.

The prerequisite for this course for the dentist is C1. There is no prerequisite for team members attending with the dentist. Upon completion of this course, you will receive 26 Continuing Education Credits. The 2004 tuition fee is \$3,050 for the dentist, \$1,500 for a single team member, \$1,300 each for two team members, \$1,200 each for three team members, and \$1,000 each for four or more team members.

### DIGITAL DENTAL PHOTOGRAPHY

This new 3-day course will address a pressing need of our participants to better understand all aspects of digital clinical photography. See Dr. Steve Ratcliff's "Perspectives" article on page 3 for details.

### MASTERING OCCLUSAL CONCEPTS

Completed C2E? Still wondering about some aspects of splints and equilibration? Now you have a golden opportunity to review concepts and continue practicing occlusal appliance and equilibration techniques with the assistance of experts at The Pankey Institute! You'll have three hands-on days with Dr. Irwin M. Becker, Dr. Steve Ratcliff, Dr. Gary DeWood, Dr. Buzz Raymond, and Dr. David Latz.

The objectives of these three

days are numerous... so come prepared for intense learning!

- You'll be able to recognize and correct imperfections in the occlusal scheme on the universal flat planed appliance.

- You'll be able to recognize and understand the correlation between surface irregularities and interferences on the appliance and muscle release.

- You'll have an enhanced understanding of anterior guidance and its importance in a healthy occlusion.

- You'll understand crossover in relation to anterior guidance and condylar inclination.

- You'll be introduced to the Tanner appliance.

- You'll understand the nuances of mixing and handling acrylic in order to achieve an extremely dense, strong, thin, smooth and highly polished final result.

- You'll understand and refine the skill of relining an appliance.

- You'll be guided into discovering the importance of meticulous refinement of bite appliances.

- You'll have ample opportunity for interaction with faculty and fellow participants.

- You'll refine equilibration skills by hands-on experience with laboratory exercises.

The first session of this new course will be held November 30 – December 3, 2003. The next session will be held May 9-12, 2004. There are currently openings in the 2004 class. Upon completion of this course, you will have earned 30 AGD Lecture and Participation credits. The prerequisite for this course is completion of C2E. The 2004 tuition fee is \$3,050.

### SLEEP DISORDERED BREATHING

Dr. W. Keith Thomson, Associate Faculty and inventor, has developed a unique 3-day course to help you understand and treat sleep disorders as they relate to TMD, fibromyalgia, chronic fatigue, and bruxism. He and Drs. John Remmers and Henry Gremillion will inform you about the newest findings and treatment options. This is not just another snore-appliance course! This one will feature the needed medical differential diagnostics, analysis of sleep and oxygen deprivation levels, and, finally, the specifics of treatment choices. You will cover understanding and treating sleep disorders, diagnosis of sleep disordered breathing, the screening oral and upper airway

exam, use of Profox software, how to use Snoresats and pulse oximeters, and how to construct a mandibular advancement device. The prerequisite for this course is C1. Upon completion, you will receive 24 AGD participation credits. The 2004 tuition fee is \$3,290. Participants in the first session, in 2003, raved about the amount of information they received and the expertise of the presenters. The next session is scheduled for May 16-19, 2004.

### PREDICTABLE REMOVABLE PROSTHETICS (PRP)

Back by popular demand! In this week-long, hands-on course with live patients, dentists and technicians will learn all the steps necessary for dramatically improving the physical and emotional stability of the edentulous patient. Taught by Dr. Joseph Massad and Dr. William J. Davis, this comprehensive course combines the accepted technique of denture fabrication with the occlusal and philosophical considerations taught at the Institute.

Dr. Massad says this new course is appropriate for those who previously attended his *Predictable Complete Dentures* course. For this course, Dr. Massad produced the first 3-D animation and video ever created on the subject to show the dentist and technician the intricacies of new techniques that will facilitate obtaining accuracy for the patient, dentist and laboratory technician. Presenters involved in the 3-D animation project include seven of the top practitioners.

With the aid of slides, film, and animation, Dr. Massad will help you diagnose an actual case, prepare models for communicating with the lab, study his own work-up, and discuss at length combination cases of partial dentures.

There are no course prerequisites for this course. Pre-course study materials will be recommended weeks prior to the course. Upon completion, participants will receive 45.0 AGD participation credits. The 2004 tuition fee is \$3,750. The 2004 session is scheduled for February 22-27. ■

The next issue of the Pankeygram will include a pictorial summary of the proceedings of the 17th Biennial Meeting of the L.D. Pankey Alumni Association Meeting taking place this month at the Ritz-Carlton on Key Biscayne.

www.pankey.org  
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 Fax: 305-428-5567  
 Key Biscayne, FL 33149  
 One Grandon Boulevard



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 for Advanced Dental  
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## Upcoming Classes at The Pankey Institute

### Tuition & Lodging Fees

| Tuition Fees                     | 2003    | 2004    |
|----------------------------------|---------|---------|
| Continuum Level I                | \$3,475 | \$3,590 |
| Continuum Level II               | \$3,590 | \$3,750 |
| Continuum Level IIE              | \$3,750 | \$3,890 |
| Continuum Level III              | \$3,820 | \$3,990 |
| Continuum Level IV               | \$3,970 | \$4,150 |
| Continuum Level V                | \$4,130 | \$4,290 |
| Continuum Level VI               | \$4,340 | \$4,490 |
| Esthetics Week                   | \$4,450 | \$4,690 |
| Masters Forum                    | \$4,450 | \$4,690 |
| Specialist Course                | \$2,625 | \$2,990 |
| Predic. Remov. Prosth. (PRP)     | \$3,450 | \$3,750 |
| Mastering Occlusal Concepts      | \$3,050 | \$3,350 |
| Cast Gold Course                 | NA      | \$2,900 |
| Sleep Disordered Breathing       | \$2,990 | \$3,290 |
| Digital Dental Photography       |         |         |
| Dentist                          | NA      | \$2,800 |
| Photographic Assistant           | NA      | \$1,800 |
| Pankey Scholar: Part A           | \$3,100 | \$3,470 |
| Part B                           | \$3,300 | \$3,690 |
| High Impact Man. (HIMS)          | NA      | \$4,000 |
| Financial Man. I (FM1)           |         |         |
| Dentist                          | \$2,980 | \$3,120 |
| Financial Administrator          | \$750   | \$790   |
| Financial Man. II (FM2)          |         |         |
| Dentist                          | \$3,190 | \$3,350 |
| Financial Administrator          | \$1,040 | \$1,090 |
| Improving Case Acceptance        |         |         |
| Dentist                          | NA      | \$2,320 |
| Team Member                      | NA      | \$1,710 |
| Perio. Team Therapy (PTT)        |         |         |
| Dentist & One Hygienist          | \$3,850 | \$4,050 |
| Individual Hygienist             | \$2,150 | \$2,250 |
| Technician                       | N/A     | \$2,320 |
| Lodging Fees at The Pankey Lodge |         |         |
| Single occupancy/night           | \$175   | \$180   |
| Double occupancy/night           | \$128   | \$130   |

### Course Dates (Please call 305-428-5500 for latest course information.)

|                                                                                                                                                                                                                                                                                                     |                                       |                                                                                                                   |                                                                                                                                                                                                                |                                                                                                                                                                                            |                                                                                                                        |                                                                                                                                                     |                                                                          |                                                                                                |                                                                                                             |                                                                         |                                                                                  |                                                                                   |                                                                                                                                                     |                                                                                     |                                                                                      |                                                                                                                                                                                                            |                                                                                                                         |                                                                                                                                        |                                                                                                             |
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| <b>Continuum Level I (C1)</b><br>Nov. 2 - 7, 2003<br>Dec. 7 - 12, 2003<br>Jan. 11 - 16, 2004<br>Feb. 1 - 6, 2004<br>March 14 - 19, 2004<br>March 28 - April 1, 2004<br><i>(Korean)</i><br>April 25 - 30, 2004<br><i>(Japanese)</i><br>May 23 - 28, 2004<br>July 11 - 16, 2004<br>Aug. 15 - 20, 2004 | June 6 - 11, 2004<br>Aug. 1 - 6, 2004 | <b>Esthetics Week</b><br><i>Prerequisite C2</i><br>Nov. 16 - 21, 2003<br>Jan. 18 - 23, 2004<br>Aug. 22 - 27, 2004 | <b>Continuum Level IV (C4)</b><br><i>Prerequisite C3</i><br>Nov. 2 - 7, 2003<br>Feb. 1 - 6, 2004<br>March 14 - 19, 2004<br>April 18 - 23, 2004<br>April 25 - 30, 2004<br><i>(Japanese)</i><br>July 4 - 9, 2004 | <b>Continuum Level II (C2)</b><br><i>Prerequisite C1</i><br>Nov. 9 - 14, 2003<br>Jan. 4 - 9, 2004<br>Feb. 29 - March 5, 2004<br>May 2 - 7, 2004<br>June 6 - 11, 2004<br>July 15 - 20, 2004 | <b>Continuum Level V (C5)</b><br><i>Prerequisite C4</i><br>June 6 - 11, 2004<br>Feb. 8 - 13, 2004<br>April 4 - 9, 2004 | <b>Continuum Level III (C3)</b><br><i>Prerequisite C2E</i><br>Jan. 4 - 9, 2004<br>March 28 - April 2, 2004<br>June 13 - 18, 2004<br>May 2 - 7, 2004 | <b>Specialist Course</b><br><i>No Prerequisite</i><br>June 27 - 30, 2004 | <b>Predictable Removable Prosthetics (PRP)</b><br><i>No Prerequisite</i><br>Feb. 22 - 27, 2004 | <b>Mastering Occlusal Concepts</b><br><i>Prerequisite C2E</i><br>Nov. 30 - Dec. 3, 2003<br>May 9 - 12, 2004 | <b>Cast Gold Course</b><br><i>No Prerequisite</i><br>June 23 - 25, 2004 | <b>Sleep Disordered Breathing</b><br><i>No Prerequisite</i><br>May 16 - 19, 2004 | <b>Digital Dental Photography</b><br><i>No Prerequisite</i><br>Oct. 17 - 20, 2004 | <b>Pankey-Gallup High Impact Management Seminar Level I (HIMS) at Gallup Headquarters in Nebraska</b><br><i>Prerequisite C1</i><br>June 2 - 5, 2004 | <b>Financial Man. Level I (FM1)</b><br><i>Prerequisite C1</i><br>Feb. 15 - 18, 2004 | <b>Financial Man. Level II (FM2)</b><br><i>Prerequisite FM1</i><br>Nov. 9 - 12, 2003 | <b>Pankey Scholar</b><br><i>Prerequisite C6 &amp; Esthetics</i><br>3A: Dec. 14 - 16, 2003<br>4A: Feb. 15 - 17, 2004<br>5A: June 30 - July 2, 2004<br>3B: July 26 - 28, 2004<br>4B: Aug. 30 - Sept. 1, 2004 | <b>Technician Course</b><br><i>Dentist Prerequisite C1</i><br><i>Technician Prereq. None</i><br>Aug. 30 - Sept. 1, 2004 | <b>Improving Case Acceptance (A Team Approach)</b><br><i>Dentist Prerequisite C1</i><br><i>Team Prereq. None</i><br>July 18 - 21, 2004 | <b>Periodontal Team Therapy (PTT) Dentist Prerequisite C1; Hygienist Prereq. None</b><br>Dec. 14 - 17, 2003 |
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