

**The Pankey
Institute
For Advanced
Dental
Education**



PANKEYGRAM

Excellence by Association

Articles in the last several issues of the *Pankeygram*, including the special *25th Anniversary Edition* you recently received, testify to the high value our students place on the programs and traditions of the Pankey Institute. Recent articles share with the community how individual dentists apply the knowledge gained here to enhance the services they provide their patients. The authors also pronounce the efficacy of our curriculum for contemporary dentistry and confirm the recent additions to our learning environment are enhancing their opportunities for successful practice.

You also will likely recall, in the last two issues, we announced an upcoming capital fund-raising initiative. Our capital campaign, named "Campaign 2000: A Place of Our Own," will ask for your financial contribution to the Pankey Institute's new building fund so that we can construct a building of our own at One Crandon Boulevard in the Village of Key Biscayne.

We have high hopes for your significant financial support of this landmark undertaking for several reasons. First and foremost is the fact we have not asked you for contributions for a capital project since we moved to Key Biscayne in 1985.

**EXECUTIVE
DIRECTOR'S
MESSAGE**



Christian B. Sager

Since then, we have provided knowledge and success formulas to over 11,500 different students, via lectures, hands-on labs, and discussions held in leased space at 240 Crandon Boulevard. It's time for every dollar invested in the Institute's facility and equipment to be an investment in our own property! It's time to build a state-of-the-science home for you and future generations of quality-seeking dental professionals.

**LIVING THE PRINCIPLE OF
QUID PRO QUO . . .**

If we have materially enhanced the clinical, managerial, financial, and spiritual health of most of the dentists who have attended the Pankey Institute, it follows they will happily give back to the Institute some of their increased financial reward. Accordingly, the cam-

paign leadership committee has established \$2.5 million as an appropriate and reachable goal. Certainly, this is a substantial sum, but far less in constant dollars than the one million raised to begin the Institute over twenty-five years ago.

The original group of contributors gave to a dream of what could be. Their gift required a leap of faith. Their dollars funded the initiative, and committed the Institute's founders (Dr. Loren Miller, Dr. John Anderson, Dr. Harold Wirth, Mr. Billy Anderson, and Dr. Jim Cosper among others) to establish an organization dedicated to excellence in dentistry. Indeed the original contributors proved to be visionaries, and the Institute has fulfilled their intentions and expectations during its first 25 years of existence.

Today we rely on the goodwill of those who have received direct benefit, as well as those who envision a positive future for the Pankey Institute. It has never been more important than in today's healthcare climate to support the premiere post-graduate dental education facility. The Pankey Institute stands for optimal care, individual choice and the highest ethical and moral standards. It is the one organization uniquely and routinely guided by the philosophi-

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Proactive by Nature

**CHAIRMAN'S
MESSAGE**



Irwin M. Becker

I have often commented on the good fortune I have experienced here at the helm of the Education Department. Why do I sincerely feel that way? Why do I feel I have the best job in the world?

First of all, it's because I'm associated with a great organization with an extremely important and meaningful purpose. It's too simple to explain my euphoria based on being involved in continuing education. The Pankey Institute is not just another CE establishment. We are unique because of our philosophy and commitment to Optimal Care. The document *Principles and Practices of Optimal Care* clearly defines our objectives and mission—and sets forth a model of excellence for our students. We continually utilize this model to help dentists achieve their own dreams. We help them learn

how to appropriately apply its principles and practices in relation to both the dentist's and patient's objectives, temperaments, and circumstances.

I love my job because I am involved in the advancement of dentistry at its highest and best purpose for the patient. When patients report that choosing Optimal Dental Care is the best thing they ever did for themselves, I fill with joy. I would encourage you to reflect on the pride you have in being associated with The Pankey Institute.

Secondly, it's because of the people I have had the pleasure to meet and closely associate with over the past 16 years. Almost to a person, I can say that

our faculty, students, and their entire teams have brought me more pleasure, enlightenment and a clear sense of being better because of having been with them.

Why do we attract such special people? The obvious answer is common values and goals. People who have a similar sense of purpose can work closely together without a lot of preliminary discussions. We don't seem to need to work through a lot of excessive baggage with people who are striving to achieve similar goals. It's just plain fun to work and study together with our faculty and students.

Last and perhaps most important to me personally is the proactive nature of the education process here at the Institute. Each year has brought new growth and willingness to identify and address new challenges. Even though we are not the first to try something, our strategic planning process assures we are not the last. Here are just a few of the enhancements we've made to our program in the last two years:

- *The C.R. Trainer*—designed and developed here at the Institute, enables students to manipulate a mannequin, which will detect the amount of force and vector of direction applied to each condyle, and in so doing improve their manipulation acumen. (See the September 1996 issue of the *Pankeygram*.)

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In This Issue:

- *Well On Our Way*
- *Polly Davis—Generous Donor*
- *1997-1998 Board of Trustees*
- *Come Celebrate*

Director's Message . . .

Continued from page 1

philosophical principles of its honoree—an organization whose funds are expended in pursuit of greater learning materials and methods rather than satisfying the profit concerns of stockholders—and whose activities are governed by a Board of Directors comprised of fifty of the finest dentists in the world.

CARRY THE MESSAGE!

We believe the \$2.5 million goal is attainable. It's especially attainable if you carry the message of the Institute's importance to your patients who have been the recipient of your expertise. Think back to the story of Mrs. Polly Davis, the individual who so cherished Dr. Pankey's contribution to her oral health that she acknowledged his care and investment in her health by designating the Institute as a beneficiary of one-third of her estate, \$1.2 million. I'm certain many of you have similarly impacted the health and happiness of patients who have the financial ability to acknowledge your contributions through a gift to the Institute.

Perhaps you have not thought in those terms before, but I am asking you to do so now. In order for us to reach our goal, we need several gifts of \$25,000 or more, and we recognize that is a tall order for many practicing dentists.

At this time, please examine your patient base and identify those grateful patients who might fit the "large gifts" benefactor category. Among all of us, we can find individuals who believe in our mission and are willing to make a significant gift to the Institute's future.

The campaign leadership is committed to collectively finding an effective way to communicate with prospective donors. We are very interested in assist-

ing you in communicating with prospective donors, and we are presently preparing information packages that will help you state our case for support.

You can be very proud of the opportunity you will present your patients. You will be asking them to perpetuate perhaps the only non-profit professional educational organization that

At this time, please examine your patient base and identify those grateful patients who might fit the "large gifts" benefactor category. Among all of us, we can find individuals who believe in our mission and are willing to make a significant gift to the Institute's future.

accepts no government funds, fiercely advocates freedom of choice, refuses to accept mediocrity in any form, and has a twenty-five year history of continuous excellence. You also will be reminding them you support and subscribe to the same principles of excellence.

We are counting on you to make your individual commitment because, after all, the success of the campaign is going to be determined by the less spectacular but fundamental support of those who have been enriched by the Institute in the last quarter century. ■

Chairman's Message . . .

Continued from page 1

• *The Patient Satisfaction Survey Program*—to help you understand your own patients' and staff's perceptions, and to provide you with recommendations from the experts on what you can do to improve patient and staff satisfaction. (See article on page # of this Pankeygram.)

• *The Variance Management System*—financial software to help dental professionals manage the business of their practice. (See article on page # of this Pankeygram.)

• *Continuum Level IIE, Mastery of Occlusal Equilibration*—to provide students more time performing occlusal equilibration on natural teeth. (This is a new course offering for CII graduates before proceeding to CIII.)

• *The Specialist Course*—which covers topics not available in other courses for specialists, including splint therapy, occlusal equilibration, the latest approach to occlusal awareness, joint analysis, and practice financial health. This addition has significantly increased understanding about the respective roles each professional plays in Optimal Care. (See the last issue of the Pankeygram.)

• *The Pankey Grant Program*—to support research activities in the eight recognized dental specialties and/or oral biology at colleges and universities across the U.S. and around the world. (See the September 1996 issue of the Pankeygram.)

• *The AGD Post-Course Protocol Program*—which enables students of The Pankey Institute to earn additional AGD participation credits by working with a Pankey Institute assigned mentor, who is one of our faculty members or from a select group of other Pankey-trained dentists. (Information is provided to students at each Continuum course.)

• *The Agenda for Growth Program*—which details specific activities each student should accomplish prior to returning to the Institute for the next Continuum class.

• *The Education Report Newsletter*—for faculty of the Institute to share thoughts and information critical to the ongoing success of the teaching and learning experience at the Institute.

• *Patient Portfolio Documentation Enclosures*—to help you organize the articulated casts of a patient for the patient's post-treatment consultation and as an aid when educating another patient needing similar dentistry. (See article on page # of this Pankeygram.)

Wow! And that's just the beginning. We are finalizing the curriculum for an *Esthetics* course that will be a hands-on, unique opportunity to apply principles of natural beauty to all other aspects of comprehensive, quality dentistry. How is this all possible? It's possible because we place no prior restrictions on our thinking, as long as it's coincident with our mission and purpose. We encourage you to apply this same proactive thought to your own practice.

We are flourishing and accomplishing a significant amount relative to helping our constituents reach their goals and objectives. It's up to you, however, to keep the force alive. We need you to encourage, suggest, and even cajole dentists that could benefit from the Pankey experience to attend the Continuum. Does that sound like a post-treatment consultation?

You can be the creator of the defining moment for the next student who signs up for CI. If you believe in our purpose and our plans for a state-of-the-art facility, your referrals are essential. Please call me personally if you have any questions or concerns regarding any part of our program or future plans for your Pankey Institute. ■

Be a Boundary Pusher

BUSINESS SYSTEMS DEVELOPMENT

Dr. Richard Green

At a recent Continuum Level IV class, Roger Kiesling read "bedtime stories" to the class from *Undaunted Courage* by Steven Ambrose. This book focuses on the Lewis and Clark expedition. Some excerpts were from Lewis's own diary and very eloquently written. What a boundary pusher!

It got me to thinking about how easy it is to narrow our experiences and diminish our effectiveness with people. In a recent article, management guru Peter Drucker mentioned the need to be a boundary pusher. He said, "It is

absolutely imperative that they [executives] spend a few weeks a year outside their own business and actively working in the market place."

I began reflecting on what that would mean for the dentist. All great change comes from outside your usual realm of thinking and working. Read a book. Take a class outside your field. I suggest you take a "Finance for Non-Financial Managers" class at your local community college, or take one of the "Management Development" seminars offered by the Gallup Organization Leadership Training Institute. Learn concepts of "Varsity Management." Don't just be on the frosh-soph team!

Then, the challenge is to roll these experiences over onto your dental environment. I promise that new insight will appear. If you are getting stale, make time to go outside your arena of expertise. Expand your mind. It will never return to its original size! It's exciting how your patients, staff, family, and self will all benefit. ■

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Digital Storage Technology

AUDIO VISUAL & COMPUTER SYSTEMS TECHNOLOGY

Gustavo Menendez

USE TODAY'S TECHNOLOGY OR "LOSE IT"

The principal "fact of life" for all digital storage media is the rapid obsolescence of hardware and software. Users of digital technology in storing patient clinical or managerial data on disc or tape *should* be reassured of a reasonable life span for the products. This, however, is provided they are stored in reasonable conditions, i.e., temperature, humidity, and packaging materials.

Digital storage media imposes a strict discipline that human-readable records do not. The rapid evolution creates a continual progression of technology that cannot be ignored for too long. Consequently, users must not lose sight of the need to maintain a viable migratory path to new software and hardware platforms.

Armed with knowledge of the physical nature of the various current technologies and their archival approaches, these media can present the user with the best of both worlds; the functionality of digital media and a long life for stored data and pictures.

Years ago, during the actual initial landing of man on the moon, I took a videotape recorder home from work so I could have a record of this monumental and historical human achievement for the future! I had recorded this momentous event with the intent that it could be considered a collector's item and viewed years later. Little did I know that I would not be able to retrieve that program later on. When I had decided to view the tape again, to my misfortune, I found the videotape machine for viewing was no longer available. Furthermore, the manufacturer was no longer in existence. I was left with a historical videotape that was essentially a paperweight. This incident is a prime example of how our continual progression in technology can actually impede opportunity if we're not keeping up to date with current advancements.

Many of you have had a computer for some time now. You use it to store information about your patients. You may be very happy with what you can do with the technology you have in place. After a few months or years have gone by and a more advanced version of your software is released that also may require an upgrade in your hardware, you may not see the value of investing in the new technology. You may elect not to update your software and hardware, even though the vendor sends you a letter saying they will eventually no longer "support" your older technology.

If you elect not to migrate, you are taking a risk. If your computer fails to function someday in the future, you may find that your hardware components and software are no longer supported. This means, computer vendors no longer provide the hardware, software, and advice you need to get your older technology up and running again. You may find that, despite the backup tapes or disks you've made of your data, you have no way to retrieve and use that data.

What do I advise? Migrate! Move to the next software version when your software vendor writes to tell you they will soon no longer support your software. Also, upgrade your hardware if required by the next version of the software. Keep moving forward with advancements made for your system. ■

The One Thing

by **Dr. Barry F. Polansky**

Movies are wonderful for helping us to think more deeply about life. Who can forget the great scene in *City Slickers* when Curly, smiling like a fox, put up his index finger and asked Billy Crystal what was the "one thing that is most important in life." Even now I ask friends what they think he meant. The answers are quite variable. John F. Kennedy, Jr. is in the process of writing a book that will be the culmination of a survey that asks, "What is the 'one thing' wrong with America today?" I'm sure the answers, too, will be variable. I like this line of reasoning because if we can follow the thread to that one thing, then maybe we can get to the heart of any issue. So I asked myself the intriguing question, "What is the one thing that, if we could correct, would cure all of the problems in dentistry?"

I certainly cannot claim to know the answer that will suit everyone, but after much thought, I have narrowed it down to a plausible conclusion. It all started during a recent visit to the Pankey Institute where I had the privilege of hearing Dr. Peter Dawson. I became more aware of the controversy in dentistry regarding certain beliefs about the role of occlusion in the diagnosis and treatment of TMD. Over the years I have developed a strong belief in the teachings of Dr. Dawson and the Pankey Institute, but now I was listening from the perspective of the controversy between the structural nature of cause and effect versus the psychosocial model of cause and effect. My intent, here, is not to convince you of either, but rather to show how developing beliefs about anything will have long-reaching effects on the way we practice.

Most dictionaries define a belief as something that we accept as being true. Once we accept that something is true, we act accordingly. I have always been a skeptic and needed maximum proof in order to hold an idea as true. I always liked the story of the Indian who took his son out to the field and pointing to a cow, asked, "Son, what color is that cow?" The

boy stood silent for a second and said, "Father, it is brown and white...on this side." Like that Indian boy, I too have searched for the answers with a sense of wonder about the nature of the world.

Over the years I developed a greater understanding of how the mouth worked, how the teeth related to each other, and how the maxilla and mandible related to the musculature. Slowly, as I learned more, and applied my knowledge, I confirmed my beliefs. Today I don't begin to treat if I haven't looked at the other side of the cow. As far as the psychosocial model was concerned, I just never felt comfortable handing over my patients to the "softer sciences." My patients didn't feel comfortable with that explanation either. But in either case, at least both camps are following some belief system.

During the process of developing these technical beliefs, something strange happened. I started to treat patients differently. I looked at the entire system differently, much more holistically—with a Gestalt approach. My appreciation for dentistry became enhanced and I approached patients with a newly developed passion—a passion that I had always tried to artificially manufacture as the motivational speakers recommend. Understanding cause and effect at a new level also helped me to express diagnosis and treatment to patients better. After all, patients only want to be given a good reason why they need treatment or need to take action. Many dentists fail to give patients a reason because they don't know why. It's hard to be passionate when you don't know why you're doing your job.

A personal philosophy acts as a fixed star, an anchor in the changing sea of life.

So in the process of developing and confirming these new beliefs, I developed a new professional worldview, probably not unlike the new worldview that people had when Columbus revealed that the world was round or when Copernicus proved that the earth was not the center of the universe. Things changed! New philosophies were created. These new revelations opened doors for further discoveries and so now people could look at another side of the cow. New depths could be explored. And so it is with all of life, to develop beliefs that we hold close and guide us in our day-to-day activities. We need to develop a philosophy.

Jim Rohn, the dynamic motivational speaker, says that the very first thing a person should do to achieve success is to develop a personal philosophy. I agree. This seems to be the biggest obstacle to success in dentistry as well as in life. Think about it. How could the government, the media or insurance companies do anything to destroy dentistry if we as individuals had strong personal philosophies of practice? A personal philosophy acts as a fixed star, an anchor in the changing sea of life.

Steven Covey uses the metaphor of a fixed unmoving lighthouse when he describes these unchanging principles (or universal laws of nature) that must be regarded as true. I have found, when problems occur in practice as well as in

life, some universal law of nature was violated. When a fundamental principle is violated, we can't correlate between cause and effect, and the world no longer makes sense. Many of the foundational principles of occlusion work were taught to me in my freshman year in dental school and, to my knowledge, are still accepted today, continually confirmed by excellent researchers like Ramford, Mahan and Williamson. More importantly they work clinically, and for me that is the true laboratory. Someone once said, "You'll believe it when you see it." That's how I feel about the TMD controversy.

Each day for the practitioner, who doesn't have a belief system (philosophy or ideology), is a new adventure because this practitioner doesn't know which direction to go. Are all patients treated the same? Are they given the same examination? What type of examination is performed? What signs of disease is he/she looking for? What is the relevance of these signs, and what is the window of concern for these signs?

Forgive me if I sound judgmental but, for the first ten years of my practice, I did not have a philosophy of dentistry. During those years, I spent a lot of time just diagnosing caries and periodontal disease, and to be honest, it grew old. I was fixing holes and scraping roots, trying to get excited about some new material to fill a tooth. I made money at it, but I couldn't do anything about the lack of passion. Then I met men like Pete Dawson and Irwin Becker who helped me to learn about the concept of "complete" dentistry. It was then that new doors opened. Doors that I had not known existed in dentistry. That's what a philosophy can do.

In the television interview titled *The Power of Myth*, Bill Moyers asked Joseph Campbell, the mythologist, the challenging questions: "Why myths? Why should we care about myths? What do they have to do with my life?" Campbell said, "My first response would be, 'Go on, live your life. It's a good life. You don't need mythology.' I don't believe in being interested in a subject just because it's said to be important. I believe in being caught by it somehow or other. You may find that, with a proper introduction, mythology will catch you. And so, what can it do for you if it does catch you?"

Joseph Campbell's life was mythology. The stories that brought texture to life. When I re-read that passage I made the connection to dentistry. To those dentists that don't have a philosophy I say, "That's okay. Live your life. It's a good life. But for me, I've been caught."

Joseph Campbell has been as important a mentor to me as Drs. Dawson and Becker. If this article moved you in any way to develop a philosophy of practice, consider this closing passage from Campbell's classic book titled *Hero with a Thousand Faces*:

We have not even to risk the adventure alone. For the heroes of all time have gone before us.

The labyrinth is thoroughly known. We have only to follow the thread of the hero path.

And where we had thought to find an abomination, we shall find a God.

And where we had thought to slay another, we shall slay ourselves.

And where we had thought to travel outward, we shall come to the center of our own existence.

And where we had thought to be alone, we shall be with all the world. ■

**THE PANKEY INSTITUTE
VARIANCE
MANAGEMENT
SYSTEM®**

"This is the first software that has made sense of the financial end of our practice, since it is written for management rather than just for accounting. We are amazed at all the program contains and what it can do for us. We especially appreciate the analysis we can do now." —Dr. John R. and Cindy Steinaedel

The Variance Management System (VMS) makes it simple for you to manage the finances of a busy dental practice. With VMS there's no more time-consuming calculations and no more confusing paperwork. The system consists of Excel worksheets—on your choice of PC or Mac formatted diskettes—and an accompanying book of instructions telling you how to use the worksheets. The system is organized in three easy-to-follow sections:

Profome®7 worksheets and instructions enable you to easily examine break-even and profit percentage numbers; analyze cash flow, hygiene and associate departments; forecast and budget your next year to achieve desired results; assess hourly fees within the Philosophy—and more. These worksheets also show the impact of Gain Sharing on your practice. Easy input and auto-calculation let you create different financial scenarios "on the fly" by simply changing the numbers.

MIS worksheets provide you with a simple form of the Pankey Management Income Statement. Instructions take you, line by line, through the calculation of your practice production, income and expenses based on your accounting time system (monthly, year to date, 12 month rolling). A Summary page for the professional's quick understanding of overhead categories is also provided.

MIS/YTD worksheets and instructions enable you to easily track monthly and year-to-date (YTD) numbers. Line item percentages are highlighted for quick review of practice performance. You can compare Monthly Actual to Budget, YTD Actual to YTD Budget, as well as previous YTD figures!

The Variance Management System (VMS) is available on 3.5" disk in Excel 5.0 or 4.0 for the PC or Mac. The price is \$295 for Continuum participants and active Alumni Association members. Others may purchase the system for \$325. To order your copy, call the Pankey Institute Bookstore at 305/361-6433. ■

A "New" Referral System

WILL IT REPLACE 1-800-DENTIST?

by
Dr. George Winn

According to some practice management experts, approximately 30 percent of the clients in the average dental practice leave each year—not because of dissatisfaction with the care or because they don't like the dentist. They leave because of employment or retirement relocation to another community.

Your practice may not experience this high rate of attrition; however, we all have clients who ask for a referral in a new location. I have a network of associations across the country that I have developed by attending classes at the Institute. You have one, too. But our personal networks aren't sufficient for making the numerous referrals requested. We can't go to the ADA directory and have any knowledge of expertise. So, what can we do?

I think I have found the best referral system—*The L.D. Pankey Alumni Association Directory*. Alumni Association members are listed by location, so we can look up "Pankey grads" in nearly every locale across the U.S., or within a few miles. The directory also tells us the continuum levels each member has completed

so we can gauge dedication to a certain way and level of practice. Just because someone has taken a lot of CE doesn't mean he or she is a great practitioner, but my experience tells me those who have continued through the continuum are way above the average dentist.

If you are like me, though, knowing the best referral system and feeling comfortable with it are two different things. Even though I've decided I should make the best referral I can, lots of questions still race across my mind when I pull the *Alumni Directory* off the shelf:

Will the referred dentist be critical of what I have or have not accomplished?

Will the dentist appreciate that I was in the process of establishing a relationship with the patient and had just passed the "heroic and holes" stage—that we were waiting to see if the patient would hold up his or her end of the care?

Will the dentist appreciate that when I started with this patient some years ago I had not been through the Pankey program and what they see is a progression in the improvement of my skills?

Will the dentist also recognize the patient also grew in appreciation of good dentistry and we were in the process of meeting the patient's needs?

Will normal wear and tear be noted, instead of brought to the patient's attention as failing work?

Will the dentist appreciate that finances were difficult and of great concern to this patient?

Will the dentist realize that I hope he or she will establish a relationship with the patient, reach the patient, and accomplish that which I have not yet done?

Heaven help me, will someone say, "I thought that George Winn did better work than that; he surely talks that way!"

Each time I make a referral, I have to master my inner concerns and not let those questions deter me from doing what is in the best interest of my patient. And each time, I do master those concerns. I will continue to use the directory for one excellent reason. It is in the best interest of the patient. My worries, ego, pride, and arrogance should be put aside. ■

The Patient Satisfaction Survey

BUSINESS SYSTEMS DEVELOPMENT

Dr. Richard Green

A UNIQUE OPPORTUNITY TO RECEIVE FEEDBACK FROM YOUR OWN PATIENTS

At a recent Continuum Level IV class, a student asked, "With all the things I am learning and that are on my to-do list, why should I add the *Patient Satisfaction Survey* to my already full plate?" That is a fair question and one that is more easily answered on an individual basis. Yet, a general response would be the following. Although your plate is full and you have lots of things to do—new and old—it would be worthwhile to benchmark your patient's perception of all that you do. Do your patients understand what you and your team are doing with and for them? Are they completely satisfied with the experience they have in your office? Many of the things on a dentist's to-do list are technical in nature because most of us feel more comfortable in that arena. The *Patient Satisfaction Survey (P.S.S.)* deals with a broader view of your practice than technical competence. You get feedback from your patients on your vision and its application.

PSS was developed in tandem with Gallup, a leading consumer research organization, to enable dental practitioners to survey their patients and staff to

The top rated practices have a significantly higher rate of referrals, greater profits, and substantial loyalty among patients and employees.

find out what they can do to become super achievers. As of this date, we have surveyed over 8,000 patients and 800 employees nationally. Experts at Gallup have analyzed the data, drawing on more than 30 years of experience researching health and other service professions.

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

Harmony in the Dental Office

by
Dr. Bette E. Robin

Harmony and mutual respect for employees are key elements to the successful implementation of the Pankey philosophy in the dental office. The Pankey philosophy stresses the benefits of balancing work, family, worship and play. A well balanced life is equally important for dentists and their staff members.

Our ethics and ultimate success as dentists require that we comply with numerous federal and state employment and wage laws. Failure to do so can impinge unfairly and illegally on a staff member's family, worship, or play time.

One of the most frequently

ignored laws in the dental office is the payment of overtime. Federal law requires that overtime be paid at the rate of 1.5 times the hourly wage for work in excess of 40 hours per week. Some states have more stringent regulations regarding overtime compensation and dictate that overtime compensation must be paid when the employee has worked more than 8 hours in a single day.

The manner in which you deal with the additional hours can make the difference between a happy employee and a disgruntled one.

In the typical dental practice, overtime is a fact of life. However, the manner in which you deal with the additional hours can make the difference between a happy employee and a disgruntled one. Having a clear overtime policy in your personnel manual helps avoid problems. No dental office employee is legally exempt from overtime com-

penation, so compensation must be paid even to salaried employees. Dentists who maintain an employee on a salary basis, paying overtime when due, are required to keep an accurate record of time worked each day. Daily records can be kept manually; however, using a time clock or a computerized time program is more accurate and less time consuming.

Reduced compensation for staff meetings and continuing education time can be pre-negotiated and entered in a written agreement when hiring each employee. A rate as low as minimum wage is acceptable. When staff meetings or continuing education meetings are held away from the office, travel time and expenses must be paid (hopefully at a negotiated lower rate). And, if meetings or travel occurs after an 8-hour workday, overtime rates are applicable.

The Pankey philosophy includes present and future financial planning. In a growing national trend, dentists are increasingly targets of employment lawsuits that are rarely covered by professional liability insurance. A successful dental career depends on planning. I urge you to prepare a personnel manual that complies with applicable wage laws. ■

significantly higher rate of referrals, greater profits, and substantial loyalty among patients and employees.

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

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

You'll be given specific activities that will help you build loyalty, and increase referrals and profits. You'll also receive an invitation to have a follow-up phone conversation with one of the Pankey Institute's faculty members with expertise in practice management and behavioral science.

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

The two other articles on this page describe the experiences of two of the nearly 200 dental offices that have participated in the surveys so far. For more information and pricing, please call our Department of Business Systems Development at 305/361-5433.

Go ahead and measure the perception of your patient base. Perception is reality. It is not what you are doing but what your patient perceives of what you are doing that needs to be measured. From that information, you can take definitive action. You can intentionally change your course and then measure your patient's perception again to learn the response. Trust the process. The results have been dramatic for those who have done this and responded to the feedback they received. ■

You Won't Know Until You Ask

by
Dr. Steve Ratcliff

In May, I was privileged to attend the first *High Impact Management Seminar* sponsored jointly by the Pankey Institute and the Gallup Organization. After two and one-half days with Dr. Richard Green of the Institute, Donald Clifton who is the CEO of the Gallup Organization, and nine other highly accomplished faculty and alumni of the Institute, I left with awe and reverence for what the Institute and its people give to one another. My life will not be the same again. I am re-committed to the vision I have for my practice and know I am part of a greater vision for my profession. I now look at my family, my practice, my patients, and my team members from a different perspective.

This transforming experience began two years ago, in May of 1995, when I first participated in the *Patient Satisfaction Survey (PSS)* and *Workplace Audit (WA)*. I did so because competition is part of my makeup, and Richard Green suggested the survey would give me a yardstick by which to compare my practice with very successful "Pankey" practices. Since I thought of myself as behaviorally astute and managerially excellent, I assumed the survey results would confirm what I already knew—my practice was exceptional!

Evidently my patients and team thought otherwise. Don't misunderstand. We had much to celebrate and found that in many areas we do compare well to the "best" practices. I was dumbfounded, however, by some of the perceptions uncovered. Some patients didn't think I kept up with the latest techniques. Some were not sure I cared about them. And my staff was not the bunch of happy campers that I thought they were.

We set out, as a team, to change. We had team meetings focused on what we could do to influence those perceptions. I spent time on the phone with Richard Green, refining what we were

The result, in measurable terms, was a 38% increase in production in six months and a 19% annualized increase in production without raising fees.

doing and changing our approach to our relationships with our patients. Slowly we redirected our work. The result, in measurable terms, was a 38% increase in production in six months and a 19% annualized increase in production without raising fees. Our production is still increasing. I have almost eliminated single-tooth dentistry from my practice. The number of full mouth cases in progress has gone from four at the time of the first survey to ten at this writing. (That's exclusive of cases phased over several years.)

We resurveyed 15 months after doing our first *PSS* and got the results back recently. The great news is that we

showed admirable progress and had wonderful comments from our patients. Still humbling, though, was evidence that some of our patients perceive a certain inability to trust us. In a follow-up conversation with Richard Green, he gently prodded me to register for the recent *High Impact Management Seminar*. He told me the content was designed for practices that have completed at least one *PSS* and could help me address specific concerns uncovered in our surveys.

I flew out to Lincoln, Nebraska for the seminar with Paul Richetti, a member of my study club at home and the periodontist who was integral in structuring C5. As we met other participants: Jim Kincaid, Jim Fondriest, and Jerry Savory—people whose names I have heard only in the most positive terms—my immediate thoughts were, "These guys are all heavy hitters. Why do they need this? What am I doing in their company?" It wasn't long before I understood that all ten of us were in the same boat. We all had identified areas of concern with our practices.

We found commonality in our struggle with the behavioral side of dentistry.

Gallup facilitates its workshops in the same first-class manner as the Pankey Institute. We were made comfortable, met the staff we would be working with, and got to work. We used a multitude of small group experiential learning tools as well as one-on-one time with Gallup consultants to review our *PSS* results, learn about our management style, and learn ways to help our dental teams make a difference. We explored different ways to relate to our staff members and to have a better understanding of their needs.

The greatest, most exhilarating discovery for me was the sense of belonging to this group of people. We found commonality in our struggle with the behavioral side of dentistry. Being able to contribute to the lives of such talented and successful people has given me a greater sense of confidence and purpose.

My wish is for you to put aside any reservation you might have and embrace *PSS*. You have so much to gain. I write about my experience because I think my own doubt and insecurity have often stood in the way of making progress. I haven't been as open and teachable as I should have been. I found out that I am not alone with those sentiments. I believe that asking my patients what they want gives me feedback that isn't available anywhere else. Jim Kincaid said it well, "How can anyone afford not to do this?"

If a group of dentists as talented as the one in Lincoln can find so much that will affect their practices in such incredible ways, what's stopping you from joining us? The *Patient Satisfaction Survey* is the place to start. ■

Just When You Think...

by
Dr. James F. Fondriest

JUST WHEN YOU THINK YOU HAVE THINGS GOING RIGHT, THE PATIENT SATISFACTION SURVEY (PSS) SAYS, "NO, NOT YET!"

The *Patient Satisfaction Survey* has had a tremendous effect on my practice. As I understand the development of this survey, Chuck Sorensen and SRI of Lincoln, Nebraska did the first research on dentists developing strong relationships with staff and patients—and the resultant impact it has on patient satisfaction. Finding significant correlation between relationships and satisfaction made it worthwhile to devise an assessment tool to determine patient and staff satisfaction in the practice. Eventually two tools were developed: the *Patient Satisfaction Survey (PSS)* and the *Workplace Audit*.

To develop these tools, the Gallup Organization researched what patients want from their dentist and their expectations for dental care, using focus groups and polls. They also researched what staff members want. Over 8,000 patients and 800 employees of dental offices were polled from a cross-country sample of dental practices. Gallup, then, wrote survey questions based on this research, and developed tools for tracking and comparing patient and staff responses to other offices.

Our office first did the survey in September of 1994. As the survey was formatted originally, there were 75 questions for the patient to answer. We were instructed to select 50 preferred patients. These patients were given a brief letter explaining that the purpose of the survey was to gather information that would help our office serve patients better. The completed surveys were to be anonymous and sent directly to Gallup in Nebraska. Gallup compiled the results of our survey and sent us a detailed report of results and an executive summary with recommendations for actions we could take to improve patient satisfaction.

Much to our distress, we received mediocre results on the survey relative to other offices. We thought our office was great. We always worked hard and had more patients than we really needed with more coming in each month. Wasn't that the true measure of success?

At a staff meeting, one staff member noted, "Why should we care how we did relative to those other offices if we are making our goals?" Even though the rest of us were more competitive and didn't want to be mediocre, it was still easy to discount some of the survey questions. So what if we didn't do so well with some of the questions? On others, we did well.

Continued on page 6

Just When . . .

Continued from page 5

Over a period of months, though, we began work on "getting a better grade on the next test," as one staff member put it. We slowly began to see that improving client relationships increased case acceptance. We reached a point when there was more than ego at stake. There was a financial reward!

My new patient preclinical interview changed from a too formal greeting to a relationship-building

opportunity.

With great attention, we began to work on all the parameters of the survey. We actually posted the survey questions in our work areas. These were often in full view of our patients which stimulated many questions. My staff described our intentions with pride, and we perceived patient reactions to be highly positive. My new patient preclinical interview changed from a too formal greeting to a relationship-building opportunity.

After two years of effort, we decided to do the Patient Satisfaction Survey and Work Audit again even though we were receiving positive feedback already in the form of non-scientifically measured hugs, cookies, and notes. As you might have guessed, our office had better results the second time around.

Human engineer, Richard C. Cabot, says 15% of the reason you get a job, keep that job, and move ahead in that job is determined by your knowledge and technical skill, regardless of your profession. What about the other 85%? Cabot quotes a Stanford Research Institute and Harvard University study and research done by the Carnegie Institute that has proven that 85% of the reason you will do

well is because of your people skills and people knowledge.

Looking at the follow-up survey results, it was interesting to see that the patient's perceptions of fear of pain or even pain itself were substantially altered by

the relationship we had built with the patient.

We all know successful individuals whose dentistry is average but their rapport with patients is outstanding. Especially effective people develop great relationships with their coworkers. As you can surmise from these Zig Zigler quotes, I have been listening more to self-improvement tapes and trying to change my continuing education mix from tech-

nical to interpersonal skill development. How much time do you spend developing your people skills?

Looking at the follow-up survey results, it was interesting to see that the patient's perceptions of fear of pain or even pain itself were substantially altered by the relationship we had built with the patient. And even though we have not changed how appointments are made, the sterilization of our instruments, or our office decor, we've scientifically measured a change in our patients' perceptions about them. They perceive appointment making as easier, the decor as more attractive, and have greater confidence in instrument sterilization being properly done. The change in perception is perhaps related to the attention we've given to growing relationships.

This spring, I was invited to spend a long May weekend with nine other dentists in Lincoln, Nebraska at Gallup headquarters. Most of the nine dentists present were doing the survey for the second time. Mr. Donald Clifton, President and Chairman of the Gallup Organization, and his very impressive staff of analysts were our hosts. Dr. Richard Green and Mr. Christian Sager were present, representing the Pankey Institute.

While in Lincoln, the folks at Gallup put us on the phone to interview one of our own staff members and an existing patient. What a revelation! I already knew them a total of 15 years but I learned much more in the 40 minutes of phone time. Even better, I felt closer to them. The questions Gallup gave us were open ended and excellent. They will be perfect additions to my list of possibilities for the new patient exam. There were many other exercises that Mr. Clifton put us through that have greatly helped me in my mission to know my staff, my patients and myself better.

I believe everyone in my practice has benefited from us doing the surveys. I invite you to invest in yourself and find a way to take or retake the *Patient Satisfaction Survey and Workplace Audit*. Then, go to Lincoln. You'll be hitching

I First Saw Billy..

by
Dr. Walter D. Fain



I first saw Billy on a cold Saturday morning in December of 1994. I was sitting in the bleachers of a high school gym, scouting players for my tenth all-star team. My kids had graduated from this group of 500 young basketball players aged 7 to 13, but I wasn't ready to give up playing and coaching basketball. My attention was attracted to a fifth-grade boy dominating play in only his second game in organized ball. He was strong, aggressive, and possessed a touch on the ball one usually doesn't have at that age. Most of all, I liked the way he dished off to other players when the game was in hand.

After Billy made the all-star team, we got to know each other because Billy needed transportation to practice. His parents are limited in what they can do for him. He shares a small house with them, two younger sisters and an older brother. As fate would have it, he lived only three miles from our home, and we became acquainted as we rode to practices and games together. It soon became apparent that Billy had a lot of potential as well as obstacles to overcome. I began to wonder if basketball could be his only ticket to college and on to possibilities he had never imagined.

Billy entered a large middle school with 1400 students the next fall with making the school team on his mind. Unfortunately, after a couple of months, failure to keep his temper in check put Billy on suspension for three months. Oddly enough, he could not qualify for a home bound teacher, because his test scores were too high. His gift for math had placed him in an advanced class for the top 20 students in his grade. He was

referred to a local child and youth center for day treatment for A.D.H.D.

Billy played league basketball again, and I moved up a division to coach his all-star team. As a sixth grader, Billy was the third best player on the team that was composed of mostly eighth graders. Finishing fourth in the state, it was my most successful all-star team in eleven years. After a successful spring semester at school, it looked like Billy could certainly be a starter on next year's middle school team.

On a Friday night the following August, I got a call from the hospital. Billy had broken his leg requiring four pins and surgery. My wife and I drove him to doctor appointments and physical therapy for three months, encouraging him to do strengthening exercises. As the leg approached full strength in November, he was selected as an alternate to the middle school team. Not long after that, failure to follow school rules placed him on a six-week suspension—an opportunity lost.

This story is not so much about Billy's journey but about the opportunity we have to help others. Billy needs a coach, mentor, and friend—but, in this game, we both win. I feel blessed by this relationship. Together we have attended

Success will not be determined by your achievements but by the strength of your relationships.

sporting events, spent an afternoon with motivational speaker Les Brown, and attended a father-son Rick Pitino basketball camp at the University of Kentucky.

There are people of all ages who would like to have you as their coach. Share your passions—whatever they are—on an ongoing basis with someone in need of a friend. Success will not be determined by your achievements but by the strength of your relationships. May you be as blessed as I have been. ■

The Gift of Association

your wages to a staff member

by
Dr. Greg Elefterin



I am routinely amazed by the power of Dr. L.D. Pankey's philosophy. At a recent curriculum meeting, where several faculty members brainstormed changes for the Continuum, its influence was evident. Also evident were the influences of our many individual journeys.

As I reflect back on my journey, I remember many people who provided help along the way. My initial contact with the Institute resulted from a suggestion from Dr. Noah Jones, with whom I was associated after graduation from dental school. His said, "You need to go hear Dr. Pankey as soon as you can, and if you don't have the money for the trip, I suggest you borrow it."

I never forgot those words and made my first trip to the Institute three

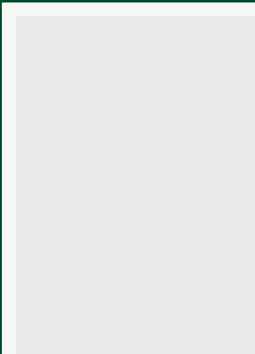
years later. There, I met Dr. Pankey and worked with Drs. Loren Miller, Henry Tanner and John Anderson. Dr. Pankey's stories still remain with me as a foundation for the present. Dr. Tanner never gave me a direct answer to a question, stimulating a curiosity that has never diminished. Even after he restored my mouth, he still answered my questions with, "What do you think?"

Later in my journey, Dr. Irwin Becker's clinical treatment presentation left me speechless. His honest and caring approach to teaching and the treatment of patients was inspiring. He encouraged me to continue my studies, directed me toward definite goals, and later gave me the gift of becoming a Teaching Assistant. Since then, I've sat at the feet of many great teachers like Drs. Bill Lockard and David Hildebrand, always feeling more like a student than a faculty member. It has been a remarkable learning experience, giving me great joy.

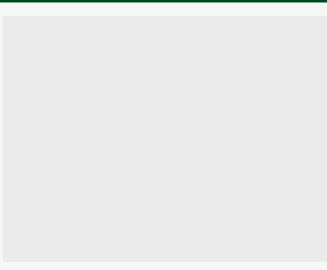
Recently, I conducted a treatment consultation for a retired pedodontist

aware of my association with the Institute. At the beginning of the consultation, I asked the doctor if he had any ideas or opinions about his needed treatment. He quickly replied, "I want you to use the same standard of care you would want for yourself." After reviewing his problems and my treatment recommendations, we talked about the basis for his treatment. With pride, I summarized Dr. Pankey's philosophy and my approach to it. He was impressed by the Patient Classification and its provision for treatment of both more and less fortunate patients. He then asked me to bill his treatment at the full fee, expressing great appreciation for my time spent on his behalf. Once again, the philosophy was at work, leaving us both with an optimistic outlook, and I was struck by the giving nature of that philosophy.

We all have the opportunity to make a difference in other people's lives. Association with the Pankey Institute has been a precious gift in my life. I cannot think of a better gift to give others. Perhaps, you'll be the next to say, "You need to go to the Pankey Institute as soon as you can." ■



Michele Kavendish, D.D.S. (left) receives the L.D. Pankey Institute Annual Student Award from Samuel B. Loaz, D.M.D., M.S., M.Ed., Professor and Associate Dean of the College of Dentistry of the University of Florida. Dr. Kavendish was an outstanding student of the College of Dentistry, who demonstrated professional excellence in Periodontology and fixed Prosthodontics. In addition to this award and others, she also was an Omicron Kappa Upsilon honorary fraternity recipient. Michele will spend the next year in a Veteran's Administration advanced general dentistry residency prior to entering the private practice of dentistry.



Philip Ankrim, DDS (left), Associate Faculty and Teaching Assistant of The Pankey Institute, presents a \$1,000 check to Alan Oss, DMD (right), while Timothy Wheeler, DMD, PhD (middle), Associate Professor and Chairman of Orthodontics at the University of Florida College of Dentistry looks on. Dr. Oss, who graduated from the University of Florida in 1993, is an orthodontics resident at the University of Florida College of Dentistry. He has been studying the early treatment of Class II malocclusion patients for the past several years and is involved with the National Institutes of Health supported trial study of 300 children between the ages of 8 and 11—the biggest Class II randomized clinical trial in the world.

Dr. Sandra McGlone was recently presented the 15th Annual L.D. Pankey Occlusion Award by Dr. Carmine J. Esposito (left), Coordinator of Occlusion and Temporomandibular Disorders and Dr. Rowland Hutchinson (right), Dean of the School of Dentistry at the University of Louisville. This honor is bestowed upon the University of Louisville student who has expressed the greatest desire to continue studies in the area of Occlusion and Temporomandibular Disorders. It has become one of the most prestigious and sought-after awards, at the University, and is presented in recognition of one of the Dental School's most distinguished alumnus, Dr. L.D. Pankey.

Recent Award Winners

Meeting Service Expectations

by
Dr. Jerry Butler

Patients who are treated following a five minute exam may perceive they haven't received adequate time and attention. They have a perception of poor quality service. A dentist believing he or she has delivered highly efficient care may not be aware that expectations have not been met until the patient speaks up, objects to paying for the service, or switches to another dentist.

One of the main reasons dental offices don't meet patient expectations is the dentist doesn't know what patients expect. We need to uncover the differences between what we deliver and what they expect. Then, we can improve our services and better educate our patients about them. Where do we begin? We begin with genuine willingness to ask about expectations and genuine willingness to address them.

Lately, I have been reading about customer service and how to foster customer satisfaction. I have been meeting with my staff to make them alert for and to discuss patient perceptions. And, I have signed up my practice to participate in the Pankey-Gallup Patient Satisfaction Survey and Workplace Audit. I am looking forward to knowing what my patients perceive and to having expert guidance on

what we can do to improve patient and staff satisfaction. I am also looking forward to the follow-up phone consultation I will have with one of the Institute's faculty members with expertise in practice management and behavioral science. But there is even more to do.

Just as the dentist may not understand patients' desires and perceptions, the employees of the office may lack this understanding. Furthermore, they may be unsuited for the job by lacking training and appropriate skills. In some offices, a spirit of teamwork and service is crippled by inadequate compensation, recognition and empowerment to take action. Because several of my classmates in Continuum Level V recently raved about what the Administrative Staff Level I course at the Institute had done for their office, I have now registered my assistant for this course, as well as my hygienist for the Hygienist Level I course.

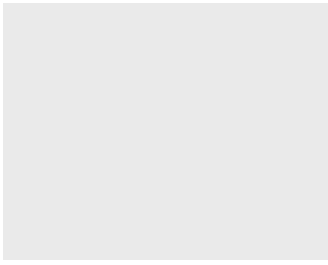
An effective service business must acknowledge the role of customer variability. The dentist in authority needs to show patients, not just employees, how to adapt their roles. To use the phrase from Karl Albrecht's book *Service America!*, we must know "how to teach an elephant to dance." At least two things have to happen. First, the dentist has to show it is possible. Second, there must be a motivating factor sufficiently powerful to enlist commitment from patients, as well as staff.

I work at increasing productivity and effectiveness by enlisting cooperation and helping my patients become

knowledgeable. In my office, the proactive education process begins with the new patient interview and continues with full communication of a proper treatment plan. I try to be continuously aware of the importance of this process.

I know that taking time to build a relationship, inquire about the patients' expectations, communicate knowledge, develop a proper treatment plan, explain fully the process and outcomes of the plan, and solicit the patient's commitment will all enhance the patient's perceptions of my services. Research and experience have taught me that quality service begins with a willingness to learn from the customer and appropriately respond to what is learned. A main component of that response is helping the patient become a well-informed dental consumer, capable of making good decisions for total oral health. Know your Patient. Help your patient know you. ■

Four faculty members of The Pankey Institute (Drs. Gary Brank of Lima, OH; Jack Daugherty of Bloomington, MN; Roger Gartz of Los Alamos, NM; and Gloria McNeill of Thunder Bay, Ontario) recently volunteered their time to The Pankey Outreach Program to lead a second, more advanced CI-type of class for the Jamaica Dental Association in Kingston, Jamaica. Eleven Jamaican dentists participated. This year's week-long efforts increased confidence in using appliance therapy among those who participated in the 1996 Pankey Outreach Program CI class.



Patient Portfolio Documentation Boxes

Patient Portfolio Documentation Boxes are now available in our bookstore. Each box has eight pre-labeled slots, one for each maxillary and mandibular pre-operative cast, diagnostic work-up, provisional restoration, and finished restoration.

Because these boxes are a very professional way to organize the articulated casts of completed cases, they will augment the post-treatment consultation, as well as help you in educating patients needing similar dentistry, educating staff, and celebrating with specialists and technicians involved with a case.

You may order Patient Portfolio Documentation Boxes from our bookstore. The cost is \$7.85 for one box, \$44.75 for six boxes, or \$84.75 for twelve boxes. ■

Upcoming Meetings

Faculty of the Pankey Institute will be speaking at the following professional meetings this fall:

Lone Star Dental Conference: Texas Academy of General Dentistry, Austin, Texas, September 26-27, 1997. For information, call the Texas Academy of General Dentistry at (512) 244-0476.

American Dental Association 138th Annual Session, Washington, D.C., October 18-22, 1997. For information, call the American Dental Association at (312) 440-2500.

Please plan to attend our faculty's sessions and bring a friend. ■



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THE PANKEY INSTITUTE UPCOMING CLASS SCHEDULE

JULY 1997

06 Continuum Level II**
 13 Continuum Level III**
 14 - 16 Dissection
 20 Continuum Level I**
 27 Continuum Level V**

AUGUST 1997

03 Continuum Level IV
 10 Continuum Level I (int'l)**
 10 Continuum Levels V/VI (int'l)**
 17 Continuum Level I
 27 - 29 Specialist

SEPTEMBER 1997

03 - 05 Hygiene Level I**
 07 Continuum Level I
 14 Continuum Level V**
 21 Continuum Level VI**
 28 Continuum Level I
 28 Continuum Level IV**

FEBRUARY 1998

01 Continuum Level I
 01 Continuum Level IV**
 08 Continuum Level II**
 15 - 18 Predic. Com. Dentures
 22 Continuum Level III**

MARCH 1998

01 Continuum Level I
 01 Continuum Level V**
 08 Continuum Level IV**
 15 Continuum Level V
 23 Dawson
 29 Continuum Level VI**

OCTOBER 1997

05 Continuum Level III**
 05 Continuum Level III**
 12 Continuum Level V**
 19 - 22 Technician Level II
 30 - 2 25th Anniversary Alumni Meeting

NOVEMBER 1997

02 Continuum Level IIIE **
 09 Continuum Level IV**
 16 Continuum Level II**
 16 Continuum Level III
 23 Open
 30 Continuum Level VI**

DECEMBER 1997

03 - 05 Administrative Staff II
 07 - 10 Administrative Staff I**
 07 - 10 Dental Assistant I**
 14 Continuum Level III
 21 Winter Holidays

JANUARY 1998

04 Continuum Level I
 04 Continuum Level IV
 11 Continuum Level V**
 18 Continuum Level II**
 18 Continuum Level III
 25 Continuum Level IIIE**

TUITION SCHEDULE

Continuum Level I	\$2,490
Continuum Level II	\$2,590
Continuum Level IIIE	\$2,625
Continuum Level III	\$2,650
Continuum Level IV	\$2,725
Continuum Level V	\$2,790
Continuum Level VI	\$2,825
Dawson Master's	\$2,850
Administrative Asst. I	\$1,450
Administrative Asst. II	\$1,475
Dental Assistant I	\$1,390
Dental Assistant II	\$1,475
Removable Prosth.	\$1,800
Advanced Root Planning:	
Team	\$2,250
DDS or Hygienist	\$1,350
Technician Level I	\$1,490
Technician Level II	\$1,550
Update Course	\$1,500
Specialist Course	\$1,500
Dissection	\$1,850

1997 Lodging:

Single Occupancy	\$115/night
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Class Registration Form

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Phone _____

Preferred Course & Date _____

(\$400 deposit required)

Alternate Course Date _____

Pankey Lodging (\$100 deposit required)

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Method of Payment:

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Mastercard

Visa

Credit Card # _____

Exp. Date _____

Signature _____

Please forward the completed form along with the appropriate deposit to:
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 Telephone: (305) 361-5433 or Fax: (305) 361-6534

