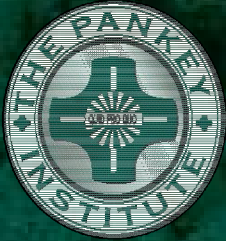


## The Pankey Institute For Advanced Dental Education



### Articles in this Issue:

- *Friendship in the Workplace* ...2
  - *Beyond the Thank You* ...3
  - *Happy Consequence* ...3
  - *Challenging Dogma* ...4
  - *Beginning with the End in Mind* ...4
  - *Putting on the Ritz* ...5
  - *What Does Support Look Like?* ...6
  - *Leaving Anything on the Table?* ...7
  - *Do More Today of What You Want to Do Tomorrow* ...7
  - *About those So-Called "Innovations"* ...8
  - *Is "This" in the Best Interest of Our Patients?* ...8
  - *Establishing a Study Club* ...9
  - *Philadelphia Study Club* ...9
  - *Tributes to Peter Dawson: Pete* ...10
  - *Integrity Plus* ...10
  - *My North Star* ...11
  - *My First Encounter* ...11
  - *CE: A Worthy Investment* ...12
  - *Back to the Basics* ...13
  - *Triple Plus Club Report* ...14
  - *Looking Forward* ...15
  - *A New Chapter* ...15
- ### News Briefs:
- *Congratulations* ...4
  - *Foundation & Triple Plus Meetings* ...7
  - *Upcoming Presentations* ...8
  - *Course Updates* ...6, 9
  - *Seeking* ...10
  - *In Memoriam* ...15
  - *Upcoming Classes* ...16

# PANKEYGRAM

## Our 30th Year

Thirty years ago this year, the not-for-profit L.D. Pankey Dental Foundation, Inc., opened The Pankey Institute and began offering a Continuum of postgraduate classes for dentists. Since that time, The Pankey Institute has been the leader in advanced dental training, holding high the banner of excellence. Yes, we are in a new teaching facility, and yes, the Continuum has been continually developed and enhanced to incorporate growing knowledge, but much remains the same. The Pankey Institute is still *The One Place* where dentists can go, knowing—with confidence—that they will be able to:

- *Take control and reshape their practice to spend more time providing the kind of dentistry they enjoy most.*
- *Master advanced technical skills and gain confidence to perform them.*
- *Develop trusting relationships with clients to provide comprehensive and individualized optimal care.*
- *Improve their esthetic dentistry and make it more predictable and long lasting.*
- *Receive continuous support from faculty, mentors and fellow classmates.*

It is *The One Place* that provides a well-rounded philosophical, behavioral, clinical, and business curriculum—and integrates these components into the many aspects of dental practice. In the

current marketplace for continuing dental education, there are more organizations vying for students. Many are doing a fine job in attracting students and in the educational experiences they provide them. But, The Pankey Institute is still unique in its extensive faculty, variety of learning modalities, and success at meeting our participants' objectives. We passionately believe our Institute-style of CE delivers the greatest benefits to the practices and patients we touch. We also believe we are capable of successfully meeting the challenge of today's continuing dental education market.

This winter, with the advice and consent of the Board of Trustees, and supportive conversations with many of our Faculty, we are going to raise the visibility of The Pankey Institute through media insertions in *General Dentistry*, *Dentistry Today*, and the *ADA News*. These insertions will tell the profession it can count on us to deliver those benefits that were listed in italics above. On the 30th anniversary of our inaugural Continuum class (September 2002), we will also release, to the media, our story of successfully helping over 17,000 dentists, in over 20 nations, achieve fulfillment in their professional and personal lives. When you read about the Institute, take pride.

A number of our Faculty and participants have been busy publishing. We

### EXECUTIVE DIRECTOR'S MESSAGE

**Christian B. Sager**  
*csager@pankey.org*



congratulate you and thank you for mentioning The Pankey Institute. Your association with the Institute and your referrals motivate more *Continuum Level One* enrollments than any "marketing" efforts we make. This has always been so, and this is a good thing. It means that our participants are highly respected professionals and your colleagues listen to you. It also means that we, the entire *Pankey Community*, are successfully meeting our objective of raising the standard of oral health care and increasing the level of desire, within the profession, to make optimal oral care more available. We are also highly successful at meeting our objective of helping dentists to happier, more fulfilling lives.

Thank you for your referrals. You are sending us very fine individuals, indeed. We attempt to notice those making referrals so that we can thank you and, if possible, assist you. Don't be shy to send us an email or mail telling us about someone you are recommending. We are happy to have someone on staff call your referred colleagues or write them a personal invitation when we send them information.

*(Continued on page 2)*

## New Year, New Opportunities

The new year is a perfect time for a new idea to become a reality. I would like to formally announce the *Pankey Scholar Program*. All the planning, meetings, debate, and revisions have undergone due diligence. Consensus concerning the process of achieving Pankey Scholar status has been achieved. (We even have the dates for the first couple of classes.)

Drs. Bill Lockard and Marty Martel have agreed to join Rich Green, Chris Sager, and myself to be the initial faculty. The Pankey Scholar process involves participating in a series of two classes of two days each, with a group of six participants. Eligibility includes completion of the Continuum courses, being a practicing dentist (in good standing), and being eager to present a few cases to a select group of faculty.

The process is intended for those who desire to continue their self-development by demonstrating the level they have achieved in philosophical understanding and application; behavioral relations with patients, staff, and others; clinical competency; and practice financial management. Completion of the pro-

gram will not credit you with a degree utilized by other academic institutions, but your mature attitude and commitment will register with those associated with The Pankey Institute, who understand the value of this self-expression.

Please understand that besides the technical review of cases, you will be asked to demonstrate your understanding of your practice financial situation and prudent managerial decisionmaking. Staff issues and application of philosophical principles will be revealed through group discussions. The second session will follow the first session by four to six months, to allow time for participants to complete *individualized growth* assignments based on the *discovery* of the first session.

Fluent understanding of the principles of occlusion and periodontics, as taught throughout the Continuum, will be expected of each participant. Participants will be expected to demonstrate excellent intra-oral photography (slide or digital).

Each group of six participants will complete an application process that helps them understand if they are really ready to express how they have applied

### CHAIRMAN'S MESSAGE

**Irwin M. Becker**  
*i Becker@pankey.org*



the principles and practices of the Pankey Philosophy to their practice and life. Those, who are interested, should call our Registrar, Mari Blandon, to request application materials and be assigned to the waiting list. After you complete the written application, you will be provided with helpful feedback from the faculty and more program details.

The first six Pankey Scholar participants will meet June 9-11. The second six will meet August 4-6. I am personally very excited about this unique and positive project. I believe that, in a few years, Pankey Scholar status will be a meaningful and sought after achievement. If you have a question or want to be registered in the upcoming 2002 sessions, please email me directly.

The new year brings me the opportunity to announce another planned addition to the in-house faculty. Dr. Gabe Don Sing will be joining us full time later this year. He has been an outstanding student and very effective facilitator while serving as a Teach Assistant. Gabe is leaving a wonderful practice in El Paso, Texas, where he has worked hard to build

*(Continued on page 11)*

# In the Crucible



## Friendship in the Workplace

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

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

If we imitated management, as taught by television, no one in his or her right mind would want to have an employee, who has a best friend at work. (Ever watch reruns of Lucy and Ethel in the chocolate factory?) I often hear dentists say, "I hire people to work, not to make friends."

There is a "Management Myth" out there that workplace friendships aren't necessary and may even get in the way. But, decades of Gallup research runs counter to that myth. In fact, they have shown that having a best friend at work can turn a moderately engaged worker into a highly engaged one. This upgrade is significant because highly engaged workers contribute more to the bottom line, and in our case, we frequently see positive relationships in the dental office significantly impacting the patient's satisfaction.

Therefore, fostering friendships should be a management priority. Research done by Gallup and others shows multiple management benefits are derived from fostering friendships in the workplace.

Fostering friendships in the workplace can help achieve other management goals, such as minimizing errors and encouraging initiative. It seems that most of us are somewhat skeptical, though, about asking the Pankey-Gallup *Workplace Audit Survey* question, "Do you have a best friend at work?" Even some of the Gallup researchers initially wondered about the usefulness of this question.

But, after literally thousands of surveys were statistically researched, they discovered friendship trumped such seemingly obvious employee motivators as pay and benefits. Profitability, productivity, and patient (customer) satisfaction and loyalty all proved to be highly correlated with increased workplace performance and also a high incidence of best friends in the workplace.

The Developmental Management literature, which is a proponent of personal and professional growth being an integral part of the workplace, has continued to reference much of the workplace research discoveries coming out of Gallup's Q12 survey. The Q12 contains 12 of the 25 questions that have been asked to over 1,500 dental auxiliaries as a part of the *Pankey Patient Satisfaction Survey* process over the last seven years.

Over more than a decade, literally thousands of workers have had the opportunity to add to the Gallup database and to the Pankey-Gallup database. Q12 was administered by Gallup, to a random sample of U.S. workers, who are 18 and older, in late 2000 and early 2001. Fifty-one percent of the participants, who strongly agreed with the statement "I have a best friend at work," were engaged in their workplace compared with only ten percent of those who disagreed or strongly disagreed. (The bar graph on this page came from that study.)

Contrary to popular belief, workplace friendships boost profits through profit-enhancing behaviors. Having a best friend at work enhanced employee longevity and decreased turnover. Workers were more satisfied with their pay and benefits, and they would recommend their business as a great place to work, feeling better about themselves working to their full potential.

Other research confirms Gallup's findings. In 1997, Karen A. John, a pro-

fessor of Management at Wharton Business School, told *Harvard Business Review*, "Although friends working together do socialize, their interaction process greases the wheels for better work related communication as long as they are dedicated to the task at hand or to the company's overarching goals."

The good news for managers is that a dearth of workplace friendships is rather easy to fix. Social activities aren't the only way to build friendships. Within the dental office, a number of intentional processes can be implemented to facilitate growth in friendship and intimacy. A Morning Huddle can become more than just a schedule review, even though its primary function is commonly to prepare for individual patients and create positive patient experiences. The morning huddle can also serve as a time for

leads to deeper relationships. An off-site get together (whether it be a social, team-building retreat, or celebration event) will enhance relationships. In these settings, the skills necessary to be present for one another and listen differently are experienced, developed and learned in the doing. They are not learned any other way! These skills, when developed, are all transferable and made available with patients and in your personal life at home and elsewhere. That is good news!

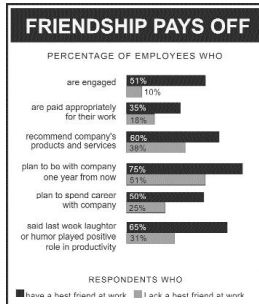
*One caveat:* Best friends are a great thing in a good workplace, and a bad thing in a bad workplace. Take, for instance, a workplace where employees describe the manager as dictatorial, receive little recognition, and do not have a clear idea of what's expected. In that setting, best friends will spend time commiserating, which will exacerbate the counterproductive us-versus-them tone of the workplace. Clearly the management challenge, in such instances, is to improve overall conditions, not to discourage friendships. Good managers have nothing to lose and a lot to gain by encouraging friendships to develop.

When we compare data from the Pankey-Gallup *Patient Satisfaction Survey* and *Workplace Audit Survey*, we learn patient satisfaction is high in the dental offices where staff responds affirmatively to the following:

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

The appropriate questions for you to ask yourself are: What do I do, intentionally on a regular basis, to promote these positive outcomes? How should I live knowing what we now know? Think about these. Wonder about them. Put all of this in your crucible and rub it around for a long while, but don't wait too long to get started! Between now and the next time, I want to hear a little noise coming from your mortar and pestle.

Come join us at the *High Impact Management Seminar* in September 2002, and learn processes that lead to positive



emotional clearing so the team is ready for the day. When staff members spend as much time together as happens in a dental office, time should be set aside to listen to one another. Call it sharing time. It helps people become "present" for the day and for others. It develops focus in the process.

Other opportunities for contact occur in staff meetings. You can start every meeting with having those present share a recent success story (something they feel good about) with a patient or in their personal life. These stories become contact moments during which you hear a person's deeply held values, and this

look back and remember where we were on a day in November in 1963, when President Kennedy was assassinated. Pivotal events, forever etched in our memories. Yet, out of the unconscionable and dastardly acts of September 11 came a new level of awareness and an enhanced ability to limit the occurrence of such events in the future. America's resolve to do the right things right is more profound than ever. We are very blessed to have had God allow us to be Americans.

We will move on with the trauma of September's events receding into our memories. Families who have lost loved ones and children who have lost parents will mourn and remember and adapt to the realities inflicted. Out of the events will rise some national heroes, who will rise to levels of influence and authority. Their resolve will have been cast in a crucible of traumatic reality. Their dedication to implementing structure and law will transcend the hyperbole to genuinely address the fundamental requirements for creating a future society that is less vulnerable but just as free.

As we work out our own individual decisions and collectively and individually play a leadership role in the great profession of dentistry, let's keep in perspective the heritage of freedom, civility, courage, and integrity that the fathers of this nation gave us. At the Institute, we are building and passing on an educational and leadership community that celebrates the gifts this nation has given us: life, liberty, and the pursuit of happiness. We are modeling, for future professionals, behaviors of morality, competence, honesty, and genuine concern for others. We are holding out for what is in the best interest of dental patients. We are continuously striving to better understand all aspects of providing optimal health and the influences that inhibit it. We are seeking the well being and personal fulfillment of those who work within the profession. In sum, we are seeking to do the right things right.

We start the new year grateful for all we have been given and have the opportunity to give. Thank you for thinking, sharing, learning, and leading. ■

## Director's Message

(Continued from page 1)

Now, turning back to the topic of *Leadership*, for a few minutes I will wax patriotic. We shall always remember 2001. That was a year that clearly identified that America is not protected, by distance or oceans, from the zealots and madmen who seek to change our way of life. 2001 was a year where we saw heroic and unselfish acts by thousands of our citizens and emergency service personnel...a year when we saw our nationally elected leaders fulfill our highest expectations of decisive action and our military prove it is ready and willing to protect our way of life...a year where Americans chose to contribute a billion dollars to assist those individuals impacted by the events of September 11. Clearly 2001 was a year where Americans rekindled their pride in being a citizen of the United States of America.

Our children will likely look back and remember exactly where they were on that September day, much like we

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

The *Pankeygram* is published quarterly by The L.D. Pankey Alumni Association. Articles in this newsletter represent the viewpoint of their individual authors and not necessarily that of The Pankey Institute or The L.D. Pankey Dental Foundation, Inc. An annual subscription is \$25. Students, Alumni, and Associates of the Institute receive a free subscription.

Articles may be submitted for consideration. Please contact the Editor at:

The Pankey Institute  
One Crandon Boulevard  
Key Biscayne, Florida 33149

Phone: (305) 428-5500  
Fax: (305) 428-5566  
Email: dbush@pankey.org  
Web Site: www.pankey.org

*Bridging the gap between what is known and what is practiced...*



## The Experience

Beyond the Thank You from Mrs. Felicotti

by Dr. Charles A. Varipapa (Alexandria, VA)

There is far more going on in the dynamics of communication than simply making someone feel good and then thanking you with a pineapple up-side-down cake. In fact, that cake may be more manipulative than sincere. Getting to the heart of the relationship means getting to the heart of why you are there in the first place and what it is about your team that enables them to collaboratively deliver the goods and do so with emotional intelligence. It takes much more than simply kowtowing to Mrs. Felicotti's whims to get her to buy into fine dentistry.

It was Bob Barkley who said that once the patient owned the problem and had been through the co-diagnosis, the patient could defend the treatment plan. "Owning the problem" is a phrase buzzing around dentistry's lecture podiums. What exactly does it mean? Let's look at this more closely.

To have ownership of ones problems is to take on the responsibility for the effects of the problems, as well as the problems themselves. The person who sues the Tobacco Company certainly has not accepted ownership of the problem, just as the client who looks for blame in someone else for his or her advanced periodontal condition. It is through sophisticated co-diagnosis and the use of slide or digital photography that we as facilitators of health can move the patient towards understanding his other disease.

In essence, we create a vacuum where the patient desires to be drawn in to seek solutions to his or her problems. The process is totally dependent on the individual needs of the patient, and it is the duty of the astute team to individualize that process specifically for the client

they have chosen to serve. The relationship, then, develops based on substantiated information, where the doctor and team have truly earned the right to care, and the patient is a participant in the decisions impacting his or her health.

Only when the client is committed to his or her health—recognizing the current situation and looking forward to

The concept of selling a "big case" does not belong in the vocabulary of the sophisticated care team.

the positive experiences of health—can you anticipate compliance with your recommendations. Without client commitment, you and the entire dental team are in dangerous territory, ripe for noncompliance, late arrival for appointments, last minute cancellations, lack of appreciation, unsubstantiated anger, and so on.

In an environment that has been specifically tailored to meet the individualized needs of the specific and unique patient, who has actively participated in the co-diagnosis, it is almost impossible not to facilitate commitment at some level. We, as dentists, are challenged to become more focused on the behavioral aspects of dentistry than the technical aspects, no matter what our personality style. The concept of selling dentistry or selling a "big case" does not belong in the vocabulary of the sophisticated Care Team.

With emotional intelligence, comes the freedom to be honest and share the realities of even the finest planned dentistry. How often are we faced with the patient who wants to know "How long

will it last?" In the emotionally intelligent practice, the relationship is at the very highest level, and you can be straight forward with your honest answer. Values of honesty and integrity shine through in healthy practices, and the expectations of the patient are realistic based on realistic information from the dentist. There is no trickery or magic, just good old-fashioned honesty and feeling good about yourself. It is through this honesty that the healthy relationship grows and becomes even stronger. With this, you can positively influence the behavior of clients and their outcomes.

Now, while you cannot control what patients think, you can control what you think and feel about yourself. Controlling your own outlook and behavior (planning, proactively being attentive, being comfortable in opening up communication, giving and expecting the best from the client and entire dental team, empowering clients to express themselves, giving clients sufficiently of your time, etc.) is essential for others to experience you in a positive manner.

As Dr. Brian DesRoches of Seattle, has taught me, "You can only positively influence others by creating a positive experience of yourself in relationship with them." These are dynamic concepts that have the potential to change your practice and your life.

If we were to look at the responsibilities of the dental team in the efficient, effective and emotionally intelligent office, it is the doctor whose list of responsibilities is the shortest. That list will include not much more than listening and co-diagnosing with clients, case planning and sequencing, leadership, and creating a clear vision for the practice. If the dentist's list is longer, we find that he or she is either not delegating appropriately to other team members or is micro-managing the activities of the practice.

The vision itself is clearly a critical point that must be clarified for the team, meeting after meeting with deliberation, until such a time when the vision

guides the team members' interactions with each other, clients, vendors, and friends of the practice family. It is intertwined into the delicate fibers of the leadership role and the values of the team as a care unit. In the absence of a clear vision, the team members will either create their own or borrow them from their previous employers. There will be multiple, frequently conflicting visions at

"You can only positively influence others by creating a positive experience of yourself in relationship with them."

—Dr. Brian DesRoches

work, and not the one of the doctor that needs to be embraced. The clear and concise vision empowers the team to bring the practice to its designed intended future.

Although it is relatively easy for us to acknowledge the truth of the statement, "Once the patient owns the problem and has been through the co-diagnosis, the patient can defend the treatment plan," it's not as easy for us to recognize and own our own problem behavior that contributes to not achieving the practice we desire.

Own your vision. Communicate your vision. Be alert to your own behavior. Create positive experiences. Give the gift of thoughtful, honest time and conversation. Invest of yourself now so your team can accomplish more optimal dentistry day after day. Your patients will "get it" and embrace you.

Now, enjoy that pineapple upside-down cake, knowing that your client truly values and appreciates all of the steps you and your Care Team have taken to assure the finest dentistry you can to help them take care of their problem! ■

## Happy Consequence



I recently had the opportunity to exchange my Visiting Faculty seat in the back of the room for a seat closer to the front as a paying customer in the excellent esthetically oriented *Esthetics Week* course titled "Obtaining Natural Beauty & Health." It was another Pankey experience that far exceeded my already high expectations.

Like so many of us, I came to the course with a list of issues that I wanted to explore, examine and resolve to make me a better dentist. I also knew, from my many visits to the Institute, that the total number of discoveries on this visit would far exceed my meager list of issues. These "unintended" discoveries are what keep me coming back for more!

The course week began, as most weeks do, with a comfortable Sunday afternoon roundtable in which we shared highlights from our practice and personal lives, as well as our current concerns. It was in this sharing that I came to the realization that I was hearing a large number

of doctors describe their great good fortune at having a wonderful staff. More than a few mentioned having long-term members, and several had key employees with tenure exceeding 15 years!

This conversation was in stark contrast to what I usually hear in my Sunday afternoon facilitations of *Continuum Level One*. New participants in the Continuum frequently name staff issues among their top concerns, which also include case acceptance, occlusion, technicalities of clinical treatment, and insurance interference. Many mention the difficulties of retaining qualified team members, motivating staff, and managing them. All too often, their stories are accompanied by large doses of pain, frustration, and cynicism.

Yet, here I was, surrounded by Pankey Institute veterans, eager to share pride and gratitude for their office teams. I was struck with the knowledge that this was not just a happy coincidence but a direct result of the Continuum. From our veteran's viewpoint, the development of a skill-

by Dr. Robert W. Spreen, Teaching Assistant (Bellevue, WA)

ed, stable, and satisfied staff is one of the intended consequences of the Continuum experience. But starting out on our journeys, most of us probably shared enough frustration and cynicism to doubt it could happen. I marvel at the change that can occur over the course of several Continuum levels.

All of my staff have attended course work at the Institute. Together we share binding principles, and we live these principles every day. They are part of how we function as a team. After being struck by the satisfaction of my *Esthetics Week* colleagues with their teams, I asked my staff, "Do the Pankey principles, which guide our practice, make a difference to you in your job satisfaction?" My question was first greeted by the group with a bit of confusion, as in "Why would you ask such a question ... when the answer is obvious?" I assured them that I had always thought so but was looking for their honest views before I got too carried away writing this article. They, then, went on to describe how our way of practice had, indeed, made a great difference in their professional lives.

They spoke of the satisfaction of truly making a great difference in patients' lives and of having a career based on relationships, not just procedures. They talked of an atmosphere of learning and mutual professional respect. They spoke of now being unwilling to work in an environment missing these elements. Our newest team member explained that these were the reasons she sought out our office. Their words made us all feel very fortunate to be together.

So, where is the Pankey Staff Management course? It is hidden among foundation blocks of the Philosophy and the entire Continuum. It lives in the precepts of excellence, integrity, relationships, and life-long learning. Woven into the Continuum are the elements we take home to create the very best dentists, the very best patients, and the very best staff.

Perhaps, staff satisfaction was one of your intended goals when you began the Continuum. If not, it's bound to be an unintended consequence. Understanding, communicating, and living out your principles with your team creates an environment that is irresistible to gifted staff. Together, we bring out the best in our patients and each other. And, this is a consequence I can happily live with my entire professional life! ■

## Congratulations!

## RECENT REFERRALS

Over the last three months, *Continuum Level One* students reported the following individuals referred them to The Pankey Institute. Congratulations and thanks go to:

Dr. Machen Barker, England  
 Dr. Viv Chandler, Ottawa  
 Dr. Bruce R. Dunn, Colorado  
 Dr. Edwin A. (Mac) MacDonald, III, Texas  
 Dr. Oswald Mayoral, Florida  
 Dr. Tom M. McDougal, Texas  
 Dr. Byron McKnight, Texas  
 Dr. Juan Carlos Quintero, Florida  
 Dr. Chris Salter, Alabama  
 Dr. Bruce W. Small, New Jersey  
 Dr. Keith L. Small, Colorado  
 Dr. Douglas W. Smith, Colorado  
 Dr. Daniel Streitz, Illinois

## ELECTED TO BOARD

In August, the Academy of General Dentistry elected one of our Teaching Assistants, Dr. Leonard F. Anglis, to serve on the American Board of General Dentistry. Under the sponsorship of the AGD, this board encourages the study, science and art of dentistry. To date, approximately 300 dentists have been certified by the Board. Certification is a valuable method of peer assessment and useful credential for hospital and academic careers. Dr. Anglis was certified in 1994 and practices dentistry in Lowell, IN.

## TENNESSEE BOUND

Dr. Cheryl A. DeWood, one of our Teaching Assistants, from Pemberville, OH, has been accepted in the Ortho program at the University of Tennessee (Memphis). She has committed to starting there in August and may structure her coursework to apply to a Ph.D. Down the road, she hopes for a full-time academic teaching appointment. We wish her the best!

## FACULTY PUBLISH

Winter 2001 *Journal Indiana Dental Association*:

"Practice Perfect" by Dr. Leonard F. Anglis

April 2001 *Dental Economics*: "Florida Comfors:

Office Design Competition" featuring Dr.

Dennis H. Muniholand

April 2001 *Oral Health*: "Enhancing Soft Tissue

Health and Esthetics through the Placement of

All-Ceramic Restorations" by Dr. Thomas

Thinkner and Dr. Paul Steingerwald

May/June 2001 *General Dentistry*: "Implant

Reconstruction of a Surgical Defect" by Dr.

Leonard F. Anglis

July 2001 *Doctor of Dentistry Dallas/Fort Worth*:

"The Pankey Institute" by Dr. Edwin A. (Mac)

McDonald, III

August 2001 *Journal of Prosthetic Dentistry*: "Type

and Incidence of Cracks in Posterior Teeth" by

Dr. Steve Ratcliff and Dr. Irwin M. Becker

August 2001 *Journal of Prosthetic Dentistry*:

"Immediate Provisional Restorations to Aid in

Gingival Healing and Optimal Contours for

Implant Patients" by Dr. Walter F. (Beau)

Biggs and Dr. Allen L. Litvak, Jr.

October 2001 *Dental Economics*: "Tuition

Strategies" by Dr. William J. Davis, Dr. Joseph

Massad, and Mr. Gary L. Rathbun

October 2001 *Independent Dentistry*: "Your

Destiny Lies within Your Vision" by Dr.

Gregory J. Tarantola



## Challenging Dogma *The Random Controlled Trial*

by Dr. Andrew C. Toy (Leicester, England) [andy.toy@talk21.com](mailto:andy.toy@talk21.com)

"Research outcomes are of no value if the methods from which they are derived have no legitimacy. The methods must justify our confidence. Those who read and rely on research outcomes must be satisfied that the studies are valid, that they lead to truthful outcomes."

(I. Neuman & C. Benz, *Qualitative-Quantitative Research Methodology: Exploring the Interactive Continuum*, Carbondale, Illinois, Southern Illinois University Press, 1998.)

### A Fool's Gold Standard?

Andy Keetley's assertion that the random controlled trial (RCT) is the "gold standard of evidence based healthcare" highlights a major black hole in our study of clinical practice. He rightly states that there is no RCT evidence based guideline for routinely reorganizing occlusions. There is no RCT for reorganizing occlusion on a non-routine basis, either. Indeed, there are very few guidelines available for general dental practice at all. (Keetley A., *First Hand—the Newsletter of the Faculty of General Dental Practitioners*, UK, Jan. 2001.)

Why is this? Is it because occlusal problems don't exist? Or is it because the RCT is not a legitimate research tool for this type of subject? If we solely depend on the RCT as the only means of studying our clinical world, we run the risk of only believing in things that can be measured by an RCT. The RCT is like fitting a red lens to your glasses. All red objects will show up really well, but we risk missing the blue ones altogether.

The RCT is based on the quantitative approach to research. In essence, the research process seeks to understand nature by isolating a particular feature and eliminating as many extraneous factors as possible. It is an exclusive process. There is no doubt that great advances in scientific knowledge have been made through this process—particularly in the physical sciences.

However, in the thick of a busy practice day, how often are we presented

with a problem that is divorced from so many of these other extraneous factors? Does this child's decay result merely from a combination of plaque and carbohydrate? Or, is it also dependent on the nature of their enamel, the quality of his/her saliva, or the social deprivation of the family.

This is the sort of "swampy lowland" problem described by Donald Schon when he studied the real world of professional practitioners. In general dental practice, our problems cannot be viewed in an isolated "test tube." We need research that attempts to provide answers to the messy issues that come to us with all their human strings attached. (D. Schon, *The Reflective Practitioner: How Professionals Think in Action*, Aldershot UK, Arena Press, 1991.)

Well, dear reader, do not fear; there may be an answer. A "qualitative" approach to research attempts to study nature with all the extraneous factors in place. It is an inclusive process. This form of research is the domain of the social scientist and comes with its own history and well-established set of principles. Whilst RCTs can give us reliable (i.e., repeatable) results, qualitative research is likely to give us results that are more valid—closer to real life.

There is a dearth of qualitative research in the field of primary dental care and, I suspect, a basic mistrust of its woolly methodology. That's probably because we are all brought up on a diet of black and white numbers in a dental school environment, whose "hard high ground reality" is divorced from that which we find in the swampy lowland of practice, with all its shades of gray.

The area of prevention in practice is a classic example of our profession's inability to tackle some of the real world problems out there. The DMF of dentists' children is a very small fraction. After all, we have understood the biochemical process of decay for decades. We apply our knowledge to our family's dental care. So why does it still exist in

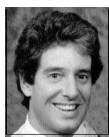
significant proportions of the population? Where are the answers to this sort of problem? Quantitative science and RCTs are not enough.

So what of Andy's occlusal reorganization? I suggest we need to look at the whole area of occlusion with its many variables in a different way. Instead of the white coated research scientists, we need some wet fingered practitioners making an evaluation of their own clinical practice—not only what works for them, but why and in what circumstances. Going a stage further, we may begin to draw conclusions about what may work in other practices, too.

On this particular question, I am interested in studies of the type reported by Dr. William E. Bryant of The Pankey Institute. He looked at 100 patients he had restored at least 35 years ago and subsequently reviewed on an annual basis. He was able to reflect on not only the clinical situation but also the social aspects. He knew each patient personally. This is the sort of data that could only be gathered by a practitioner in his own practice with his own patients (albeit a very special practitioner with exceptional record keeping). I can think of only a few of our academic colleagues who could match that level of inquiry. The humble general dental practitioner could be the most valuable of research instruments.

As Kinchloe explains, "They are unlimited in their adaptability; they can perceive holistically; they can link apparently disparate aspects of the social world and are capable of understanding; they can synthesize information, generate interpretations, explore the atypical situation. (Practitioner)-researchers can revolutionize professional practice by viewing themselves potentially as the most sophisticated research instruments available." (J. Kinchloe, *Teachers as Researchers: Qualitative Inquiry as a Path to Empowerment*, London, Falmer Press, 1991.)

I propose that the interested GDP, using a combination of qualitative and quantitative research techniques, has the potential to find answers to some of the really challenging problems in primary dental care today—problems that are beyond the reach of the random controlled trial. In fact, the GDP is the only person who could achieve this. Don't be fooled—all that glitters is not gold. ■



## Beginning with the End in Mind

by Phillip N. Gold, CDT  
 (Oral Arts  
 Dental Lab,  
 Atlanta, GA)

[cdt42@mindspring.com](mailto:cdt42@mindspring.com)

Hank Aaron, the baseball slugger of the Braves, spoke at an event I was attending, and his message hit a homer for me. He said you have to be prepared. You need to study and train so that you can recognize opportunities as they come before you and be skilled and confident enough to jump in and take action. While I was facilitating at a *Technician Level One* course last year, Dr. Becker mentioned to me that The Pankey Institute was going to offer a dentist/technician team course taught by Dr. Michael Fling, Lee Culp, and Matt Roberts. Each participating dentist was to sign up with

his or her own ceramist, and together they would attend as a team. "Hmm, this could be one of those opportunities," I thought, so I asked how I could help.

I'm still not sure how it happened. But, the invitation was real, and I became part of a fantastic new program at the Institute. The new *DC Team* program (*Dentist-Ceramist Team*) took us through case planning with a standard case that all teams worked on and then with an individual case that each team brought with them. Together, we were guided through the diagnosis procedures, asking questions and seeking information that will

help us decide a proper and successful treatment plan. We looked at bite relations and occlusal schemes. We analyzed these from the full arch view of preoperative conditions, from the front and right and left sides. We also analyzed the occlusal views of each arch, looking for wear and irregularities. We checked the vertical plane to look for esthetic harmony, and we looked at the horizontal plane to check for tissue height discrepancies. Then, through dialog, we decided what we needed to correct, what we could correct, and what actions would do it best: Restore, Re-contour, Reposition, or Remove. With this information, we created a wax-up of the final work.

I'm glad I saw an opportunity and spoke up. What a great program we did! I shared but also learned a tremendous amount. The next *DC Team* will be Sept. 15-18. Don't hesitate to participate! ■

# Putting on the Ritz

*The L.D. Pankey Alumni Association Meeting October 2001*

Despite some concern over air travel security, we enjoyed a large turnout for our biennial Alumni Meeting (October 25-28, 2001) at the new Key Biscayne Ritz-Carlton Resort. The weather, service and company could not have been better. The meeting was hosted by Alumni Association President, Dr. Yvonne Hanley of Fergus Falls, MN; President-Elect, Dr. Jeff Baggett of Edmond, OK; and Secretary/Treasurer, Dr. Wayne E. King of Oklahoma City, OK.

The meeting began on Thursday evening with the traditional President's Reception. A number of photos from this reception are printed on this page, along with photos from pauses during keynote presentations.

Keynote speakers, Dr. Robert Winter and Mr. Bruce Manchion, presented on Friday morning. Dr. Winter graduated from the Marquette University School of Dentistry, and in 1983 he completed his Prosthodontics Specialty Residency in Milwaukee. He maintains a private practice limited to Prosthodontics in Newport Beach and is a member of the graduate Prosthodontics faculty at the University of Washington. Dr. Winter is co-founder of the Newport Beach Dental Forum, an educational facility.

Dr. Winter spoke on the "Diagnostic Guidelines and Clinical Principles Required for Esthetic Success," discussing one of the most challenging tasks a dentist and technician face — treatment planning and then fabricating restorations that will satisfy the desires and expectations of the patient. Dr. Winter's case studies well illustrated exquisite refinements in tooth arrangement, contour, shade, and soft tissue appearance. Those who packed the Ritz ballroom for his presentation felt genuinely privileged to have had the opportunity to be there.

Mr. Manchion is CEO of Universal Training Concepts, an international education solutions company located in Cincinnati, OH and in St. Croix, USVI. Prior to forming Universal Training Concepts, Mr. Manchion served as a manager for Procter and Gamble for 14 years. He is a skilled facilitator and has provided learning opportunities for thousands of professionals in organizations worldwide.

Mr. Manchion's Communications Skills workshop was designed to help participants discover the communications skills and systems they are currently using and ways to improve upon them. The exercise of observing other cultures and attempting communication with them was of significant value. Many participants remarked upon applying their discoveries to more effectively observe communication systems at work within and among dental offices.

Following Friday's presentations,

meeting attendees were invited to participate in a number of organized recreational activities (tennis, golf, and fishing tournaments, or a guided nature tour of sea grass beds of the Atlantic Ocean.)

On Saturday morning, dentists were transported to their choice of workshops at the Institute. An alternative program designed for non-dentists was presented at the hotel by Visiting Faculty member Dr. Mark T. Murphy of Rochester Hills, MI, who discussed "The Pankey Philosophy of Dental Practice." Workshops included: "Natural Looking Anterior Provisionals" presented by Dr. David L. Latz of Jackson, MI; "The ABC's of Anterior Tooth Preparation" presented by Dr. Dale A. Sorenson of Newburgh, IN; "Shade Matching" presented by Dr. James F. Fondriest of Lake Forest, IL; "Thinking Out of the Box" presented by Dr. Edmond A. Mukamal of Woodmere, NY; "Life after Dentistry" & "Pulpal Response" presented by Dr. M. William Lockard of Oklahoma City, OK; and "Technology & Presentations" presented by Dr. Dennis Munholand of Port Charlotte, FL.

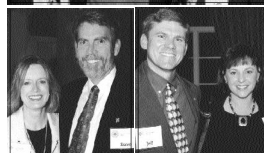
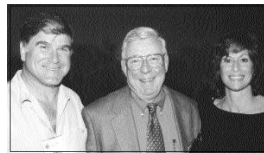
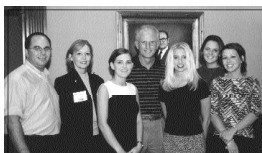
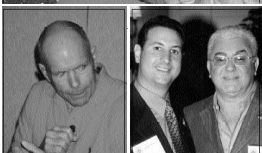
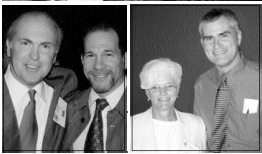
On Saturday evening, the entire group came together at the hotel for a gala banquet, followed by music and dancing.

Sunday morning, the Alumni Association officers for 2002 and 2003 were announced: President, Dr. Jeff D. Baggett; President-Elect, Dr. Wayne E. King; and Secretary/Treasurer, Dr. Dale A. Sorenson. After this announcement, keynote speaker, Joe Dillon, presented "The Seven Natural Laws of Peak Performance."

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

Drawing on over 20 years of personal experience and research, he covered a wealth of nutrition and fitness information to present hard, scientific facts in a simple, easy to understand manner. Joe spent personal time with attendees covering their individual concerns and questions during breaks and after the meeting wrapped up at noon. Many of us left his presentation with a plan and motivation for a lean lifestyle. Those of you not in attendance may find information on Joe's website, [www.myleanlifestyle.com](http://www.myleanlifestyle.com).

Thanks go to the Alumni Association officers, speakers, Pankey Institute faculty and staff, and the Ritz-Carlton for making our 2001 meeting an enjoyable and enriching experience. ■



## Business Systems Development Update

### HIGH IMPACT MANAGEMENT SEMINAR

We tend to focus on developing our technical skills and business systems. Chances are patient and staff relationships remain an "Achilles Heel" for most dentists who pursue a uniquely individualized, relationship-based, values-driven, fee-for-service dental practice. We welcome you to join a group of Pankey dentists (limited to 24) at our jointly sponsored Pankey-Gallup High Impact Management Seminar (HIMS). The 2002 Pankey-Gallup HIMS will be held at Gallup headquarters in Lincoln, Nebraska, on September 4-7. The format and content have been refined to help you discover your talents/strengths to creatively manage your practice. The following letter from Dr. David Latz, an Associate Faculty member at The Pankey Institute, describes the value he perceives he received from attending HIMS for even a second time in September 2001. For more information and to register, contact the Business Systems Development Department's Administrative Assistant, Jill Moran (Phone: 305-428-5548 or Email: jmoran@pankey.org).

*Dear Dr. Green, I thought maybe I was a slow learner when I signed up for the Pankey-Gallup High Impact Management Seminar that was held this past September. You see, I attended the High Impact Management Seminar four years ago and saw that my friend, Dr. Steve Ratcliff, who took the first seminar with me, would be helping you teach the September one. I found, however, that I wasn't a slower learner but an eager continuing one.*

*The seminar content had changed significantly from the first one to the second one. September's seminar was filled with new information such as the Strength Finder, relating the Strength Finder to the 4 Keys of Management Interview, exercises in setting goals, clarifying values, and outlining how to conduct a staff meeting to maximize the development of my staff. Now, I am getting ongoing support for implementing what I learned.*

*Was the seminar worth attending a second time? Yes, by all means. I thought the first one was good, but this exceeded anything I expected. I feel that I took more away than any other seminar participant because of my prior exposure and layered learning. I was able to grasp content and ask my Gallup consultant for more specific direction on how to implement the Strength Finder information for my own staff. The HIMS is worth repeating. Like The Pankey Institute, the Gallup Organization is always updating and adding to their already comprehensive programs. By the way, my staff strength is that I am a "learner." I have the talent and want to learn more. Maybe I'm not so "slow" after all.*

*Sincerely, David L. Latz, D.D.S.*

### BUSINESS SOFTWARE TOOLS FOR DENTISTS

The Pankey Financial Management Tools are a collection of Excel spreadsheet applications developed by Dr. Richard A. Green, Director of Business Systems Development, to help you "diagnose and treatment plan" your practice and personal financial health. You may use these computerized worksheets to benchmark and analyze your present situation, develop a plan for your future financial goals, and ponder "what if" scenarios. Our financial management tools were designed for busy healthcare professionals, primarily dentists, who want to review significant management information prior to tax considerations. These tools provide accurate, easy-to-follow summary pages of practice data, as well as details for follow-up and in-depth analysis. The Pankey Financial Management Tool may be purchased in PC format for \$395 and include a comprehensive guidebook. If you previously purchased the Variance Management System, you may purchase this new software for \$250. Purchase requests should be made to Mark Collis in The Pankey Institute Resource Center (Email: mcollis@pankey.org or Phone: 305-428-5509). Please read below about the new Foundations of Financial Management Level One course designed to walk you through the Pankey Financial Management Tools and provide you with a three-day forum focused only on practice and personal financial monitoring and decision-making.

### BUSINESS MINI-CONTINUUM FOR DENTISTS

Since 1994, the Continuum has included business systems exercises designed for the busy dental practitioner learning to "do the discipline" of leadership responsibilities and become a more effective CEO of his/her practice. These exercises and associated presentations made by the Business Systems Development Department have stepped many of you through the fundamentals of practice and personal financial management. Yet, our experience is that most Continuum participants do not set aside time to use the knowledge and worksheets they have been acquiring on a regular basis. Two new courses address this problem. Each course allows practitioners to focus three days on financial management issues as they impact their own practices and personal finances. In these courses, participants implement systems for regularly monitoring, interpreting, budgeting, fee scheduling, and controlling many financial aspects of their business. And, they have the personal support of faculty who are experts in this area. These new courses are part of a fuller Business Mini-Continuum, under development, that will one day include three-day courses focusing on staff and operational systems development and marketing.

#### Foundations of Financial Management Level I

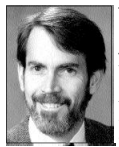
The new Foundations of Financial Management Level One three-day course will enable you to focus on learning financial management principles and applying them to your dental practice using the Pankey Financial Management Tools (Excel spreadsheets) developed by the Business Systems Development Department of The Pankey Institute. In addition to presentations and discussions, you will perform many hands-on computer exercises on your own laptop, under the supervision of Dr. Richard A. Green and trained faculty. Topics covered include wealth accumulation, computer-generated dental practice modeling, the why of financial tracking, net worth analysis, management income statements, financial ratios, practice budgeting and projections, variance management, fee determination, gain sharing, personal budgeting, retirement planning and more. The latest version of the Pankey Tools will be included within the tuition fee (\$2,625). The next FM I is scheduled for May 5-8, 2002. Prerequisites for this course are completion of C2 prior to the class and completion of a Pricing Analysis Report (PAR) within one year. Participants should be familiar with Microsoft Excel and bring their own laptop computer (Excel loaded) for use in the classroom.

#### Foundations of Financial Management Level II

In Financial Management Level Two (FM2), you will learn to "map" your Pankey Tools spreadsheet so you can "click and drop" data from QuickBooks Pro. We will have other topics to discuss, reflect on your most recent MIS reporting, and introduce some new spreadsheets for your use. Dentists, who have completed FM I, may attend and optionally be accompanied by the practice's financial administrator. The next FM2 is scheduled for June 16-19, 2002. The 2002 tuition fee is \$2,885 for the dentist and \$500 for an accompanying financial administrator (optional).

# What Does Support Look Like?

by Dr. Steve Ratcliff, Resident Faculty (sratcliff@pankey.org)



If your office is like mine, you have talented people with whom you partner on a daily basis. Your daily work is efficient, effective, and fun because those gifted people are empowered to do what it takes to serve your patients in ways that are meaningful. The daily "stuff" of keeping a healthy practice going just always seems to get done. Cases are ready to be checked, referrals are monitored for letters, financial arrangements are made, and the numbers are in good shape. Life is good. I admit that it isn't like this 100% of the time but no longer do things go wrong often enough for me to spend time concerned. How did it get this way? I have never experienced having a new team member come to work being able to function at a high level from day one. Even though our expectations are high, we do not expect someone new to function in our office without coaching.

How do you support the people that you rely upon to support you each day? Dr. Pankey's cross of dentistry includes practice health. As a spin off of that arm, Dr. Rich Green talks about the management cross. That cross has an arm titled "Staff Development." If you want a high achieving team—how will you support their development?

I prepped a quadrant of onlays for an orthopedic surgeon this morning. As we progressed through the process Sheri, our hygienist, and the physician were talking about the similarities of materials and procedures that he sees in his work relative to dentistry. Sheri asked about his support staff and what training they were provided. He responded, "They don't get training. We stick them in a room, and they do billing, filing, and move patients around. They could never have the level of understanding that you and the rest of the people here have."

I think his words are a self-fulfilling prophecy. His staff never will be at the level my team has achieved. They don't have a chance. They can't soar because he sees them as cast wrappers, x-ray takers, and file clerks. He doesn't see that they are the source of the healing relationships that could be forged with patients. He doesn't see them as integral

to his success. He won't allow them to find their gifts and talents and expand on those strengths. Investing his time in developing a relationship with those key people, who are such a huge part of his life, hasn't even occurred to him.

Please don't read this as physician bashing. This man treats my family. I wouldn't see anyone else. I am grateful to him for reminding me how much I have learned about the importance of developing team members to the extent to which they are ready for growth and change.

What is staff development? If I ask Sheri, Judy, and Kate, they will all have different answers. Their answers differ because they are seen as individuals in the office with different learning styles and personalities. We have worked hard as a team to discover the ways in which people learn best and to design ways for them to succeed. We spend time in team meetings discussing this topic and, whenever we bring someone new on board, we spend considerable time helping to create a learning plan so they can integrate into their new role in the best way possible for them.

Are you ready to invest the time it takes to find out what support looks like for each person on your team? Does it take time? You bet! You wouldn't develop a treatment plan without looking at clinical records, films, models, and photographs. Why would developing a success plan for a new staff member be any different? We use the "4 keys coaching interview" that was developed by Gallup in their Leadership Institute. It is a set of questions designed to discover what a person brings to the workplace and the best ways to help that person grow from a position of strength. You can learn to use this tool by attending the Pankey-Gallup High Impact Management Seminar next September. The time investment is significant. The payoff is enormous.

Where are you with your staff? What price are you willing to pay to allow them the opportunity to be stellar? They will tell you that all you have to do is ask. But, if you ask, be ready to deliver. Be ready to talk, train, demonstrate, bring in consultants, send them to courses and, most of all, be ready to LISTEN. I promise you that they want you to write an article like this about them! ■



September 2001 High Impact Management Seminar Participants

# Leaving Anything on the Table?

by Dr. Jeffery B. Price  
(Hendersonville, NC)



The Institute exposes us to a tremendous number of life and practice changing concepts in many areas. And, much like the years-old argument of which came first—the chicken or the egg, we could debate which areas should be addressed first. Thorough fee analysis and adjustment are vital to developing a healthy practice. If you are ready to address this area, reading about my experience of using the Institute's *Pricing Analysis Report (PAR)* might help. But let's back up a moment to where I got going on this subject, back in C3.

There are many pieces of information to evaluate when making fee schedule decisions. What is a fair fee? It must be high enough to allow proper consideration for office overhead and profit (return on the dentist's capital investment). The dentist's salary and benefits (total compensation) should be included in overhead. The value of the fee must be congruent with the value systems of our "above the line" patients so that most are able to pay these fees without undue economic hardship.

During C3, one of our discussions related to the perceptions that our patients have regarding our practices. The *Patient Satisfaction Survey* data collected by The Gallup Organization, in coordination with The Pankey Institute, had disclosed that patients of Pankey-trained dentists recognized our "quality" approach and placed our "value" at or above the 80% level. My personal interpretation of this information was that my professional value, worth and standing is at or above the 80th percentile of dentists in my community and that if my patients recognize this concept, my fees should reflect this higher value.

When the Institute's *Pricing Analysis Report (PAR)* became available in 1998, I remitted the PAR fee, along with computer-generated reports of my fee schedule and a yearly summary of the frequency with which each procedure was performed. I also provided the Institute with a couple of other easily obtainable numbers such as lab costs. The Institute took this data from my practice and compared it with information derived from a national medical and dental fee research company. The Institute then provided me with a report of where my fees rank in percentile for my geographic area based on the first three digits of my zip code.

The report I received from the Institute is very easy to read and interpret. When you look up a particular procedure in the report, you see the frequency with which you perform this procedure yearly, along with your particular fee and where this fee is placed on a relative percentile scale for your geographic area. The report also shows you the increased revenue that could be generated by adjusting that particular fee upward to a higher percentile placement.

Quite frankly, this is not rocket

science, but for most of us, the process has been greatly facilitated by the Institute performing the comparisons, statistics, and reporting for us. I found the service to be well worth the fee, which by the way is highly affordable.

When I received my first PAR, I attempted to *normalize*, that is, level most of my fees to a particular percentile close to the 80th percentile. I had been so low on some of my fees that I elected to keep them somewhat below the 80th percentile. I did, however, make enough adjustments to accomplish a \$35,000 increase in revenue. I am not a financial genius, but I was able to easily figure out that my investment in the PAR yielded a return on investment of over 8,000% in one year.

I have repeated the PAR two additional years. I would like to report that the total effect was less impactful for those additional years. In reality, the additional reports helped me continue adjusting certain fees in a very deliberate manner based on economic factors. The bottom line is that the PAR has tremendously impacted, in a positive manner, the financial health of not only my practice, but also my personal financial health. Multiple uses of the PAR over a period of years helped me gain the confidence I needed to increase my fees to more appropriate levels. These studies also gave me black-and-white data to support discussions with my staff to help them understand the effect fees have on the financial condition of our practice.

I cannot stress enough the positive results the PAR will have in your life. Those of you feeling the effects of the downturn on Wall Street and those having trouble fully funding your retirement to the maximum allowed by the new tax laws can take heart. Rich Green has told me that it is not difficult to find \$30,000 to \$40,000 while looking at the PAR for the first time. ■

If you are interested in receiving literature about the PAR program, please contact the Business Systems Development Department's Administrative Assistant, Jill Moran (Email: [jmoran@pankey.org](mailto:jmoran@pankey.org) or Phone: 305-428-5503). For the nominal data processing fee of \$575, you receive a personalized report, and you may schedule a phone consultation concerning your best options.

## Upcoming Meetings of the L.D. Pankey Dental Foundation, Inc.

March 16, 2002—L.D. Pankey Dental Foundation Trustees Meeting at The Pankey Institute

June 21-22, 2002—L.D. Pankey Dental Foundation Directors Meeting at The Pankey Institute

November 23, 2002—L.D. Pankey Dental Foundation Trustees Meeting at The Pankey Institute

# Reflections

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



Do more today of what you want to do tomorrow.

This winter I will be transitioning to the full-time practice of dentistry and spending significantly less time at The Pankey Institute. For some time now, I have had the desire to spend more time with patients and develop my practice. In January, I opened my own office in the Brickell Key area of Miami, just across the causeway.

This transition does not mean that you are losing me completely. I will continue to be involved with the Institute as a member of the Visiting Faculty. I will continue to write and support the Institute and its Alumni Association in all ways. And, just so you won't forget me too soon, I have released a new video titled *The Co-Discovery, Comprehensive Dental Examination*, in which I "star" as the demonstrating dentist!

All kidding aside, there is much I could leave you in the way of support and suggestions, but the most important thing I have to pass on is the conviction that your destiny lies within your vision. At the risk of repeating myself too many times and writing some words that many of you have seen me publish in this newsletter before, I am going to devote my last article as "Clinical Director" to this topic.

I have been the Clinical Director of The Pankey Institute for the past ten years and have become acquainted with and formed friendships with many, many dentists. Each year, we have approximately 1,200 dentists attend our various courses. Over ten years, that is a lot of dentists! I have observed the changes you have made, in both your personal and professional lives, as you have progressed through the Continuum. One thing is for

certain. The issues dentists face are similar whether you are from the US, UK, Europe, or elsewhere. Some of you have made tremendous strides and achieved a sense of happiness and peace. Others have not made very many changes and have spent considerable time in a state of stagnation. Intellectually, those of you in this latter group seem to know the answers, that is, the positive steps you could take, but something stops you from taking those steps toward change and growth.

After observing, reflecting on, and getting to know our participant dentists, I have the strong impression that the ones, who grow and progress in the direction they desire, have something that is missing in others. They have a clear sense of purpose—a vision. Those in dentistry, whom I have come to respect (certainly my own mentors), share this quality. They have answered the following important questions: What is my purpose in dentistry? What is my vision for my practice? What am I in the business of doing? What differentiates me and my practice from other dentists and their practices? What is the *face* of my practice that my community can easily recognize?

Once these questions are answered, personally and insightfully, by each individual dentist, they seem to move confidently and courageously to design and implement a system to make the vision become reality. They have crystallized their visions for themselves. Their visions are truly their own—not a copy of someone else's vision. Trying to live someone else's vision is the fastest road to unhappiness I have witnessed. We can certainly use others as role models and learn from their successes and mistakes but the vision needs to be our own.

Start doing today what you want to do *more* tomorrow! I started doing that in a big way this month when I opened my new office on Brickell Avenue. ■

## Recently Released—The Institute's Newest Video: *The Co-Discovery, Comprehensive Dental Examination*

by Dr. Gregory J. Tarantola (80 minutes).

Contents:	Introduction	Tooth Exam	Bite Recording	Radiographs
	Pre-Clinical Interview	Pulp Exam	Face Bow Recording	Review
	Beginning the Exam	TMJ Exam	Photography	Conclusion
	Oral Cancer Exam	Muscle Palpation	Impressions	

To order, contact The Pankey Institute Resource Center  
(Phone: 305-428-5509 or Email: [mcollis@pankey.org](mailto:mcollis@pankey.org)).

## Class One Triple Plus Club Meeting to Be Sept. 18-21, 2002.

The Grand Teton National Park in Wyoming is one of the most beautiful areas in the country. This setting has been chosen for the next gathering of the Class One Triple Plus Club. The meeting will be held at the Jackson Lake Lodge, which is currently closed for the winter season. Club members will be able to make a reservation in the spring by calling 800-628-9988.

We will mail members details about the

program and a meeting registration form in April/May. If you would like more information in the meantime, you may contact Club President Dr. Philip N. Ankrim (352-532-8133).

Save the dates, and plan on coming to experience enlightening speakers, memorable activities, and incredible scenery!

See page 14 to learn about how you can help The Pankey Institute through membership in the Class One Triple Plus Club.

## Upcoming Faculty Presentations

Visiting Faculty, please keep the Editor informed of upcoming speaking engagements.

Feb. 1, 2002—Arizona AGD, Presenter: Dr. Irwin M. Becker (Contact: 623-584-9833)

Feb. 7-8, 2002—Sacramento Mid Winter Convention, Presentors: Dr. Thomas F. Trinkner, Dr. Michael C. Fling, Dr. William P.D. Wynne, Dr. Jack Shirley, Dr. J.A. Reynolds, and Dr. Mark T. Murphy

Feb. 8, 2002—Academy of Cosmetic Dentistry (Toronto, Canada), Presenter: Dr. Gregory J. Tarantola (Contact: 905-823-7653)

Feb. 21-24, 2002—Chicago Mid Winter Meetings

April 5, 2002—The Seattle Study Club (Eau Claire, WI), Presenter: Dr. Irwin M. Becker

April 19, 2002—Chattanooga, TN, Presentors: Mr. Christian B. Sager and Dr. Jack Shirley

April 19, 2002—Bonadent Dental Lab (Seneca Falls, NY), Presenter: Dr. Paul A. Henny (Contact: 800-732-6222)

April 26, 2002—The Seattle Study Club (Bozeman, MT), Presenter: Dr. Irwin M. Becker

May 2-4, 2002—Texas Dental Association 2002 Meeting (San Antonio), Presentors: Mr. Christian B. Sager and Dr. Jack Shirley

May 4, 2002—Wisconsin Dental Association Meeting (Milwaukee), Presentors: Dr. Gloria McNeill, Dr. Jay Anderson, Dr. Buzz Raymond

May 8, 2002—American Academy of Cosmetic Dentistry (Hawaii), Presenter: Dr. Irwin M. Becker

May 8, 2002—Michigan Dental Association (Lansing), Presenter: Dr. David Latz

May 14, 2002—D.C. Dental Society, Presenter: Mr. Christian B. Sager

May 25, 2002—Canadian Dental Association Meeting (Montreal), Presentors: Dr. Gloria McNeill, Dr. Jay Anderson, Dr. Buzz Raymond

May 30 - June 2, 2002—Faculty Enhancement Program for Specialist Faculty at The Pankey Institute

July 12, 2002—Southern Oregon Dental Society, Presenter: Dr. Irwin M. Becker

August 9, 2002—One-Day Pankey Institute Seminar (Denver), Presentors: Institute Faculty to Be Announced

August 23, 2002—One-Day Pankey Institute Seminar (Portland), Presentors: Institute Faculty to Be Announced

Sept. 13, 2002—Calgary & District Dental Society, Presenter: Dr. Irwin M. Becker

Sept. 14, 2002—5th District Dental Society (North Carolina), Presenter: Dr. Irwin M. Becker

Oct. 11, 2002—One-Day Pankey Institute Seminar (Alexandria, VA), Presentors: Institute Faculty to Be Announced

Oct. 20-21, 2002—ADA 2002 Meeting (New Orleans), Presentors: Dr. Jay Anderson, Dr. Buzz Raymond, Dr. David Latz, Dr. Gloria McNeill

Oct. 25-27, 2002—Australia Dental Conference, Presenter: Dr. Irwin M. Becker

March 20-22, 2003—Hinman Dental Meeting (Atlanta), Presentors: Dr. Jay Anderson, Dr. Buzz Raymond

## About those So-Called "Innovations"

Dr. Alan G. Stern (Ocean Park, NJ)  
doags@hotmail.com



As I look back over the past 20 years of so-called "innovations" in dentistry, a very odd list of products and services comes to mind (posterior composites, tooth colored inlays, air abrasion, lasers, cosmetic imaging, tooth whiteners, and so on). They all have been heavily marketed to us. Bold, aggressive salesmen urge us to buy their better mousetrap because, if we don't, the guy down the street will, and all our patients will leave us.

The problem is that we can be lured into believing this stuff if we lose perspective. Some folks would have us believe that the latest trends in technology should define our practices. In fact, I've seen a lot of practices whose *raison d'être* is the use of a particular technology or service.

It seems that some of us have, indeed, forgotten that the most important tool in helping our patients save their oral health is the trusting, caring relationships we cultivate with them. The truth is that there is no product, no technology, and no magic bullet that can displace a skilled practitioner doing the right thing for each individual seeking good care. The truth is that the best results occur when patients seek the right dentistry at the right time by the right dentist for them.

I have realized that few, if any of these better mousetraps of dentistry are bad things. Some of them may, in fact, help us in delivering good care to those who trust us. But it is also abundantly clear that they will never push aside L.D. Pankey's Cross of Dentistry: know your patients, know your work, know yourself, apply your knowledge. The well-trained, ethical practitioner knows where and when to use the latest innovations for the

benefit of the patient. None of these innovations is worth anything without a caring dentist who takes the time to know what is right for each individual seeking help.

Our rapid growth in technology will fuel more innovations at a blinding pace. As companies try to appeal to our fast-paced, quick-fix society, more and more attempts at bypassing the dentist will come our way. With this, will come more questions about whether the dentist really needs to be consulted before the latest miracle product is purchased.

I hope that all of us reading this realize that no product or technology can substitute for a well trained dentist to help people attain their oral health goals. The challenge that innovations pose to us is to continually strive for clinical excellence and to work to strengthen the caring relationships with those we serve. Technology and innovation are great. They are meant to be used with wisdom and discretion. Let us strive to apply our knowledge so that we can use tomorrow's technology with yesterday's values to do right by those we serve. ■

## Is This in the Best Interest of Our Patients?

Dr. Bryan D. Stahl  
(Barrington, IL)



Reprinted with permission of the author from Jan. 2002 *Dentistry Today*.

I find it disconcerting that many of the patients transferring into my practice have received poor care, which is often the result of over treatment. I do believe that every patient is entitled to the most comprehensive evaluation and treatment that can be provided by the art and science of dentistry. So, I find it troubling that we dentists can fall prey to slick articles, manufacturer claims, seminars, consultants, a few dazzling case examples, and snazzy marketing, then, sell our patients on "commercialized" treatment. As doctors and surgeons, we must apply our care, skill and judgment in the best interest of our patients, remembering the Hippocratic oath of "first do no harm" should be directing our patient's care.

A prime example of dentists acting beyond good judgment is over treatment using porcelain veneers. Some dentists view every patient as a "cosmetic" rehabilitation case. Frequently, I see journal articles touting veneers. The patient has had virgin teeth with some minor amount of incisal wear or chipping and then ended up with porcelain veneer facings on all their teeth or frequently the anterior teeth. Many of these cases could have been simple cases of occlusal adjustment and reshaping with possibly some tooth whitening, if desired. Many of these patients could have been treated orthodontically without sacrificing the healthy structure of a virgin tooth.

Often, these articles have a disclaimer stating that the patient was advised of orthodontics as an option but declined and chose the quicker, more instant veneer option. I wonder if these patients were really given the long-term implications of removing healthy tooth

structure.

My issue is not with esthetic or cosmetic dentistry. I happen to do porcelain laminate veneers, bonding, recon-touring teeth, and whitening when they are appropriate. However, there are certain procedures I will not perform because it is not ultimately in the best interest of the patient.

It's obvious to me that many patients are lacking important information regarding the scope of their care. And, their dentists are not holding out for what is in their best interest. Do we advise the veneer patient that orthodontics would probably be able to save their natural tooth structure, require less maintenance, and cost less over time, than porcelain veneers? Do we inform the patient that large MODBL restorations should not be done on a molar when the tooth really needs an onlay or a crown? I, for one, will not provide such a service, even if the patient demanded it. It is easy to delude ourselves into thinking that we have done what the "patient wanted" when, in reality, we may be just lining our pockets with treatments that are an easy sell.

I frequently hear and read the comment that we are doing something for our patients that we would have done to ourselves. Would we really provide the same treatment to our family members? I ask you to deeply reflect on what you mean when you say, "It was what the patient wanted." Are you truly recommending services that are in the best interest of your patients? Are these treatments we would recommend regardless of whether our practice was doing great or experiencing a slow time? I find it interesting that many dentists actually have gold restorations in their own mouths, but do not present them as options for their patients. I know this for a fact, because I have asked many dentists what type of restorations they have. Why

is this? It will take courage to ask ourselves these ethical treatment questions. I understand there are many decisions and judgments that go into providing care for each patient we serve. It is incumbent upon every doctor, in all fields, to constantly ask the question: "Is this in the best interest of my patient?"

I recently read that most physicians do not provide proper informed consent. When asked why, they responded by saying it would scare patients off. I believe it is our moral and ethical duty to provide patients the opportunity to be fully informed. We are compelled by our profession to provide this. Patients are counting on us to protect their dental health. To do otherwise is a legal breach, but more than that, it is an ethical duty we must uphold to our patients. So, the next time you lift that handpiece and remove virgin structure, remember it is gone forever. No restoration can even replicate or replace healthy tooth structure as well as God made it.

I find it very interesting that my patients are concerned about restorations that can stand the test of time. They place great value on longevity and durability. I have found they put a much higher value on these things than most dentists believe. If we truly get to know our patients, we will find out what is most important to them.

Above all, I believe patients are looking for a relationship with a doctor of utmost integrity, operating in the best interest of every patient. I can assure you that, if my son ever had an incisor that was not in textbook-perfect alignment, I would consider the radical treatment option of *no* treatment. The best treatment of all may be to leave his virgin tooth in its naturally esthetic position. Nature has built in variation that can be very beautiful. Grinding down natural tooth to create a perfect smile is certainly not high on my list of treatment options.

Please understand that I am in favor of dentists earning a respectable income based on our professional care, skill and judgment. I simply ask, "Is this in the best interest of our patients?" ■

## Establishing a Pankey Study Club

by Dr. Sandy L. Parrott,  
Associate Faculty (Port  
Huron, MI) [docslp@advcnet.net](mailto:docslp@advcnet.net)



One of the more useful learning experiences in dentistry is in a small group, study club setting. It can be the most rewarding and fulfilling, yet frustrating experience in dentistry. If a small group of people (6 to 10) have like-minded aspirations and goals for learning, growing, camaraderie, and life-long friendships, the benefits derived from a study club far outweigh any negatives that may exist. The following guidelines and thoughts should be helpful in forming a study club that is efficient, informative, and functional.

(1) Establish quarterly dues, for example, \$200.00 per member per quarter. If the club has six members, this is \$1,200.00 per quarter or \$4,800.00 per year to cover expenses. This way, when the group meets, if someone cannot attend, you do not have to chase after or bill this member. If you are not attending a meeting, too bad! This policy motivates attendance. Further assessments are made only if dues do not cover a given agreed upon program or project.

(2) Commit to meet one time per month or once every two months for an afternoon, from September to June and skipping December, which is traditionally very busy for everyone. A consensus of the group determines frequency. If it is worth the effort and important, you will commit to the chosen time.

(3) A place to start with your meetings is to study a topic, or better yet, go through a book, chapter by chapter. Here are some examples of topics you might discuss: implants, esthetics, occlusion, and practice management. Here are some examples of books you might discuss: *Examination, Diagnosis and Treatment of Occlusal Problems* by Peter Dawson, *Facial Pain* by Parker Mahan and Charles C. Alling, III, the Pankey Institute *Continuum Manuals*, books on esthetics, periodontics, implants, etc.

A member is responsible for leading the discussion and, where appropriate, "hands-on" application of material presented. A different member leads each meeting. You might ask a referring specialist to speak and lead discussion on a topic. Specialists, with whom group members share patients, usually come when invited for the sake of opening lines of communication and solving problems.

As you study a topic, it may be relevant to do hands-on projects in a member's office. Here are some procedures you can practice on one another and discuss: complete examination, splint therapy, centri-check exercises for verification of centric relation competence, case presentations, and restoration of a member's mouth (member chooses the operator). You can also present problem cases and discuss them.

(4) Periodically, have a speaker for one or two days in a nice location or office, depending on the subject matter. Most of the people you have met on the Institute's Faculty or through the Institute's Speakers Bureau will help.

(5) Establish a relationship with the Academy of General Dentistry and obtain a sponsor's number. It is a great

way to aid each other in working toward fellowship and master-ship awards. Call the Academy of General Dentistry for information on this process.

(6) Appoint a director (usually for a two-year appointment) to coordinate activities and make arrangements for meetings.

(7) Appoint a treasurer for the group to keep track of the finances—preferably, a "money" person who is good with figures and doesn't mind asking for money when appropriate.

(8) Make the last meeting of the season, usually June, a "fun" meeting. Have a golf outing or a dinner for planning the next season. Use the summer months to line up and then communicate your agenda for the next September through June.

(9) When it comes to decisions about meeting dates, topics, budget, etc., the majority rules. There will always be a difference of opinion on the decisions of the club.

(10) The core group must be dedicated to excellence.

(11) The maximum number of people for a functional unit is ten. You may periodically invite guests to help finance certain programs. When interest grows in your area, help others form a second study club. You can combine for meetings conducive to large groups.

(12) Use a central location as often as possible. By doing this, you encourage regular attendance and maintain enthusiasm. It is also fun to visit each other's offices to gather ideas.

(13) Everyone must make the commitment to support and attend meetings on a regular basis. Every member must be committed to continuing education and progressing through The Pankey Institute Continuum. Members should continue to be involved with the Institute after completing the Continuum.

(14) Periodically plan a meeting that includes all staff members. Use a facilitator who can help in the area of team building. Realize that a committed team is necessary to achieve your goals and objectives.

(15) A study club is a good group for initiating a Mutual Aid and Calamity Agreement with like-minded people who can step in and maintain a practice during times of extended illness or death of a member.

These guidelines and suggestions have been tested continuously through the years, since 1978, by the L.D. Pankey Study Club of Michigan. The core group has remained the same for much of that time. The members are Drs. Donald Fitzgibbon, Michael Flynn, Robert Frear, Tymon Totte, Daniel Scanlan, Thomas Bailey, Robert Cosgrove, Robert Lenhard, George Stec, and Sandy Parrott.

Each of the members would concur that, through the efforts and contributions of the group and the many facilitators who have helped us along the way, the study club environment has been one of the best and highest growth experiences of their professional and personal lives. ■

## Calling All Study Clubs ... Fax to 305-428-5566

The Pankey Institute would like to build a database of all Study Clubs organized and/or lead by Pankey Institute participants. Please fill out this form and return it by fax. You may attach a schedule of upcoming programs. We will attempt to communicate your club's upcoming events in the *Pankeygram*, especially those programs that are open to non-members. Please let us know if your club currently is welcoming dentists to explore membership.

Study Club Name: \_\_\_\_\_  
 Region: \_\_\_\_\_  
 Contact Person Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 I would like to receive information about the Pankey Speaker's Bureau.  
 We are currently inviting dentists to explore membership in our study club.  
 Upcoming Event Name & Date: \_\_\_\_\_  
 Topic(s): \_\_\_\_\_  
 Speaker(s): \_\_\_\_\_  
 Location: \_\_\_\_\_  Open to non-members  Not open

## Philadelphia Club

by Dr. Ward W. King (Lansdale, PA)

On Wednesday, Nov. 14, 2001, The Delaware Valley L.D. Pankey Study Club held their fall meeting to commemorate its 10-year existence. Sixteen members were present. Five were part of the original organizing committee. They include Drs. John Susinin, Mark Waltz, Bruce Burns, Robert Ryan, and Graham Parkinson. Drs. Susinin and Waltz have supported The Pankey Institute in various roles, both in Florida and in Pennsylvania. Their leadership has resulted in a very active, well-organized study club.

We meet twice a year. The fall meeting is a social event where the members have dinner, relax, and become reacquainted. After dinner, several members show cases to the group. A lively, friendly discussion follows. The atmosphere is one of mentorship, friendship, help and support. This past fall, Drs. Robert Ryan, John Danu, and Rich DeForno presented using slides and *Powerpoint* software. Our evening ended with a discussion on becoming members of the Class One Triple Plus Club.

Our spring meeting is an all-day presentation for the doctors and their staff. Recent speakers have included Drs. James McKee, Dale Sorenson, Mark Murphy, Barry Segal, Bruce Small, Dave Hildebrand, and Mr. Christian Sager. On Friday, April 5, 2002, Dr. Thomas Dawson from Arlington, Texas will be visiting us for an exciting day.

In 1991, the steering committee developed the following mission statement: "To exchange information and ideas with like minded professionals toward a goal of enhancing our knowledge and perpetuating the philosophy and techniques of the teachings of L.D. Pankey. This club will act as a vehicle to encourage and support colleagues who seek and practice excellence in dentistry in order to better serve our patients' needs." This remains our purpose today.

If you live in the Philadelphia tri-state area, we encourage you to call us and become a member. Together, we can keep "the flame" alive between Continuum visits to the Institute and after our Continuum journey. For information, please email ([knugward@aol.com](mailto:knugward@aol.com)) or give me a call (215-368-2424). ■

## Study Club Announcements

**Mid Atlantic:** The Bob Barkley Study Club invites members and non-members to a "Practice Leadership" workshop led by Dr. Brian DesRoches on March 21-23 at the Crown Plaza Hotel, White Plains, NY. The Study Club also is planning seminars by Sandy Roth on *Communicating the Value of Health-Centered Dentistry* (April 26-27) and Henry Gremillion on *Occlusion & TMD* (June 6-7) in Alexandria, VA. For information, please contact Dr. Charles A. Vanipapa ([chuksavage@aol.com](mailto:chuksavage@aol.com)) or Dr. Paul A. Henny ([henny@rbnet.com](mailto:henny@rbnet.com)).

**Michigan:** The Pankey Institute Study Club of Michigan is seeking new members. If you are interested, contact Dr. Sandy L. Parrott ([docslp@advnet.net](mailto:docslp@advnet.net)).

**Boston/Burlington, Massachusetts:** Dr. Paul Epstein is mentoring two study clubs. There is room for a new member. Call Dr. Epstein at 781-273-1152.

## Course Update

**DENTISTS:** The *Head & Neck Dissection* three-day course is offered every few years for general dentists aspiring to refresh their anatomical knowledge and delve into related clinical discussions. In 2002, the course will be held August 12-14. Dr. Henry A. Gremillion, Associate Faculty, will direct you through five lecture and laboratory sessions.

**STAFF:** The *Pankey Team Enhancement* course is designed for dentists to attend with their team. This course replaced separate Level I courses for Dental and Administrative Assistants and for Hygienists, starting in 2001. In 2002, this team course will be held April 14-17. Administrative Assistants, Dental Assistants, and Hygienists, who have taken *Pankey Team Enhancement* or one of the Level I courses it has replaced, will have the opportunity to take the 2002 courses titled *Administrative Assistant and Dental Assistant* scheduled for July 21-24 and *Perio Team Therapies* scheduled for Aug. 26-28.

**TECHNICIAN:** Technicians may take the *Technician* course on Dec. 15-18, 2002 (no prerequisites). Dentists, who have attended *C1* or higher, may invite their technician to attend the *Dentist-Ceramist Team* course with them on Sept. 15-18, 2002.



## Pete

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



By age sixteen, it is said, Picasso had accomplished everything that had ever been accomplished in the world of art. If that is true, then, what was left for this extraordinary artist to accomplish over the remaining 76 years of his incredible life? One of many definitions of the word "master" found in *Webster's Dictionary* is: "a great figure of the past (as in science or art) whose work serves as a model or ideal." If we use this as a defining characteristic of the word "master," then, Picasso would certainly fit in the art world, and Peter Dawson would certainly fit in our world of dentistry.

An era will come to a close on March 25, 2002 when Peter Dawson will conduct his last, appropriately named, *Masters Forum* at The Pankey Institute. I was one of many privileged dentists who attended this very special yearly event. Although I had been through three Continuations and both of Pete's *Seminar One* and *Two*, I had never been "up close and personal" with Dr. Dawson. I had been around "masters" in the past and had experienced the feeling of being in the presence of a God. At other Continuations, I had watched dentists get close to the masters with a "can I touch the hem of your garment" type awe. What struck me during the *Master's Forum* week was how "human" Pete is. Peter Dawson is no Herr Doctor!

There is no need to write about Pete's technical expertise; it's legendary. After all, he wrote "the book" on occlusion. It's hard to imagine that his other traits—his human traits, his emotional

intelligence and his passion, certainly rival his clinical expertise. There are many great skilled technicians but there aren't many whom I would call "the total package." This past summer, Barry Bonds established a new Major League home run record, but his accomplishments were marred by the many "stories" about his character. There are many masters and champions whose records have smears and smudges due to character flaws. Not Pete! He is a man of the highest integrity — no smudges, no smears, and no asterisks next to his name. I learned that, during my *Masters Forum*, because I watched him closely that week. I saw his passion. I saw his love of people and love of teaching.

There are many great skilled technicians but there aren't many whom I would call "the total package."

At night, back at the condos, Pete would kick back, and over some beer and pizza, he would discuss the nitty gritty of dentistry. During these discussions, we would see the real Peter Dawson. An observant student could learn a lot about dentistry if one paid close attention. During the classes, a student could learn about centric relation and, at night, learn about human relations. During the day, a student could learn anterior guidance and, at night, learn about leadership and guidance. During the day, the discussion might be about vertical dimension but, at night, it was in another dimension. Peter Dawson is by far the most complete dentist I have ever met.

Many dentists have trouble with "marketing" their practices. I learned

more about marketing during the *Masters Forum* than any other course I have ever taken. Although marketing was not the subject matter of the week, I observed how passion and complete understanding of the masticatory system, patience, and tolerance had more to do with marketing my practice than anything one might learn in a business course. I learned, through observation, that success is not just a matter of being the best technical dentist but must be combined with being the best of all human traits. Technical competence, in addition to trustworthiness, equals credibility which is the main ingredient of leadership and success.

At the *Masters Forum*, I also adapted Pete's WIDIOM rule. WIDIOM stands for "would I do it on me." I continue to use WIDIOM as a mantra. Not only is it an ethical standard but it has helped me raise the bar of my own practice. I know Pete uses the WIDIOM rule in his own life. Every time I have ever written or called St. Petersburg, I have received a response from Pete. Written responses have always been in his own hand. We all know how annoying it is when someone doesn't respond to us. Think of how special I must have felt when I received a personal letter from Dr. Peter Dawson—as busy as he must be! Think about a patient who gets a phone call at night from a very busy doctor. That's what WIDIOM is all about. That's what care and concern are all about.

As stated before, there are many outstanding technical dentists in our profession, but there is only one Pete Dawson. Wherever I go, he is referred to with the greatest admiration and respect. Whenever we mention "Pete" there is immediate recognition. Only the great ones are recognizable by a single moniker. Instant recognition! Like Picasso. ■

Reprinted with permission of the author from his *Private Practice* newsletter

## Seeking...

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

### Seeking an associate/partner:

- Anchorage, AK: Dr. Kirk Johnson (907-349-0022)  
 Turlock, CA: Dr. James Eggleston (209-634-5871)  
 Boulder, CO: Dr. Gerald Savory (303-530-4145)  
 Clearwater, FL: Dr. Ralph D. Kimbrough (727-799-4897)  
 Lake Wales, FL: Dr. Maxwell Weaver (863-676-8536)  
 Macon, GA: Dr. Larry Landers (478-741-3688)  
 Letchum/Sun Valley, ID: Dr. Robert L. Cunningham (208-726-3457, svfangdr@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)  
 Menominee, MI: Dr. North Shetter (906-863-2206)

### Seeking an associate or to sell:

Keene, NH: Dr. James A. Henderson (603-352-8716)

### Seeking to associate or purchase:

- Los Angeles, CA: Dr. Kaman Yazdi (310-713-5575, k.dds@verizon.net)  
 S. California (San Diego preferred): Dr. Albert Lopez (559-591-4925, 559-591-8888, aldds4@hotmail.com)  
 Southern Florida: Dr. Robert Heydrich (305-935-4415)  
 SE Michigan: Dr. Jehan Wakeem (313-882-6058)  
 Gifford, NH: Dr. Wm. Dowling (603-528-4252)  
 New York City or Long Island: Dr. Robert Popkin (516-766-3153)

### Seeking to purchase practice:

- SE Coast Florida: Dr. Jonathan Cohen (954-917-6999)  
 Chicago, IL: Dr. Brian Hicks (773-478-5174)

### Seeking to sell practice:

- Miami Lakes, FL: Dr. Darleann Ayan (305-512-0066)  
 Pemberville, OH: Dr. Gary Dewood (419-287-3205) dndewood@aol.com

### Will provide locum tenens:

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



## Peter Dawson: Integrity Plus

by Dr. Tim J. Dylina (Merced, CA)

After practicing dentistry for five years and seeing some of my "excellent" dentistry come back ("I did that crown?"), I asked around for the best restorative dentist in the country so I could learn from him. Pete Dawson's name came up again and again. After contacting his office, I signed up for his *Seminar One* in St. Petersburg, Florida. When I left St. Petersburg, I felt like the dumbest dentist on earth. Two options were available. I could pretend I had not heard what I had heard, or I could work to see if his concepts were valid. I chose the latter.

Dr. Dawson had ended the seminar by challenging us to pick out five of our existing patients with unresolved problems, bring them in at no charge, and solve their problems with the methods we had been taught. I did just that, and they all improved! My journey in advanced dental concepts had begun.

Since that day in 1985, I have taken all of Pete's courses, attended the

Pankey Institute, and the American Equilibration Society (all at his urging). He made some statements in the early going that have stuck in my "squash" to this day. "Search for the truth," he said, "and don't believe anything you read or hear without studying, utilizing, and verifying." He also said that if any of his concepts were wrong, we should discard them but let him know so that he could further his education.

I later learned that this was no ruse as I viewed him taking notes at the Equilibration Society meetings with the same intensity he used for his lectures. What kind of dentist was this?

Twelve years after our first meeting, I brought my staff to a Dawson course in Las Vegas (*Top 10%*) to personally hear the master. He was kind enough to introduce himself to all of them and even invite them to lunch.

Sitting through the two days in Las Vegas was very unsettling for me as I saw a lot of indifference to his message among the young practitioners present. I had to ask myself why he was doing this...taking the time that he could use in any way he desired. (At the most prestigious dental meetings in the country, Dr.

Dawson is revered to the point that when he enters a room of 600 dentists, who are highly respected nationwide, his presence is immediately acknowledged. The air is electric in response to the educator, the writer, the clinician, the master.) What compels such an honored man to give of himself as he did in Las Vegas?

There are many dental gurus available today that attract the interest of young dentists and try to validate their message with charisma. But, Pete is on another level. People are drawn to Pete because they trust him and his message. Honesty, integrity, and sincere care for dental patients and professionals keep him going. You can read this in his words, face, and actions. Pete has spent a lifetime devoted to being a continuous student and facilitator of others' learning.

Dr. Dawson has met the difficult standard of honesty and integrity with flying colors! He has helped make my life in dentistry a joy. The knowledge, simplicity, and predictability make my patients' lives very comfortable. Dr. Dawson has directly and indirectly touched the lives of countless dentists and their patients. His tireless quest to get out the message has touched my heart, and I will be forever in his gratitude. ■

## Peter Dawson: My North Star



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

In astronomy, there is a star that most closely aligns with the North Pole of Earth. Seeing this star creates a point from which the rest of the sky makes sense. Early navigators traveling from the treacherous South Seas to the Great Lakes could use this star to verify their position. Dr. Dawson has acted as my North Star throughout my navigation of advanced dental education.

The first textbook that I bought as a young dentist was Dr. Dawson's first edition. Every night I would read more of the book until I reached the end. It provided me with my first understanding of the basics of occlusion. Some of the information on advanced restorative care did not seem applicable to me at the time in the small town in which I was practicing. But, this information was haunting. I knew this type of care was possible but did not feel competent to accomplish it.

Very early in practice, I became dissatisfied with what I was doing...basically treating one tooth at a time. Dissatisfaction with myself brought me to

The late Dr. Harold Worth of New Orleans always asked his friends, "How is your PMA (Positive Mental Attitude)?" To me, Dr. Peter Dawson is the original PMA, and his favorite expression has to be: "If it is impossible to do, it may take a little longer."

— Mr. L. M. Anderson, Jr., Foundation Associate & Trustee Advisor (Tampa, FL)

The Pankey Institute. During each of the Continuum levels, I relied on Dr. Dawson's textbook while I studied in Key Biscayne. During my third time back to the Institute, I vowed to myself to do one of every restorative case (or problem) shown in Dr. Dawson's textbook. Amazingly, it only took me two years to complete this goal.

One of the cases was an end-to-end occlusion that presented as an exaggerated class III due to the protrusion of the lower jaw past the upper anterior teeth. I learned fantastic lessons from this case such as developing anterior guidance on the incisal edges, which acted as the centric holding points for the anterior teeth. Last week, I was able to show this same case to a patient with the same problem, and demonstrate how it could be corrected and still comfortably function thirteen years later.

Many times I would be baffled by meeting presentations that disregarded the known anatomy of the gnathologic system. Although I was always open to new ideas and listening, my North Star



provided me with an understanding that kept me on course. I recall one presentation that was particularly headed for disaster. This doctor's custom was to align the midlines of the upper and lower teeth and then restore the occlusion to this position. All I could think was "Wait a minute! Sometimes my denture setups do not even have a coincidental midline because of anatomical differences."

I remember taking my new edition of Dr. Dawson's textbook with me to the weeklong *Masters* course at The Pankey Institute taught by Dr. Dawson and Dr. Filastre. Dr. Dawson was able to autograph the book for me, and now almost thirteen years later, it is still one of my prized possessions. What an incredible week of learning mixed with sadness. For you see, that week, Dr. L.D. Pankey died. (Writing about his passing still brings tears to my eyes, the same as it did that week.) It was very comforting for me to be at the Institute with the likes of Dawson and Filastre, knowing that the work of Dr. Pankey and his contemporaries was now being refined and explained by a new set of thinkers. Now that Dr. Dawson will be moderating his last *Masters Forum* at The Pankey Institute in 2002, I can only wish him the best and let him know that he is still shining brightly for me. ■

Pete Dawson is a thinking man's teacher and a how-to-do-it/fix-it-right kind of dentist...a rare creature. He literally wrote the book. His coined phrase "physician of the masticatory system" rings loud in my ears throughout each day, especially during the initial exam. Pete has set the bar we all yearn to reach...the only complete and equitable way to practice in a dental sense. I "grew up" in his *Masters Forum*. Thank you, Dr. Dawson.

— Dr. Arnold F. Rothman (Miami Beach, FL)

## Chairman's Message

(Continued from page 1)

a Pankey style practice. I personally look forward to having him join Dr. Steve Ratcliff in working side by side with me in the Education Department. This new team will have new energy, new ideas, and yet be deeply rooted in the same concepts, principles and philosophy. They both will bring renewed clinical relevance to our curriculum from their own practices. (Drs. Don Sing and Ratcliff both have articles appearing in this issue of the *Pankeygram*.)

My next project worthy of mentioning is our decision to have a stronger relationship with present and future Pankey Study Clubs. I will be creating a package for each interested club. This package will help out with programs, mission statements, policies, and special projects. Emphasis will be on applied treatment planning. I invite existing clubs, who would enjoy a closer relationship with the Institute, to contact me. I also invite those of you interested in starting clubs to contact me.

My vision is for there to be enough new study clubs by the end of 2002 for every *C1* participant who wants to become involved in one to do so. The mission of these clubs should be to facilitate the application and refinement of the principles and practices of the Pankey Philosophy for the benefit of our patients.

Again, email me personally if you are interested in this project, either because you would like to start a new Pankey Study Club or wish to improve or modify your present club. I look forward to hearing from you while we soar to the next level in this 20th year of my relationship with the Institute and its 30th year of existence. My email address is [ibecker@pankey.org](mailto:ibecker@pankey.org). ■

## My First Encounter



by Dr. Yvonne Hanley, Associate Faculty (Fergus Falls, MN)

It was a bright sunny day on March 11, 1989. The prestigious Board of Directors of the L.D. Pankey Foundation was assembled in Mann Hall at 240 Crandon Boulevard. With about 50 people in the room, it was quite crowded, ah, er, I mean, intimate. Dr. Becker, having been Chairman of Education now for seven years, elected to use his allotted time for his annual report to the Directors in an interesting manner. He selected five students, who had fairly recently been through a number of weeks of the Continuum, to speak.

In retrospect, it seems as if he chose to show the Board the product of the Institute, rather than tell them what he had been doing. I was one of the five speakers. We were each given five minutes to address one leg of the *Crass of Dentistry* with the fifth topic being *quid pro quo*.

I was seated towards the middle of the room, surrounded by men whom I

had never seen before. I didn't realize that giants like Mr. Billy Anderson, Dr. Loren Miller, Dr. Bill Amos, Dr. M.L. Butterworth, and Dr. Don Culp were in attendance. Good thing! Even not knowing the audience, I had never been so nervous in my life.

I did make it through my allotted time and managed to make it back to my chair. I took a deep breath and started to sigh, when all of a sudden, from behind me two huge paws, er, I mean to say, hands squeezed my shoulders and a kindly voice said into my ear, "That was wonderful."

I turned around to look at what was attached to my hands and saw a large bald head framing two of the brightest, friendliest eyes that I had ever seen. I'd like to say that I said, "Thank you." But, I don't remember and actually doubt that I did.

The meeting was adjourned, and we were served buffet lunch in the student lounge. I took my plate and sat down in Schyler Hall. Next thing I knew, the same man was rearranging the furniture so he could sit down across from me at lunch. Only then did I realize it was Dr. Dawson. For one of the few times in my

life, I was speechless.

The impact of Dr. Dawson's support ever since these first words of encouragement is immeasurable. Shortly after this meeting, I was given the opportunity to be part of the visiting faculty at the Institute. Dr. Dawson's words have

continued to inspire me to try to always remember the impact of well placed words of encouragement. I believe no one has done more to promote the best dentistry has to offer than Dr. Dawson. Thank you. ■



*Presentation of Foundation Appreciation Awards in March of 1993. From 1976-1993, Drs. Peter Dawson and Alvin Filastre team-taught the "Dawson/Filastre Week." After Dr. Filastre's retirement in 1993, Dr. Dawson has carried the course as the "Dawson Masters Forum." On March 25, 2002, Dr. Dawson will commence his last Dawson Masters Forum at The Pankey Institute. (Left to right: Dr. Irwin M. Becker, Dr. Alvin Filastre, Dr. Peter Dawson and Mr. Christian B. Sager)*



## CE: A Worthy Investment

by Mary H. Osborne, Guest Presentor (Seattle, WA) [MHOResources@msn.com](mailto:MHOResources@msn.com)

One of the definitions Webster offers for the word invest is "to expend for future benefits or advantages." In difficult times, as well as in times of great prosperity, it makes sense to invest our resources with an expectation of future benefit. It makes sense to look to the future, as well as to immediate needs, regardless of the current economic conditions, but in times of uncertainty that may be more difficult to remember. That is true for those of us in dentistry, as well as for the people we serve. I'd like to talk with you about how your attitudes can nourish your practice, and your patients, through good times and bad.

### SCARCITY AND ABUNDANCE

In the best of times some people have an attitude of scarcity. And, in the worst of times, there are those who have an attitude of abundance, because scarcity and abundance are not primarily related to money. They represent world views in which we see everything as either being scarce or abundant: time, energy, love, money, etc. Either there will never be enough or there probably will be. Stephen Covey describes the scarcity mentality as one that is highly competitive, because everything in the world is part of only one pie, and "more for you will mean less for me." Avrom King writes in *Choosing to Choose* that an attitude of abundance, on the other hand, allows us to rejoice at another's success, because we believe that "the qualities of life we most dearly prize and greatly cherish are freely available."

The important thing to keep in mind about these two ways of looking at the world is that they are not mental models. They come from our hearts more than from our minds. When it comes to money issues it can be difficult to distinguish whether we are in an attitude of scarcity, or are just exercising fiscal responsibility. Often, we are doing a little of both, and we get them confused.

Since Sept. 11th, a great deal of our national focus has been on economic stress and fear. On Maslow's hierarchy of needs, we have dropped, as a culture, to levels of concern about physical safety and security. Even if we generally see the world as abundant, we may find ourselves feeling fearful beyond what the current reality would seem to justify.

If we look at scarcity and abundance as two ends of a continuum instead of as polar opposites, we might get a better understanding of how they work in our lives. Anxiety about enough time, money, recognition, or energy often has some basis in outer reality and some in our internal world view. When we find ourselves getting anxious about whether or not there is enough of something, we might ask ourselves how scarce or abundant we are feeling in regard to that issue. Sometimes, just asking the question is enough to shift our thinking.

### APPROPRIATE VIGILANCE

There is a difference between appropriate vigilance and fear based scarcity. It is appropriate to work with a

budget, to monitor your productivity and profitability, and to watch for trends in your business. It makes good sense to pay attention to cash flow and accounts receivable. Scarcity, on the other hand, has little to do with attention to current reality. In fact, the opposite is true. When scarcity is present, current reality means little or nothing. No matter how productive or profitable the practice, there will be fear, because scarcity comes from within.

In difficult economic times, it is important to pay attention to both inner and outer reality. It makes sense to be aware of the global economy; it does not make sense to let it determine your future. To the degree you believe you can influence the future of your business, you will. To the degree to which you see yourself at the mercy of forces outside of your control, you will be at their mercy.

It is easy to let personal setbacks and media frenzy combine to create a *Chicken Little* mentality in your practice. Low production figures from October may suddenly look like a dangerous downward trend, even if they are virtually the same as last year's figures. Cancellations or no shows which have always been a part of the practice, can begin to look menacing. Purchases for which we have planned and saved may now seem impractical. Plans for personal and professional growth may be put on hold.

All small business owners, at one time or another, experience the fear and insecurity I've described. Dentistry does not have a corner on the *Chicken Little* market. In our office we have a running joke. If a day goes by with no phone calls about our services or orders for tapes in the mail, one of us will declare, "It's over. Might as well close up shop." It's a joke, but it serves as a reminder of how easy it is to translate an isolated event into a trend. There certainly are economic forces you cannot control that will affect your practice. But, you can control how you respond to them. You can run around shouting that the sky is falling, or you can take advantage of opportunities to invest your resources wisely.

### INVESTMENTS

Whether we invest money, time, energy, attention, or any other resource, we expect a return on our investment—some future benefit. Spending implies no such expectation. By definition it implies the opposite: to use up. When we spend, we tend to get short term, immediate gratification. When we invest we may deal with delayed gratification, but we expect the return to be long lasting. In making decisions about your practice, you will both spend and invest. There are times when you are clearly spending time, energy, or dollars on something which has immediate, short term value. There are times when you know you are investing your resources in the future. And, there are also times when the distinction is not as clear.

I remember years ago having the opportunity to hear cultural anthropologist Angeles Arrien at a conference I was attending. I was mesmerized by her

story telling skills and thoroughly enjoyed her presentation. There were other speakers I went to hear at that conference because I knew their material would help me in my work but I remarked to a friend that Angeles Arrien's program was one I was attending just for pleasure. What I know now is that her presentation continues to inform my work like no other I heard.

The same is true in your practice. There are investments you will make in team, in patients, and in yourself for which you will see a clear return. And there are others for which you may not recognize the return for quite some time, if at all. What do you take into consideration when you think of investing in your practice? What kind of return do you expect on your investment? Whether you are building a new office, marketing your practice, purchasing a piece of equipment, hiring a new person, or selecting a CE course, you are investing in your practice. In each situation, you will invest time, energy, and money. You can determine the success of the investment by measuring your return in two ways: profitability and quality of life.

One of the goals of any business is to generate profit, so investments you make in your practice should contribute to the bottom line. Some investments will show a direct relationship to productivity and profitability, and some will be indirect. Purchasing a piece of equipment that allows you to provide a new service shows a direct relationship to profitability. The effect of continuing education on your practice can be more difficult to measure.

Another way in which you can get a return on your investment has to do with your quality of life. If your work is more enjoyable, less stressful, or more satisfying as a result of an investment you make, that can be seen as a worthy investment. A piece of equipment that makes your work easier or less physically challenging enhances the quality of your life. An employee who assumes responsibility for parts of your work that you find difficult or exhausting can also be seen as a very worthy investment. Professional and personal growth that allows you to feel more confident can also enhance the quality of your life.

The best investments you make in your practice have the potential to bring a return on your investment both in profitability and quality of life, and many do. A new hand piece can make your work easier and more efficient and, therefore, more profitable. Working with a new team member, who learns quickly and enthusiastically, can be personally rewarding and give you more energy, as well as increase your production. In both cases, the results may not be immediate, but they can be dramatic.

### INVESTING IN LEARNING

One of the areas in which return on investment can be difficult to assess is the investment in personal and professional growth—the investment in learning. Particularly when the practice seems to be struggling, it can be hard to see it as a good investment. Whether the investment is time and energy for team meetings, or practice dollars to attend a course, the return may not be easily determined.

Often I hear dentists say they invested a lot of money in learning opportunities for staff who are no longer with them. There is a sense that the money was wasted—"After all we've done, we're back at square one." While I know well the frustration of losing team

members in whose growth you have invested time, energy, and money, I see the investment differently. I believe that an investment in learning is an investment in yourself; you are the constant in your practice.

In considering continuing education for yourself and your staff, ask yourself how it will affect your practice long term. The deeper the learning, the greater potential it has for long term growth. When you are surrounded by people who are experiencing significant personal and professional growth, it has an effect on your patients and on you, as well. As you participate in helping them learn, you become clearer. Your support of their learning plays a part in your own growth. And, when you invest in people, who have the capacity for significant growth, even if they leave, the practice will be better for them having been a part of it.

Often, when a dentist has been involved in growth and learning for some time, the inclination is to send new staff to workshops. While I recognize the importance of using your CE dollars efficiently, I believe there is great value in attending some workshops with your employees. You may be familiar with the content of the program, but group learning is different from individual learning. The process of learning together has value for everyone involved. It allows you to apply the message to specific situations in your own practice. As you discuss a concept and apply it to particular patients or circumstances, the culture of the practice is influenced by the conversation. Even if you "knew" the concept before, you will "know" it differently now. Employees will come or go over the life of your practice, but your ability to learn with them will determine the success of your investment in learning.

Tactical learning is different from philosophical learning. A course on dental materials or techniques may not have the same long term value as a course of a more conceptual nature. Both are important, but courses, which include a philosophical perspective as well as specific applications, have the greatest potential to positively affect both your profitability and your quality of life. When I hear dentists or other team members say that a workshop they attended had a positive effect on their personal, as well as their professional relationships, I know the work they did will have lasting value in the practice. The ability to apply what you have learned to other areas of your life means the concepts are "in your tissues," as Dr. L. D. Pankey used to say.

When you consider an investment in learning, but question whether now is the right time to do it, ask yourself: "What will happen to change the current conditions if I do not invest in learning at this time?" How will the economics of your practice change if you don't do something different? How will your attitude change? Doing the same thing over and over, expecting a different outcome, has been described as a definition of insanity.

When your practice is slow, time is the greatest resource you have. Invest it in practice building, future focusing, and looking for opportunities, instead of cleaning out the lab. When finances seem limited, choose your investments carefully for maximum return on your investment. Quality continuing education should have the effect of challenging your thinking, stimulating your creativity, and renewing your enthusiasm and commitment. ■

# Back to the Basics

## Become a Smarter Investor (Circa 2001)

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



Most conversations with you in the last few months begin with you expressing angst over investing in the current economy. "What should I do?" you ask. In times of stress and during market turns, like we have experienced this last year and a half, it is hard to "keep the faith" and focus on a long-term perspective. The events of the last three months add to the confusion, and we often hear "this changes everything" or "why would I keep putting money into the market in the face of such uncertainty?" While none of us really knows what the future holds, it seems appropriate to me to stay with the investment practices that have succeeded over long periods of time and not be quick to abandon them in the face of great challenge.

So, what's new? Historically successful investment principles and practices have worked despite many challenges from world war to cold war, from depression to stagflation. History shows us that there is every reason to believe the U.S. economy and stock market will come back strong. It is time to recommit to the disciplines that have been successful through the years; to focus on elements that we can control and accept that some things are beyond our control; and to recognize that fallibility, missed opportunity, and periodic loss are an inevitable part of investing.

### STOCKS FORM THE FOUNDATION

Simply put, stocks offer the best way for individuals to participate in the long-term growth of the economy. Stocks have historically delivered significantly higher returns than other asset classes over long periods of time, especially after factoring in taxes and inflation. That makes stocks or stock mutual funds the foundation of a growth-oriented portfolio. Stocks do not move up in a straight line. On the contrary, they have gone through stretches of dramatic decline — from the crash of 1929 through the Great Depression to the bear market of the 1970's and the crash of 1987. But, if you look at stock performance with a truly long-term perspective, even the worst periods become detours on a long, upward-trending path.

### FIXED INCOME CANNOT BE FORGOTTEN

In part, because stock performance is so unpredictable in the short-term, it makes sense for all investors — particularly those who might need to tap into at least some of their money in less than a decade — to invest in bonds as well as stocks. Because bonds often rise in value when stocks are falling, a portfolio that includes both bonds and stocks will be far less volatile than an all-stock portfolio. Bonds can offer a liquid asset to tap when stocks are suffering and can provide regular income for those who need it. Often the leveling-impact of bonds on an investor calms panic and unwise decision-making in down markets.

A word of caution about investing in bonds at this time: Now that the Federal Reserve has finally realized that inflation (remember the '80's) is not a problem in the present economy (last ten years), they have adjusted the interest rates downward eleven times this year!

As of December 12, 2001, the Prime Rate is 4.75%, the Discount Rate is 1.25% (a 40 year low), the Federal Funds Rate is 1.75%, 6-month CD's are at 1.80%, MMF Rate is about 2%, and the CPI for the last twelve months is about 2%.

An investment in bonds carries with it some interest rate risk. That is to say, as interest rates move back up in the future, the value of the bond will move down. If you could find a single issue of a bond with a rate and maturity date (less than five years) that you would be happy with, then buy it and hold it to maturity. You will receive the return you bought.

Be wary of investing in Bond Mutual Funds! They will be advertising their wonderful percentage returns for the last twelve months — it is easy for them to do well in a falling interest rate market. Because they are priced "to Market" daily, if you purchase them now,

History shows us that there is every reason to believe the U.S. economy and stock market will come back strong. It is time to recommit to the disciplines that have been successful through the years.

you will be buying "high." When the interest rates go up again, the price of the Bond Fund will go down daily and affect your rate of return. With Bond Mutual Funds, there is no holding them to maturity! It would be like buying high and selling low!

Reconsider equities. Do the discipline even at this uncertain time, because there is a greater chance that the Federal Reserve will be raising rates in 2002 and that will drive bond values down.

### TIMING THE MARKET CAN BE A BIG MISTAKE

Investors usually get in trouble when they try to be smarter than everyone else. Despite all the predictions about what the market will do next, no one has shown a consistent ability to call the short-term direction of the market. Many "Market Timers" look good on paper in retrospect with their "if only" scenarios. Even the most accomplished professional money managers have had little success predicting the short-term direction of specific stocks, let alone the entire market. Certainly, as dental professionals, our focus should be on the long-term.

There are not enough hours in the day to be "present" for your patient's best benefit and attempt being a market timer. Moving large sums of money back and forth between cash and stocks, or from one sector of the market to another is almost bound to produce sub-par results.

### BUY LOW, SELL HIGH

There are surefire ways to buy low and sell high without timing the market. The first is dollar-cost averaging (DCA). If you commit to investing a set dollar amount each month into a mutual fund or brokerage account, you will end up buying more shares with the money when prices are low and fewer when they are high. This discipline has the added benefit of forcing you to invest even when your nerves might be telling you to stay

out of the market.

A second discipline is regularly rebalancing your portfolio. If you targeted 25% of your invested assets in technology but the booming market increased the stake to 35%, you should sell the extra amount and reallocate into under-performing sectors. Now, that takes discipline! Do this on a regular schedule, at least annually but no more frequently than quarterly. While our emotional impulse is to buy more of a hot asset, rather than to sell it to buy a lagging one, consistent rebalancing ensures that you will sell high and buy low.

As the market has rebounded about 20% since September and will move around as money managers "dress-up" their large portfolios at the end of the quarter, I would encourage you to be buying stocks that are lagging the averages and have room to grow. Some stocks have rebounded 30-40% and do not have the earnings to support that move. If you were to buy these, you would be risking buying high and having to sell low in the future.

### DIVERSIFICATION MATTERS

The overall stock market may historically outperform the bond market, but any single stock can turn out to be a large winner or a huge loser. To make sure you capture the historical advantage of stocks, your portfolio should include a broad range of companies, including growth and value, small-cap, mid-cap and large-cap, technology and core industries.

One simple way to achieve instant diversification is by making an index fund a core piece of your portfolio from the start. Certainly, as you start, you might feel unqualified to pick individual stocks. Warren Buffet has long believed that any

There are not enough hours in the day to be "present" for your patient's best benefit and attempt being a market timer.

investor that doesn't visit the company and talk to the management personally is a "no-nothing" investor. Well, if that is the case, most of us do not know much! Therefore, having an index fund with a low expense ratio seems very appropriate as a beginning point in portfolio building. An example of one that I often recommend is the Vanguard Index 500 Fund, [www.Vanguard.com](http://www.Vanguard.com) or (1-800-871-3879).

Investors should recognize that a diversified portfolio always includes some under-performers. You shouldn't dump your under-performers to load up on your hot performers. Every market segment goes through periodic advances and periodic downturns. The term for this is "Market Rotation." Protect against chasing performance and "Hot Money."

### FOCUS ON WHAT YOU CAN CONTROL

Since you cannot make stocks go up, focus on what you can control. Keep your trading cost down, choosing low-fee investments and minimizing tax bills by using tax-deferred or tax favored vehicles like Roth IRAs, IRAs, 401(k)'s, Defined Contribution Plans, Defined Benefit Plans, and 529 Plans — depending on your present situation and your future desired results. All tax-deferred opportu-

nities as well as "Buy and Hold" strategies in non-deferred accounts, can add several percentage points per year to your rate of return on your investments. Over a long investing career, the compounded impact of these savings adds up dramatically in your favor. Remember, no one cares for your money like you do!

### THERE IS NO SUCH THING AS RISK-FREE INVESTING

Every time you buy a stock or bond, you are taking a risk that your money will disappear. Yet, by leaving money in the bank instead, you are almost guaranteeing that your buying power will diminish over time, because of inflation and taxes. That is why individuals must be prepared to take some risks.

There is such a thing as too much risk. Each investor must consider how much risk and what kind of risk is right for them. Greed might be considered bad philosophically, but certainly, from a practical point of view, "greed" inspires taking risks and bad habits that, statistically speaking, are more likely to backfire than to succeed. As exciting as it may be to get rich in a hurry, it only exposes you to the possibility of getting poor in a hurry.

Instead, rely on the low-risk "power of compounding" and the disciplines of "living on less than you earn," and regular savings and investing. Remember valuation matters. Financial benchmarks, such as price/earnings multiples, tend to return to historical averages over time. When valuations move dramatically above those averages, investors should take extra caution. When valuations move dramatically below average, your risk is much lower, and there is probably an opportunity.

### INDIVIDUALS HAVE AN EDGE

Don't worry. Be happy! There is an advantage in creating long-term plans to reach goals, like funding retirement plans and college tuition costs, and approaching them in a systematic way.

This is not the way Wall Street works. The professionals are often compensated based on short-term performance — their ability to outpace an arbitrary benchmark on an annual or even quarterly basis. They are compelled to make trades even when they are uncertain (in an effort to keep up with their competitors), and they rely on short-term market predictions that are invariably shortsighted. But the mad race to beat the market all the time is the main reason so few people beat it at all. That's why the long-term perspective gives individual investors an edge over Wall Street—not in getting rich quick, but in meeting the long-term goal of reaching "Financial Independence." As a dentist, financial independence is that point in your life when the earnings from your investments replace the earnings (or the need for the earnings) from your hands.

These tried and true, *back to the basics* practices may seem old and out of sync with all that is new in 2002, but just run the numbers for yourself, the tortoise does quite well! Recommended reading is *A Philosophy of Wealth Accumulation for Dentists* by William A. Davis, D.D.S., M.S.; Gary L. Rathbun, C.L.U., Ch.F.C., M.S.F.S.; and Richard A. Green, D.D.S., M.B.A. (Medical College of Ohio Press, 2000). This book can be obtained through The Pankey Institute Resource Center. ■

## Triple Plus Club Report

The Class One Triple Plus Club was established, in 1978, by Dr. Peter Dawson, Mr. L.M. Anderson, Jr., and the late Dr. James Cosper. The club is comprised of individuals dedicated to excellence and the perpetuation of The Pankey Institute's mission, which is to help dentists achieve professional excellence and deliver superior healthcare to their patients. In addition to the development of technical skills, we believe personal growth and fulfillment are essential components in the pursuit of excellence.

Our postgraduate program has helped generate a strong commitment to progressive, continuing education that assures you will be one of the most informed and capable dentists. We lead the profession in the promotion of compre-

hensive oral health treatment that is individualized for the patient's highest well being and provided in a truly caring way that respects the dignity and concerns of the patient.

No where else can a dentist refine technical skills through such an extensive program of hands-on exercises under the practical guidance of masters. And, no where else can a dentist so fully pursue the development of communication skills and understanding that will enhance compassionate relationships with patients.

We encourage greater cooperation among the specialties of dentistry, offering courses specifically designed to develop a higher level of synergy between the specialist and restorative dentist. And, we

train dental technicians and auxiliary personnel to deliver superior services.

As a not-for-profit institution, we receive income only from tuition and private contributions. We do not receive or solicit governmental funding or the financial contributions of corporations or other organizations. Therefore, your contributions ensure our ability to maintain state-of-the-science educational programs.

In its 24th year, membership in the Triple Plus Club has grown to over 400 Members committed to donating \$1,000 per year to the Institute for ten years. Their donation is used at the discretion of the Institute's directors to finance enhancements in the educational program, for example, improvements in audiovisual equipment. Biennial meetings for members have been held since 1980. You may read about the 2002 meeting on page 7.

Many members of the club involve special patients by offering them

the opportunity to make a tax-deductible donation to Triple Plus in lieu of payment or full payment for dental services. The Institute has a special brochure and donation form to assist members in communicating this opportunity to patients.

To recognize members, after their initial \$1,000 gift is paid, the Institute presents the member with a framed scroll and hangs his/her name in a plaque on a wall of the Institute's Hall of Honor. Once the \$10,000 pledge has been paid in full, a gold seal is adhered to the member's plaque.

All of those listed below are active contributors or have completed their pledge. Those, who have completed their pledges, are indicated by an asterisk after their names. If you are interested in joining this committed group of supporters, please contact Connie Palmer at the Institute (305-428-5557). ■

### NEW CLASS ONE TRIPLE PLUS CLUB MEMBERS 2000-2002

Dr. Larry N. Balli	Dr. Leonard Anglis*	Dr. Cheryl DeWood	Dr. James A. Hill*	Dr. Inez Marchand	Dr. Ronald Presswood*	Dr. Gregory J. Tarannola*
Dr. James Bellfield	Dr. Philip Ankrin	Dr. Gary DeWood	Dr. Robert L. Hinrichs	Dr. Alan S. Markoff*	Mrs. Rose Quick*	Dr. Anita Tate
Dr. Kenneth & Neil Berman	Dr. Donald C. Asbjornson*	Dr. Michael R. Dick*	Dr. Jay M. Hislop	Dr. Maurice Martel	Dr. Edward Quinn*	Dr. Mark Taylor
Dr. Dianne Bridgeman	Atlanta Dental Study Club*	Dr. Frank W. Donis*	Dr. F.T. Holcher	Dr. & Mrs. Randolph Martin*	Dr. Stephen Ratcliff*	Dr. Ronald Teel
Dr. David Cowe	Dr. Jeff Baggett*	Dr. Gabe Don Sing	Dr. Robert Howard	Dr. Charles J. Mascari*	Dr. William S. Ray, Jr.*	Dr. Matthew Teich
Dr. W. David Christenbery	Dr. Dennis Barker*	Dr. Kelly Douglass	Dr. Richard & Amy Hunt	Dr. Joe Massad*	Dr. Jim Raymond*	Dr. James Tharp
Mr. Lee Culp	Dr. Janet Barresi	Dr. John Drotter	Dr. C. Leigh Hutchinsin*	Mr. William Massey*	Dr. Gayle T. Reardon	Dr. W. Keith Thornton*
Dr. Peter Fay	Dr. Irwin T. Barrett*	Dr. Bruce R. Dunn*	Dr. Mark E. Hyman	Dr. David Maston	Dr. William Rieger*	Dr. Gus E. Tibonis*
Dr. Randy Fussell	Dr. Robert M. Becker*	Dr. Robert Dunning*	Dr. Dorothy Jacobyansky	Dr. Eugene McCormick	Dr. Pat Riley & Roy B. York*	Dr. Philip Toaldo
Dr. John Gammichia	Dr. Fred Begeman*	Dr. Tim Dylina*	Dr. Peter A. Jensen, Jr.*	Dr. Brian McCurdy & Elizabeth Duane	Dr. Isidon de Llano Rodriguez	Dr. Albert Tomsic
Dr. Jacob M. Gordon	Dr. Brian Beirl	Dr. Gregory N. Eleferin*	Dr. Warren Jesek	Dr. Mike McDevitt*	Dr. Jean-Louis Rioux*	Dr. Anita Tonking
Dr. David Greenlee	Dr. Stephen C. Bennett	Dr. Walter D. Fain	Dr. Patrick Johns	Dr. Edwin McDonald	Dr. Thomas Risbrudt	Dr. Tymon Totte*
Dr. Peter Heller*	Dr. William J. Bennett*	Dr. James Fanning*	Dr. Nancy Johnson*	Dr. James J. McDonald, Jr.	Dr. Alan Robertson*	Dr. Andrew C. Toy
Dr. John H. Herrin	Dr. Herbert E. Blumenthal*	Dr. Robert H. Feider*	Dr. David C. Jones*	Dr. Tom M. McDougal*	Dr. Jean P. Roger*	Dr. Carol Trewet
Dr. James Hudson	Dr. Sallyanne Bonner	Dr. Jose Maria Suarez Feino*	Dr. Loyce Jones	Dr. John R. McFarland*	Dr. Steven Rosenstein	Dr. Javier Gonzales Tunon*
Dr. Earl R. Larson	Dr. Jonathan Bregman*	Dr. Russell Fife	Dr. Stephen A. Kaad*	Dr. Thomas McGarvey*	Dr. Charles Glenn Roth	Dr. Timothy G. Twohig*
Dr. Albert Lee	Mrs. Patricia Brennan*	Dr. Carl E. Findley, Jr.*	Dr. Michael J. Kadair*	Dr. James & Lisa McKee	Dr. Arnold Rothman	Dr. John H. Upton
Dr. Maria Locher-Claus	Dr. William J. Brennan*	Dr. James Fjordist	Dr. Henry R. Kanner	Dr. Gloria McNeill*	Dr. Donald Rozema*	Dr. S.H. Van Gorden*
Dr. James Lockwood	Dr. Stephen Brewer*	Dr. M.K. Forth	Dr. Kunio Kawamura*	Dr. Willis J. Meriwether*	Dr. Robert R. Ryan	Dr. Charles Varipada*
Dr. Scott Logan	Dr. J. Wayne Bowdler*	Dr. Alan P. Friedler	Dr. Roger Keisling	Dr. C. David Miles*	Dr. C. Michael Sage*	Dr. Mark E. Waltz
Christian Ludwig Memoriam	Dr. Gary Brunk*	Dr. David Furnari*	Dr. Myron Kellner*	Dr. Glenn Miller	Mr. Christian B. Sager*	Dr. Michael Waltz
Dr. Arthur Manzo	Dr. Alan R. Bryant*	Dr. Peter Furnari*	Dr. Glenn Kidder*	Dr. Mark Mintzer	Dr. Dennis Santini*	Ward/Byrne Dental Group*
Mr. Robert P. Marbach	Dr. William E. Bryant*	Dr. William H. Funk*	Dr. James C. Kincaid*	Dr. Lillian Mitchell	Dr. Hedy Sansi-Arnett	Dr. George Waga
Dr. Thaddeus Marcinszyn	Dr. Robert L. Bunn*	Dr. Robert F. Gallagher*	Dr. Robert C. King*	Dr. Kent Moberly	Dr. Gerald Savory	Dr. John G. Warner
Dr. Carol McGonigle	Dr. G. L.D. Burnett*	Dr. Leonard Garfinkel*	Dr. & Mrs. Wayne King	Dr. Sherwood E. Moore*	Dr. Michael J. Scherb	Dr. Thomas P. Wamer
Dr. Darren McKeever	Dr. Bruce Burns	Mr. Philip G. Kirkland*	Dr. & Mrs. Robert G. Kirkland*	Dr. Thomas Moorman*	Dr. Russell M. Schlattman*	Dr. John Waters
Dr. David Mugford	Dr. M.L. Butterworth*	Dr. Ross A. Gorrell	Dr. Robert M. Knight*	Dr. James M. Morgan*	Dr. Cheryl Scott	Dr. Edmond F. Weglarz*
Dr. Brenda Nishimura	Dr. Fred Carlson	Dr. Thomas Grabeman	Dr. Richard L. Koch	Dr. Howell Morrison	Dr. Frank V. Seati*	Dr. Dane Welch
Dr. Robert Maguire*	Dr. Joe Carney*	Dr. Bill Gray, Jr.	Dr. William Koch	Dr. Richard Moss*	Dr. Barry Segal*	Dr. David A. Wenz*
Dr. Margie Mannering	Dr. James Carroll	Dr. Brian Gray	Dr. Nils J. Korsnes*	Dr. Edmond Mukamal*	Dr. William Shideleler, Sr.	Dr. Jack Wesch
Dr. William A. Myers*	Dr. Thomas L. Carroll	Dr. Frank Graziano	Dr. Stephen Krist	Dr. Dennis Munholland	Dr. Jack Shirley*	Dr. Tom Whinery
Dr. Glenda Owen	Dr. Steve & Midge	Dr. William Y. Gregg	Dr. Edward N. Green*	Dr. Mark Murphy*	Dr. David J. Shuch	Dr. John R. White
Dr. Charles H. Pitts	Dr. Michael J. Catanes*	Dr. Edward N. Green*	Dr. Richard A. Green*	Dr. Kenneth Myers	Dr. James A. Sievert*	Dr. DeWitt Wilkerson
Dr. Bradley S. Portenoy	Dr. Randall B. Caton	Dr. Richard A. Green*	Dr. Henry Gremillion*	Dr. Richard Myers	Dr. Paul Sigmund*	Dr. James R. Williamson
Dr. Charles Staminoles	Dr. Donald G. Cheek*	Dr. William R. Griffith*	Dr. William H. Lady*	Dr. Gary Nawocki	Dr. Bud Sipko*	Dr. Harold W. Wilson
Dr. Carol Stilwell	Cheshem Dental*	Dr. Robert Grillo	Dr. Larry E. Landers*	Dr. Jeffrey A. Nelson	Dr. James W. Sisto*	Dr. Jack T. Wilson
Dr. Drew & Patti Jo Swenda	Dr. Howard Chi	Dr. Edward A. Grigg	Dr. Larry Lanham	Dr. Kirk A. Nelson	Dr. Charles J. Smaistra*	Dr. George H. Winn
Dr. James Taneyhill	Dr. Patrick Cieplak	Dr. Thomas A. Gromling	Dr. Harold Lanier*	Dr. Leonard O. Oden*	Dr. Bruce Small*	Dr. William P.D. Wynne
Dr. & Mrs. William Virtue	Dr. Douglas Clepper*	Dr. Gene Grubb	Dr. Matthew Lark	Dr. Patrick O'Flaherty	Dr. A.J. Smith*	Dr. J.P. Yach, Jr.
Dr. Paul Williams	Dr. Steve Cobb*	Drs. Katherine S. & Peter Gutierrez	Dr. David Latz*	Dr. R.L. O'Kelley*	Dr. Earl Smith	Dr. Charles Zaher
Dr. Paul Wonsavage	Dr. G. Tom Colpits	Dr. John D. Gustafson	Dr. Cheryl V. Lee*	Dr. James W. Orr*	Dr. Ronald G. Smith*	<i>Deceased Members:</i>
CLASS ONE TRIPLE PLUS CLUB MEMBERS WHO JOINED PRIOR TO 2000	Dr. E.M. & Suzanne Conway	Dr. Guy E. Haddix*	Dr. Henry Lee	Dr. Larry Osborne	Dr. Peter T. Smrecek	Dr. William E. Amos*
Dr. Steven Airey	Dr. Larry Cook*	Dr. David Hamel*	Dr. Robert E. Lee*	Dr. James Otten*	Dr. Jeffrey Socher*	Dr. James P. Bordenlon
Dr. Joanne Allen	Dr. Stephen D. Cooke*	Dr. Thomas P. Hand*	Drs. Dianna Lenick & John Vargo	Dr. Jules Paderewski	Dr. Dale Sorenson*	Dr. James Cosper*
Dr. Ronald J. Albert	Dr. James H. Cooper*	Dr. Philip W. Handy*	Dr. William Letcher	Mrs. Betty Pankey*	Dr. Robert Southworth	Dr. Gabriel R. Coulon*
Dr. Richard L. Alpert*	Dr. Kenneth W. Cooper*	Dr. Yvonne S. Hanley*	Dr. Guy Levy	Dr. L.D. Pankey, Jr.*	Dr. William J. Spath*	Dr. Samuel Davis
Dr. J. Wilson & Cynthia Ames*	Dr. Patricia Countright*	Dr. Steven M. Hart*	Dr. Michael Lewis	Dr. Sandy Parrot*	Dr. Robert Spreen	Mr. Raymond Gold
Dr. Ernie F. Anderson*	Dr. Roy G. Cowan*	Dr. Jeffrey F. Hartman*	Dr. Clifford Livak	Dr. J. Benjamin Patrick	Dr. Donald B. Stackhouse*	Dr. Herbert C. Gustavson
Dr. John A. Anderson, Jr.	Dr. Robert R. Cowie	Dr. Paul G. Hartman, Jr.*	Dr. William Lockard*	Dr. Dan Patterson	Dr. Matthew Steinberg	Dr. Barry K. Hibbett
Mr. L.M. Anderson, Jr.*	Dr. Michael Crete	Heart of America Study Club	Mr. & Mrs. J.W. Lotspeich*	Dr. Crispin W. Paul*	Dr. Michael Stewart	Dr. David C. Lind
Dr. Richard Anderson*	Dr. Donald D. Culp*	Dr. Richard Heilemann	Dr. Dennis Lucas	Dr. W. Lee Payne	Dr. R. Bruce Stewart*	Dr. Takuya Mineta
	Dr. Steven T. Cutbirth*	Dr. C. Roger Macias	Dr. Kurt Loveless	Mr. Hal Pearson*	Dr. Dennis & Marie Stiles	Dr. Hiroshi Okamoto*
	Dr. Clayton Davis	Dr. Larry Herwig	Dr. Dennis Lucas	Dr. Richard Pence*	Dr. John Sovall	Dr. L.D. Pankey, Sr.*
	Dr. John F. Davis	Dr. Larry Hetzel*	Dr. Kurt Loveless	Dr. Robert E. Peterson	Dr. James M. Strang*	Dr. Kent Samsel
	Dr. Lisa Davis	Dr. David C. Hildebrand*	Dr. Richard Phillips	Dr. Bruce Petersen*	Dr. Phil Streyve	Dr. Edward F. VanEspoel
	Dr. Todd Davis	Dr. Anthony Hill	Dr. A. Keith Phillips	Dr. A. Keith Phillips	Dr. Leif Stromberg*	Dr. F. Harold Wirth*
	Dr. William J. Davis*		Dr. Paul Pickering*	Dr. Paul Pickering*	Dr. Carol Summerhays	
	Dr. Peter E. Dawson*		Dr. Kevin Pine	Dr. Kevin Pine	Dr. Donald Swartz*	
	Dr. Thomas W. Dawson*		Dr. David Potts	Dr. David Potts	Dr. Jay E. Swartzwelter	
	Dr. Robert Densford		Dr. Kevin Poupore	Dr. Kevin Poupore	Dr. Daniel Tanita	

\*Triple Plus fulfilled pledges

# Looking Forward

by Dr. Gabe Don Sing, Resident Faculty ([gdonzing@pankey.org](mailto:gdonzing@pankey.org))



The anticipation of joining the Institute as a Resident Faculty member and knowing that this would be the last Christmas that our family would spend in the only place that my children have known as home gave me a renewed appreciation for a house overflowing with people and traditions that I usually found annoying, such as putting Christmas lights on the house.

This sense of joy was only diminished by the dread of saying goodbye to the people with whom I have spent the last nineteen years of my life. I become saddest when I think of leaving the people with whom I have spent most of that time, the members of my office team.

Over the years, I have seen the word "team" become synonymous with the word "staff." I won't bother giving you a dictionary definition of "team" because I am sure it won't include the characteristic that I prize most about the team. That attribute I can only describe as a genuine concern for the overall well being

of each member of the team, myself included.

The following story might explain what I mean. I taught a C2E in July of 1998, and on Friday of that week, Dr. Becker asked if I could teach the C3 scheduled in January, a few months later. I told him that I really could not afford to take a week off in January since I still needed to take my family's scheduled summer vacation, nearly a week of CE commitments, and Christmas vacation later that year. C3 had been a major turning point in my career so it disappointed me to decline the offer.

Early November rolled around and Cheryl Hinceley, Dr. Becker's administrative assistant, left a message asking if I could teach C3 in January. When the message was relayed to me, I commented to my assistant of nine years, "Isn't it sad when you really want something but know you can't have it?"

A couple of days later, I was summoned into the lab shortly before lunch. I was informed that they (the team) had arrived at an "executive" decision. They had decided they would work the last 5-6 Fridays of the year (their regular day off) without pay if it meant I could teach C3

in January. Needless to say, I was overwhelmed by their generosity. Before leaving to take them up on their offer, we refocused our attention and energies, and made it all possible without working those Fridays.

In reflecting on what had created this genuine concern for me and one another, I remembered the team building exercises and sessions that we had participated in over the years that made it possible for each of us with such different personalities, backgrounds, and experiences, to look forward to being together every Monday morning.

I look forward to being a part of this same process with those of you who have signed up with your team for April's *Pankey Team Enhancement* course. This team building course — which gives administrative staff, dental assistants, and hygienists a greater understanding of what it means to build a relationship based practice and become instrumental team members in achieving practice goals and objectives — will be one of my first teaching assignments as a Resident Faculty member. ■

## IN MEMORIAM

Carolyn Benzin Torte, the beloved wife of Tymon C. Torte, D.D.S., died on October 20, 2001. Mrs. Torte frequently attended Alumni Association and Class One Triple Club meetings, and will be remembered for her support of the L.D. Pankey Dental Foundation. Dr. Torte, Associate Faculty and former Trustee of The Pankey Institute, practices dentistry in Grosse Pointe, Michigan.

## SONGS BENEFIT INSTITUTE

Doctors Rob Wortzel and Rich Hirschbig, "Doctors of Musical Dentistry," have produced a CD and cassette filled with fun songs such as "A Trip to the Dentist Can Be Lots of Fun" and "A Good Day After All." Their amusing recording, *R&R DMD*, may be ordered through the Institute's Resource Center. Proceeds will be donated to The Pankey Institute. (Contact: [mcollis@pankey.org](mailto:mcollis@pankey.org) or 305-428-5509.)

## ALUMNI MEMBERSHIP

If you would like to join the L.D. Pankey Alumni Association, please email Pauline Shaw at [pshaw@pankey.org](mailto:pshaw@pankey.org), or give her a call at 305-428-5553. Annual dues for 2002 are \$75. Enrollment by Feb. 28 will ensure inclusion in the printed 2002 Alumni Directory. Later enrollments will be included only in the online directory.

# A New Chapter

by Dr. R. Bruce Steward, Associate Faculty (Tulsa, OK) [bstewartdds@earthlink.net](mailto:bstewartdds@earthlink.net)



Last May, after 43 years of the practice of dentistry, I sold my dental practice to a young, talented colleague and took on a new role as "senior associate." I moved my personal belongings out of my comfortable private office (he protested, but I wanted to do this), bought myself a \$179 desk chair from Office Depot, and carved out a desk area in the business office. I hung up a few pictures, found a place for my blue vase, diploma, and a few other "battle ribbons" of past dental triumphs, and began a new role that I would like to share with you.

First, let me tell you a little about myself and the dental practice that I relinquished. My 43 years in dentistry were mostly great years. Yes, occasionally, it was a love/hate relationship. There were times when I left the office on my way to the parking lot, after a rough day, thinking that I would have sold out cheap. But by and large, it's been a wonderful ride with great patients, who became my extended family, and wonderful support staff, including hygienists, laboratory technicians, and dental supply people.

In past years, I have had as few as two people in the office (my receptionist/assistant and myself). I also have had a staff of twelve, which included, among others, an associate, a preventive therapist, and two lab technicians. I was even in a group practice for ten years with 60 employees. All of my professional life, I have been in control, making the decisions, choosing my path. Even in the

group practice, I was not a follower.

Last year, the productivity of my practice was stable. We had been working less and producing the same results over the last ten years. So, we were not leaving a "dead" practice, but one with consistent results and excellent future potential.

People, who know me well (colleagues, friends, associates), told me that they questioned my ability to fit the role of senior associate — second in command, not being the leader, which certainly alerted me to the challenge. So, let me tell you my thinking during this transition. First, I wanted a dentist that I could trust to give not only the best, but also the right care to my patients.

Some of my patients had restorative work in place that I did thirty to forty years ago that was still functioning but, esthetically, could have looked better. Some of those crown margins would not meet our standards today, but they have served all these years. The tissues remaining healthy and no recurrent caries. I wanted my new colleague to respect that history and to realize that my patients' age, health and circumstances had to be honored.

I wanted a dentist who was technically competent. Dr. Jerry Robertson, who bought my practice, is that kind of dentist. Tooth by tooth, he is a better dentist than I am. He just hasn't had forty-three years of experience yet.

Finally, I wanted someone in place who would allow me to share what I have learned from others about this wonderful profession...everything that I have learned at the Institute, all of the L.D. Pankey stories, Clyde Schuyler,

Peter Dawson, P.K. Thomas, Harold Wirth, Bob Barkley, and so on and so on. Little pearls that I have gathered through the years. The practice management tools, the importance of knowing your patients and yourself, anything that I have stored away that might make his journey a little safer, easier, satisfying.

I recall when we first began our conversations about my transition, I had made out a list of expectations I had for anyone assuming my practice. I gave it to Dr. Robertson, told him to think about it, and we would go over it at lunch the next week. At lunch the following Tuesday, he said he had reviewed the list and felt that he could meet all of those expectations except one. He told me it was the first one on my list — the expectation that he would continue to use my laboratory technician whose office was next to mine. Dr. Robertson said he just didn't believe he could do that. I asked him why. He said that he had tried to work with him on several cases in the previous year, and had not been able to get consistent results. "I just don't have that warm, fuzzy feeling when I seat the case," he said. This tech and I have been working together for twenty-five years. Things had not been a slam dunk, but we got along.

When I asked whom he wanted to use, he replied that he had been working with a couple of technicians in town and wanted to continue with them. So, not being stupid, I asked if I couldn't try some cases with them. Then, I did try some cases and you know what? His technicians were better. I was doing better dentistry than ever — wonderful margins, beautiful esthetic results, minimal contact and occlusal adjustments!

In the working world of our (it's really his) office, he calls me "Coach," and I call him "Dr. Robertson." We plan cases together, we look over each other's shoulder (where appropriate), we respect

and trust each other. So, the new role I have is to be a mentor to this fine, caring dentist, to hold the rope while he climbs the mountain, to cheer and clap at his successes, and to listen and be there when things are not going well.

I love this new job. I get to go out and sit with my friends in the reception room and visit with them during the hygiene recall appointment. I help enroll our old patients into Dr. Robertson's care, and pat them on the shoulder and say, "He's a better dentist than I am. He's even worked in my mouth, and I trust him. Dr. Robertson is here for the long haul to take care of you, and I'm going to be around to assist." I get to use such lines as, "Betty, when you buy a car, you certainly want the dealership to be there when it's time for service."

Another job I have is helping the staff become comfortable with the new C.E.O. and to let them observe how one can support a new sheriff in town through my actions and demeanor. Little things like moving out of my private office, saying his name on the phone first, giving him my old spot to sit in during staff meetings, challenging the staff to use all of their skills, talents and personal power to do what they can to make the transition a success for all of us, especially our patients who have allowed us the privilege of serving them all these years.

So, in closing, the final chapter has not been written, as none of us knows what that chapter will be. I now have more time to look at needs in my local community, my church, my mission work in Africa, still doing a few presentations to dental study groups and organizations, taking some trips, playing with my wife and family — with my grandchildren, learning how to use a computer, trying to find a new place to go fly fishing. This new career is going to be terrific. ■

NONPROFIT ORG.  
U.S. POSTAGE  
PAID  
MIAMI, FL  
PERMIT NO. 986

http://www.pankey.org  
Fax (305) 428-5567  
(305) 428-5500  
Key Biscayne FL 33149  
One Crandon Boulevard



The Pankey  
Institute  
For Advanced  
Dental  
Education

## Upcoming Classes at The Pankey Institute

\*\* This class has been filled, and you may be placed on a short-notice list.

<b>February 2002</b>	07 Continuum Level III**	16 - 19 Financial Man. Level II (FM2)
03 Continuum Level I**	14 Pankey Team Enhancement	23 Continuum Level IIE
03 Continuum Level IV**	21 Continuum Level I**	30 Open Week
10 Continuum Level III**	21 Continuum Level IV**	
10 Continuum Level V**	28 International CI (Japanese)**	<b>July 2002</b>
17 Pred. Com. Dentures (PCD)**		07 Continuum Level III**
24 Continuum Level III**	<b>May 2002</b>	14 Continuum Level I
	05 Continuum Level III**	21 - 24 Admin. Assistant
<b>March 2002</b>	05 - 08 Financial Man. Level I (FM1)	21 - 24 Dental Assistant
03 Continuum Level II**	12 Continuum Level III**	29 Continuum Level IV**
03 Continuum Level III**	12 Esthetics Week	
10 Continuum Level VI	19 Continuum Level V**	<b>August 2002</b>
17 Continuum Level I**	26 Open Week	04 Continuum Level IIE
25 Dawson Masters Forum**	<b>June 2002</b>	11 Esthetics Week
31 Open Week	02 Continuum Level I	12 - 14 Head & Neck Dissection
	09 Continuum Level III	18 Continuum Level IV
<b>April 2002</b>	16 - 19 Specialist Course	25 Continuum Level III
07 Continuum Level I**		25 Periodontal Team Therapies

<b>December 2002</b>	01 Continuum Level I
08 Continuum Level II	15 Technician Level I
22 Open Week	

### Tuition/Lodging Fees

	2002	2003
Continuum Level I	\$3,225	\$3,325
Continuum Level II	\$3,350	\$3,475
Continuum Level IIE	\$3,450	\$3,575
Continuum Level III	\$3,560	\$3,685
Continuum Level IV	\$3,665	\$3,790
Continuum Level V	\$3,790	\$3,950
Continuum Level VI	\$3,925	\$4,100
Master's Forum	\$4,090	\$4,250
Esthetics Week	\$4,290	\$4,450
Predic. Com. Dent.	\$2,590	\$2,690
Specialist Course	\$2,375	\$2,490
Head & Neck Dis.	\$2,475	\$2,575
High Impact Man.	\$3,480	\$3,480
Fin. Man. Level I	\$2,625	\$2,725
Fin. Man. Level II		
Dentist	\$2,885	\$3,025
Business Assist.	\$ 500	\$ 550
Pankey Team Enh.		
Dentist	\$1,950	\$2,090
Team Member	\$1,500	\$1,550
Periodontal Team		
Dentist & Hyg.	\$3,375	\$3,675
Add'l Hygienist	\$1,975	\$2,050
Technician	\$1,990	\$2,095
DC Team		
Dentist	\$2,075	\$2,175
Ceramist	\$2,075	\$2,175
Admin. Assistant	\$1,900	\$1,975
Dental Assistant	\$1,950	\$1,995
Lodging:		
Single Occ./Night	\$160	\$165
Shared Occ./Night	\$115	\$120

## Class Registration Form

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

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

Alternate Course Date \_\_\_\_\_  
 Pankey Lodging (\$150 nonrefundable deposit required)

Single Occupancy       Shared Occupancy

Method of Payment:     Check       Mastercard       Visa

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

Signature \_\_\_\_\_

Please forward the completed form along with the appropriate deposit to:  
 The Pankey Institute, One Crandon Boulevard, Key Biscayne, FL 33149  
 Telephone: (305) 428-5500 or Fax: (305) 428-5567