one of the most readable, award-winning dental magazines in America, comes to you, doctor, as a professional courtesy of your Ticonium Laboratory.
jaws and insomnia. Some reported earaches. Overcoolsure caused the distress. They recommended that it was better to sleep with dentures in place. However, to keep the tissues healthy and reduce compression it is wise to keep the teeth out of the mouth about four hours each day.

GAGGING

Gardner Foley, the dental historian, has uncovered a 1970 article by Norton Mockridge about Brendan Behan, the Irish playwright and hard drinker. Behan had been persuaded by his physician to try to avoid the wiles of the demon rum. For a few weeks he succeeded. "What's it like," his friends asked, "to be sober after 20 years of inebriation?"

"Well," said Behan, "I found out that for all those years I'd had a toothache."

(from the Essex County Dental Society Bulletin, N.J.)

Just for fun, see how many names you can come up with that would be suitable for house or retreat of a dentist of physician. Here are a dozen or so to get you started.

GESUND HEIGHTS
PLASMA SUITE
ALVEOLAR CREST
CEMENTO–ENAMEL JUNCTION
MEDULLA'S OBLONG GROTTO
TRANCE PLANTATION
TWO ROOM ABUTMENT
FRACUTED ARMS
PENICILL INNS
PHYSIOLOGIC REST
CLEFT PALACE
CHUTZ SPA
THE PRESCRIPTION PAD

Did you hear about the patient who had a restless night and was chewing on her pillow? When she awoke in the morning she said she felt down in the mouth.

WOMEN IN DENTISTRY

Continued from Page 6

female dentists. On the side she was very active in the ready reserve", hospital work, public instruction, etc. Another woman in the Navy was Alice Tweed (of the Arizona orthodontic Tweeds) who served for two years in San Diego, starting in 1944.

FIRST COMMERCIAL

Helen E. Myers of Lancaster, Pennsylvania, was technically the first woman dentist commissioned in the U.S. Army when legislation was passed in 1951 permitting it. She had campaigned for the change for ten years. She saw service overseas in both Trieste and Japan. Most of her spare time was devoted to aviation. When not piloting her own plane or performing exodontia and prosthodontics, she would spread the word about the International Soroptimist Association "to promote a universal spirit of friendship and service as being conducive to international peace."

Raya Rachlin was educated in Germany and graduated from Howard University in 1952. Two years later she went into active duty with the Air Force Reserve and served in Greece and Italy. Neither she nor Dr. Myers asked for any special consideration from the military and received none. The latter have very stringent restrictions before they accept women dentists.

In another article of mine in the March 1960 issue of TIC Magazine ("Dentistry Becomes A Habit") I had learned that there were at least six dentists who were Sisters in religious orders. They worked in one of two clinics, one from Georgetown, and one from the Philippines.

The oldest of the group was Sister Mary de Lourdes, then in her 15th year in practice, serving half the community's 900 members in the St. Francis of Assisi Convent in Wisconsin. Also, originally from Wisconsin, Sister Mary Christina took an internship at Beth Israel's Riseman Dental clinic in Boston before doing missionary work in the Solomon Islands. She became the only Sister-member of the Massachusetts Dental Society.

Ironically, an article written by me promoting dentistry as an excellent career choice for women in the 50's and targeted for the women's magazines of the day was never accepted.

This time of year is given over to remembering with happiness and joy all that is around us. May the joy of the season give you many reasons to be happy.

May all the days of the new year give you health, happiness and good fortune.
Why I Don't Play the Stock Market

by Maurice J. Teitelbaum, D.D.S.

Last month I managed to have a little extra cash on hand (I had just performed a radical bit of surgery - on the piggy bank) so I decided to take a plunge into the stock market. With stocks soaring to new heights it seemed like a good time to get involved in high finance. It wasn’t so much a desire to increase my income tax payments, but rather to be accepted into the inner circle of my colleagues. I don’t know how things are among your friends, but no matter where I meet the boys - over a card table, at the club house, or at a dental society meeting - the conversation inevitably turns to the stock market. I don’t mind telling you that I’m fairly well read on most matters and that I know a few stock quotations myself (A bird in the hand is worth two in the bush, etc.) but when the stock market turned to the stock market. I don’t mind telling you.

So, one morning I telephoned a brokerage office that had been highly recommended to me by a patient who was the second cousin to a man who once had sold a suit to Bernard Baruch. It was the firm of Plunger, Gohing, Gohing, and Gohn. I spoke to Mr. Plunger (The Gohing Brothers were just leaving and Mr. Gohn was out for the day) and he made an appointment to meet with me the following morning. At last I had made my move and I was glad.

Confidence was starting to ooze out of my liver cells and surge through my bloodstream. In a short time I would be “one of the boys,” buying and selling stock and watching the profits pile up.

That evening, my dreams became entangled in ticker tape as I mentally maneuvered myself into a million dollars by my shrewd buying and selling of stock. In this nocturnal nightmare I found myself entering the hospital surrounded by hundreds of my colleagues all begging me for a tip on the market. I was in great demand, for my manipulation of stocks had become legendary. Stoney-faced, I entered the elevator and got off at the fifth floor to see a patient. There was an entourage of dentists and physicians at my heels. This simple act of mine sent a dozen of the men scrambling to the telephone to call their brokers informing them that I had gone up with Otis Elevator. “Buy! Buy!” they shouted. The other men grabbed my jacket. “Please, please, give us a tip,” they begged. Expecting this adulation - it happened wherever I went. I carried around tip cards that I generously handed out on just such occasions. With a magnanimous gesture I passed them out to the men. (1) Buy Pabulum. You can look for it to go down at 6 but come up again. (2) Specialists, Ltd. to open at 2 and close at 4. (3) Stratton away from Composites, weak at margin (4) Letterheads, Inc., to remain stationary. (5) Consolidated Banana to split.

When I returned to my office my assistant had everything prepared for me to operate. I picked up a sharp scalpel, sharpened my pencil with it, opened the Wall Street Journal, got out my ouija board and prepared to make another cool million. Then it happened! The telephone rang and it was my broker. I had said to him that he could mail me a tip, but I would call him back if there was no news about the market. He called himself the president of one of the large gilt edged stock companies and his wife. The market was in a panic and it was 1929 all over again. I tried to call my broker back but there was no answer. Finally I reached the operator but before I could give her the number she said in a cold monotone, “I’m sorry, we are only taking emergency calls. American Tel and Tel has dropped to 3/4; and they can’t pay our salaries.”

It was then that I awoke in a sweat. What a nightmare. Making money in the stock market wasn’t as easy as I thought. Quickly I called Mr. Plunger and cancelled our appointment. What if the boys did talk about the stock market and the gentlemen did prefer bonds - we’d always have the weather to talk about, wouldn’t we?

THISA AND DATA

Dentistry for the Rich and Famous: It seems to be a standard business practice for Atlantic City and Las Vegas casino owners to give away a free gift to every new patient that pays for an initial examination. In addition, some dental offices offer a free gift to patients who recommend a new patient. For example, a patient who referred a new patient was given a free gift of $100 for each new patient referred. In some cases, the free gift was a trip to Las Vegas or Atlantic City.

The findings suggest that advertising has helped the image of the dental profession. For example, the use of television ads that feature dental professionals and their patients has been shown to increase the public’s perception of dental care as being a “health care” profession. In addition, the use of print ads that highlight the benefits of dental care, such as improved aesthetics, health, and personal well-being, has been shown to increase the public’s perception of dental care as being a “health care” profession.

The findings also suggest that advertising has helped to increase the number of patients seeking dental care. For example, a study of dental office records found that advertising increased the number of new patients seen in a dental office by 20%. In addition, a study of patient surveys found that advertising increased patients’ satisfaction with their dental care experience.

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No Children Allowed!

By Arthur H. Levine, D.D.S.

In my early years as a general practitioner I had high regard for the specialist. After all, he had special training and devoted all of his time to one aspect of dentistry.

The pedodontist, in particular, commanded my respect. Here was a practitioner specializing in treating children. Since I realized from my own experience how difficult young children can be, I had great admiration for him.

In my early years I had no contact with the specialty. But as I became more familiar with patients who had been treated by pedodontists, and as I began to read the articles devoted to the specialty, my attitude changed.

Bits and pieces from parents convinced me that all this was not as rosy as I had imagined. Some strong arm methods were occasionally used.

I visited a pedodontist (a classmate) while he was treating a young boy, about five or six. The child was fearful and difficult to treat. Finally, losing his patience, my classmate grabbed him, lifted him out of the chair and then set him back down with such violence that I worried about the child's coccyx.

After that, the child offered no resistance. My classmate, now victorious, turned to me and said, "You see how easy it is."

As a result of that experience I decided to learn more about the specialty. My first step was to read the literature. I found it in the medical library of a large county hospital. There I found all the publications devoted to the specialty.

One of the articles that dealt with the handling of difficult patients suggested a procedure called SOM. The letters SOM, as the article explained, stood for Hand Over Mouth. The author pointed out that with a difficult patient, placing a hand firmly over the mouth usually took the fight out of the child. If this did not work the author recommended holding the nose as well. He warned, however, to stop if the child began to turn blue.

Again I called my classmate. Did he ever hear of SOM? Yes, he did. Was it an approved method? Yes, some of them.

No doubt, many of the men using it could make a case for themselves. Here we are as general practitioners referring young patients that we cannot handle. He gets our worst cases. He is at the end of the line.

Some dentists bluntly state that they do not treat children. One can understand the frustration of a dentist before he comes to that decision.

Picture this scene. A mother brings her child to a specialist. She has already tried three general practitioners. All three threw up their hands. She is a little on the frantic side since the child is badly in need of dental treatment. At this point she would probably settle for some firm handling if it helped get the job done. The specialist, knowing that he is at the end of the line, feels that he must accomplish something.

So far, there is no way to measure the intensity of emotional trauma. Only after treating these children as adults have some dentists realized how deep-seated and long-lasting the harm can be.

Every dentist will agree that some adults are fearful of dental treatment. We have all had our share of them. Almost always it traces back to a painful experience in the early years.

The big question is: how important is it to accomplish something at the cost of emotional damage? Must men will argue that a major responsibility of every dentist is to train the child to become an adult, well-adjusted to dental treatment.

Going to the dentist for many of us continues for a lifetime. If we terrorize the young patient, or even older ones, we have lost another victim to that large army of individuals who dread dental treatment and want none of it.

One general practitioner who loves treating children says all his young patients love him because he never uses force and will stop anytime they want. This may mean many visits with very little accomplished. This may not sit well with mothers who have come a long distance and have to employ a baby-sitter for her other children. When a parent objects, he explains that his method has long-lasting benefits.

To sum up, each practitioner has to decide when dental treatment should be cut off in order to avoid a long-lasting emotional impact.

Pain and dentistry are synonymous in the minds of many people. This is not surprising in view of the discomfort that sometimes accompanies dental procedures. Many people avoid or postpone treatment for this reason, thereby ensuring future discomfort as dental neglect can lead to cavities and gum disease. In fact, some 35 million Americans avoid needed dental treatment until forced into the dentist's office with a toothache.

Recognition of the significance of pain and apprehension as impediments to dental care has led to the development of an array of techniques to overcome these obstacles. The techniques include psychological approaches, local anesthetics, and various types and combinations of sedatives and general anesthetic agents. Use of these techniques helps overly fearful individuals who avoid or postpone dental treatment, as well as normal people undergoing stressful dental procedures.

Even individuals who receive routine dental treatment sometimes require pain control to reduce the discomfort associated with fillings or surgical procedures such as tooth extractions and the resulting postoperative pain. General anesthetics or anxiety-reducing drugs are often required during the removal of third molars (wisdom teeth), for example, so that patients can easily tolerate the procedure. The result is that practicing dentists need to be experts in controlling acute pain and anxiety so they can provide successful treatment.

Over the years, dental investigators have been dedicated to improving the treatment of acute pain. During the 19th century, dentists led the pioneers who developed the gases used in general anesthesia. They were also among the first practitioners to adopt local anesthetic agents following their development a century ago.

While the use of drugs has always been associated with some degree of risk, a National Institute of Health Consensus Development Conference on "Anesthesia and Sedation in the Dental Office", convened in April 1985, concluded that the use of sedative and anesthetic drugs in the dental office by appropriately trained professionals has a remarkable record of safety.

The panel of experts defined sedation as a depressed level of consciousness, ranging from light to deep, whose main purpose is to control anxiety. Local anesthetics are given along with sedatives to control pain. General anesthesia is a state in which the patient is unconscious and, therefore, relieved of both pain and anxiety. There is some indication that treatment with local anesthesia and conscious sedation carries less risk than treatment with deep sedation or general anesthesia. The risks may increase in the medically compromised, the elderly, and the very young.

Ultimately, however, the decision about which drug or drugs are to be used in a particular situation rests on the clinical judgment of the dentist. Factors to be considered include the nature, severity, and duration of the procedure; the age, physical, and psychological status of the patient; the individual's level of fear and anxiety; and the patient's previous response to pain control procedures.

The following recommendations were made at the Consensus Development Conference:

- Dental offices should be equipped to handle any emergencies resulting from the use of drugs.
- When conscious sedation, deep sedation, or general anesthesia are used, patients must be monitored.
for heart rate, blood pressure, respiratory rate, and responsiveness.

- When using deep sedation or anesthesia, at least three individuals, each appropriately trained, are required. One is the dentist; the second is a person whose responsibilities are observation and monitoring of the patient; and the third is a person who assists the operating dentist. Conscious sedation requires two people—the dentist or other licensed professional and an assistant trained to monitor patients.

- Basic science courses and clinical experience in the use of conscious sedation techniques should be taught at the level of clinical competence. Training for the use of conscious sedation techniques should be part of one year advanced study.

- Comprehensive research is needed on morbidity and mortality rates; drug effectiveness studies; monitoring of patients; behavioral and other nonpharmacologic approaches; environmental risk assessment; new drugs; and assessment of whether there are adequate personnel to implement comprehensive teaching and research programs.

Research on dental anxiety has also yielded valuable information. Investigators have found that developing a positive attitude in young children towards dental appointments lays the groundwork for a lifetime interest in good oral health. To prevent dental anxiety in young children, dentists urge parents to bring their children in for dental appointments at a very young age—two or three years old. At this time, the dentist familiarizes the child with the dental chair and equipment and encourages the parents to help their child use preventive measures which will minimize or prevent dental problems.

Researchers are also experimenting with a number of different techniques to reduce dental anxiety in children if it occurs. For example, children may be taught how to manage stress through such methods as controlled breathing and visualizing pleasant scenes. On the other hand, children may be taught to be familiar with the dental chair or other controlling methods. Researchers suggest the following pointers to ease children's fears about dental appointments:

- Teach children good oral hygiene and emphasize that the dentist helps them keep their teeth healthy.
- Never threaten a child with a visit to the dentist.
- Do not prepare a child too far in advance for a dental appointment. A child under the age of five or six can usually be told the same day.
- Put the dental treatment into perspective. If there is going to be pain, let the child know that the pain only lasts a minute or two.
- Select a dentist who is experienced in working with children.
- Effective use of pharmacologic and behavioral methods of pain control promises relief of the pain and anxiety that some people associate with dental procedures. For children and adults, a trip to the dentist need no longer be a dreaded experience.

Future Directions in Pain Research and Therapy

Narcotics, anesthetics, aspirin-like drugs, and surgical severing of pain pathways have been the traditional mainstays of pain management. With the emergence of new knowledge about the initiation, transmission, and perception of pain, scientists are working on innovative therapies aimed at selectively blocking key steps in the pain process.

Future advancements in the relief of acute and chronic pain will most likely come from two major areas: the development of agents that alter the transmission of neurochemicals in pain pathways; and the development of new methods of activating the brain's own pain-suppressing systems. Within the brain the naturally-occurring opiates interact with receptor sites involved in the suppression of pain signals. Narcotic analogues, such as morphine, also act at these receptor sites. Intensive research is underway to identify receptor subtypes which result in analgesia without producing the undesirable side effects of narcotic analogues such as respiratory depression and other side effects.

Recognizing these facts, a comprehensive financial plan should include the following:

1. A detailed listing of all assets, liabilities, and financial goals.
2. A long range financial plan that ensures the accumulation of sufficient assets for a satisfactory standard of living during retirement.
3. A review of all investments to ensure that they are productive and in line with current goals. That review may raise the need to revise current investments to make them consistent with short-term and long-term goals.
4. A review of will, trust agreements or any other data pertinent to the individual's testamentary estate plan to make sure they are properly designed within the context of the current laws and that they provide for adequate family financial security and asset distribution.
5. Assurance that assets are coordinated with the will or other testamentary documents.
6. Assurance that life insurance is payable to the appropriate beneficiary.
7. Review revision of the person's will that appears necessary.
8. Communication of the financial plan to the spouse and family members who are affected by the plan.

The importance inherent in the task makes the choice of a financial planner extremely important. In choosing a financial planner, you should first narrow the field to those who hold the Certified Financial Planner designation awarded by the College for Financial Planning. Moreover, ask for recommendations from satisfied clients. It also makes sense to obtain as references the attorney, accountants and trust officers with whom a planner works.

As a further guide to selecting a personal financial planner, here are some of the points you should discuss:

1. How much experience has the planner had in formulating complete financial plans, as opposed to just selling stocks, insurance, or a single financial product.
2. Ask for a sample plan to get an idea of what you are buying.
3. Ask the planner what he charges. Some planners are fee-only, whereas others receive a commission for the financial products they sell. Many planners earn some combination of a fee and commission.
4. Does the planner specialize in a particular area, such as estate planning, investments of retirement, or insurance? You want a specialist in the area that concerns you most.
5. Spend some time with the planner. Get to know him or her. Can you communicate with him? Do you trust him? Both factors are essential for a sound working relationship.

A conscientious search to find the right financial planner is essential for your peace of mind. Indeed, personal financial planning is a continuous process subject to change. Your financial planner will be someone that will serve as your advisor for years to come. Choose someone you can work with and trust in developing your personal financial plans.

About the author: Craig Donoff is a tax attorney and a partner in the North Miami Beach, Florida, law firm of Donoff and Kern. He is a graduate of the American University, Washington College of Law and holds two Masters of Law degrees in Estate Planning and in Taxation from the University of Miami School of Law. Donoff frequently serves as a lecturer for the Florida Bar and Florida Bar Association in his specialty areas of taxation, Estates and Estate Planning.
Peggy Wefers, R.N. (L), and Raymond Damm, D.D.S., F.A.C.D., measure a patient's physiological and psychological responses to an intravenous sedative drug given prior to oral surgery. Researchers at the Pain Research Clinic study the use of various drugs to determine which are the most safe and effective in relieving pain and anxiety.

Many people think that only the rich need financial planning advice. That's not true. An uncertain economy, changing tax laws, high interest rates, and the proliferation of new financial products has made professional advice a necessity for almost everyone.

Indeed, more and more middle income people with incomes in the $25,000-50,000 range are seeking advice on investment strategies, tax and estate planning, and approaches to financing the advanced education of their children.

Personal financial planning services for the middle class represents a new growth market responding to the dynamic changes going on in the financial services industry. Mutual funds want to move into banking. Big banks want to compete with the large brokerage houses. Simultaneously, the large brokerage houses are looking more like banks every day. Insurance companies and retail stores are moving into financial services. And all of them talk of becoming financial supermarkets selling stocks, bonds, insurance, money market funds, mutual funds, certificates of deposit, savings plans, and various tax shelters.

Personal financial planners can help you sort through the confusing alternatives in the financial markets. A financial planner analyzes a client's financial circumstances and makes specific recommendations to help the client meet his or her future financial objectives. Depending upon the individual circumstances, the advice may involve retirement and estate planning, insurance, investments, tax matters, and other financial considerations.

In any event, the planning process begins with a detailed review of a person's assets, liabilities, and projected income. Then, the financial planner helps establish personal financial objectives, recognizing the tangible and intangible goals in each circumstance. Often, the detailed review of a person's financial circumstances identifies the opportunity for a reduction in taxes or an increase in cash flow by simple investment decisions. Of course, the decisions aren't imposed arbitrarily. A sensitive financial planner reviews the various financial products used to implement the plan closely with his client.

A coordinated financial plan recognizes your needs for liquidity and flexibility to meet changing circumstances. After all, you must have adequate cash to meet current and projected needs. The plan should exhibit sufficient flexibility to accommodate changing economic circumstances without departing too far from the defined goals.

tasks related to these aspects of pain, scientists can now study behaviors and brain nerve cell activity simultaneously. A better understanding of pain mechanisms may lead to the design and testing of more specific and more effective pain control methods.

Dramatic advances in the study of chronic pain will occur as understanding of the complexity of persistent pain increases. Improvements in diagnostic procedures, appreciation of the importance of psychological factors in chronic pain, controlled studies of new drugs, and a multidisciplinary approach to chronic pain are leading to a clearer definition of pain syndromes and specific therapies.

Future improvements in patient care will depend on improved patient education, incorporation of research findings with clinical innovations, and dissemination of this new information. As the public is better informed about health issues, they should be skeptical about receiving therapies that are not well validated or are unnecessarily hazardous to the patient.

Likewise, the futility of surgical procedures to control most chronic pain conditions should lead clinicians and patients alike to exhaust all other pain control methods prior to using such an irreversible procedure. Patients are entitled to pain therapies that are conservative, safe, and effective. Such methods to relieve acute and chronic pain are on the horizon. With new strides in the understanding of pain and the development of innovative pain control methods, more individuals will be able to lead normal, fulfilling, and most importantly, pain-free lives.
The lead articles in the August 18, 1986 issue of the ADA News dealt with the current status of female dentists as viewed by a two-day National Conference on the Woman Dentist at ADA Headquarters in Chicago. Attendees were addressed by the leaders of the ADA, by the leaders of the American Association of Women Dentists, and by feminist Gloria Steinem, keynote speaker.

It was pointed out that one-fourth of all dental students in the U.S. today are female whereas less than two decades ago entering first-year students numbered only 1% women.

While women dentists receive the same dental education, take the same dental board exams and incur the same financial burdens, there are definite differences between them and their male counterparts, especially as to previous employment, raising a family, methods of marketing their practices, etc.

In more general terms, Ms. Steinem quoted from United Nations statistics to the effect that “women represent half the world’s population, are one-third of the paid labor force, do two-thirds of the labor, make 10% of the world’s salaries, and own 1% of its property.”

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In an article I had published in the Journal of the A.D.A. in 1959, I pointed out that there had been (at that time) four women dentists who served in the military during World War II and after.

Dean of the group was Sara G. Krout, a general practitioner in Chicago who originally came from Latvia. She trained both there and in the U.S. and entered the Navy as a Lieutenant in 1944 and advanced to Commander by 1955. Technically, she was commissioned in the WAVES as there was no provision for women dentists in the military during World War II and after.

The next time you encounter a problem at work, take charge of the situation and see just how effective these techniques can be.

**Conflict at the Office**

Unless you are a lighthouse keeper, a professional hermit, or a saint, it’s impossible to avoid conflicts at work. When people deal with other people, personalities clash at times, feelings get hurt, and hostilities fester. We may be able to yell at our spouses and fight with parents or children, but when we encounter conflicts outside the comfortable family setting, we freeze.

While we all have skills pertinent to our jobs, few of us have training in how to deal with anger at work. Some of us let our tempers do the talking, and others just accept injustice as our lot in life. There are, however, more constructive ways to face anger, conflict, and injustice at work, according to experts in career management and industrial relations. Next time you encounter a sticky situation, try these techniques.

- **Put yourself in the other person’s shoes.** What is the other side of the disagreement? Is there a legitimate gripe? Is there anything you can do to ease the anger? Where might a compromise be reached?
- **Make sure there is a free flow of information.** Many conflicts start when someone doesn’t know the whole story. If the parties have all the facts, you may come up with an agreeable solution.
- **Don’t act rashly.** Before you say all those rotten things that are on your mind, STOP. Think it over. Many things we say in anger will never be said if we waited overnight or even a few minutes.
- **Have a sense of humor.** If you can laugh about yourself in a tough situation, people will be less likely to get angry.
- **Listen to what others have to say.** Christopher Hegarty, in *How To Manage Your Boss*, describes how active listening can be used to help resolve conflicts. Most of us “listen against” each other, looking for ammunition “to prove the speaker wrong or in some way to score points for ourselves.”

Instead, first decide to understand the other person’s position before you let your understanding grow. Second, listen carefully to the speaker. Watch the speaker’s body language to help catch the content and the feeling of the message. And finally, react to the other person’s side in your own words. This opens an avenue to understand each other and find a solution.

- **Think positively.** Try to build positive work relationships. Not all co-workers will be our best friends, but the idea is to create a “positive trend” toward a good relationship.

The next time you encounter a problem at work, take charge of the situation and see just how effective these techniques can be.
"Quality is contagious and establishes a cycle where satisfaction motivates even greater accomplishments."

expect to receive myself. Of course it doesn't always happen right away. But I work with patients, insurance companies, and my team, and eventually we find a way.

Responsibility, part of the caring dimension of quality, is both an individual and a group notion. Who else but the individual dentist can produce quality? What would quality mean if each dentist defined it his or her own way?

Quality is never private, but always personal. The meaning of this expression can be illustrated by examining the origin of the word "masterpiece." In the guild system beginning in the Middle Ages, apprentices absorbed deep knowledge from years of experience and gradually learned higher caring from the values modeled by the master. When the apprentice reached maturity, he demonstrated skill in a single product or performance. If this was judged adequate by the standards of the guild, it was labeled a masterpiece and the apprentice was elevated to the status of a master.

The root meaning of masterpiece is a demonstration that one has earned the right to practice independently because he or she has mastered and internalized the standards of the profession. Hence, participation in organized dentistry becomes a mark of quality.

Another mark is integrity. When asked to describe quality, the reports depict organizations which are quality throughout and individuals who reflect quality in every aspect of their lives. There is a consistency and thoroughness in quality that promotes trust. As Dr. Lehman expresses it, "Elocution of speech, tone of voice, environment, and timing are minor considerations when we look at the major aspects of communication. If the dentist is speaking to the patient with sincerity and truth and seeks to understand the patient's values, it is unlikely that communication will be effective.

Satisfaction and Enrichment—Because quality is concrete and personal it always involves an emotional reaction. The fourth theme in quality stories is the twin feelings of satisfaction of the part of the dentist and enrichment of the patient.

It has long been known that no external regard is necessary for motivated individuals to achieve excellence. Intrinsic satisfaction comes as part of performing quality dentistry. This is the reason why people involved with quality will often say they love their work.

What emerged as a surprise in my research is the consistency and intensity of the emotion that people report when they are the benefactors of quality. The affected depth of the audience. Drs. LaBarre and Guenther were excited about the quality dentistry they witnessed. The patients were fiercely proud. Secretary of State March Fong Eu says that quality is contagious; she has observed in presenting citations for meritorious performance that the enthusiasm of excellence infects the person responsible and those around him or her and establishes a cycle where the satisfaction of work, well done motivates even greater accomplishments.

Dr. Robert Sarka of the Department of Removable Prosthodontics says that quality is like buying a new sports coat from an excellent clothier. As soon as you put it on, "you feel enriched, confident, and ready to take on the world."

In the final quality story which follows watch for the four universal themes of customer orientation, deep knowledge, high caring, and satisfaction and enrichment.

A third-year student in the Comprehensive Patient Care Clinic completed a charting and prophylaxis on a patient about a week ago. This case was to be another one of the entire three-hour appointment and were performed completely and confidentially.

What makes this story special is the fact that the patient was a spastic quadraplegic with a seizure disorder. His mother hovered nervously throughout the appointment. The student dentist was slow and methodical, explaining each procedure to the mother and communicating, mostly nonverbally, with the patient. It was evident she knew what she wanted to accomplish dentally and she achieved it through sensitivity, adjustment, and flexible persistence with the patient.

By the end of the appointment the mother was chattering enthusiastically about the clinic and the student and of how proud she was of her son. The boy, who was largely nonverbal, just took the student's hand and squeezed hard and showed a broad smile.

That's quality.

Dentistry's Pursuit of Excellence

By David W. Chambers

This Christmas my family attended a performance of Tchaikovsky's Nutcracker ballet. The parts of Clara and the Prince were danced beautifully. The lifts were strong and elegant, the jumps spectacular. Clara's turn and arm movements were flawlessly graceful. Even when the two young dancers were standing or walking across the stage they radiated a confident presence and their smiles were continuously engaging.

Afterwards at the back stage reception, both cast and audience were exuberant. But no one was more elated than my five- and seven-year-old sons who announced that they too were going to be ballet stars. When I read to them from the program the number of years and hours of work the dancers had spent in preparing for this performance my oldest son said, "Wow! But it all looks so simple and easy." And off they both skipped.

This is just one story about quality. Dr. Gene LaBarre of the Department of Fixed Prosthodontics of the School of Dentistry, University of the Pacific, relates another.

In the Faculty Dental Practice Dr. LaBarre recently examined a recall patient well known for having a sporadic history of care and neglect over many years.

The dental treatment in her mouth was extensive: a complete upper denture, a lower partial denture, and numerous crowns. The immediately striking characteristic here was the technical excellence and longevity of the dentistry, all still in perfect articulation. "I was impressed," recalls Dr. LaBarre, "at the pride, technical mastery, and obvious caring that Drs. Herb Ward, Del Byerly, anderry DeGregori have shown this patient." For her own part, the patient was enthusiastic about the Dental Faculty Practice and proud of her dental care. She often showed off her restorations, seemingly unconcerned about how she had neglected them or the fact that someone else had done the work.

It is easier to give examples of quality than to define it. In fact, quality appears to be inimical to definition. It seems to die before our eyes as we try to capture it in words or numbers. "I'm not certain how to explain it, but I know it when I see it," accurately describes the relationship many of us have with this concept and everyone has a story to tell about quality, usually many stories.

Whether quality stories are about dentistry, the arts, or business, several key features emerge consistently. As we continue to recount personal experiences with quality, watch for the following themes: quality involves (a) aggressive customer orientation, (b) deep knowledge, (c) high caring, and (d) intrinsic satisfaction and enrichment.

Customer Orientation—Mr. Craig Walter, director of quality for Hewlett-Packard in Palo Alto, joins back in his chair and reflects, "Give an example of outstanding quality ... ?" He repeats my question. I can tell that this is going to be a heavy-duty answer. "Well, I had breakfast in a local restaurant. Everything was exactly as I expected it to be. My coffee cup was never empty. Everyone was friendly, no hassle, I
felt great about it the whole morning.”

Satisfying customers’ expectations, hassle-free service, are a universal theme in stories about quality. Mr. Walter’s story also sounds an additional fundamental truth that every task is significant enough to warrant attention to quality.

Although technical excellence and effective patient and practice management are the means by which it is accomplished, quality in dentistry cannot adequately be identified as either a product or a process. The Hewlett-Packard Company Foundation, makes the statement, “How can I help you?” is a very powerful phrase. Well-run businesses are more concerned to prevent a careless detail from straining an otherwise favorable overall patient impression.

“A simple, elegant solution for a complex case. It is this simplicity that results when complexity is mastered that fooled my boys into thinking they could quickly learn ballet because the dancing appeared so effortless.”

In its modern sense of never doing anything by failures. Quality dentists also constantly scrutinize every aspect of the dental practice to prevent a careless detail from straining an otherwise favorable overall patient impression.

Deep Knowledge—Public health educator by profession and California Secretary of State, Dr. March Fong Eu recounts the following story about quality. “There’s no such thing as one-shot quality or instant quality: it is not the exceptional, it is the expected. Quality has a cousin named competence, a mark of quality. For example, quality is not doing one’s best.” Each year performance committees in dental schools refuse to let some students continue their education. Those students’ best efforts are still short of the standards of the profession.

Nor should quality be confused with heroics. The supernatural effort, the outstanding result that could perhaps never be duplicated is certainly to be admired. Quality has a cousin named competence. Competence is performance at an acceptable level—although by definition, nothing can be good enough.

Quality has a cousin named competence. Competence is performance at an acceptable level. Improvements could be made, there is nothing noticeably wrong. In dentistry there is a vast range running from emotionless competence to awe-inspiring quality.

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What propels some dentist towards quality must be considered.

High Caring—Dr. Gene LaBarre points out that excellence has both a “know how” and “want to” dimension. Sometimes it is called pride of work, sometimes concern for the patient, occasionally the words integrity or standards are used, but a third theme common in description of quality is a readiness to extend extraordinary energy for the sake of something greater than immediate or selfish gratification. One of Dr. Emergy Rogers’ qualities stories is about the television news commentary program the MacNeil-Lehrer Report. “It’s in-depth, informative, and technically excellent. But what impresses me most is the even-handed way in which controversial and critically issues are presented. There’s no attempt to gloss things or to talk down to the audience. They are not trying to manipulate or sell something. It is an all out pursuit of a higher ideal of wanting to create an informed public.”

High caring and commitment to a long range goal that encompasses both the patients’ and the dentists’ needs is the foundation upon which the “single standard of care” concept is based. “My goal,” says Dr. Bruce Valentine, “is to offer the best care possible to every patient. There are no distinctions in quality. I want to provide the care for every patient that I would...