REED'S INTERNATIONAL LETTER

2999 North 44th Street ❖ Suite 650 ❖ Phoenix ❖ Arizona ❖ 85018 ❖ 602/852-0956

Oftentimes it's refreshing to disorganize the organized. I recently spent a most enjoyable day and a half in Rhode Island with Pentegrans, Joe and Marlene Samra, who gifted me a copy of the Spring 1994 edition of the Rhode Island Dental Journal.

I'm sharing with you an editorial by Paul E. Osenkowski, DDS and I'm doing so by taking it off the page in expanded print to fill this Newsletter space so you can enjoy it.

BYE BYE MISS AMERICAN PIE

Thank you, Dr. Paul Osenkowski

Accompanying, as an addenda, is an article from the Wall Street Journal about Delta and, hopefully, if the "shoe fits" we'll wear it.

If there's any doubt in your mind, my counsel to you is *don't accept assignment, it's a benefit to the person coming for care more than it is to you.*

Disengage from all insurance necessities, be a private care, personal care practice and hone your skills in regard to that niche market.

There is a price/values thermostat in everyone. When I use the word "price" it's often construed to mean an economic term, (a preoccupation I'm oftentimes accused of having).

Let me state for you what I believe the price/values ratio is about. It's simply explained in the sentence, "Each of us buys what we want or need, as we perceive it, and choose the price we'willing to afford."

Think about those words. There's a thermostat in each of us that makes a decision on everything, anytime, at that moment. . . and out of our values clarification, as we perceive it, we make a decision. It may be to monetarily purchase something with the available economic strength we have, or beyond the immediate strength we have, and we'll go get it.

It also has to do with ideas, things spiritual. This is a universal phenomenon that is internalized in all of us. I'm certain that it has a great deal to do with Bob Barkley's co-development of the fee philosophy, L. D. Pankey's process of a fair fee being something you're willing to receive and the person coming for care is willing to pay without either one losing his/her gratitude. . . and Dutch Woehler's work on economics, back in the 40s and 50s, and all of the others trying to have us hear, really hear, in a **subjective** way about **objectivity**.

Can we tangibilitate the intangible?

Please make a definition for each of the words that I "throw" at you and pore over the information coming to you out of the Rhode Island Dental Journal in this Letter.

Please also examine carefully the **Dental Office Practice Self-Assessment. . . a Liability Preventative** that the Rhode Island Dental Journal published.

Point of View

Bye Bye Miss American Pie
Paul E. Osenkowski, DDS
Rhode Island Dental Journal, Spring 1994

I'm confused. I'm saddened. I'm frightened.

I'm confused because there seems to be a loss of the American work ethic. Those who work for a living have to pay for those who don't. Those who supply the goods and toil in their production are dictated to by those catering to the laggards.

I'm saddened because there's a loss of the sense of justice in this country where the victims are the ones who suffer and the perpetrators are not punished at all.

I'm frightened because there's a seemingly unstoppable growth of addiction in this land.

We can't seem to make our own self determination. We're dictated to by others who have convinced us that we're useless and are only pawns on their table.

Don't you see what's happening?

I can't believe that you're so blind or shortsighted. It must be an addiction. That's the only explanation.

Those who are chemically dependent will do anything to obtain a fix. They have to satisfy their habit. Nothing matters to them except to be sure that they get their stuff.

For us in dentistry, can't you see that the supplier of the drug hooked you years ago? He told you that he'd make it very profitable. You join up and he pays you directly to do this service for people and you don't have to worry about anything.

In the beginning the pay is great. You do the work and you get paid at the ninetieth percentile (whatever that is).

As you work for the supplier you build a group of people for whom you provide this service, but that percentage of your group begins to grow. You become more dependent on that group.

You're hooked!

It's like a crack in the windshield. It only gets bigger. Soon the whole windshield is cracked and it's only a matter of time before it caves in on you.

My wife tells me that this is obvious. She says don't bother writing something that's so basic, but I have to, because you're either blind or addicted.

For those of you who are blind maybe this simple analogy will help.

For those of you who are just addicted, my hope is that you'll break those chains that control you before the noble practice of dentistry goes the route of the educational system of this country.

Those who are chemically dependent only heal themselves when they reach bottom. That bottom level is different for all people because they all realilze at a different point that they want to either live or die.

When they look in the mirror and say that they want to live, then they're on the road to recovery. It's a tough road. It's a hard road. It's a road with many obstacles. But it's the *only* road that's available.

Let's look at this game that we play with the dental insurance companies in this state.

The big three have created a monopoly here and have left us to fend for ourselves on an *individual* basis.

We're told that we can't get together to decide on an action as a group because that would be viewed as collusion.

Take, for instance, the action taken against that Southwestern Dental Study Club which was found to be guilty of price fixing. In protest, they quit participating with the insurance carrier to maintain their individuality. They were getting squeezed.

But I find it interesting that Delta Dental of Rhode Island can raise their *allowance* (the indignity of the word) to $520.00 from $486.00 for a porcelain fused to metal crown. That marks a 7% increase for that procedure while an adult prophylaxis changed 0% by staying at $38.00.

They made a decision which allowed them to be competitive and profitable with their "competitor."

Now far be it for me to suggest that this particular fee change could have been influenced by the fee established by their "competitor", Blue Cross Dental, (which has a fee of $520 for a porcelain fused to metal crown and $38.00 for an adult prophylaxis) but the thought of collusion just might come to mind.

It might be fair to say that we're running a race with our legs tied while the big boys wear Reeboks.

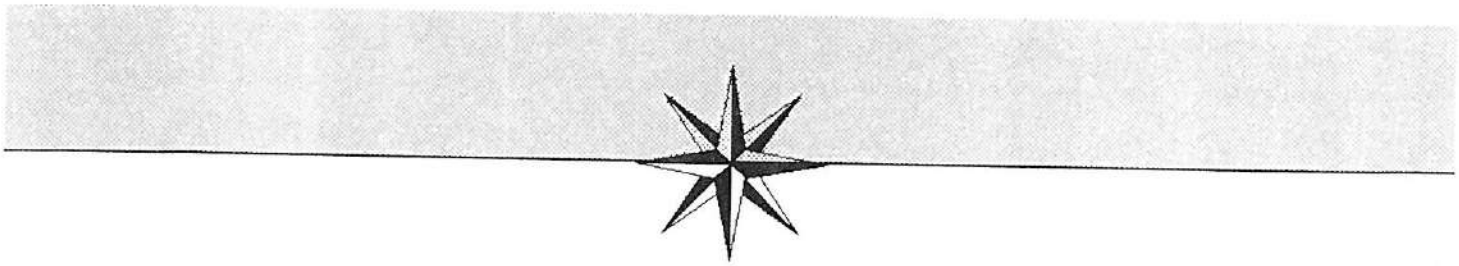
Years ago Delta Dental started with an agreement of no co-payment and then slipped in a small co-payment plan of 70%, 80%, and 90%.

Did you have problems collecting that "insignificant" co-payment from those patients who told you that they have Delta Dental coverage and didn't have to pay anything?

Well, I did!

Now Delta Dental has produced its latest edict.

They pay only 80% of their fee allowance on certain plans to those who are seeking treatment from non-participating dentists. (The road is hard and full of obstacles. Try and collect that.)



I must be only 80% as good as a participating dentist.

Of course, this can't be construed as a "closed panel" which was forbidden in their original agreement with the dentists.

I've been told by some of my most loyal patients that the staff members at Delta Dental actually tell them that my fees are too high and that they should seek a participating dentist.

Of course, Delta Dental would not even accept my fee profile increase back in the Fall of last year because I was non-participating. I suppose that makes for a more "scientific" determination of what fees are usual, customary and reasonable.

How long do you think it's going to take the rest of the big boys to put the squeeze on everyone else?

Do you think that they care about our costs?

Do you think that they care about OSHA regulations, DEM regulations or Hillary-ism?

They see holes in teeth. They have no conception of occlusal traumatism or anything else.

I've just been informed by the more "enlightened" at Delta Dental that root planing and curettage cannot be performed at the normal fee allowances unless there are three or more teeth per quadrant which have pocket depths of five millimeters or more. I guess that you can't have periodontal disease in two or three millimeter sulcus.

At that rate, we'll all be making "plates;" that is, if the laboratories don't make them cheaper than we do.

By the way. . . what's the code for an implant? (A what?)

Blue Cross dental has an ad on the radio with a nice calm voiced announcer telling you how they've been supplying the "people of Rhode Island" for many years with health care and that it's a company that people can trust. In his words, "Maybe, just maybe, the people of Rhode Island have something to smile about."

Oh, please. Give me a break.

It's the dentists who do the work.

The good dentists that put the smiles on their faces while the hacks screw it up for all of the State. It's the good dentists that do the work.

It's not the "paper pusher" who supplies a damned thing. It's the good dentists who do the work on this plantation, not the "overseers" of the big boys.

They've got us convinced that our competition is with each other.

Wake up.

We compete with the new boat, the VCR, the stereo system and the new TV. They've got you looking over your shoulder. They sit there

and laugh at the antics that go on. The Yellow Pages are full of them. We've been reduced to the shenanigans of. . . dare I say it. . . lawyers. (I'm sure we have our own inept ambulance chasers.)

Be concerned with the patient in front of you and stop looking over your shoulder. If you're good, you shouldn't have to worry about the other guy. Let the unsure ones do that.

We've let the government (synonymous with lawyers and insurance companies) dictate what our lives are to be.

Look what they've done to the educational system in this country. They've required teachers to become social workers, policement, parents and nursemaids, all while they dodge bullets for less pay than the janitor.

So what we have now is a lot of very smart real estate agents and a few very dedicated teachers.

The government spends our money to satisfy every single special interest group while the average kid sees his educational opportunities go to hell in a hand basket.

The same thing is happening to our medical system. George Orwell's "big Brother" is standing ther watching you squirm in your addiction.

The only way to stop that addiction is to stop participating with any of them.

You have the power. You're the one who does the work. Stop worrying about the other guy.

A smoker who has a few butts here and there is still addicted to nicotine.

An alcoholic who has his "stash" is still addicted.

For the love of God. . . STOP!

I love this profession. It allows me to do all that I've ever wanted. I get to see people all day and help them improve the quality of their lives.

I may not treat it like the hobby that some of my friends do, but I'm damned proud to be a good dentist.

As you say bye, by to Miss American Pie, look in the mirror and see your addiction. Then tell the bastards to "go to Hell!"

In the face of Big Brother,
Paul E. Osenkowski - Dentist

NEWS & Views

As this is going to the printer, we are in the midst of updating our system and our system users with three very auspicious gentlemen from DENTRIX. It's an exciting day and an exciting, challenging, in the mode of Tom Peters' "revolution" system. When you're here for a workshop, the single-chair operatory and its computerization is "on display."

Words. . . not the best way to express feelings sometimes. The Napili 3/4 in the Caymans in December was a very special occasion. . . the immediate rapport in the room was exceptional, very typical of the spirit of Napili togetherness. We're pleased, of course, but grateful to those extraordinary people who joined us.

Weather in Phoenix in January and February is balmy and sunshiny. . .if the cold is too much and you need a short respite, join us for the "wet-finger (glove)" workshop, January 19-21 and/or People Without Perio, February 9 - 11. A good time to get some C.E. credits under your belt in the sun belt. AGD approved for 22 C.E. credits each workshop.

The New Year gives each of us hope for peace, for a renewed opportunity to serve, and continued advances in health care and wellness.

A New Year's Resolution

This is the beginning of a new day.

God has given me this day to use as I will.

I can waste it. . . or use it for good.

What I do today is important because I'm exchanging a day of my life for it.

When tomorrow comes, this day will be gone forever, leaving something I have traded for it.

I want it to be gain. . . not loss; good. . . not evil; success. . . not failure, in order that I will not regret the price I paid for it.

Thank you, P. Podula

REED'S INTERNATIONAL LETTER
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Dear Omer: I'm writing to you for a number of reasons. Firstly, to say "thank you" for your last presentation here. I'm sorry I was only able to make the first day and am eagerly awaiting the tapes so I can find out what I missed.

My main reason for writing is to express some feelings I have concerning Pentegra. I've now had some opportunities to try and pick the brains of

A WAKE-UP CALL

Gary, Ken and Mervyn. I haven't yet spoken to Philip in any depth although he's on my "to do" list. I've been trying to find out what exactly makes these guys join up with such an exclusive organisation; what do they get out of it and how. I've spent some time going over it all in my mind but so far I haven't been able to decide what it's all about and why four people who are all bright, talented and seem successfiul already, should need to join. It seems that the people who would need it the most are the ones who couldn't afford it, and the people who can afford it shouldn't need it. There seem to be some common strands going through their experiences.

They all seem to "distill" their practices down. They reduce the numbers of people they care for by a fairly hefty percentage. They are able to reduce their overheads as they do this by losing associates and other staff and are thus able to increase profits. However, they all had large practices to begin with and so could reduce the number of patients by a large amount yet still retain enough for a very viable practice. A one man practice reducing it's base by a similar percentage could find itself with too ffew patients to stay in business.

They all increase their fees. This may be no more than just putting them up to what the market will bear. I've had the same arg,ment with them all that I believe the lncal market to be very significant in what it will allow you to charge. Of course, they all reply that people are the same in any area and that their locations are really no different to mine. They point out that they also have a depressed local economy with local businesses failing etc., etc. but ignore other factors that tell you a little about the locality such as the price of real estate. If you are selling a house in Mervyn or Gary's area, you can charge a lot more for it than you could selling exactly the same house here in south-east London. I believe that this difference is equally true for dentistry and that this will impact greatly on the level offees.

The third thing that seems to happen is that they seem to find more dentistry to do on their patients. There are a number of ways of looking at this. They have improved their standard of care, changed their diagnostic criteria or just sharpened-up their probes (sorry, explorers). Call it what you will, they have adopted a new philosophy that means that teeth, restorations and gums that they would have classed as healthy previously are now classed as unhealthy. Of course, it has been well documented that the level of diagnosis will vary greatly between practitioners. However, for an individual, one's diagnostic criteria tends to be based upon one's training and subsequent experience. I remember being taught about the "sin'" of over-prescibing and over-treating and my subsequent experience in practice has confirmed

this for me. Every day I see these big old amalgams in peoples' mouths that seem to last and last. Their longevity is often in inverse proportion to the dentist's level of diagnosis. However, I also know that another practitioner with a different set of dental beliefs would probably find a whole lot more dentistry to do (and probably a greater level of success).

I don't quite know how to explain myself but suppose, for instance, that I decided to believe (for whatever reason) that the correct treatment for all sensitive teeth was a root canal therapy. My treatment would have a high success level and I am sure that the financial impact on the practice would be very positive but I do not do this as it is considered gross over-treatment. Ofcourse, we can hold any beliefwe choose, but, in dentistry, these should be formed by science, facts and data. I'm sure that if I could be exposed to some data other than that which I have been. my beliefs would change. Hard data on this subject is hard to come by, it all seems very subjective. Maybe you could point me in the right direction.

If I sound confused, it's only because I am.

A. R. M., November 1994

(Response)

Dear A: There's a price values ratio, as you know, in each of us. We buy that which we perceive we want or need for a price we choose to afford. This is a very subjective statement in a world that tries to be objective in regard to such events as your curiosity for these fellows joining such an ambitious, unusual and exclusive organization.

The subjective description of their having joined is clearly stated. . . "a simple leap of faith." No intelligent person makes a leap of faith without realizing that the pain of living exceeds the pain of perceived change.

Pentegra has found that the members who have joined us over the last seven years cut across all boundaries of race, color, creed, education, economics and yet each of them being a dentist has an I.Q. that was able to survive curriculum in the dental school.

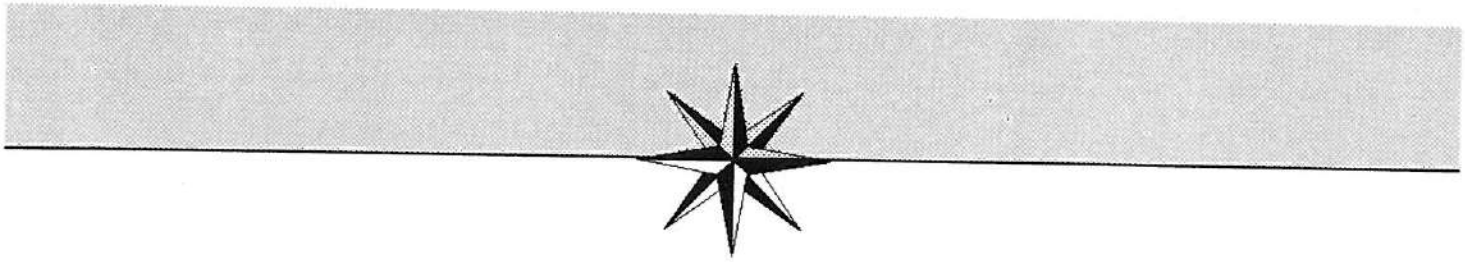
Your parable of the "haves" and the "have nots" (as you've stated it, "It seems that the people who would need it most are the ones who can't afford it and the people who can afford it shouldn't need it") applies socio-intellectually and spiritually across all boundaries as well, does it not?

Those who are bright (intelligent) and deserving find it apparently effective and efficient to set aside the weight that so easily besets them and move on to that which they're capable of achieving that has as yet remained elusive to them.

In each case, I assure you, their joining was a perceived sacrifice.

However, when they had a return of 240% **ON** their invested capital, after the return **OF** it during the first twelve months, it immediately post-operatively appears as a win/win game.

Realizing this, many of our people have borrowed the money to join. We have not disappointed them.



Your comment about distilling the practices down is somewhat inverted. They have not reduced the numbers of people they care for by a hefty percentage at all. They have simply improved their standard of care.

When one uncompromisingly becomes a "Mayo Clinic" one attracts a different profile of the community. There are more people wanting private care and able and willing to pay for it than there are dentists willing to provide it. And, although at first the practice may reduce in its numbers, it immediately improves in the quality of care being provided, the thoroughness of care per person, and the level of appreciation of that care. As time goes on, the numbers begin to return, even those who have left the practice return. . . and bring their friends.

In each case, I'm totally convinced, that as the shades are removed from their eyes and they perceive how they (and/or their families) would choose to be cared for, they begin to provide this as an offering to those who come to them for care. The entire quality of interpersonal relationship changes, as does the quality of care. They didn't have large practices to begin with. They had a lot of traffic and a lot of "crap". . . a lot of people who were uncommitted, who didn't care, who wouldn't be co-therapists, charging through their practices, wearing out their carpets.

A one-man practice needn't reduce its base by a similar percentage if the care, skill and judgement, personally, in presenting the quality is properly applied. One can run all sorts of "what ifs" because, I'm certain, a one-man practice could reduce its base by a similar percentage and have too few people to stay in business. Yes, they all increased their fees; however, you will, too, in most areas if you analyze the true cost of providing the service and have a cost-related fee. There may be areas where your fees are reduced, as has been the case in each of the practices.

However, cost-related fees, efficacy being documented on the record, and satisfaction of those coming for care. . . all three are a sterling part of fine, professional care anywhere in the world.

Studies done in free markets show that unless you charge what the traffic will bear, you aren't properly assessing supply and demand for the quality of that care in that market at that time. This sounds, in some quarters, to be total blasphemy; however, its good, sound free market economy in practice. The Small Business Association in the U. S. has found that unless 20% of the people are challenging your fee, you haven't raised it sufficiently to test that market. Furthermore, it's clearly stated that until 20% challenge your fee, your fee isn't at a point where those who come to you are tested for how they value your practice.

Said more simply, at 20% challenge, you know that the supply and demand in the marketplace for the quality of the care that you are providing is approvably adequate. This kind of statistical economics is very foreign to most dentists and they choose to feel guilt, or use argument, in denial.

You have no idea, because you haven't tested the local markets, and your comment about them being very significant in what you are allowed to charge remains untested. Until you challenge yourself in sufficient quantity, and have enough

faith in yourself to test the quality of care, and the value to the people coming to you for care, you have to confess that you have no knowledge of the subject.

I'm not at all impressed with the international market improving and I believe depressed local economies will be with us for a long time. I know local businesses are failing, including dental businesses. I'm not certain that I would gear my practice on the local price of real estate and/or its movement in the marketplace. I would, indeed, test this on a one-to-one basis with each and every individual that comes into my practice with a co-interview, co-discovery, co-diagnosis and co-treatment planning and co-development of the fee. This is indeed a fail-safe.

At the bottom of your letter is one of the keys that I find in your entire message. "I believe," it says, "this difference is equally true for dentistry and that this will impact greatly on the level of fees."

You become what you believe. You become what you think about. In this case, I maintain that you become and believe something that remains untested and therefore quite likely untrue.

Remember that Deming said, when he went to Japan, "In God we trust. Everyone else must have data" and he insistently pointed his finger at dentistry and said "Unless you have data, confess that you don't know." I like that. I believe he's right. I believe that's true.

I have discussed with you this *sharpness of the explorer* in the past. Yes, there are a number of ways of looking at it. Yes, improving the standard of caring means being more thorough and co-discovering with people that which is there, not inventing it, changing there diagnostic criteria certainly probe and/or explorer is standardized internationally, and not being invented by Pentegra or anyone else for the usury purpose of "raping" the public. I believe that the standard of care, internationally, documents what's healthy and what isn't and it isn't necessary for the dentist to find things to do that don't exist.

Yes, what they have classed as health previously is now classed as unhealthy because they had no way to understand the criteria of wellness as it truly exists in the profession.

In the 60s when I went to Perry Ratcliff's first course in California at the University of California-San Francisco, he pointed his finger at me and said, "Reed, at the end of this ten-day course, when you get back to Phoenix, you'll find out that your entire practice has contracted this rare malady in your absence." He was right! I felt no guilt about that, other than my ignorance prior to my new knowledge. New knowledge brings change. If an amalgam has an overhang, an open contact, a cracked isthmus, an open margin or caries around it, or occlusal problems and it has been previously ignored, under the new standard of care, it will not be. However, the person coming for care, as the co-discovery goes, still has many choices. Frankl, in his book, **Man's Search for Meaning**, clarifies this. People are not victims as long as they have choices.

Training and experience, as you pointed out, are critical. I find most dentists, with a few exceptions, are under-prescribing, not over-prescribing. If you learned at an early age that it's a sin to over-prescribe and over-treat then that must be defined

and data to support it must be present. If you find a big old amalgam "cowpie" sitting on a lower second molar that seems to be working, and it passes all the criteria, for Pete's sake, leave it there. The best dentistry is no dentistry.

You're absolutely right. A diagnostician with a set of beliefs will be true to that to which he has unconditionally committed himself and each of us will be remarkably different from the other.

I understand the turmoil and chaos that you feel in approaching these concepts. Obviously neither of us buys into your example of sensitive teeth/root canal therapy although prophylactic endodontics certainly can be done if the sensitivity of the tooth does not respond to all of the conservative therapy in the world and is driving the person from a happy, successful, comfortable life. I imagine you would even agree to that with some degree of guilt as vital tissue is "raped" for a sociological bit of comfort.

I'm certain that the art and science of dentistry provides both the subjective and the objective and I certain respect the state of confusion in which you confess you're in. I neither personalize your letter nor feel excess concern for you since I am impressed and pleased with the brilliance of your thinking and the care you provide for yourself in a conservative way. I've certain that you will continue to wrestle with these issues and in direct proportion to your own ethical beliefs and scientific background, you will produce a quality of care for the people coming to you. . . for which you can be proud.

Pentegra does not dictate premises and is not useful as a decision-maker for its members, but appropriately provides choices from a broad range of experiential information, both subjective and objective, that, in the Viktor Frankl sense, gives people a much smaller chance of being victimized. The ***best dentistry is no dentistry*** and conservative-thinking people provide wellness as a focus. This is yet to be perceived by most of the professional dental market, internationally. I believe that concept is clear and the closer one chooses to approach wellness, as has been objectively and scientifically defined both in caries and perio, in esthetics, in post-perio prosthetics, in orthodontics, in pedodontics and in oral surgery, then I believe we have well-rounded our options as we provide them to those coming to us for care. We can be proud of the fact that it's true that "if you quote me, date me" describes us accurately.

We don't apologize for what we didn't know yesterday any more than General Motors apologizes for the side air bags that their cars now have that weren't on the 1994 models. We're going to die learning and there's no need to apologize for that.

I believe we can come back from an academic experience of positive proportion and announce 180° change to the people in our practice without shame. In fact, if we don't, I think we're less than they deserve, don't you?

Your confusion doesn't sound unusual to me, and your confession of it is the first step. Hopefully this pointed and somewhat direct message may be helpful.

NEWS & Views

Micro-Teaching Experience in Case Presentation - March 9 - 11, was another terrific opportunity for growth, change and learning. . .not only is the seminar format creatively different (participants are reluctant to be on closed circuit video, at first, or to be *first*) but once "baptized" the fun begins. . . and growth is exponential. The group was diverse, as usual, with a good mix of doctor and team. We teased young Dr. Popp (26) about his comments of working with older doctors, who were 32 and 34 or some such. There was a significant hush that fell over the room! Some extra-curricular networking occurred in the fountain at the hotel "after hours". . .so I've heard!

The three-day **Inlay Special** has one space remaining, April 20 -22. Call or FAX if you can be with us. This workshop is also being offered in London at the BDA, 9-10-11 June. This could be an opportunity for you to utilize your frequent flyer miles in a tax deductible way and have a foreign travel experience as well.

We have space available in the **People without Perio** workshop, May 4-6. We enjoy having from 30 - 50 persons. Come join us and see what (else) is so exciting about Arizona, Phoenix in particular.

THE FAMILY CIRCUS by Bil Keane

"Yesterday's the past, tommorrow's the future, but today is a GIFT. That's why it's called the present."

The other side of Australia

C Orloff,* BDS LDSRCS (Eng) and S Fowler,** EDH

In 1992, as our profession faced an NHS fee cut, I decided to exchange a cosy lifestyle in the Thames Valley for life in the outback of South Australia. I settled in Coober Pedy, a remote opal mining town and tourist centre in the far north of South Australia. Tourist guides do not wax lyrical in their descriptions of Coober Pedy. Indeed, such guides are sprinkled with terms such as 'inhospitable', 'dusty with piles of junk everywhere' and the real gem 'the end of the world'; the latter being the title of a movie filmed here along with *Mad Max III* and *Stark*.

My contemporaries could not see the attraction. Even the official at Australia House tried to change our minds, but wanderlust and a refusal to see a decline in living standards forced us on. Having always lived in an urban environment a change was called for, and Coober Pedy sounded like the antithesis of Henley on Thames.

To take up the dental position, my wife and I made the gruelling 10-hour car journey north into the heart of Australia from Adelaide. We arrived at night, the town lights visible from 30 km away across the moonlit desertscape, the sinking feeling in the pit of my stomach growing greater by the moment. Our first impression was shock at the ramshackle state of things, which allowed me to empathise with the New York doctor transplanted to Alaska in the television series *Northern Exposure*.

'Having always lived in an urban environment a change was called for, and Coober Pedy sounded like the antithesis of Henley on Thames.'

Coober Pedy has a population approaching 5000 and is situated over 500 km from the nearest town. Summer temperatures may exceed 50°C in the shade and winter evenings may be below freezing. To escape these climactic extremes a large proportion of the population live underground in homes carved into the sandstone. These 'dugouts' vary from basic hovels with no utilities to remarkably comfortable dwellings with year round temperatures of about 21°C. Dugouts are cut into the rock with mining tunnelling machines or explosives and their design is limited only by the quality of the available rock, and by one's imagination.

Using the intra-oral camera at the practice.

South Australians like to describe their State as 'the driest State in the driest nation'. Coober Pedy is in a desolate region with few immediately obvious attractions and thus it is almost impossible to attract Australian dentists to work here.

The State is a low growth region of Australia with the lowest per capita income and unemployment rates exceeding those within the UK. The economy is crippled with debt exacerbated by the collapse and subsequent public rescue of the State Bank. Thus there is a lack of public money to fund health care.

The Australian public is well informed on health care issues, and thus amalgam restorations are not placed. To a dentist who cut his teeth in the NHS this was anathema. How do you fill posterior teeth without amalgam?

Soon I was adept at placing large composite restorations in posterior teeth, conserving more tooth structure and without the reflex to place a dentine pin every time a tooth lacked a cusp or two.

'The Australian public is well informed on health care issues, and thus amalgam restorations are not placed. To a dentist who cut his teeth in the NHS this was anathema. How do you fill posterior teeth without amalgam?'

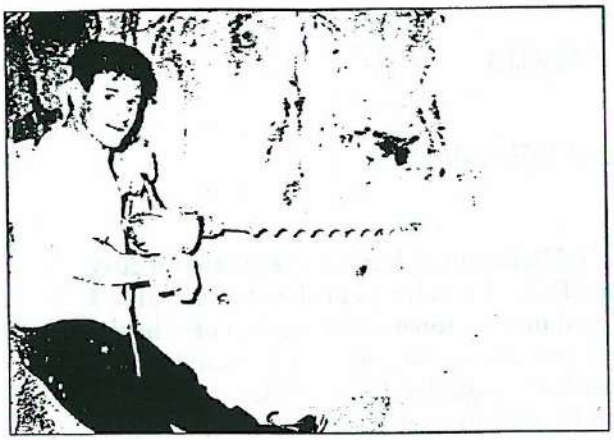
My perception is of less complaints of post-operative sensitivity and excellent patient acceptance. I have also benefited from exposure to different technology such as intra-oral camera systems, sandblasters and tin platers. The opportunity to learn these techniques and reacquaint myself with some old ones has been a relief from

* *Dental surgeon servicing the outback of South Australia including remote area dentistry via the Royal Flying Doctor service,*
** *enrolled dental hygienist.*

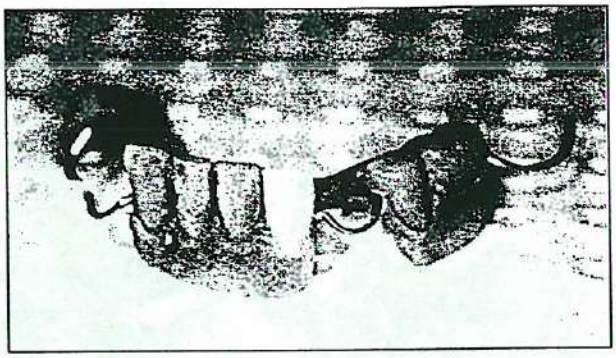
the grind of UK practice. Private fees are realistic with a fee of $500 (£240) or more for molar endodontics and $680 (£330) for a bonded crown.

A gulf exists between the standard of care available to fee paying adults compared with that available to patients eligible for government subsidised care. Currently the federal government is extending a dental programme which is free at the point of receipt and thus Australia is chasing a welfare panacea it can ill afford.

To qualify for free treatment, patients must have a social security benefits card. This entitles them to treatment to relieve pain. The patient's name is then placed on a waiting list before routine treatment may be provided. This waiting period is in excess of 1 year and may be 18 months for the provision of a simple acrylic denture. To date, three patients have deceased before being able to enjoy the benefit and improvement to quality of life available from a new denture. A patient attending with an irreversible pulpitis may have the pulp of the tooth extirpated but root canal treatment will not be completed for a considerable period of time. This obviously leads to repeated episodes of infection and pain in a number of cases and results in the loss of normally saveable teeth.



Preparing 4 ft holes to place explosive charges to mine opal.



An opal tooth set in plate.

'Currently the federal government is extending a dental programme which is free at the point of receipt and thus Australia is chasing a welfare panacea it can ill afford.'

When the patient's name reaches the top of the waiting list, treatment available may include extractions, restorations, a single yearly supragingival scale and endodontic treatment to one tooth. One episode of routine care is available each financial year and is capped to a financial limit. This denies the patient access to a preventative philosophy unless additional private care is paid for. With approximately fifty nationalities residing in Coober Pedy, many of whom are recent migrants, it is often difficult to communicate the benefit of good oral hygiene and regular dental care.

Treatment is provided for the local school population of 460 through a capitation scheme. This pays the practitioner $120 (£55) per child for an 18-month period. Caries experience in Aboriginal and migrant children tends to be high and therefore a great deal of time is spent on a preventative programme of oral hygiene instruction, dietary counselling and fluoride therapy.

In addition, each month we service dental clinics in neighbouring townships of Mintabie, Oodnadatta and Marla. Each has a population of about 200 and lie 240 km to the north-east and north-west of Coober Pedy. Access by the dental team is made either by an aircraft of the Royal Flying Doctor Service or by four-wheel drive vehicle.

The turbulent flight across the flat arid landscape is admittedly more relaxing than 3 hours on dirt roads avoiding kangaroos, emus, sheep by the flock, cattle and the large native wedge tailed eagles. In our first year we hit four kangaroos and one eagle which destroyed the windscreen and adorned my wife in slivers of glass.

'One episode of routine care is available each financial year and is capped to a financial limit. This denies the patient access to a preventative philosophy unless additional private care is paid for.'

Living in the outback of Australia can be very rewarding. The continent is immensely varied and has a timeless majesty derived from 40,000 unbroken years of Aboriginal heritage. The people accept you for who you are and professional life can be challenging and rewarding. Currently there are a great many vacancies for adventurous dentists in remote parts of Australia, just remember to leave the Pimms at home and don't forget to bring your flynet.

Clinical decision making — an art or a science?

Part II: Making sense of treatment decisions

Elizabeth Kay,* BDS, FDS, MPH, PhD, Nigel Nuttall,** BSc, PhD

Clinical decisions made by dentists can vary considerably. Although there has been a tendency in the media to attribute these differences between practitioners to deliberate unethical practice, as Part I concluded, variations in decision making are a result of the complexity of assessing the risks of different treatment options and evaluating the outcomes of treatment. This article looks at why dentists can make different decisions when faced with identical cases (variation), why sometimes the 'correct' decision is not made (error), and also looks at what other issues affect treatment decision making once disease has been perceived.

Introduction

As Part I demonstrated, variation in decision making is a result of the complex process of choosing the best treatment option within the given circumstances. As well as the need to decide upon the best treatment for a particular kind of disease, other issues such as patient and environmental factors are vitally important. Essentially, however, differences between treatment decisions can be considered to stem from two main sources: *perceptual variation* and *judgemental variation.*

Sources of variation

Figure 1 is a colour chart showing two people's response when asked to decide when a shade of red can no longer be defined as 'red'. The two responses are very different. These differences are the result of variations between the two people's perceptual and judgemental qualities.

Perceptual variation is when people 'perceive' things differently. For example, if two people are judging a colour they might perceive it differently because one might have a form of colour blindness, or one might view the colour patch using a coloured light source. As a result both 'see' different colours. A practical example of this would be where one dentist sees a white spot lesion but another does not, perhaps because of poor lighting.

People may also have different opinions. For example, two people might disagree about when the colour 'red' becomes so pale that it ought not to be called red. This is judgemental variation. It is possible to predict this type of variation, for example in Figure 1 the two opinions are more likely to agree at the extreme ends of the colour shading but disagree about colours in the middle of the range. Judgemental variation is a result of differing values about what constitutes a 'positive case'.

A dental example of judgemental variation would be where one dentist might consider that caries visible on a radiograph warrants restoration, whilst another dentist might insist that the

Perceptual variation
Occurs, for example, when dentists examining the same tooth site disagree about what they are looking at: they 'see' different conditions. These dentists' treatment decisions will differ because they think they are seeing different levels of disease.

Judgemental variation
Occurs, for example, when dentists examine a tooth and agree about what they see, but still disagree about how the condition should be treated. The dentists have different opinions about the appropriateness of a treatment; it stems from their judgement about what is the right thing to do under a given set of circumstances.

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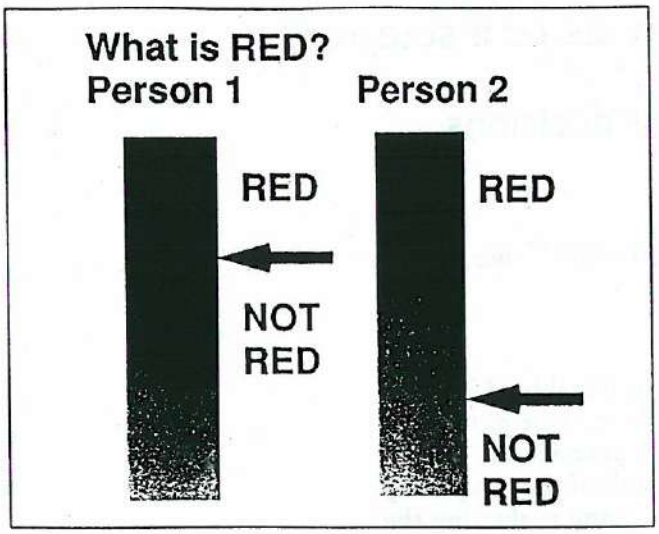


Fig. 1 What is red?

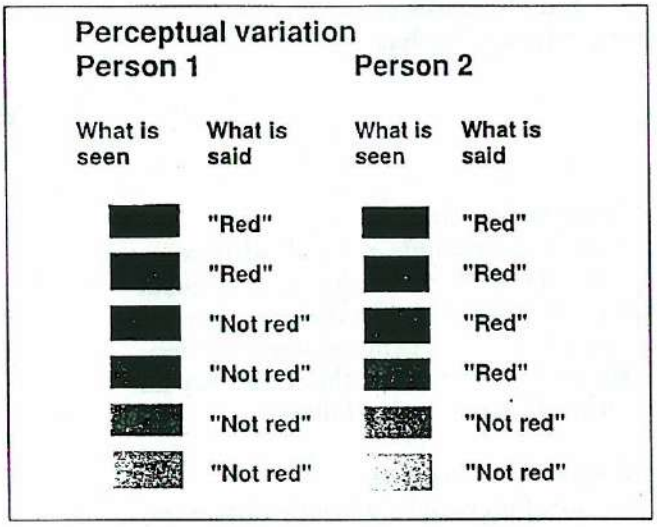


Fig. 2 Judgemental variation

caries must appear to penetrate the ADJ before restoration is justified.

It is important to note that differences between treatment decisions stem from two very different sources because if all dentists were expected to offer patients exactly the same treatment, any variations would have to be controlled. The means of controlling these differences would differ according to whether it was perceptual or judgemental variations causing the differences.

Finding ways of reducing the likelihood of perceptual variation is much more difficult than reducing judgemental variation. Perceptual variation is random in nature and therefore it is difficult to predict when it is likely to occur. However, perceptual differences may also be a less persistent form of variation than judgemental, in that many disagreements are just one-off events. Perceptual differences, therefore, can probably be substantially eliminated by double checking or reviewing cases.

In contrast, judgemental variation is a predictable process. Using the red colour chart example again, it is possible to predict whether individuals will agree or disagree about the colour of a particular patch in Figure 2 by taking into account the point at which each person classifies the colour 'red' as red in Figure 1.

Because of its predictability, judgemental variation is modifiable. Specific criteria can be established to reduce the decision variation margins, for example by defining the colour red by wavelength. Decision aids could be constructed such as colour matching charts, and judges could undergo specific training to help them use the criteria and decision aids reliably. Similarly, dentists can be persuaded to make similar judgements about a given case by establishing strict criteria guidelines, for example deciding whether a given level of disease warrants treatment or not.

Why do dentists vary?

Perception is an active process. Every individual places a particular meaning on what they see according to what they remember of their past experiences. For example, if a dentist was sued for negligence for 'missing' a carious cavity, he might become 'hyper-perceptive' of anything which might possibly indicate the presence of caries.

Although the above is an extreme example of how experience alters perception, it is important to remember that each individual dentist's experiences will be different. For instance, the discovery of a large occult carious lesion in a regularly attending patient is likely to affect how the dentist perceives teeth of similar appearance in the future.

A dentist may, in response to past findings, develop a very complex set of cues and clues which indicate, even if only at a subconscious level, that disease is present. Many clinicians, for example, are perhaps unaware of the extent to which they are discriminating between minute changes in colour and shadow when they are examining the fissures of teeth.

Judgemental variation affects what dentists decide to do about disease once it has been established that there is a case of disease. As well as being influenced by patient and environmental factors, a dentist's judgement is affected by personal factors such as the dentist's individual treatment threshold and attitudes to risk.

Part III of this series discusses judgemental variation in more detail and looks at what influences can affect a dentist's 'judgement'.

Issues involved in the decision making process

It is important to recognise that what dentists decide to do once they have 'seen' or 'perceived' a sign of disease is dependant, both on their own judgement and on patient and environmental factors.

Figure 3 is a model of the decision making process. The dentist is the central character in the decision making but is not isolated from environmental or patient factors. The double-headed arrows illustrate that there is a reverse flow between decisions made and the factors influencing them.

Patient factors

Often a patient has already decided that something is wrong before they visit the dentist. Under these circumstances part of the dentist's task is to detect the cause of an identified problem rather than discover problems the patient is unaware of.

Once a decision has been made that a person requires treatment, the role of the person involved changes from being a person being screened for disease to a patient being prepared for restorative dentistry. In the latter role, various aspects of the person may change: he or she may for instance become more willing to have additional work done once it has been have accepted that a filling is needed.

However, the extent to which patient factors may affect a particular dentist is likely to vary in relation to the dentist's views about the 'ownership' of the patient's oral health: how much does the dentist act as the custodian of a patient's oral

Variation or error?

Treatment variation between dentists is not synonymous with error because variation is a result of perceptual and judgemental differences which in turn can be influenced by patient and environmental factors. Because these factors can change from case to case, variation is a natural and positive result of the complex process of decision making. Error, or an inaccurate decision, is not the result of differing opinions and perceptions but is an objective miscalculation. The following example demonstrates the difference between variation and error.

In the eighteenth century the astronomer royal was plotting the course of a planet. As this tended to be a particularly cold and tedious job he alternated his nightly shifts with an assistant.

After taking readings over a period of nights he transcribed the readings and found something rather unusual: the planet they were studying appeared to be wobbling up and down as it crossed the sky.

Newtonian physics was spared from potential embarrassment however, when closer scrutiny of the findings showed that if just one of the astronomer's results were studied the orbital path looked fairly normal.

They concluded that the unusual orbit of the planet was due to a systematic error between the way the two astronomers took their readings. At least one (possibly both) of the astronomers must have been wrong from some objective viewpoint, if such a viewpoint could be established.

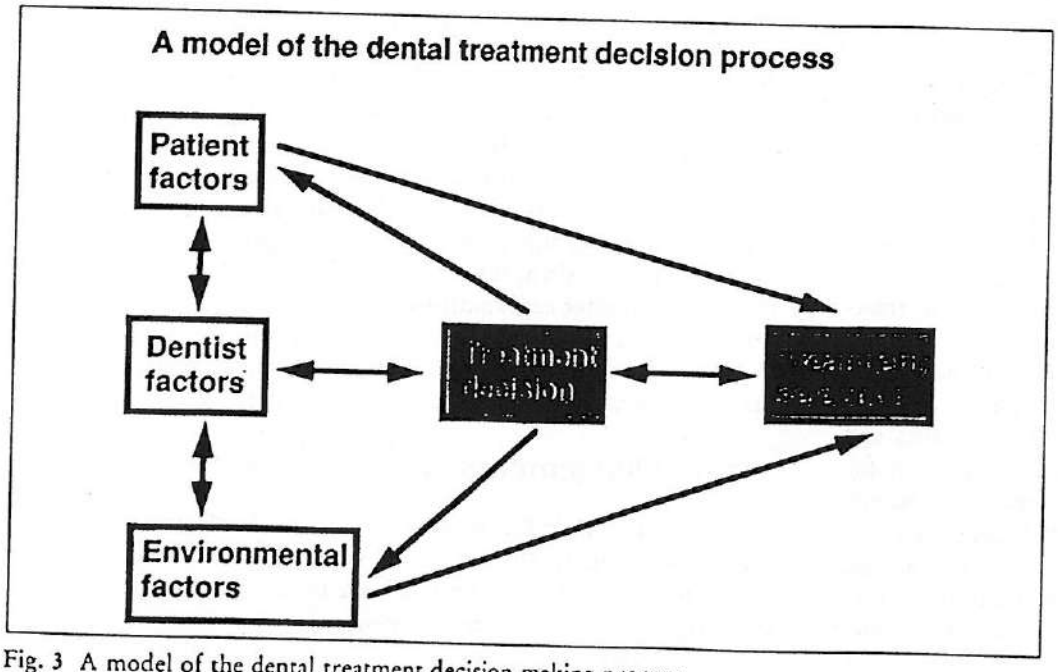


Fig. 3 A model of the dental treatment decision making process

condition as opposed to acting like an adviser to a client?

Does the dentist allow the patient to become part of the treatment decisions once the dentist has described and explained the significance of what has been perceived?

Is the patient only involved in a passive sense in so far as the dentist makes an evaluation of the best course of action on behalf of the patient and simply informs the patient about what this will be?

Environmental factors and treatment thresholds

The immediate environment is likely to change too. Instruments will begin to be prepared and this in turn may affect the dentist: once a decision to fill one tooth has been made, the perceptual process or the judgemental decision threshold that a dentist had used previously might be changed.

For example, a decision that caries in need of treatment is present in one tooth may increase the dentist's expectation of finding additional lesions in other teeth, or may reduce the stringency of the criteria used to decide whether to fill other cases of caries in the same mouth. It might be preferable to 'tidy up' any borderline cases of treatment need once some sort of treatment has been decided upon, rather than leave them until the next course of treatment.

Range of treatments and risk factors

The range of treatments available for management of a condition also affects whether or not a decision to treat is made. If a condition is very serious and a treatment option exists with few side effects and a high rate of success, then it is easier to make a positive decision as the consequences of a false positive decision are not too traumatic to the patient.

However, if the disease is fairly innocuous and the treatment can have unpleasant side effects, then decisions to treat may be limited only to cases where there is absolutely no possible alternative: the dentist will err on the side of caution in order to ensure that no false positive decisions are made.

Dentists have their own perceptions, treatment thresholds and attitudes to risk whereby they decide upon their patients' disease management. These treatment criteria can vary considerably between individual dentists and are adjusted according to what is important for each case. Research about treatment criteria reported to be used by general dental practitioners suggests that general factors such as age, practice location and place of training seem to have very little overall effect on dentists' views about when a carious lesion ought to be treated. This suggests that factors unique to each individual dentist may play a much greater role in dental treatment decision making. These individual factors and their effect on treatment planning will be explored in future papers in this series.

Conclusion

The reasons why treatment variation occurs are wide ranging and complex involving patient and environmental factors as well personal perceptual and judgemental factors. Figure 4 summarises the issues involved.

- treatment variation stems from two separate sources — perceputal variation and judgemental variation.
- perceptual variation is when people 'see' things differently. Why dentists perceive the same condition differently may be due to past experiences and by environmental factors such as poor lighting and colour blindness.
- judgemental variation is when people value the same condition differently and so decide on different treatment options. Why dentists judge the same condition differently may be due to patient and environmental factors and by treatment thresholds, attitudes to risk and past experiences.
- the terms variation and error are not synonymous.

Fig. 4 Issues underlying treatment variation

The sheer complexity of all the inter-relating factors which come into play when a treatment decision is made, illustrates how difficult it is to attempt to rationalise the decision process. Nevertheless, it is hoped that this introduction to the decision making process will lead dentists to examine how they come to choose the most appropriate treatments for their patients.

This series may not influence individual dentists' treatment planning, but because the profession must be able to defend its own judgements if it is to retain autonomy, it is hoped that the series will offer explanations about decision reasoning which will enable dentists to prevent themselves and the dental profession from being branded as inaccurate, unethical or unscientific.

Acknowledgements

Nigel Nuttall would like to acknowledge funding by the Scottish Office Home and Health Department. The views expressed are those of the authors and are not necessarily shared by the Scottish Office.

REED'S INTERNATIONAL LETTER
2999 North 44th Street ❖ Suite 650 ❖ Phoenix ❖ Arizona ❖ 85018 ❖ 602/852-0956

The *do what you want to do as a business and expense it* is now no longer either new or frightening for people in dentistry.

To have an "adjacent" company, or corporate entity through which to function is, in our litigious society, an excellent means of providing asset protection or, as it's known on the street, *judgement proofing*. The Limited Liability corporate entity or Company

TO WHOM DO WE OWE WHAT. . .

The *Adjacent* Company

has been approved in a growing number of states as the best of both worlds. That is to say, it provides the choices and functions of the C-Corporation as well as the Sub S - Corporation. It allows a business entity to operate in a way that provides the corporate liability protection and yet allows it to function as a partnership, tax wisely.

Obviously more research needs to be done, in your state, as a result of the stimulus we hope to give you with this newsletter. Perhaps, more wisely, you should look to other states to organize this business. It is common to have a Delaware Corporation because of the advantages of having the state law guide and regulate that corporation. Currently there are states that have no state income tax and one of these states may be the wisest place for your corporate entity because it will not be corporately taxed in that state.

Wyoming has a Limited Liability Company law that allows the incorporators to be other than persons. For those of us who have estate plans that are equipped with family partnerships, family trusts and/or corporate entities, any two of these can be used as the incorporating force for the Wyoming Limited Liability Company providing an opportunity to do business adjacent to our dental practices and have that business be accomplished by other than us, allowing us to enjoy doing what we want to do as a business, and expensing it, with a much lower profile and, with liability protection, it's extremely valid.

The anatomical structure of the Wyoming Limited Liability Company literally allows you to have an "offshore" corporation right here in the United States as far as identity and profile is concerned. Yes, of course, there's a paper trail. Yet, used wisely, this particular entity can provide anonymity in your community in regard to various business functions in a way that keeps the litigious attorney from wanting to accept the contingency suit against you as a result of either your not having the assets he expected you to have available or, when he uncovers the process, realizes the difficulty he has in unraveling the route to the assets that he might otherwise claim in regard to any litigious process against you, thereby making less likely his interest in taking the case.

There are a number of processes unfamiliar to many of us that are provided by the Limited Liability Company that are extremely useful and practical in regard to doing business that create the excitement for me for providing you with this information. For some, this immediately fits into the structure that you have designed, or will be designing, and for others it seems to be a mystery. Nevertheless, the description that follows is hopefully helpful.

We look forward to your joining us at one of the upcoming seminars where we can assist in unraveling this for you.

The discreet charms of the LLC: A new form of business organization that has rapidly gained popularity across the U. S. in the past few years offers some attractive planning opportunities for developers, property owners, investors and others involved in the real estate industry.

Known as the Limited Liability Company (LLC), this form of organization has become an appealing alternative for many types of closely held businesses in place of general partnerships, limited partnerships and S corporations. in fact, many observers believe that the LLC will soon displace partnerships and S corporations as the entity of choice for most forms of real estate development and investment.

The LLC is a business entity that combines certain features of corporations and partnerships. It is a non-corporate business form of organization that provides limited liability for all investors, like a corporation, but is also able to qualify for treatment as a partnership for federal income tax purposes. The investors in an LLC are called members and their ownership interests are called membership interests.

Three important features of the LLC make it an attractive form of business organization for the real estate industry.

First, all members have limited liability, meaning no members will have any personal liability for the debts and liabilities of the LLC.

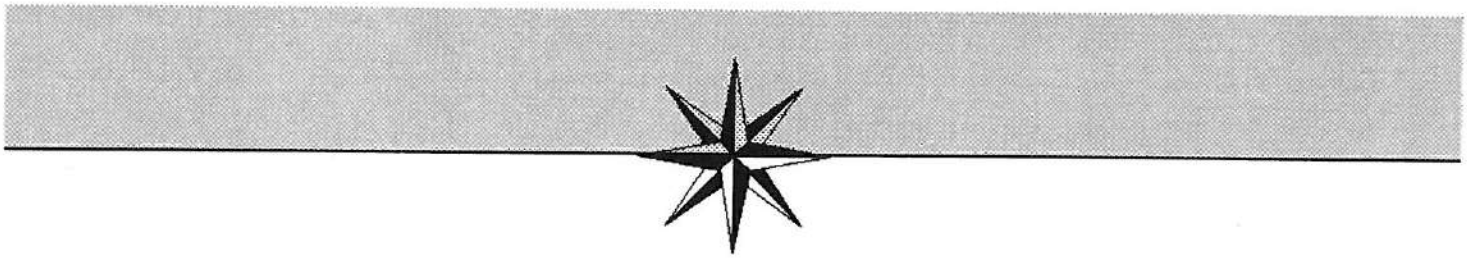
Second, the LLC can be structured so that all members can actively participate in the operation of the business without losing their limited liability.

Third, an LLC can qualify as a partnership for federal income tax purposes, which permits all income, gains and losses to be passed on to investors and avoids income tax on the LLC.

In general, forming an LLC is similar to forming a partnership. In most states, it can be formed by two or more individuals or entities and is governed by an operating agreement, which is similar to a partnership agreement. It can be managed by all of its members, like a general partnership, or by managers, like a corporation or limited partnership. State statutes providing for LLCs typically specify circumstances under which an LLC would dissolve, such as after a designated number of years or upon the withdrawal of a member.

Although LLCs have been used for many years in other countries, the form is a relatively recent development in the United States. In 1977, Wyoming enacted the first LLC statute in this country. But for several years there was little interest in the concept due in large part to the uncertainty of whether an LLC would be treated as a partnership for federal income tax purposes. By 1989, Wyoming had been joined by only Florida in authorizing the formation of LLCs.

The Internal Revenue Service sparked the current interest in LLCs in 1988 when it issued a revenue ruling classifying a Wyoming LLC as a partnership for federal income tax purposes. since then, the popularity of LLCs has gained tremendously. Presently, nearly 40 states have enacted LLC statutes and most other states are considering it. Proponents



of the LLC concept expect it will soon be authorized in nearly every state.

The LLC offers a number of advantages over other forms of business organizations previously available to people in the real estate industry. Prior to the advent of the LLC, business planners who wanted to form an entity that enjoyed "pass-through" tax treatment for investors while offering some measure of limited liability for investors generally had to choose between an S corporation and a limited partnership. The LLC offers advantages over both of those options.

Unlike S corporations, which are limited to 35 shareholders, there are no restrictions on the number of members in an LLC. Shareholders in an S corporation generally must be natural persons who are U. S. citizens or certain types of trusts. While corporations, partnerships, non-resident aliens, pension plans and certain types of trusts cannot own shares in an S corporation. There are no such restrictions on membership in an LLC.

S corporations are limited to one class of stock, preventing the S corporation from creating a capital structure that gives priorities on distributions to certain shareholders. In contrast, LLCs, like partnership, enjoy a great deal of flexibility in their capital structure. The members of an LLC have the flexibility of a partnership with respect to allocating income, gains and losses among members, subject to certain tax restrictions.

Because an LLC can qualify for treatment as a partnership for federal income tax purposes. LLCs enjoy the same tax advantages as partnerships over S corporations. For example, if a partnership occurs debt, the partners can increase the tax basis of their interest in the partnership (known as "outside basis"). When an S corporation incurs debt, however, the shareholders are not able to increase the tax basis for their shares.

Since LLC members can increase their outside basis in the same manner as partners in a partnership, the members of the LLC could end up paying less tax on a current basis than they would if they were organized as an S corporation.

Another tax advantage of LLCs over S corporations is in the treatment of appreciated property. LLC members can contribute appreciated property to the LLC in exchange for a membership interest without recognizing a taxable gain. This is not so for shareholders in an S corporation, unless the shareholder (or group of transferring shareholders, collectively) owns at least 80% of the corporation.

The reverse holds true as well. An S corporation will recognize a taxable gain upon the distribution of appreciated property to shareholders, but as a general rule an LLC would not. In terms of structure, LLCs are not required to maintain corporate formalities to retain limited liability. Unlike S corporations, LLCs are not required to have a hierarchy of officers, directors and shareholders, nor must they hold annual meetings or enact corporate resolutions to authorize certain activities.

Also unlike S corporations, LLCs may be part of an affiliated group of business organizations. S corporations cannot own more than 80% of another corporation, which prevents them from forming wholly-owned subsidiaries. Also, an S corporation cannot be a subsidiary of another corporation since a shareholder of an S corporation cannot be another corporation. No such restrictions apply to LLCs.

Limited liability for all members and a somewhat simpler organization structure are the primary advantages of the LLC over the limited partnership. A limited partnership must have at least one general partner, and all general partners have personal liability for the partnership's liabilities.

limited partnership can effectively reduce the personal exposure of its general partner by having a corporation act as its general partner, but then the partnership must take care to comply with certain IRS requirements for corporate general partners. Another concern is that the limited partners can lose their limited liability protection if they become involved in the management of the partnership.

In contrast, the LLC offers limited liability to all members and may be actively managed by all members without sacrificing their protection from liability.

LLCs do have some drawbacks to be considered. Although the majority of states now have LLC statutes, those states without an LLC statute may not recognize the limited liability of LLCs formed in other states. This will concern LLCs doing business in more than one state, but will be less of a problem as more states enact LLC legislation. Also, because the LLC is relatively new in the U. S., there is no extensive body of law concerning LLCs, as there is with corporations and partnerships.

Perhaps the most significant concern about the LLC is the fact that its attractiveness depends upon the IRS treating it as a partnership for tax purposes. Since 1988, the IRS has consistently treated LLCs as partnerships, provided they meet certain qualifications. Although it does not appear likely, the most important feature of the LLC would be lost if the IRS were to change its current position.

LLCs also have some potential drawbacks which are typical of limited partnerships. For example, LLC statutes typically provide that an LLC will dissolve upon the occurrence of certain events. Although steps can be taken to provide for a measure of continuity. Also, in order to qualify for treatment as a partnership for tax purposes, the membership interests in an LLC will not be freely transferrable in most cases.

The attractiveness of the LLC depends in large part on its ability to qualify as a partnership for federal income tax purposes. Therefore, anyone seeking to form an LLC must be careful to draft an operating agreement that complies with certain requirements imposed by the IRS.

In general, the IRS will treat an LLC as a partnership and not a corporation if the LLC has no more than two of the following four characteristics of corporation:

* limited liability
* free transferability of ownership interests
* continuity of life; and
* centralized management.

Since LLCs by their very nature have the characteristic of limited liability, an LLC must be structured so that it does not have more than one of the three remaining characteristics to pass the IRS test. Fortunately, there are some simple ways to avoid the remaining corporate characteristics.

Free transferability of interests can be avoided by requiring the consent of all members before

admitting a new member. Continuity of life can be avoided by providing that the LLC will dissolve upon the occurrence of certain events, such as the withdrawal of a member or the expiration of a fixed period of time. An LLC can, however, provide that the LLC will continue in business upon the unanimous consent of remaining members without being deemed to have continuity of life.

An LLC will not have centralized management if it is managed by all of its members. Recent IRS rulings indicate that an LLC will be deemed to have centralized management if it has delegated its management to managers.

The flexibility available to business planners in structuring an LLC will vary depending on the specific provisions of the LLC statute in the state where the LLC is formed. Because the LLC statutes in some states are flexible enough to allow a structure that will not qualify as a partnership for tax purposes, it is critical that anyone forming an LLC consult a qualified tax advisor to be sure their particular LLC will qualify.

Existing partnerships and corporations may want to consider converting to an LLC, but careful consideration must be given to possible adverse tax consequences.

In many cases, it should be possible to convert an existing general or limited partnership to an LLC without causing a taxable gain recognition to the contributing partners. Under some circumstances, however, a general partner may recognize gain as a result of obtaining relief from personal liability.

A corporation could also be converted to an LLC, but it would have to recognize a taxable gain or loss on the corporate assets as if they had been sold at fair market value. In most cases, therefore, the cost of liquidating a corporation with appreciated assets would be high enough to discourage conversion. The LLC promises to become the business structure of choice for owners, developers and investors in real estate. It will permit those in the real estate industry to reap the benefits of partnership tax treatment while still enjoying the limited liability previously provided only by corporations.

The LLC should be considered in most situations where a partnership or an S corporation might be used. In all cases, the LLC will be a better choice of organization than the general partnership and in most cases will be preferable to a limited partnership or an S corporation.

(From an article by Michael K. Swearengen, an attorney with the law firm of Benesch, Friedlander, Coplan & Aroniff, Cleveland.)

Something to think about.

NEWS & Views

People Without Perio last weekend was super! There were sixty five participants for three days of technical and clinical transfer of meaning with Perry Ratcliff, Hal Meador, Tim Rector (our microscope genius), Gary Watson (our computer genius), Kary Reed EFH, Bill Bolt (Abiodent) and Irma Duffy, Pentegra. Sorry we had to close this workshop, look for an announcement of a future Perio workshop in the Fall, probably the first part of November.

Colorado River Rafting includes new rafters, Jean and Hamp Burnett, Barbara and Spread Johnston, Lori Orzel, Dick and Brenda Mains, Steve Kelly, Jean and Paul Suzuki, Chris Paulson, Mary Anderson, Larry Eisenberg, Warren Gilpin, Chris and Ron Yaros, David Bentley, Leigh and Walter Morris and Don Pape. Sally and Paul Gingras, Michael Stone, Don DiGiulian (and family) are repeat rafters. We're looking forward to an exhilarating camping/rafting experience. We've been asked to schedule another trip next year for a raftload of Swedish couples; I'm waiting to get a confirmation from the River people before I promise anything.

Crown/Inlay Special - London, June 10-11-12, priced at $500/day. Call Irma at 602-952-1200 if you'd like to incorporate a European Holiday with a deductible and technical learning experience.

Team First, June 22-23-24. This is a new format that we've discovered to be an answer to a "felt need" that we hear from all parts of the country. Again, call Irma if being in Phoenix when the weather is "warm to hot" and the hotel rates are medium to low is appealing to you and your team, who must be *first*, in order to serve the people coming for care *best*.

Hawaii Calls once last time. . . we'll be at the Waikaloan Hotel on the Big Island, August 16-19 with special rates not only for the workshop, but for the hotel. This is a traditional family experience geared to a "free time any time" concept and objective. The time, the place, the price and the people. . . all right.

Come, join us!

WE LEARN BY DOING

Not many years ago I began to play the cello. Most people would say that what I am doing is "learning to play" the cello.

But these words carry into our minds the strange idea that there exists two very different processes:

(1) learning to play the cello and (2) playing the cello.

They imply that I will do the first until I have completed it, at which point I will stop the first process and begin the second.

In short, I will go on "learning to play" until I have "learned to play" and then I will begin to play.

Of course, this is nonsense.

There are not two processes, but one. We learn to do something by doing it. There is no other way.

John Holt, in **Chicken Soup for the Soul**

REED'S INTERNATIONAL LETTER
2999 North 44th Street ❖ Suite 650 ❖ Phoenix ❖ Arizona ❖ 85018 ❖ 602/852-0956

A new Pentegra member, on interview, proceeded to tell me how hard he had worked in an attempt to become successful. He quickly revealed why he had not achieved success. He said, "You know, you'd think a guy like me, with a good education, good looks and some good work habits, would be bound to succeed when most of the people in this country are second-rate."

AS A MAN THINKETH. . .
(Think and Grow Wise, Rich and Happy)

His chosen words were negative and filled with cynicism and expressed desperation.

We literally assure second-rate lives for ourselves when we think, say and expect second-rate things. In researching and observing greatness, there seems to be a common denominator in great and wonderful, truly successful people. . .a specific "key" to joy and love and individual significance.

Picture a door at the top of some stairs. Before we can use the key to open that door to success, we must first walk up the steps and cross the threshold. It's important to understand that the threshold, the foundation, is constructed from a set of attitudes.

This foundation requires attitudes that are open, stretching, zestful and positive. And more importantly, these attitudes must be rooted in and nourished by faith and firm belief in the future of this world and the joys that are waiting to be discovered. Do you care enough? Do you love enough? Do you dare to become what you have been created capable of being?

It's been said by one of the great philosophers that our main task as we grow older is to retain the capacity for the joy of discovery. . . a sense of wonder.

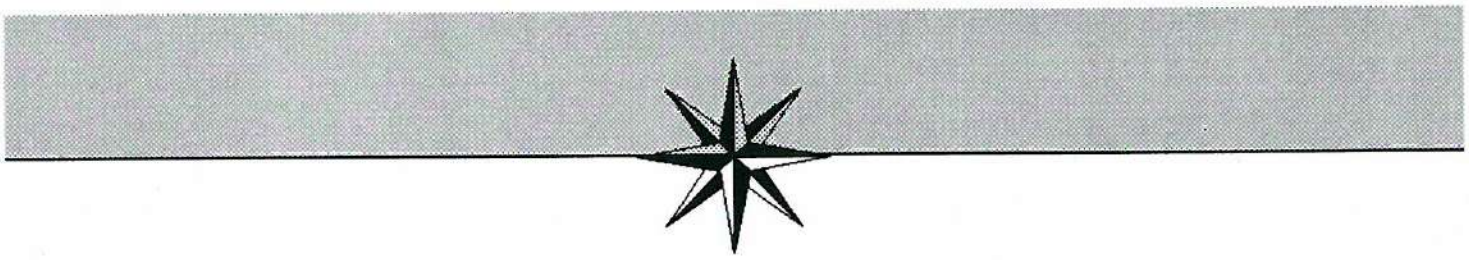
"You pack your own chute."

Arnold Toynbee, the great historian, has said that the average age of great civilizations has been 200 years. All nations, he says, have progressed through the following steps: from bondage to spiritual faith, from spiritual faith to great courage, from courage to liberty, from liberty to abundance, from abundance to selfishness, from selfishness to complacency, from complacency to apathy, from apathy to dependency and from dependency back to bondage.

All of these are attitudes. He also wrote, much more importantly, our destiny is not pre-determined. We determine it for ourselves. Attitudes can be fat and flabby and deadening or they can be tough-minded vitamins, minerals and enzymes for never-ending growth.

We're living in a time of unparalleled opportunity., a time of exciting discovery. In the coming years, all of man's energies, dreams, joys, fears and strivings will focus on four things. They're really all the same thing: Self-discovery, self-fulfillment, self-actualization and co-actualization.

"You can surpass yourself."



The importance of knowing who you really are is not new. The only thing that's new about this is that many people are just now discovering the importance of that unique and potentially splendid creation known as self. They're leaving passive lives behind and targeting a passion for greatness.

Plato said, "Before you can move the world, you must first move yourself."

Socrates said, "Above all, know thyself."

Shakespeare said, "To thine own self be true."

Christ said, "Above all, love thyself."

Aristotle said, "Lose yourself in productive work in a way of excellence."

Emerson said, "What you are thunders so loud I can't hear what you're saying."

And Ghandi summarizes it, beautifully, "You find yourself by losing yourself in service to your fellow man, your country and your God."

When you determine what you want, you've made the most important decision in your life. Know what it is you want to accomplish in life and if you feel that it's good and right, then live, talk, work and dream as though you were already there.

Frankl, "Man's Search for Meaning."

Edward Markham said, "How great it is to believe the dream as we stand in youth by the starry stream. What a greater thing to live life through and say at the end 'the dream is true.'"

Conceive. . .Believe. . .Achieve!

We're truly on the threshold of breathtaking new discoveries about human potential.

The first step on the stairway is that you always become what you think. If you see yourself as a unique and potentially splendid creation of a loving God. this is precisely what you are and will become.

We're doing less than we think we are, and we can do more than we think we can.

Anybody can be anything that s/he can imagine. If you see yourself as a second-rate loser, this is precisely what you can and will become. The quality inner-life leads to abundance in all other ways. What you think is what you are. What we think and clearly visualize are the kind of attitudes that will provide your mind with vision, focus, purpose and action.

We can do *anything* we want, but we can't do *everything* we want.

The next step is the understanding that you become what you say. A person told me recently, "You know on the last trip to the moon we really blew it." I asked him what he meant, and he said, "You know this was an awesome and unique and beautiful thing that happened, and yet, coming back from the moon there were nitty-gritty mechanical, second-rate words and thoughts. The words were measured and adequate. No crisp, crunchy power words. It became a mechanical or scientific quest instead of a giant leap towards man's destiny." Then he said, "It was a potentially sensual experience and we had made it hum-

drum. Why didn't those astronauts let themselves go and use words like beauty, joy, happiness, vision, love and excitement. Millions would have been given tough-minded nutrients, such vitamins as hope and purpose, because of what those astronauts said."

Abraham Lincoln was asked, after hearing a famous preacher, "How did you like the sermon?" He replied, "I'm sorry to say I didn't think much of it. . . .because he didn't ask us to do anything great."

To live up to the greatness of our potential seems frightening and fear creeps into our waking and sleeping thoughts and then we automatically begin to back away and use pale,.listless, passive, gritty and non-juicy words.

If you consistently think of and use words like "glorious" and mean them, then glorious things will happen to you. It's one of the great universal laws.

I challenge you to select and use all words as exquisite instruments for growth and success. Shun words that are simply blunt implements that bruise and upbraid. Try these. Learn to relish how you feel when you use them: truth, strength, love, joy, excellence, vigor, God, tenderness, courage, fitness, peace, zest, sparkle and beauty.

Wisdom is a perfect blending of intelligence and love. Real wisdom comes only when we experiment and work at widespread and consistent use of intelligence and love through words and actions. . . and in that order.

You truly become what you say. Passive, pale words produce passive pale lives,. Passionate sparkling words produce sparkling lives.

Become a verbal stunt pilot!

C. S. Lewis, a philosopher, philologist and theologian, illustrated this principle when he talked about what happened in the year after he published **The Screwtape Letters.** He had written these letters as if he were the devil himself. The letters were addressed to his nephew on earth, Wormwood. He signed each letter "Uncle Screwtape." These letters were written with enormous talent for subtleness, ego, vindictiveness and all of the lowest emotions. Some perfect prescriptions were contained from Uncle Screwtape to Wormwood on how to destroy all that was good, light, bright and wholesome on earth. The book sold over a million copies and made a profit of over a million dollars. C. S. Lewis became a wealthy man. But he was mentally ill for months, he said, because in the writing of that book he had thought and spoken the kind of words which left his mind full of "itch, scratch and rot." He had written as if he were indeed the Prince of Darkness. For months he wallowed in a kind of self-induced despair, even as the money poured in. He not only did not feel good, he felt bad. He felt in the grip of despondency, despair and defeat. Then he decided he would use the same tools, the same instruments, to change his life as he had used when he had descended into the depths of decay and despair. Then he wrote books like **Paralandra, Surprised by Joy** and the Narnia books for children. These books were full of beautiful imagery and experiences and wonderful discoveries. They described exciting and beautiful parts of the Universe. He wrote

NEWS & Views

The next-to-the-last Colorado River Rafting Experience is now just a very pleasant memory! We were lucky to have cool, "in the sleeping bag" nights and moderate days. It only rained one day and part of that night. Thunder and lightning in the canyon is awesome. We've been asked to do a trip next summer with Swedish doctors. I haven't heard from AzRA as to whether or not there are rafts available; if so, when and how much. And, as I have much *herpes zoster* on my lips and am still brushing sand out of everything. . . the decision is in a holding pattern.

The **Team First** workshop (new format for doctor and team) will be presented in Phoenix, 22-24 June. We've made block reservations at Crown Sterling Suites (rooms are at a premium in Phoenix these days, so call 602-955-3992, identify that you're with NAPILI and reserve space ASAP) (then call and let us know you're going to be with us!). This is not a "usual and ordinary" team-building experience, though team building may happen. Come and see.

We've had several queries and conversations about the Final Hawaii Calls workshop on the Big Island, August 16-19, with commitments. It's a terrific get-away time for you and the family. American Trans Air has really fabulous rates from Phoenix to Honolulu, perhaps they fly from your hub city. . . it's worth a phone call. Tuition is $990 (1970 rate).

Hope you'll join us!

WHAT'S IN A NAME?

From a "Dear Abby" column: Ms. Van Buren received several letters from readers with names of people whose occupations (or professions) suited their names. Suzie Redding sent these responses, which will brighten your day.

"A little more than two years ago, I broke my leg. While awaiting surgery, I heard an orthopedic surgeon being paged. His name was Dr. Cutteroff. Needless to say, I was relieved to hear that my surgeon was going to be Dr. Slaughter."

"Judge William Wayne Justice is a federal district court judge in Texas; Judge John Minor Wisdom is a federal judge on the 5th Circuit Court of Appeals."

". . . a gynecologist named Dr. Fealy." "My husband works for UPS, his name is DOWNS." ". . a urologist in Newport, Kentucky named Robert Leake."

"How about Dr. Robert Thorne, Ph.D.,who was director emeritus of the Santa Ana Botanic Gardens."

"Captain Kopp, an officer in the Louisville police department, and Sgt. Ketchum who is a military police officer in Ft. Knox, Kentucky."

"There was much joking in Hammond, IN about the name of a local physician. . . Dr. Murray Stasick."

"My husband, Danny Nail, is a general contractor, specializing in roofing and my daughter, Amy Nail, is a manicurist."

"I formerly lived in South Bend, IN and was always amused by Dr. James Toothaker's advertisement. . . he was a local orthodontist."

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Perhaps all stories should begin with the word *"and"* perhaps they should end with the word *"and"* too. It would remind us that no experience ever begins; there was always something that preceded it.

At the end, the word *"and"*. . . would remind us that no story ever really ends, something more will happen after.

I KNOW YOU BELIEVE THAT YOU UNDERSTAND WHAT YOU THINK I SAID BUT WHAT YOU HEARD IS NOT WHAT I MEANT

Thus, it may be said that we live in the world of "etc." There is always more to start with than we can take into account. There is always more to say than we can possibly say. There is always more to end with than we can imagine.

"Man," it has been said, "is the only creature on earth who can *talk* himself into trouble."

Think back over the last few days and chances are that you will find that at least some of your tensions, anxieties and frustrations arose from situations in which you did not really understand what someone said, or they did not seem to understand what you really meant. . .therefore, no agreement or disagreement would be appropriate.

Perhaps you got into an argument with an acquaintance, an argument that would not have occurred if you had realized that you really had not had understanding in place prior to the dialogue. You may have even been in agreement and not known it.

Perhaps you spent an hour listening to a lecture, and didn't ever understand what the speaker was talking about, or you read a chapter in a book and it made no sense to you.

What is upsetting about this is that you may feel that you are a pretty good communicator, it's just that everyone else seems to do such a lousy job of it. After all, it should be perfectly easy for us to understand each other in our every day home and business life.

What can the matter be?

Is it not possible that we have taken our ability to communicate with each other for granted?

Perhaps we have felt that it is a rather simple, natural process and "once we learn the language" we should be able to understand each other pretty well.

We assume "message sent" equals "message received."

Our British Pentegra members introduced themselves recently at a Napili get together by saying they were ". . .from England and that the British and americans are a people divided by a common language."

Would it perhaps be useful to examine the process by which we communicate and see if there are any clues that will help us understand each other a little better?

For the most part, the work of the world gets done because people do cooperate with one another. Each of us is almost wholly dependent on what other people do for us. The cooperation that makes human society possible is almost wholly dependent on the skill with which we communicate.

Perhaps we will find that when communication fails, it is not we who are at fault, but that some part of the process has broken down.

How is it we know something to communicate?

Instead of thinking of yourself as "thing" in the world of "things" you might try to think of yourself as a whole lot of activities going on near some point in space and at this moment in time. At this "somewhere/somewhen" you are immersed in a great ocean of other happenings.
The interactions between the "happening" that is you and the "happenings" that are NOT you are the raw, basic stuff we try to communicate about. When you talk or write about something, what you are describing is those interactions that happened inside of you. . . not just what happened outside of you.

Wow!

What we can talk or write about is only a small part of all that is going on "out there". . (or "in here"). In a way, we "select" that part of the world we want to experience at any one time. The particular place you are in, and the direction you choose to look, decide what experiences you are going to have.

Since no two people can be in exactly the same spot at exactly the same time, all of our experiences are, to that extent, different. Even when we are looking at "the same thing". . . i.e., in the same direction and from almost the same spot, we still do not necessarily experience it the same way. Many of our problems in communication arise because we forget to remember that individual experiences are never identical.

The very basis of our understanding of what we see and hear differs to some extent from what others see and hear. This is one reason why verbal communications often are less a\satisfactory than written ones because the spoken language allows so many different intonations, pitches and variations.

Two or more people, hearing the same sounds, do not experience nor interpret them the say way. When we assume that everyone sees or hears "the same thing," then we base our personal communication on a false and misleading premise.

As we read, listen and experience, we establish the basis for a closer understanding of what others experience, and thus we can find that we have much more to agree on than to disagree about. It is when we stop learning that we begin to build the barrier that keeps us from understanding other people, and perhaps finding common agreement with them.

How can a purely personal, internally experienced event be shared with someone else? For that is what we do when we communicate.

How then can we ever discover what is similar in our individual experiences of the same outside event?

When we talk to someone, we establish communication best by discovering what is common in the succession of our experiences, while keeping in mind that we may differ in our interpretation of any individual experience.

Individuals can communicate with each other by actual physical touch (a tap on the shoulder, a pat on the back, a slap on the cheek, and the ritualistic extension of the handshake).

We also communicate by visible movement of some portions of our bodies (a finger pointing, a wink of an eye, a nod of the head, a shrug of the shoulders, a smile, grimace or scowl).

Although the fabric of our society is woven of spoken and visual symbols, we also communicate meaningfully in many non-verbal, non-symbolic ways. Consider how silence itself is a way of communication. When someone says "good morning" and we fail to respond, we communicate something. When someone asks us a question and we fail to answer, we also communicate.

We are social creatures and our society is made up of responses to each other. We are in constant need of reassurance; not only that we are *alive* (because we evoke responses from others) but also reassurance that those other creatures around us are friendly and not hostile. The stroked cat purrs; the petted dog wags his tail. We talk. When we fail to do so, a little bit of our world crumbles away.

The world of silence may be a cold and bitter one. Holding one's tongue may be prudent, but it is an act of rejection; silence builds walls, and walls are the symbols of failure.

We may have a tendency to feel that time is experienced pretty much the same by everyone; that time, indeed, is a constant. What is not always appreciated is that individuals have different time scales, too, and that failing to recognize this and taking it into account can lead to breakdowns in communication.

If you were supposed to meet someone at five o'clock and showed up instead at six o'clock, or didn't show up at all, you would be communicating something. Like the language of silence, the language of time is most eloquent. Being early, as to a lecture or a concert, can communicate something, too. It is a projection in time of eagerness, looking forward to; it says something.

When you re "ahead of time," "on time," or "behind time" when you are "early" or "late," you express something.

Failure to keep this in mind may lead you into situations in which communication becomes difficult, if not impossible.

The mere fact of "being late" may create the sort of context in which you have to perform in an aura of hostility.

At a study group meeting several years ago, one of the members of our group always started his evening with us an hour late. One such occasion was being monitored by a local psychologist who greeted our "late" friend by asking him,, after his apology, a quiet question, "Why are you angry?"

Our classmate slammed his fist onto the table, jarring the dishes and glasses, and loudly yelled, "**I'm not angry!**"

Wow!

The language of space is another way that we communicate with one another. The distance between you and someone else may determine the nature of the communication.

If you are a few inches away from someone's ear, chance are that you will whisper and the nature of the communication will be "secret." At a distance of several feet, the communication may still be private, but its tone and nature will have changed.

The private space that each of us has is sometimes called "territoriality". It is as if we walked around with a plastic bubble hovering over us. When this space is violated, when someone gets too close, we may be come tense or even hostile and this will affect the nature of the communication .

When we communicate with each other, it is useful to keep in mind that our common words may not evoke the same image in someone else's mind as they do in ours.

It is the transfer of meaning that is the objective of interhuman communications.

Assuming that everyone knows what you are talking about. . . and assuming you know what others are talking about without asking questions to make "sure" are two common causes of communications failure.

Case presentation, anyone?

If communications in everyday home and business life ran perfectly smoothly, there would be no need to understand the mechanism. But our daily communications frequently are flawed. When communications do go awry, it is useful to unravel and diagnose the etiology of the process to see what went wrong.

I cannot pretend to have said very much about communications in this brief blurb, but I have tried to say several things I feel may be important:

(1) The ability to communicate is not something we are born with; we have to learn it. . . often the hard way. . . it is a learned skill.

(2) Whenever we talk or write about anything what we are talking or writing about is something that happened inside us, not outside us. . . a perception, which has become our current truth and reality.

(3) If we have difficulty understanding or being understood, it is likely we have ignored some part of the communications process. It is up to us, individually, to find that part and correct it. This is simple. . . but not easy. Simplicity and ease are not synonyms.

Meanwhile there is a useful little catechism you can apply every time you hear or read something. Its constant use can save a lot of frustration and ease a lot of tension.

(1) WHO said so? (Don't accept "they" or "someone close to. . . ")

(2) WHAT did s/he say? (what someone says s/he "thinks" someone else said is probably wrong; forget it.)

(3) What did s/he MEAN? (If you are talking to someone directly, asking some questions may help. If s/he's not around, then possibly what s/he meant cannot be established; but in asking the question, you at least make it clear to yourself that s/he may not mean what you think he does.)

(4) HOW does s/he know? (Is s/he an expert? Was s/he there? What are his/her sources of information?")

For us the intensive use of this little set of questions comes as close to a " magic formula" as our latter-day materialism allows.

Perhaps it will work for you as well.

Omer

NEWS & Views

Team First. . . a First seminar for Napili. What a great group of persons. Conflict resolution is a very appropriate subject for integration into a team workshop. It proved invaluable in this session. We continue to be impressed with the quality of persons with whom we associate for these various workshops. Thanks especially to Drs. Druian and Spektor for bringing their teams all the way from London!

Skunk Works. . .July 13-15. . . sorry I didn't get this mailing out earlier. This workshop will deal with the how and what of practice re-engineering. . . how to fire yourself and your team and re-hire yourselves to the synergy of a total quality management team. Re-engineering is not downsizing, rightsizing, cost containment, not re-organization or a new marketing gig. Re-engineering is not turning the existing organization upside down. It's a "clean sheet of paper."

We've had so many requests to present another Micro-teaching Experience in Case Presentation workshop. . . hope the timing is appropriate to those who asked. . . August 10-11-12, in "moderate to hot" (☺) Phoenix. Bet you could re-schedule the persons coming for care in order to join us for this enhancement of your communication skills, couldn't you?

Hawaii Calls: August 16-17-18-19 at the Royal Waikoloan on the Big Island. This will be an intense four-day workshop combining the Model-building seminar with the Economic Core of Model-building, emphasizing asset accumulation, management and protection, taxwise lifestyle, planning for "free time any time." This is the Swan Song for the Hawaiian workshops. Not too late to join us.

AFTER A WHILE

After a while you learn the subtle difference between holding a hand and chaining a soul,

And you learn that love doesn't mean leaning and company doesn't mean security,

And you begin to learn that kisses aren't contracts and presents aren't promises,

And you begin to accept your defeats with your head up and your eyes open, with the grace of an adult, not the grief of a child,

After a while you learn that even sunshine burns if you get too much.

And you learn to build all your roads on today because tomorrow's ground is too uncertain for plans.

So plant your own garden and decorate your own soul, instead of waiting for someone to bring you flowers.

And you learn that you really can endure. . .

That you really are strong,

And you really do have worth.

Thanks to DMS, San Jose, CA

REED'S INTERNATIONAL LETTER

2999 North 44th Street ❖ Suite 650 ❖ Phoenix ❖ Arizona ❖ 85018 ❖ 602/852-0956

Something's happening out there. It's dramatic. It's going on in America, it's going on around the world. It's beginning to happen in dentistry. *We're witnessing a disappearance of jobs*. Not just particular jobs in certain industries are disappearing, but just the very thing itself. "The job" is vanishing today. Whether or not we like it, change is coming. Call it best, revolution or discard.

This brings not only difficulties but opportunities to people who know how to turn change, revolution and discard to their advantage. It's positively true that dentistry is remarkably revolutionizing and re-engineering itself.

JOB-MINDLESSNESS
or How Your Team Can Be Job-Less

Wouldn't it be great if one could do that by primary intent rather than having it "happen."

We are not victims as long as we have choices. . . and we are free to choose.

The "18-wheeler" Quest Castle is a thing of the past. Some are still saddled with the debt structure of the past. . . Rafiki (in **Lion King**) convinces Simba "you can learn from it or you can run from it. I believe we must do both.

People coming to dentistry for care will be in two major groups. . . HMO, PPO, IPA, Cap, the game that's being promulgated by all the powers that be, **or** *private, personal care dentistry.*

People who come to the dentist for personal care expect uninterrupted quality time. They expect and deserve this focus. I believe well before the turn of the century that "relationship selling" will be the mark of the private care, personal dentist and the people coming for that care will evaluate you on your commitment to quality, excellence, service and your reputation will hang on your people skills. It's true that quality of care and excellence of care, technically, must be optimalized. Other factors precede the technical excellence these factors allow to take place. Personal "people game" skills will dictate the opportunity.

Dentistry has not been declared, by our Congress, as an essential health service. The discretionary nature of the investment people make in dentistry demands that the standard of care, the baseline, and the unsung science, art and skill of case presentation. . . the kind that precipitates acceptance. . . will be "where it is."

We compete with other discretionary spending that people do, all of which can easily go unlisted. We must be certain that we are able to compete and our ability and holding programs and S.P.I.N. skills are mandatory.

We know that the overhead of the practice can be 50% and under. We have practices operating under 40% under the guidance of Pentegra's team. This calls for a more skilled team of people where the team comes first so that five star care can be available to those coming to us for dental care.

This usually means a smaller team, numerically.

Most of today's dentistry is over-teamed, under scheduled, under fee-ed and under productive in most practices.

The "new person" push that a lot of practices feel will not be common to the personal care dentist as a smaller group of people will be offering and receiving a more sophisticated exam, diagnosis, treatment plan. The consultation will include "relationship" as a primary force. Acceptance will be at the 100% mark. . . and the rate of care will be determined by time and economics. Barkley put it so aptly: Quality and excellence are not variables of persons attending the private care practice. . . time and dollars available are.

Longer lasting, more sophisticated dentistry remarkably reduces the numbers of people and the frequency of repair in the post-perio rehabilitative practice.

Obviously the technical excellence of the dentist must be *expensive:* compared to what? The niche dentist the market

seeks expects to be paid a fair fee for quality and excellence. Pankey defined a *fair fee* . . . and compared to what lies in the fifth "co" Bob Barkley developed in the mid 70s. . . the co-developed fee; not only the dentist's values, cost related fee based and his productive rate but the "thermostat" of values within the person coming for care. A "fair fee" is expected of those who are number one in their profession.

We are innovative, creative and re-engineering in our mind set at the moment and our business, the one we call dentistry, shows it. We need to deal with change now. The economic environment renders obsolete a number of people in the old 18-wheeler dental team.

Both the people and the institution are currently denying it.

Those of us in dentistry are not labeled as "innovators." That's not on our minds right now. But I predict that we will need to deal with revolution/discard in regard to jobs soon as it's one of the shifts taking place in the economic environment that guarantees to render obsolete the people in institutions and businesses that deny revolution.

How should we respond to the re-engineering we face? If we can, as a team, educate ourselves to the outcomes of the organization's objectives and each of us see where our piece of the work fits in the large pattern, we will be off on the right track.

Organized efforts to do this in dentistry are slow, if not non-existent.
When attempted, this process being very new to us, we often find the results to be disappointing. We often uncover the two major drivers that create change in the life of *homo sapiens* . . . fear and greed We accusatively begin to sense that people are concerned only with themselves and not with the ongoing process of the team.

People become more concerned with holding on to the job they have and in so doing, fail to see that it limits their outlooks and precludes their doing the self-evaluation in regard to performance against plan that a proper reward system would monitor. Having a fixed view of your job, including the "label" that comes with it creates an inhibitive inflexibility to the response-ableness necessary in re-engineering.

If you refer to the bibliography list that comes with this article, you'll find that today's world seeks speed, faster product development, faster productivity, delivery, informational processing, service and implementation. To keep up in the marketplace, dentistry must learn from those who have experienced the successful re-engineering rather monastically cloistering themselves in their own closets.

We can learn from the National Basketball Association teams who win by switching to a fast break style that unravels the formality of the opponent's defensive plays as well as the opponent's offensive plays. You have to look for the differences and ride the wave of change, however expensive, emotionally, financially and perhaps even physically.

When re-engineering takes place, jobs disappear.
Jobs and the job-mindlessness that they create make it difficult for dentistry to respond quickly to the expectations of the marketplace. The people on the team who try to keep their job descriptions (front desk, chairside, hygiene coordinator, hygienist) miss the point and fail to comprehend that their real role is to contribute to the active success of the team in serving that precious person coming to us for care. Many believe that the size of the team or the economic marketplace in which it operates are the major variables.

The real variable is how rapidly the team can perceive the environmental forces that pressure the organization to alter its form and function. Authors listed in the bibliography lead the transformation today in American service organizations which is so profound that to find something comparable to it, you'd have to go back two centuries and observe the pivotal experience of going from the agricultural to the industrial. They believe this pivotal period is that revolutionary in its change.

In the industrial revolution, work was packaged into jobs in a new kind of work place. The numbers of those jobs grew

along with the appearance of the factories in which the jobs took place and the bureaucracies which administered them. Now we see, in the informational age, in the service age, big work places are shrinking, being automated. Work is being re-packaged to meet new economic realities. The people who perceive this, and smilingly enjoy the change, will benefit.

Nearly 20 years ago, front desklessness came into function and those who visualized it and realized it saw the emergence of the person on the team (rather than having the job) be the focus. We find that most people are doing less than they think they are and can do a lot more than they think they can as they care for the individual coming for dentistry, We realized that we could do everything that was needed during the visit far more effectively and efficiently, in a personal, communicative and technical sense than if we handed off the person to the team "specialist." We indeed became "jobless."

Employment on dental teams where this perception exists find joblessness commonplace. We find that people who perceive this aren't interested in having job descriptions. They just do whatever needs to be done. . . per person, per unit time. . .much like the teams that are taking manufacturing to total assemblage for quality controls, speed and consumer satisfaction.

We have found that when jobs begin to conceptually firm up in the mind of the dentist and/or the team person, we hear persons in the equation reciting the old industrial quote. . . "That's not my job." They usually do this when they face something that needs to be done or when they want to perpetuate that which they're doing, many times which no longer makes any sense. When challenged with this latter concern, the statement becomes, "I **am** doing my job!"

In both cases, it clearly illustrates that the way "doing my job" is seen becomes dysfunctional on the dental team, particularly in one that's changing. When new challenges or opportunities (problems) arise, that don't fall within the boundary of someone's job, oftentimes a new job is created and a new person is hired. Recognize the growth of that tree?

We have had a rash of aggravators, facilitators, frustrators, perpetuators. . . it comes to a point where we find that the *power of ones* brings us to a point of calling the person on our team by their first name because it's the only label that fits any longer.

I believe, in tomorrow's company (many of which exist today) in the long run, people who let go of their "jobs" end up having a job. The old rules are gone and this simple shift is the biggest thing that's happened in the work force in the past two hundred years. It isn't easy to conceive and believe in something outside the paradigm of your current thought, is it?

So, let's become descriptive and see if we can put together a few paragraphs that tangibilitate this intangible. Hopefully some of these things will come into focus and we will begin to see how they look, feel and taste.

Each person on the team is a "cohort". . . a collaborator, not just the part-time and short term people on the team, that come and go, but everyone on the team. The long-term, the employability/employment is contingent on results that the organization can achieve that are profitable. People must perceive themselves as being valuable to the organization and demonstrate this in each situation in which they find themselves.

Productivity and profitability are not four-letter words. Let's go for it!

In light of the team's collaboration, they develop a mind-set and an approach to their work that helps them to manage their own behavior in a manner that almost puts them in as an individual contractor, certainly more so than a traditional employee role. We refer to the team person as a partner, colleague, associate and the person coming for care as a visitor or guest. (Neighbor? Friend?) People on the team consider themselves to be in business for themselves and the tasks that they have are available to them through the team. They go to a point of conceiving of themselves as "owners and operators" of a service organization within the practice. This is indeed a 21st century concept that gives great peace

of mind in an otherwise turbulent market. If a person acts like an individual in business for him/herself, and maintains a vision of life-long learning, s/he will take the primary responsibility for investing in the future, whether it be health insurance, retirement funds and will negotiate their reward system with the organization through the "open book" concept that is essential if re-engineering is to succeed.

Teams constantly shift their membership and as new tasks arise, people switch rapidly from one task to another in order to team up on the resolution of the challenge.

People differ sharply and therefore become complementary rather than having great similarity and, as leadership emerges, the leader of the moment is a coordinator without a clear job description and may be working on several team projects at the same time.

We must re-educate ourselves as the new rules spell out the end of jobs as we've known them. If this new vision and mission becomes clear to us, the strategy and structure of its achievement, tactically, will be ours. If not, chaos will invade the delivery system.

I believe, as Joel Barker does (**Vision** tape) that vision truly comes from leaders, not from the group, so if you're a leader you must share your vision. Twenty years ago when we worked on the front deskless process in a group practice, we waited until individual workers saw the handwriting on the wall to revolutionize. . . to re-engineer.

I do not believe that this luxury can be enjoyed any longer, but that instant revolution through resignation/fire-re-hire may be the best route to go. I believe that it's quite likely that we in dentistry will not notice the changes that take place in the rules until we leave our present situations because until then our assumptions and expectations may be protected by the refusal of the entire team to deal with the new realities.

There is a remarkable story about a very sharp, straight-edge razor that was used in combat on the street and after a vicious swing, the bearer of the razor folded it and put it away and the proposed victim chucked a bit about the attacker having missed. Whereupon the attacker smiled and said, "Just wait till you try to move your head."

I believe we have experienced a cut that's so fine that the wounded cannot feel it, perhaps, until we try to move our heads. Today's team persons in most practices feel that nothing has happened, but just wait till they look over the wall at others performance, or until they leave their job and look back. Try to move your head.

To put it objectively, the practice model of private, personal care is a model of discretionary, not emergency care, dentistry that will not attract all the people who are presently in the practice to continue to seek your care.

You'll need far fewer in your niche market and the reduction in the numbers of team members may parallel that niche as the power of the individual to do everything well begins to emerge. Time blocks necessary for emergencies shrink to near zero.

Many choices are available, both to the person coming for dental care and by the people on the team, including the dentist. I believe the active choices must be made now to insure the happiness, health, wealth, wisdom and peace of mind of the future practice. Why not have that future practice today?

I watch with great interest as the British Dental Association dentists race from the National Health Service to private, personal care. A few have been guided properly, have the vision, and have defined their mission and are succeeding in growing remarkably well.

Others because of their insecurity, are swarming toward "middlemen" who provide a "plan" much like the third party payment programs in the U.S. An interim step to guide them from National Health Service, which will ultimately have them end up in the clutches of the HMO, PPO, IPA, Cap-type programs growing rapidly in the UK.

The dentist doesn't know his business as do the insurance middle folks and they glean big cash amounts from both ends

of the equations, the person coming for care and the dentist. Is it values clarification time?

In summary, the medium, or process, of our time. . . electric technology. . . is shaping and re-engineering patterns of social interdependence and every aspect of our personal lives. It is forcing us to reconsider and re-evaluate every institution, every thought, every action formerly taken for granted. . . our education, our family, our neighborhood. . . and yes, our job.

Now, a thought before this missile ends. Ask yourself what is your personal vision of your professional competence? What trends exist in the personal conscious applications of strategy to maintain professional competence?

Do I have a future focused, monitorable model in place to maintain quality and excellence in my professional competence?

What are the celebratable success factors my monitoring uncovers in maintaining this professional competence?

What is my perception of my position in the "bell curve" of professional competence in North American dental practices?

Do I see professional competence in both the objective/technical and the subjective/behavioral realms in which it exists?

Do I believe that, as Watson of IBM has clearly stated, ". . . excellence and quality at your best is instantly achievable. From this second forward only tolerate your very best. The real strain and pain is in maintaining this level of competence for a lifetime." . . . ?

The Age of Unreason, The Empty Raincoat, Charles Handy
All Together Now, John Harvey-Jones
Kaizen, Masaaki Imai
Global Paradox, John Naisbitt
The Pursuit of Wow, The tom Peters Seminar, Tom Peters
Skunk Works, Ben Rich and Leo Janos
The Customer Comes Second, Hal Rosenbluth
No More Teams, Michael Schrage
Customers for Life, Carl Sewell and Paul B. Brown
A Force of Ones, Stanley M. Herman

NEWS & Views

Skunk Works, July 13-14-15. . . Wish you had been here for the inauguration of new and vital information, not only dentally, but emotionally, financially, nationally and internationally. Those who *braved* the 114° weather were well-rewarded, as were we. . . new friends. . . and, as always, the best of the best!

Micro-teaching Experience in Case Presentation, August 10-12-13, brought friends from the East Coast and farther. . . London! My telling you this is the seminar that is the most fun may tempt you into registering when it's next offered. Not only is the role-playing on video a powerful learning tool, the play-back and critique is non-threatening and growth-producing, but to see people really "get into the act" is strangely heart-warming and exciting. . . to see the empathy exhibited by those who are not in the "hot seat."

Model-building (and **Economic Core** of. . .) Which is our last "Napili 3/4" in Hawaii, is occurring as this arrives at your office. We have two Pentegran families from London with us for this momentous occasion, too. Momentous for Omer and me as the Napili seminars had their origins in Hawaii way back in 1963. To call this the *last* is a sentimental time. (August 16-19)

The People Game - Dentistry is being offered as a two-day workshop, Friday and Saturday, on **September 22-23** here in Phoenix. The **Wet-finger** "Wednesday Special" is now a three-day affair, **October 5-6-7**. We've added a **People without Perio** session, **November 2-3-4** and are inviting six to ten couples to join us in a Northern England travel event which will include a trip through the chunnel for an overnight opportunity in the City of Lights - Paris - **November 5 - 15.** Details available soon, it will be a deductible Napili 6, AGD approved for C.E. Join us!

A recently received "PRESENT" to us. . .

"Dear Omer, Marci and all at Napili/Pentegra:

"The Team First seminar was not just interesting and stimulating.

"We have come home to London with our batteries "recharged" and to the practice highly encourage to build on the great team we have right now.

"We enjoyed our stay in Phoenix, as always.

". . . and greatly appreciate your warmth and hospitality.

"Thank you so much for making the trip so valuable, and thank you for all your hospitality.

"Mervyn and I are working on our next trip, so will be seeing you again soon.

Much love, Andy and Mervyn"

Thanks for the gift/present of your friendship, Andy and Mervyn!

REED'S INTERNATIONAL LETTER
2999 North 44th Street ❖ Suite 650 ❖ Phoenix ❖ Arizona ❖ 85018 ❖ 602/852-0956

In the semantics of our days, we struggle to communicate the many faceted message that expresses the multiphasic nature of our understanding of words. . . words such as paradigm shift, case presentation/consultation, management, change, learning, behavior modification, philosophy, vision, mission.

THE JOHARI WINDOW

This newsletter is designed to share a useful tool in relationship building between persons. There is an obvious need for people in dentistry (the doctor, the team persons, the person coming for care, the laboratory technician, the sales reps) to *understand*. . . to have a *meeting of meanings*.

The ***Johari Window*** is a simple graphic that is used for better understanding our communicative and motivative inter-relationships. It serves as an awareness model of considerable value to anyone who wants to know how to approach another person and/or to understand how he* has been approached communicatively.

The "window" was developed by two psychologists, Joseph Luft and Harry Ingraham to be used in their own psychological programs of group therapy. The window can be looked upon as a communications tool through which you give and receive information about yourself and others. The basis for division is awareness of behavior, feelings and motivation.

Sometimes this awareness is shared, sometimes not. The *Johari* is really a model for giving and soliciting feedback. The "feeling" or "motivation" is assigned to a particular quadrant or pane in the window, based upon who knows about it.

1 Both *See*	2 Self *Blind* Others See
3 Self *Sees* Others Blind	4 Both Blind

Self Image = Windows 1 and 3
Others' Image of Us = Windows 1 and 2

As awareness changes, the quadrant to which the psychological state is assigned changes. The art and science of giving and receiving feedback is one of the most important concepts in our growth and learning. It is through feedback that we implement the words of the poet, Burns, "to see ourselves as others see us." It is through feedback that other people know how we see them. Feedback is a verbal or non-verbal communication to a person or group providing information as to how their behavior is affecting you or the state of your feelings and awareness. Feedback is also a reaction to others, usually in terms of their feelings and awareness, as to how your behavior is affecting them.

Looking at the four panes of the *Johari* in terms of columns, vertically, and rows, horizontally, the two

rows represent the self and the two rows represent the group. Because in column one things that I know about myself are contained and in column two are the things that I don't know about myself. Row one contains things that others know about me and row two contains things that others do not know about me.

Most of our inter-personal communication occurs in the area of **Window #1**, which contains things I know about myself and about which others know, we see things commonly. ("It's a nice day." etc) This is the most important area in which we function. It's characterized by free, open exchange of information between myself and others. Behavior here is public and is available to everyone. The **Window #1** area increases in size as we have a high trust/low fear relationship between individuals and ourselves, or the group and ourselves, or as more information is shared in public. Some persons may inter-relate a great deal of knowledge and the size of their window would indicate the depth of their relationship.

A basic premise in inter-personal communication, motivation is to begin your discussion with the person coming for care in **Window #1**.

Window #2 is a very important one in that much of the information we must convey in dentistry to team people, persons coming for care or to the laboratory technician exists in this window. This pane contains information I don't know about myself, but which the group, team or you may know about me. As I begin to participate with you and/or others, I communicate all sorts of information which isn't in my awareness but which is picked up by the observer. It may be a form of verbal clues, the way I say things, how I relate to others or mannerisms that I may have acquired.

Most people are defensive in the area of **Window #2**. Psychologists tell us that we can be totally aware of our inter-relationships with others to the tune of about 20%. Eighty per cent of the relationship the other observes and we are *unaware*. If the image we **give** and the image we **give off** are not congruent, the observer sees us as "phony as a three-dollar-bill."

Our self-image is made up on the content of **Windows #1 and #3**. The observer's image of us is made up of the content of **Windows #1 and #2**. Seldom can the observer's image and our self-image be identical. Therefore, anything that the observer gives us that he has abstracted out of **Window #2** represents the difference between the person's self-image and the other person's image of him.

To enter a person's **Window #2** is to point out an inconsistency in that person's self-image, either good or bad. This is usually a painful experience, which helps to explain the defensiveness associated with this window. None of us enjoys having our self-image "molested."

The image we have of our self is the window through which we see the world and, frighteningly, it's the window through which we oftentimes believe the world sees us.

Obviously, by description of the *Johari* concept, this is not totally true; however, we (in our belief that it is) often tend to *smear* our window so the world can't see into it. In so doing, we distort our view of the other person or our image of reality.

The information in these rows and columns (panes) is not static, but moves from one pane to another as the level of mutual trust and exchange of feedback varies. The size and shape of these panes, within the window, vary as a consequence of the movement that takes place as we share.
As has often been said, if you want the other person to think, ask questions because the person answering the questions is the one doing the thinking. A fork hanging from the ceiling in many of the operatories in preventive-oriented offices illustrates this point. . . the person in the chair can't sit there for long without looking up and seeing the fork; whereupon he asks "why is the fork hanging there?"

Only when the person who has the problem asks the question is the "clam shell" of his mind open and he listens loudly. The earl-lids snap up and for just a brief moment you can toss in a grain of sand upon which to build a pearl.

When the person coming for care asks a question, we may be invited into their **Window #2** and then, without intruding, we can easily relate personality concepts or the information we observed of which he is otherwise unaware, or we can ask permission to share a **Window #2** awareness.

We must then, either synthetically (by "hanging a fork from the ceiling. . . or similar stimulus) by careful communication, elicit the invitation prior to sharing our observations of a person's **Window #2** area.

Window #3 is an interesting one in that the high trust/low fear relationship which is desirable (but uncommon) in dentistry can be generated by our sharing with people.

Window #3 is most jealously guarded by most people, including ourselves. We often erect huge barriers to prevent others from discovering the contents of this window. Most walls are not built of bricks and mortar, but of sticks and stones and mental blocks. Much energy is usually released if secrets are inappropriately discovered.

To discover one's secret, or to discover something out of **Window #3** will most assuredly, unless carefully handled, change the relationship between persons. Much resentment can be generated if **Window #3** discoveries are mishandled.

If a person shares a secret with you, it is most effective to bring this to the conscious level by saying something like, "Mrs. Jones, discovering your secret, or having you share this information with me, often changes the relationship. I want you to know that I'm not going to let this other than improve our relationship."

Another objective, I think, that is healthy is to move the horizontal line down, reducing the size of **Window #3**. This reduces the information that I'm keeping from others and, in large part, helps me to know the validity of that which I have stored there through my contribution to **Window #1**.

This also allows others to know where I stand and less interpretation or guesswork is placed on my behavior. It is important to notice that while we are reducing **Windows #2 and #3** we are increasing pane one's size.

The process of giving and asking for feedback is unique. Some people have a strong tendency to do a great deal more asking for feedback than giving. This can create an imbalance in the panes. This imbalance may have a consequence in terms of the individual's effectiveness in the group and the group's reaction to him. The size and shape of pane one is a function of the amount of feedback shared and the ratio of giving versus soliciting feedback.

It is surprising to realize how insensitive we are to our own behavior and how vigorously we communicate it to others. In **Window #3** there are things that I know about myself but of which the group is unaware. For one reason or another, this information is hidden and carefully protected. It may be fear that creates this obstruction into personal pilgrimage. It may be that if the group, or if you, knew of my feelings, perceptions or opinions, I might be rejected, or my opinions might be rejected, so I hold this information in this hidden area. I may not feel that there are supportive elements in the group, or in you, for my position. I might feel that if I start revealing this information of my feelings or thoughts I might be judged negatively. I will never know, of course, until I rest my assumptions and reveal something from this **#3** into **#1.** If I don't take that risk, I'll never learn the reality or unreality of my assumptions as they relate to pane one.

The fourth pane, **Window #4**, contains things that neither you or a group may know about me, nor do I. Some of the information may be so far below the surface that I may never be aware of it. Other material may be, however, just below the surface, such as habit, and other things that are in our subconscious. This unknown area has buried in it such things as early childhood memories, unrecognized resources and other such unknowns. The internal boundaries of this pane can be moved upward or downward, right or left, as a consequence of feedback.

Window #1 is an ideal pane in group/team situations. The size of pane one increases as the level of trust in the team increases and where trust has been developed for giving and receiving feedback. The large pane one suggests that much more of the person's behavior is above-board and open to the group. There's less tendency for other members to project their personal meanings into this person's behavior. Little guesswork is needed to understand what the person's trying to do or to communicate when his interactions are open both in terms of soliciting and giving feedback.

It is neither necessary or common to have a large pane one with everyone. Certain persons with whom you have casual acquaintanceship would be threatened by a large pane one as the openness would be inappropriate in terms of the relationship.

When **Window #3** is a large pane, that person maintains a level of interaction primarily by giving feedback but soliciting very little. He's very unwilling to give permission for your entering **Window #2**. Effectively this keeps pane one small. This person is likely to tell the group what he thinks of them, how he feels about what's going on, where s/he stands on issues. He may even lash out at the group or be critical in comments with the belief that that is what being open and above-board means.

This person appears to intensify his opinion delivery and continues to be insensitive to the feedback given to him on pane two. He refuses to hear what people tell him and refuses to grant permission for thorough sharing from pane two. He's probably a poor listener and when the messages do get through from pane two without his permission, he becomes angry or perhaps even leaves. As a consequence, he is not aware of how he's coming across to others or what the impact on them is. Many of his reactions or the disclosure of his opinion will appear to be out of touch from the reality of the group/team. This person will continue to behave ineffectively because of insensitivity to the steering function of the environment. He is unaware of which behaviors to change since he is unwilling to grant permission through the soliciting of feedback.

A large **Window #4** is representative of a person who does not know much about himself nor does the group know much about him. He may seem to be an observer in the group, neither giving nor asking for feedback. . . a tough guy to get to know. The group doesn't know where he stands, or where they stand with him. He has a shell, an insulative layer, around himself. He may even defend by saying, "I don't learn when I speak, only when I listen." He provides the group/team very little data with which they can healthily react. The little feedback that he gives or receives creates great discomfort. This person "turtle-shells" behavior to keep from getting involved. It takes a great amount of energy to maintain any degree of pane one relationship and the interest and attempt is quickly abandoned.

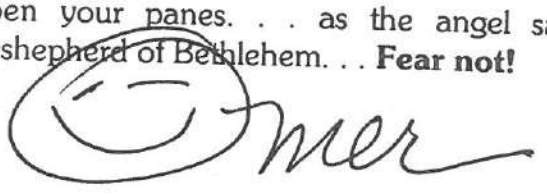
The objective of soliciting feedback and self-disclosure or giving feed back is to move information from pane four and pane three into pane one where it is available to the group/team. Through the process of giving and receiving feedback, a constant flow of information is stimulated from pane four. A person may even have a "light bulb turning on" experience when he suddenly perceives a relationship taking place in the present is related to his previous history in a unique way.

When we can move information from pane four into pane one, it is often called "inspiration" or "insight." It's only when feedback is given from pane two to another person, with his permission, that the threat to the other person is avoided. Each of us needs to be willing to open our pane two and develop a sensitivity to other people's felt needs if we are indeed to *walk a mile in their moccasins* and be of value to them as we interface and serve.

Giving and receiving feedback cannot be learned solely by practice, but requires a basic philosophy that relates to our own personal value systems. Our value systems philosophy must include that an individual be accepted by himself as by others.

The areas described in the panes of the **Johari Window Awareness Model** will help a great deal in our sharing inter-personally.

Open your panes. . . as the angel said to theshepherd of Bethlehem. . . **Fear not!**



*Please read "he" "him" as non-sexist male/female. "S/he" "him/her" is cumbersome to the typist/reader.

NEWS & Views

Helicopter rides over the volcanoes, horse and carriage rides into the lush Waipio Valley, Weinerschnitzel and sauerkraut at Edelweiss, snorkeling, SCUBA, hiking and **fellowship. . .** Napili 3/4 with new friends and long-time friends networking at the Royal Waikoloan was, simply stated, terrific!

Napili is planning a Foreign Travel Experience to *It's Magic*, the Longden & Cook Dental Conference in Blackpool, England, the 10th to the 14th of November. . . traveling on the 5th from either New York or Los Angeles (not determined as yet) to London, then onward through the "chunnel" to Paris, and back to London for a play, on to Stratford on Avon for another play, busing northward to the Yorkshire area for the dental conference and home by the 15th (Omer is speaking in Sioux Falls on the 17th). The fee hasn't been confirmed, it depends on how many travelers. . . we're comfortable with about 20 persons, the fee goes up about $300 if only ten persons travel. Call now and register!

I guess this past summer was my "next to the last" Colorado River Rafting Experience as we're scheduled to go again on June 14, 1996, with a group of Swedish dentists and friends. The 1996 fee is $1820/person and the non-refundable rule from 1995 is in force. Depending on the Swedes, I believe there are 15 spaces available.

The calendar for 1996 is underway. . . watch for the new format and announcement of dates. We will travel to New Zealand in late August (the beginning of ski season in the South Island) and attend the Pacific Rim Dental Conference the first week in September. Tour plans are in process and will be available soon.

From the *This is too good not to share* department. . .

Hamp Burnett was among the River Rafters this past summer and sent each of us a rock with the words "ATTITUDE is everything" engraved on it.

Last week we received Don DiGiulian's dental newsletter (he was also with us on the River) which has these paragraphs about **Attitude**.

"Does attitude really matter? I'll let you decide. Two months ago, my son and I were going on a trip (a raft trip for eight days down the Colorado River). When we arrived at Bradley airport, we were told that our flight was canceled. The person at the desk proceeded to stare at the tickets, stating: '. . . couldn't understand how this could happen, why hadn't we been informed. . . there were no other flights that would get us there in time. . . there might be one but our baggage wouldn't make it. . . etc. etc.'

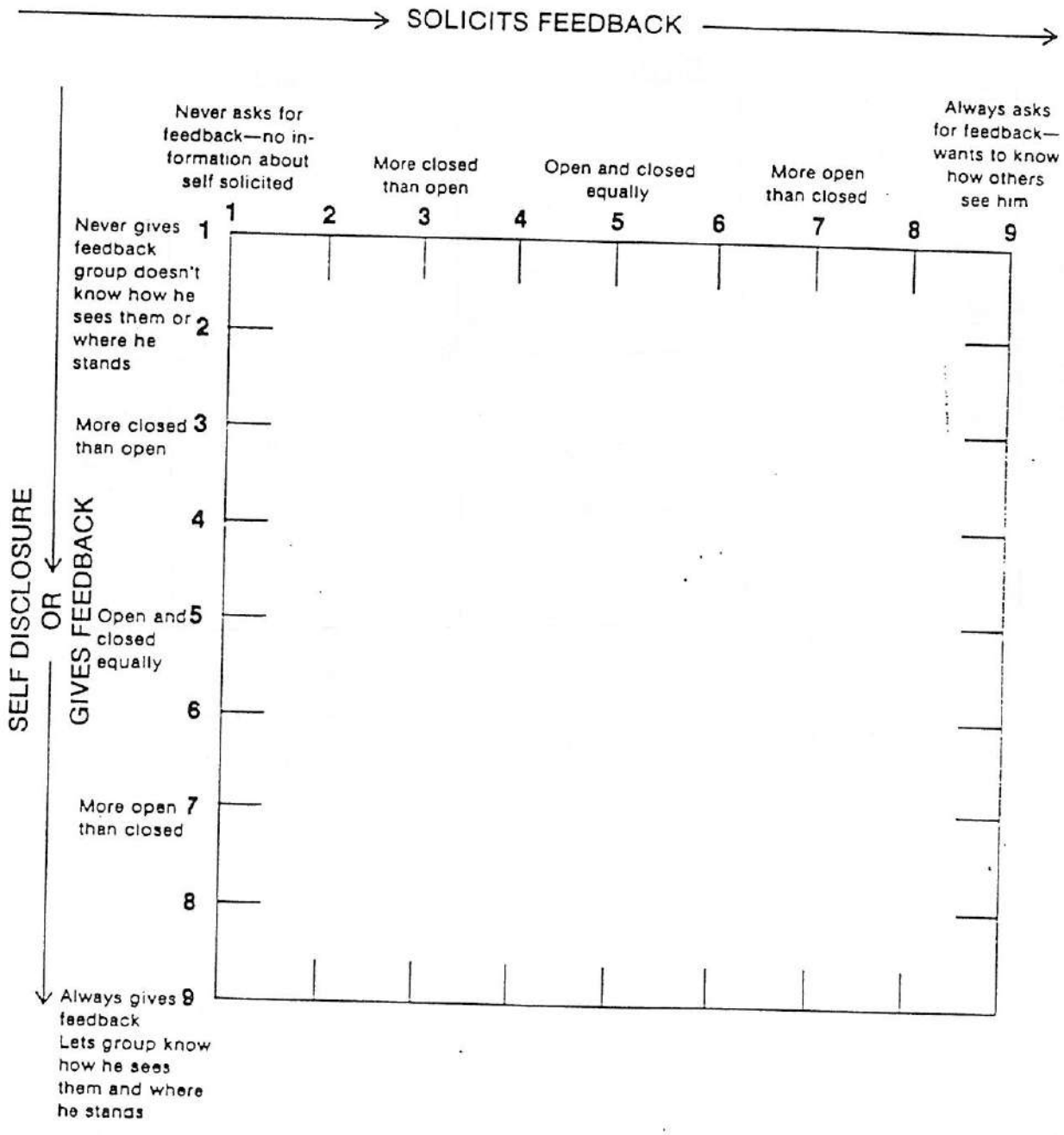
"Out of the corner of my eye, I saw another ticket person listening and typing into his computer. Suddenly he spoke up. 'Grab your luggage, run down to gate 8. I am printing tickets for the flight to Dallas which leaves in five minutes. Tell them I'm coming with the tickets. You'll transfer to a flight into Phoenix and be there only an hour later than you originally planned.' While our first ticket person stood there, in shock, off we ran. . .. For the second half of the flight, we were upgraded to first class because of the inconvenience we'd experienced.

"Two people, one event, two totally different reactions!

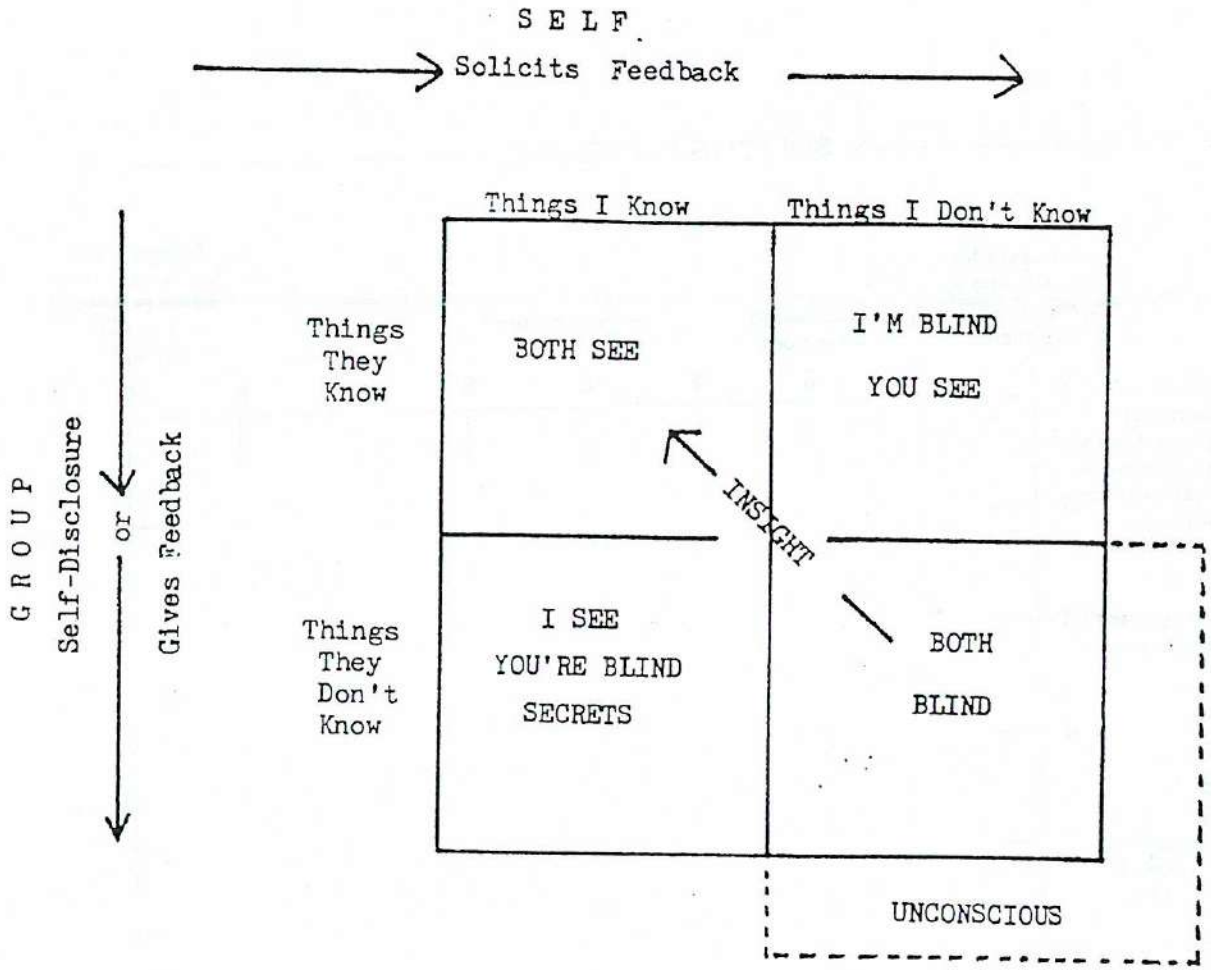
"Seems to be a perfect example of it's not being the circumstance that matters, it's the way (attitude) in which you respond. You can practice this every day."

Re-printed *without* Don's permission☺

JOHARI WINDOW
SELF-RATING SHEET



THE JOHARI WINDOW MODEL



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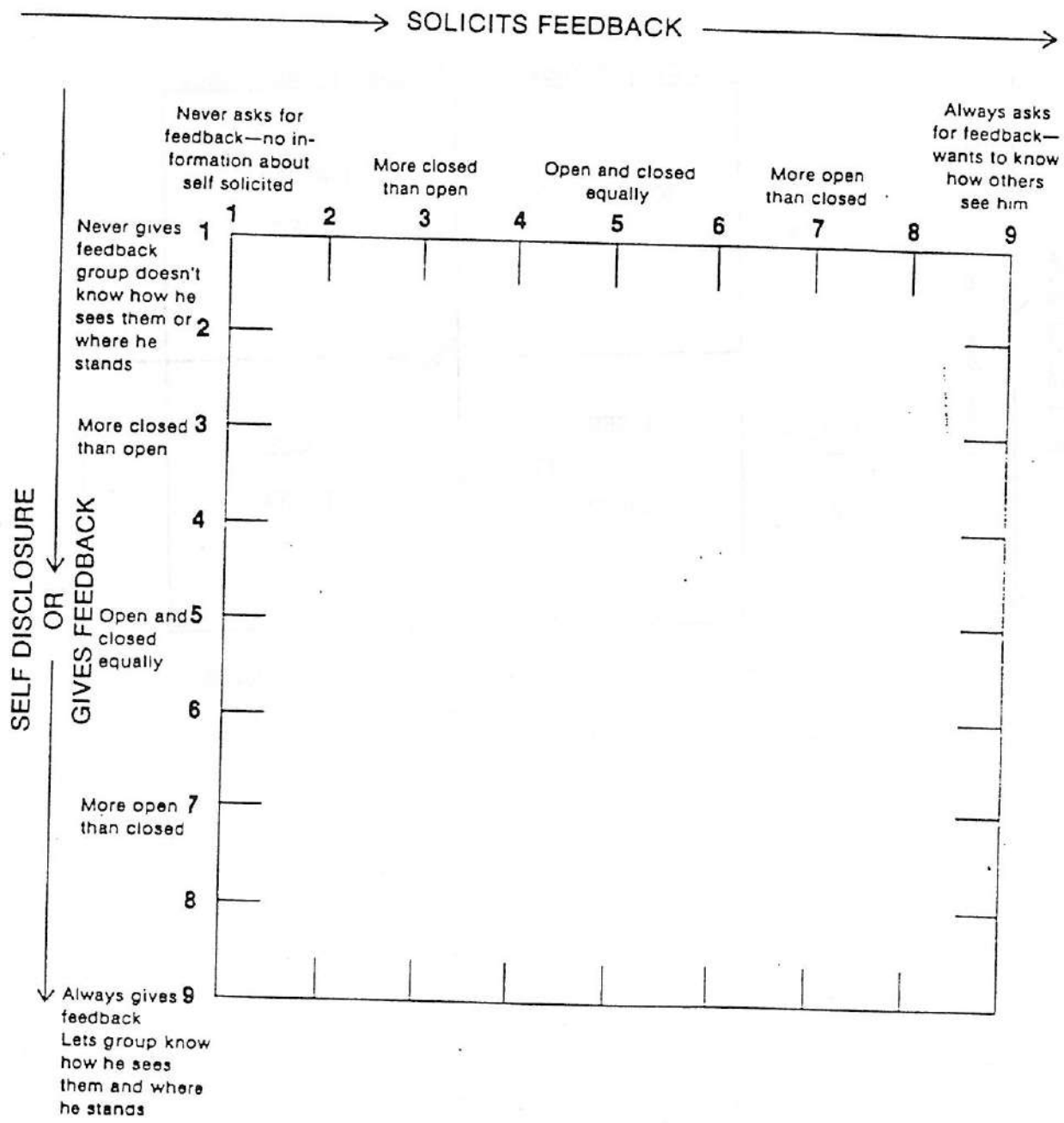

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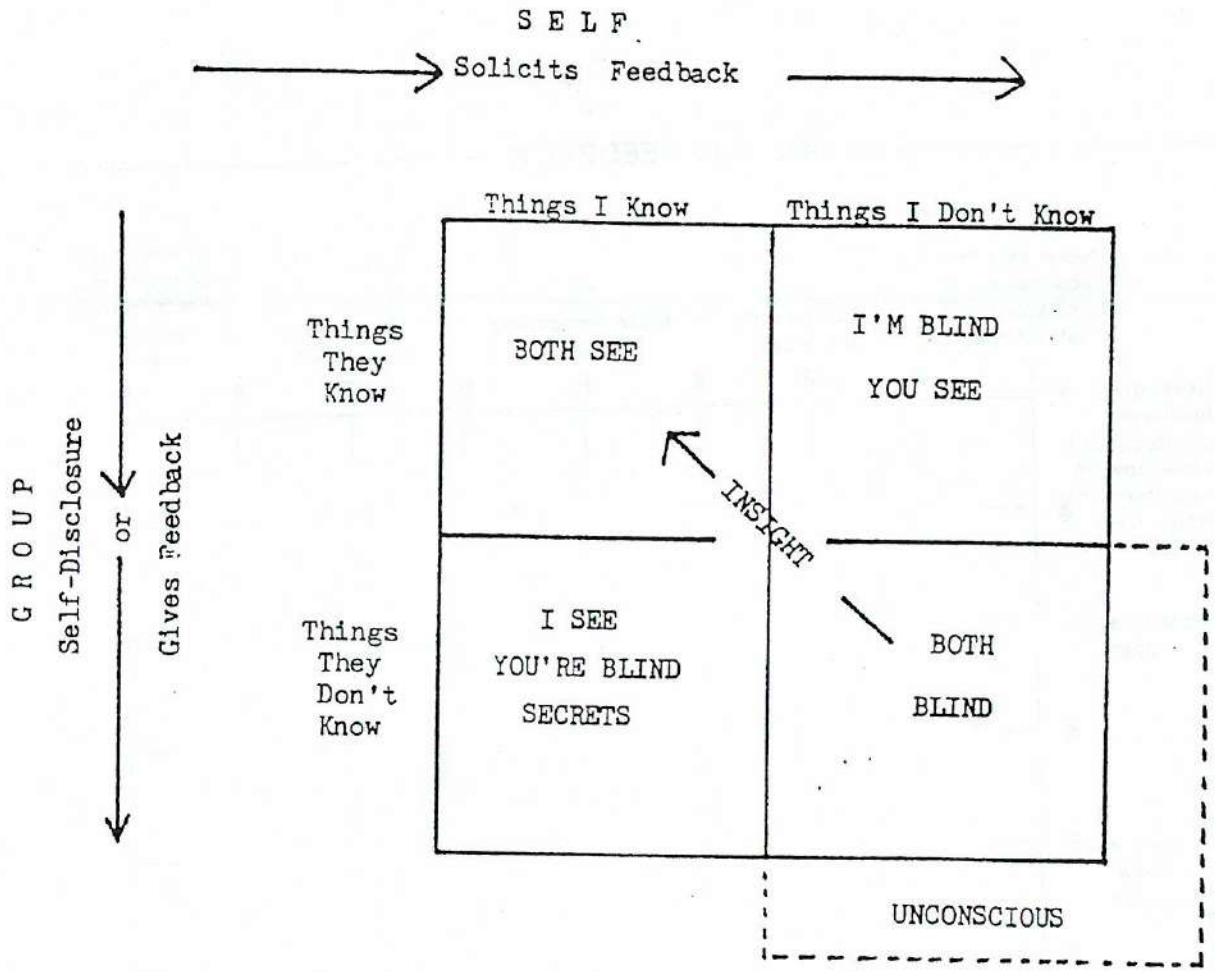

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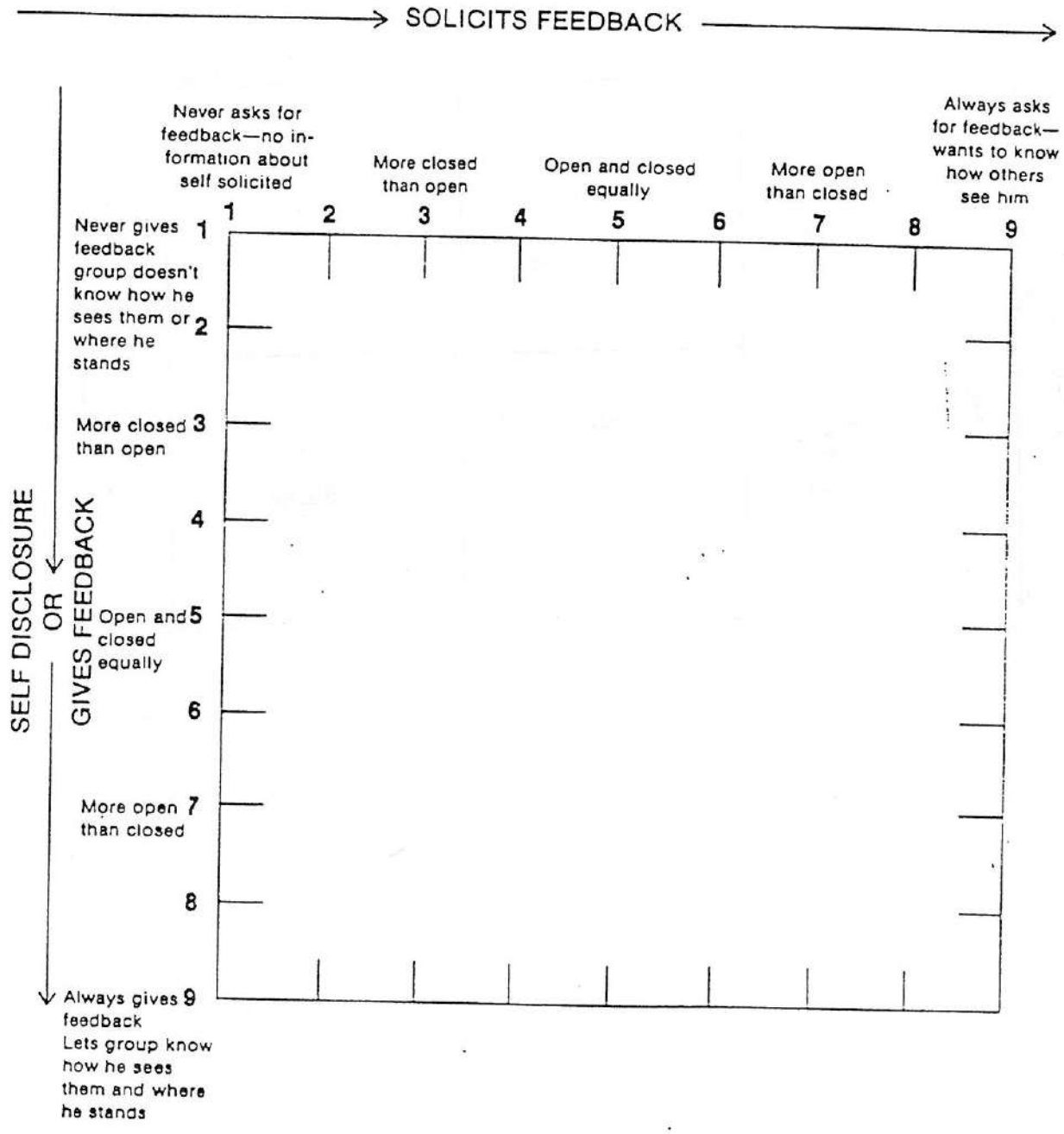

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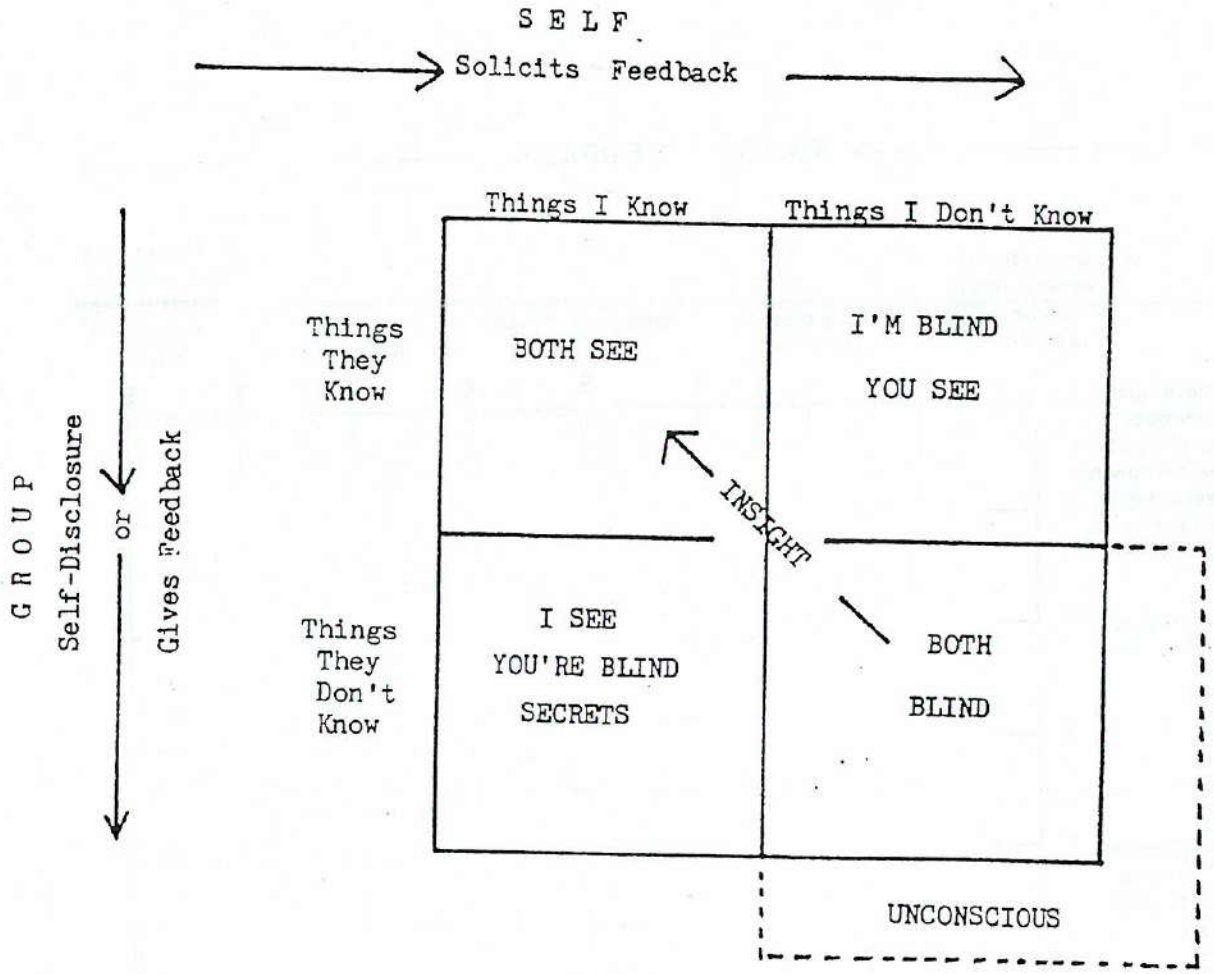

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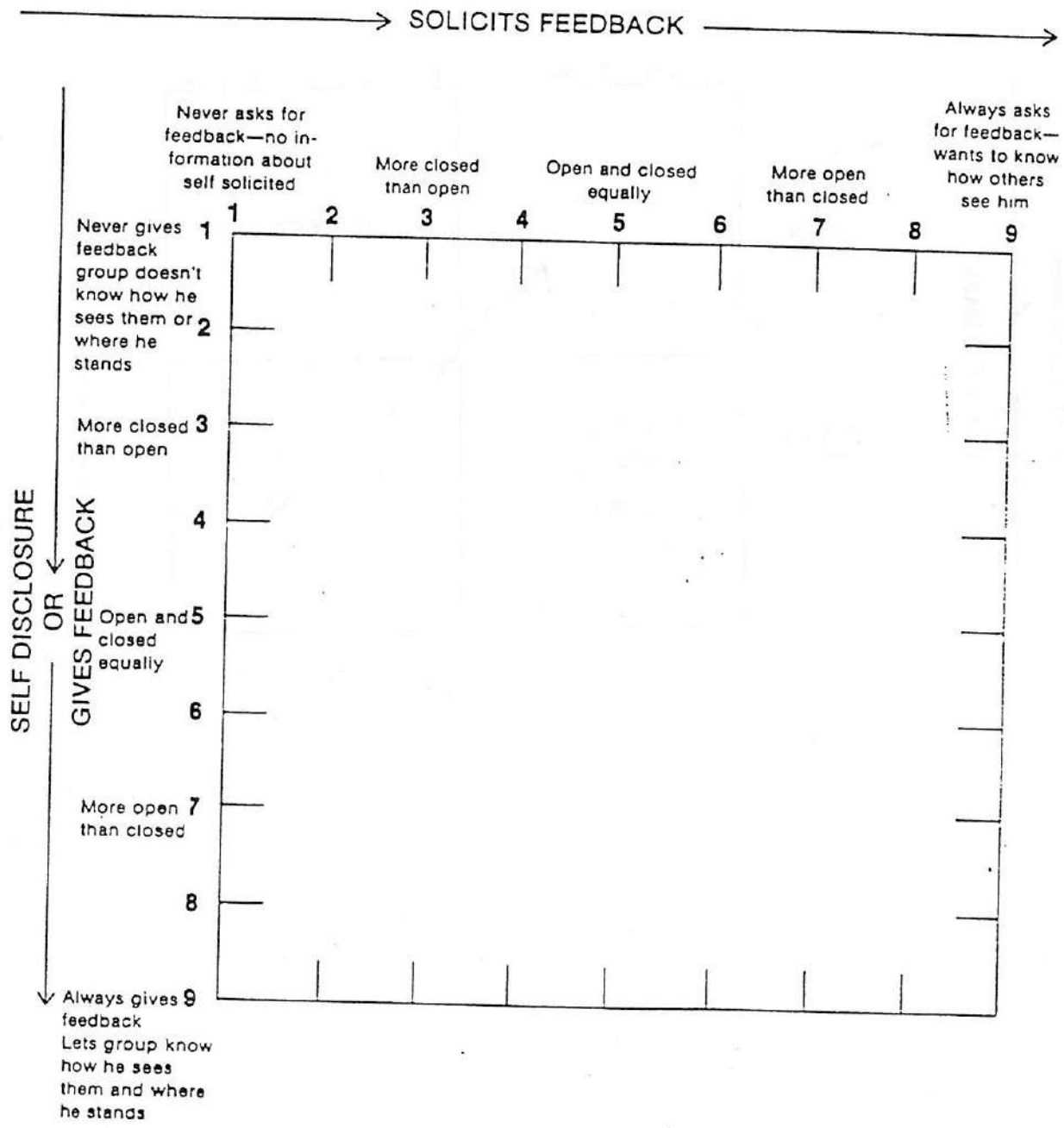
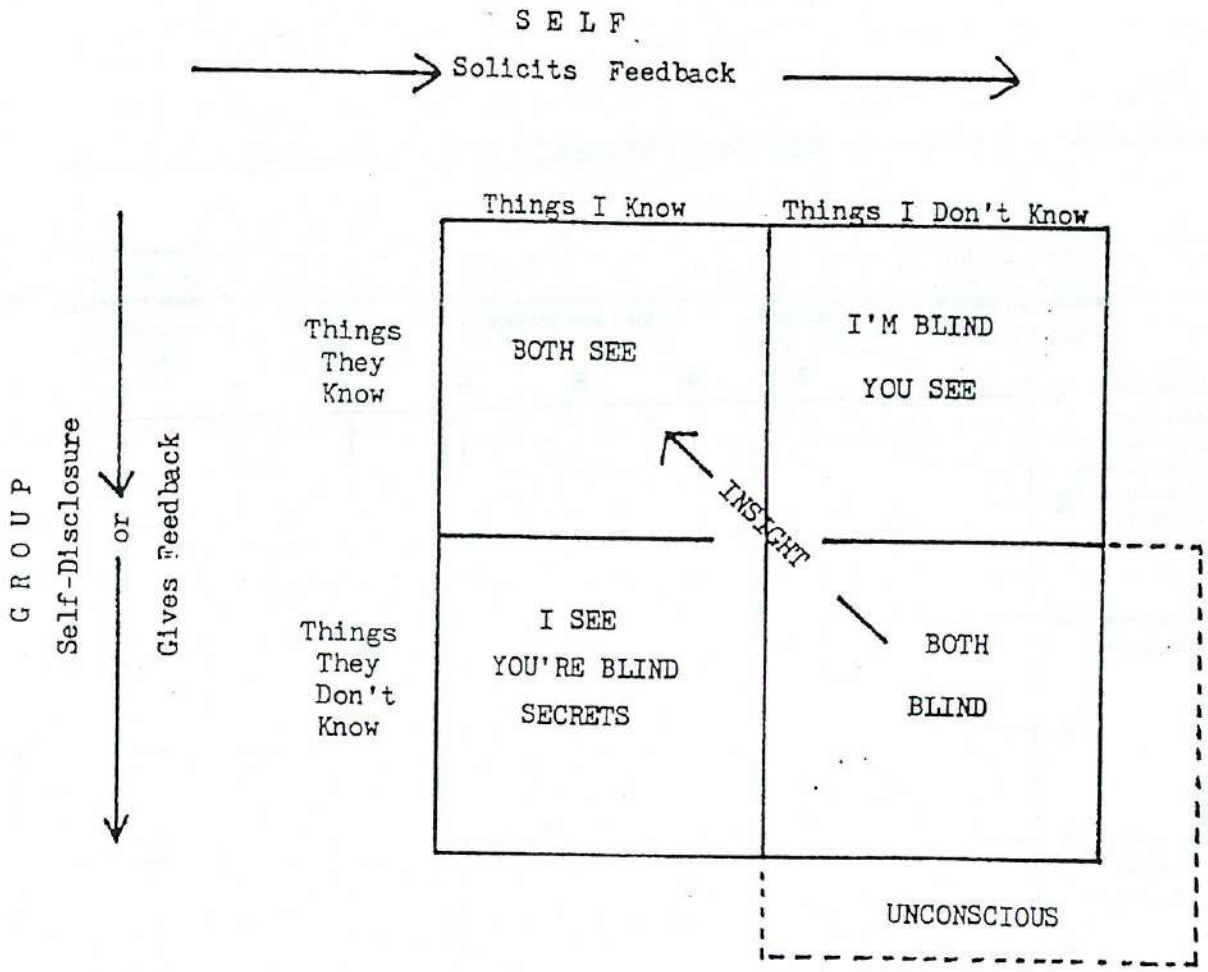


THE JOHARI WINDOW MODEL

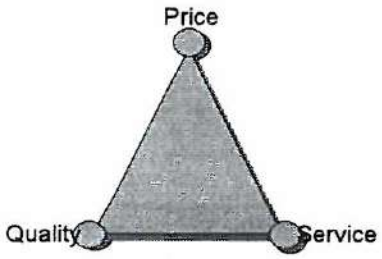


REED'S INTERNATIONAL LETTER

2999 North 44th Street ❖ Suite 650 ❖ Phoenix ❖ Arizona ❖ 85018 ❖ 602/852-0956

In this time of change in the health service delivery systems, the terms with which we transfer meaning bounce about like ping pong balls at the time of lottery choice.

PRICE, QUALITY, SERVICE QUOTIENT



Some years back Chrysler tried to push for price, quality and service being totally equal and the price, quality and service triangle emerged in the literature. It is interesting to note that you can have any two of the three you wish, but, by definition, to have all three is remarkably impossible.

Chrysler nearly went broke trying to prove otherwise. And I'm certain, as this is read, there will be some who feel discomfort running through your gut as the subject begins to clarify in your vision.

As we proceed with this message it's probably wise to be certain that you close both your eyes so this will become a "double-blind study."

Look at the triangle and think about it for a minute. If you insist on providing superb quality and excellent service, the price goes up. And if you drive the price down, quality and/or service must suffer.

There ain't no free lunch.

The idea that something subjective must have the same price in two different delivery systems is equally absurd. When we can go to our market place and find quality products with excellent service, price will also be appropriately high.

A fine custom Mercedes seen in a Los Angeles showroom sometime back took the form of a single edition, four-door, convertible. Fire-engine red, of course, with a black leather interior taking at least eleven cows to do the upholstery. Without question, the fire-engine red telephone on the console lent to the stigma. This particular automobile was priced at something well over $200,000.

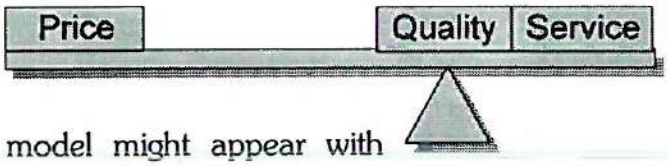
A student of the subject at hand priced it by serial number in six different Mercedes dealers' and found that this same automobile could be purchased from any one of the dealers as they all had access to it. The "fee" for this vehicle ranged over $35,000 between the six dealers. Over 10% of the price was given up by some and added by others. The low price dealer would not allow the probable buyer to visit the service department as that was against the company policy. The Mercedes dealer that he bought it from had a

premium that was over the fee of the Los Angeles dealer and provided a unique and unusual opportunity throughout the entire life of the automobile for the buyer to be a member of a very exclusive club and to be served in his own service bay with an overstuffed chair and a comfort bar in the service bay, a floor that was epoxy-ed and squeegeed at least three times a day, rolls of beautiful white paper that came off to cover the bench top when car parts were removed for servicing. This was a place that was hard to believe.

And although he could have purchased the automobile at a very low priced dealer and taken it to this dealer for the service, being of the ilk he had achieved, he chose to buy the car where the service appealed to him . . . and paid a pretty penny for it.

The market is a strange place, isn't it? Instead of seeing the price, quality, service quotient as a triangle, see it as a lever on a fulcrum as my friend, Larry Eisenberg, from Michigan, sees it. With price, quality and service as three empty containers.

The idea is to achieve balance and comfort within the model and just as we strive to bring substance and value and comfort to our daily lives, we can place price at the far end of the lever as illustrated in the second drawing and our



model might appear with quality and service at the other end, in balance.

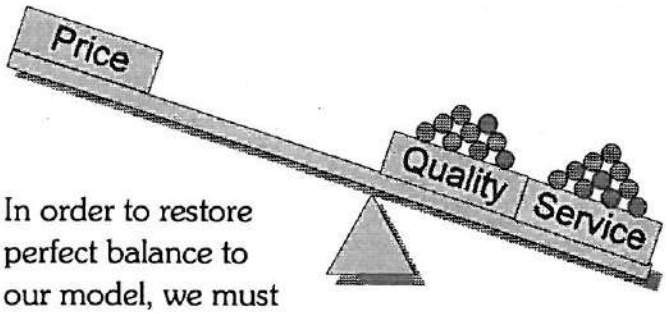
For our example, remember now that the boxes are empty and fixed to the lever, but because of the positioning of the fulcrum our model is perfectly balanced.

Remember the numbers of variables in this situation.

It's much like the vital signs of a dental practice. When we want to get the percentages of team salaries, laboratory real estate, supplies, etc. into proper proportion against gross, we can do one of three things. Contain costs, increase fee, or increase production per unit time . . . or tinker with all three.

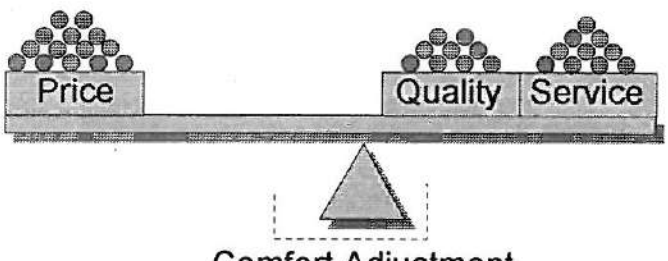
As we build our business or practice, going back to diagram two, we could begin to add weight or substance in this case in the form of small stones to signify an increase in quality or service and as we add them to the quality and service boxes, we have added value to the business concepts. Or we may say, a values added equation has taken place, based on our present levels of care, skill and judgement and, or course, our aggressiveness.

The model will then appear as below.



In order to restore perfect balance to our model, we must now consider price.

As we begin to add weight, substance and/or value to the price box, it's easy to imagine that once again the lever can be moved again to a horizontal position and even though our model is balanced, we may feel uncomfortable with the amount of stones in any one of the three boxes. Price may feel too low or too high. This has to do with the paradigm with which we've become accustomed. And/or service/quality level may need to increase or decrease in order to feel comfortable in any given situation. So we now add or subtract "stones" as necessary until we are satisfied and/or comfortable with the balance in our model. And/or even though out of balance, possibly we may be more comfortable.



Comfort Adjustment

Now, once again, to bring perfect balance to our model, we add a most interesting and individualized adjustment. Remember, the stones are fixed and we're happy with the quantity of stones in each box, so what in the model is adjustable?

Obviously, the position of the fulcrum. We may refer to the fulcrum as our comfort zone, or our comfort adjustment. We may be willing to lever our position, to some degree, one way or the other, in order to create a balance in our perception of price, quality and service.

The distance we allow ourselves to adjust the position of the fulcrum is most interesting and a personal aspect of our model. Factors such as experience, family history, culture, values, personal wants and needs, perception of reality are all reflected in how we allow ourselves to go with the fulcrum in order to establish perfect balance in our model . . . to make it look good, feel good, or pass the smell test.

I recall that each remodeling and upgrade experience we designed at Valley Dental Group (nine major "face lifts" in the 32 years at 4517) the professionals I called in for design and execution created upgrades **each time** that were outside **my** comfort zone.

"Too fancy. . . too upscale, " I'd say. . . ! The professionals smiled. Having carefully studied the target market I had selected, they had researched the environments in which this

segment of our population recognized their achieved environment. To survive I had to "move my fulcrum". . . to achieve comfort, I had first to feel discomfort. *Shift happens* even in paradigms and fulcrums. I grew. I learned. I changed. I bought.

"Step up, o' discontented man. Pay the price. . . and take it."

It now may become obvious that it's quite easy to visualize how, over time, as our business/practice grows and changes, we must deal with the variables in the model in order to maintain a constant state of balance and comfort. So, we will, with the values added situation, add "stones"to the quality and services boxes or subtract them, as the case may be. We may add stones to the price box and/or with the degree of paradigm pioneering we may feel that *shift happens* and the fulcrum can also be moved.

This objectivizes to some degree some of the subjective thought that has bounced back and forth when we begin talking about taking the Willy Clinton view of Health Care Reform in Dentistry. Bill wants three things: Documented on the record, he insists he wants a cost related fee, the actual real time cost of light, rent, heat, water, team salaries, equipment payments, lab and supplies for any one of our procedures. Remember now, in real time cost, documented on each record . . . it's not something to which we're accustomed. In fact, we haven't the slightest idea what the fixed and variable cost per unit time base is for any of the procedures we do. Remember, we live in a piecework fee structure world and these fee structures are not in any way originating in or continuing their relationship against a real time stop-watch study with the commitment of resources per unit time.

The second thing he wants is efficacy. Does what you do work? And if so, document it on the record. Think about that. All software programs presently available are nude in regard to these two issues.

The third thing Wild Will wanted was documented on the record client satisfaction quotient. Perhaps on a scale of one to ten . . . are you happy, Mrs. Jones? Might do it. My concern for our chatter here is quite simple. A number of programs are coming by saying that taking 20-30% off of your fee schedule and they'll get you a thousand new people a year. This may be very attractive to some how find busyness an issue. (Review the Kodak study enclosed.) If you're at 75% and you decide you're going to give 10% for cash in advance, think twice because the percentage of productivity that you must achieve is well beyond what is customary or that which you may find comfortable. A 20% decrease in fees means something like a 400% increase in productivity per unit time, well beyond the imagination of most dentists.

I know programs that are asking for a 30% reduction in fee. Now stop there for a minute. I'm totally comfortable with reducing the overhead from 70% to 40% or from 80% to 50% and certainly even from 60% to 30%. It's been done, therefore it's probably possible. I, however, propose that the production per unit time fee structuring against cost and the cost containment of practices that have achieved this, deserve to have these gains go against their debt structure and the doctor's long-term economic independence prior to the fee being reduced to the marketplace.

I say this because dentistry has not increased its fees appropriately in the last 30 years. That's quite easy to enjoy if one prices an MOD against a loaf of bread during that same period of time, to say nothing of the automobile industry. So, let's take a good hard look at becoming economically independent reducing our fees to the marketplace at some point in the future after we have reduced our debt structure which is, in many cases, ridiculous and place the initial seed money in the mathematical progression program that will provide us with the opportunity to avoid being old and poor at the same time.

Larry, I like your model. I strongly believe that the alert that came from the price, quality, triangle is indeed a thought provoker and one must struggle for a moment to even clarify and define it for self. To add the objectivity and flexibility that your mind has brought us with the diagramatics of the lever arm fulcrum allows the comfort zone, the paradigm of bringing happiness, health, wealth, wisdom and peace of mind into the equation and I dare say that it's about time.

Man cannot **not** choose. . . upscale personal, private care. . . skill, judgement, environment. . . cannot be provided for "30% off." Our fees must first be cost related. . . a switch from Fahrenheit to Centigrade. . . from piecework to fixed and variable cost per procedure per unit time. . . then and only then can we know a fee is fair.

Hopefully this will irritate, aggravate, frustrate some of you enough for comment. I look forward to hearing from you.

NEWS & Views

The People Game - Dentistry: This basic philosophy workshop centering on communication, motivation is a valuable experience for those who really care about serving people (including team and those coming for care) in a way that *communicates* clearly so the "message sent" is the "message received" along with the *motivation* to proceed, either as a team person or as a person *wanting/needing* dental care. Wow! Sometimes I think I don't need to hear this again, and then I hear something that gives me the proverbial "whack on the side of the head." We do always communicate, but do we always communicate clearly? Not me! I'm still learning!

Is there anything to be learned, technically? Join us for the "Over the Shoulder" workshops. . .

The workshop, **People Without Perio**, November 2-4, is filling rapidly. It's impressive to me when the doctor recognizes the importance of the hygienist attending, even if the doctor doesn't.

I just noticed on the reminder card that was mailed from Napili that the announcement for the December 7-9 workshop is marked as "Enchanting" Charisma. . . true, but not really the title, which is "Enhancing" Charisma. I guess I'll sit in on that one, too.

The 1996 calendar is at the printer and will be mailed soon. . . the "year at a glance" looks great! Join us!

Aim So High You'll Never Be Bored

The greatest waste of our natural resources is the number of people who never achieve their potential.

Get out of that slow lane.

Shift into that fast lane.

If you think you can't, you won't. If you think you can, you will.

Even making the effort will make you feel a like a new person.

Reputations are made by searching for things that can't be done. . . and doing them.

Aim low: boring.

Aim high: soaring!

Attitude is everything. . .the greatest discovery of my generation is that human beings can alter their lives by altering their attitudes of mind.

Those who wish to sing always find a song.

Most people are about as happy as they make up their minds to be.

NAPILI INTERNATIONAL

NEW DIRECTIONS IN DENTISTRY

September 29, 1995

Those of you who have attended the "wet glove" post-perio rehab workshop on a one-, two- or three-day basis, will remember that the disposable diamond and carbide that we're using has some tremendous advantages. They perform exceptionally well.

I specifically recommend the #0821.3 and the 1516.8C flame shape. Please note the following memo which describes these diamonds, along with the address and ordering information for your use.

"The **NEO Diamond** line of single patient-use diamonds has been expanded from a range of 26 to 52 popular sizes, shapes and grits for operative and crown-and-bridge procedures. They are priced as low as $1.00 each and are supplied sterile in single-unit packets, 25 packets of the same shape per pack. Featuring a friction-grip shank, the diamonds perform as long as more costly instruments but can be disposed after single patient use for greater productivity and enhanced asepsis. More information and a sample can be obtained by calling 1-800-235-1863."

Microcopy, Innovations for Dentistry
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Phoenix, Arizona 85018
(602) 852-0956
FAX (602) 840-4561

THE KODAK STUDY

Is there some sort of standard for measuring what one needs in resources to be independent at some pre-determined date?

Of course!

You need to accumulate at least 13 years of your final income if you're to have long-term retirement. This means if you start from scratch and you save 10% of your income for forty years, 17% of your income for thirty years, 30% of your income for 20 years, and with the national savings rate that's usually less than 5%, you can see the gap between your expectation and your action.

Review the article about the Kodak study; it is a remarkable piece of data with which to think. I am also including a dollar sale table to show what one dollar will do on sale price in mark-up and percentage so you may have other tools with which to think.

"If you've ever wondered how much your business must increase in order to keep an even keel after cutting price, here are some figures from Kodak's research department.

"Assuming an anticipated profit of 25% on selling price means you must increase your volume of sales by 8.7% to make the same profit obtained before the price was lowered.

"A 3% cut means a 13.6% increase in sales is necessary.

"A 5% cut means a 25% increase in sales is necessary.

"A 7.5% cut means a 42.8% increase in sales is necessary.

"A 10% cut means a 67% increase in sales is necessary.

"A 20% cut means a 400% increase in sales is necessary.

"To reverse the process, or increase prices:

"A 3% increase means the same profit on 90% of sales volume.

"A 5% increase means the same profit on 83.5% of sales volume.

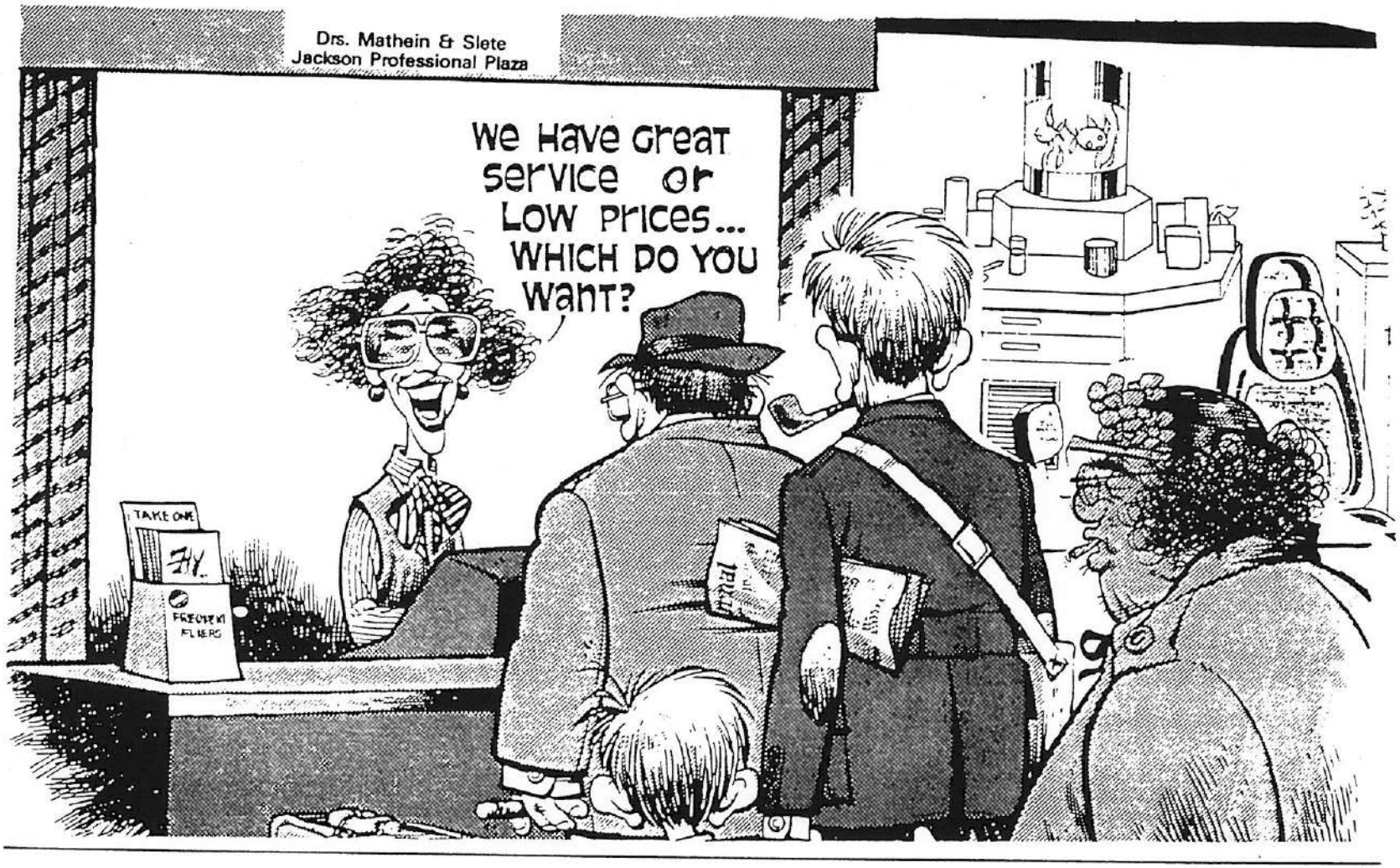
"A 10% increase means the same profit on 71.5% of sales volume.

"A 15% increase means the same profit on 62.5% of sales volume.

"There are practices with 25-30% profit margins today . . . those practices with 50% overheads are becoming fewer so these statistics might be quite appropriate to look at. Imagine, one could afford to lose nearly half of one's patients with an increase in fees of only 20% . . . the liklihood of one losing that many patients is slim. The possibility of increasing sales by 400% with the 20% or greater decrease in fees mandated by most PPOs or capitation plans is remote."

Margin vs. Markup

Cost	S.P.	Gross Margin	Mark-up
1.00	1.25	20%	25%
1.00	1.30	23%	30%
1.00	1.35	26%	35%
1.00	1.40	29%	40%
1.00	1.45	31%	45%
1.00	1.50	33%	50%
1.00	1.55	35%	55%
1.00	1.60	38%	60%
1.00	1.65	39%	65%
1.00	1.70	41%	70%
1.00	1.75	43%	75%
1.00	1.80	44%	80%
1.00	1.85	46%	85%
1.00	1.90	47%	90%
1.00	1.95	49%	95%
1.00	2.00	50%	100%
1.00	2.10	52%	110%
1.00	2.20	55%	120%
1.00	2.30	57%	130%
1.00	2.40	58%	140%
1.00	2.50	60%	150%


Drs. Mathein & Slete
Jackson Professional Plaza
We Have Great Service or Low Prices... WHICH DO YOU Want?
TAKE ONE

In the N.E.W.s

New Energy Works Timberframers
Late Summer, 1995

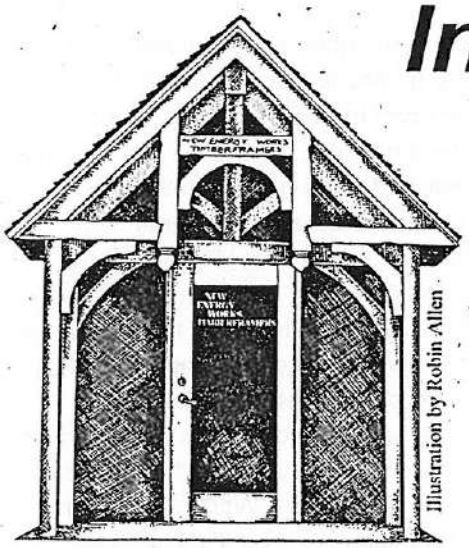


Illustration by Robin Allen

Hello Everyone

We take our lessons in life from where we can, and don't you know that their sources can be a surprise. My most recent came from *vacuuming my house!* The truth is I've grown to love vacuuming. It's relaxing and offers me immediate gratification in a bunch of ways. But it wasn't always like this. I used to think that vacuuming was just a loud dusty chore that would have to be repeated soon anyway. My attitude changed when I recently had to buy a new one. My plans were to go to one of the big retailers and buy just any old job that looked like it would do the trick. You know the routine, spend as little as possible, hope it would do an acceptable job and run it to death in a few years. Then someone suggested I go to a small vacuum specialty store where the people who owned the place actually waited on you and who had been around forever in their small, specialized way. It wasn't even located in a mall. (If you're from Rochester, you've probably already guessed that the place is Aspenleiters, but if you're not, you could think of some place in your town that fits this story, I'm sure.) I said okay, that makes philosophical sense to me, even if I didn't have a piece of plastic with that name on it in my wallet. Maybe they have a cheap floor model I could pick up, *it's just a vacuum.*

Almost immediately I knew I was in for a different experience than I had planned. After politely asking me about my needs, the fellow said sure, he had a basic model, and he'd be happy to sell it to me... but just a minute, was I sure that I knew enough about vacuuming to buy one yet? Actually no, and come to think of it, I did have questions. For one, why did I have dust balls again in just a few days after cleaning, and why was the air so dusty while I was doing it, and how long should this thing last, anyway?

So sure enough, vacuums, just like anything

Continued on p. 2

TWO OPEN HOUSES

On the Same Day!

SUNDAY, 12-4

SEPTEMBER 17th

The Hoehn Residence

6364 North Avon Road, Honeoye Falls, NY

Charles and Fran are graciously opening their home for a second time, and we're anxious to see how the recycled southern yellow pine timber frame, flooring and stairs have mellowed over the last two and a half years. Their 1,800 sq. ft. home in North Avon has been one of our favorites, and we welcome you to make a day of visiting both this home and the Bankers, nearby.

The Banker Residence

3922 Hogsmire Road, Avon,NY

Chris and Kim Banker moved into their home on May 27th, one week after the birth of their second child, Christopher. Talk about a nesting instinct! Theirs' is the classic center entry Colonial with quite authentic geometries and detailing, except that on the inside, the posts and beams are exposed instead of hidden behind plaster and lath! This home is also of recycled southern yellow pine with wide plank flooring, and yet the difference between our two open houses today become quite clear right away.

DIRECTIONS: North Avon Road (the Hoehns), is east off of Rt. 15 about 18 miles south of Rochester, 6 miles south of the Rush exit of I-390, or 3 miles north of the intersection of Rts 5&20 and Rt.15. The house is 2 miles from Rt. 15. Hogsmire Rd. (the Bankers) is off of Rt. 39 between Avon and Geneseo, about 4 miles south of Rt. 20 in Avon and 4 miles north of the village of Geneseo. If you make it to either home, we'll get you to the other!

Hello Everyone (cont.)

else, have a story. I saw research showing that 85% of the dust in homes is a direct result of vacuuming, because most of them just redistribute, not filter out and take away. My interest was peaked, because I had a friend who was allergic to my cats' shedding, and believe me, my daughter Sierra would NOT have looked kindly on any suggestions about getting rid of our furry folk. We also spoke of life-span, and machine engineering. My experience had been that vacs seemed to last several years, (except the one I ruined with drywall dust) and then it was *downhill* with performance and some fix-ups. There were machines, though, that came with lifetime warranties, and in fact were designed to be fixed, not tossed. Well, as you've guessed, I spent more on a vacuum that day than I had planned. In fact, I spent $500 instead of the $250 I had figured. Darn, I thought. Yet just like the guy said, within a month my house was free of dustballs and cat dander, zipping through the house with my quiet, effective vacuum cleaner had become a pleasure, and the warranty alone implies a good return-on-investment for the extra initial cost.

Best of all, and here's the point of the story for those of you who were wondering, I learned some important lessons: First, I learned that my efforts to specify forced air heating systems that could filter dust were relatively useless compared to either specifying a central vac or just suggesting a good quality vacuum cleaner. I was also forced to look at my own buying habits, shared by so many Americans, that would have me making shortsighted, poorly informed decisions. Mass marketing and the tendency to buy low-quality in exchange for low initial cost are hard habits to break, even for me.

Now, do you want to hear about my Ford pickup that was front-ended, but survived just fine...?

***

Well I do believe in building for the long term while crafting fine, energy efficient homes. Sometimes it's easy to show you a "return on investment", like less of your money sent to the utility company, or more efficient floor space with good design. Other things are not as easy. How will I explain to my daughter's daughter about the *return on investment* of building homes that last for less than 100 years? What will her world be like if right now we don't use our resources, like trees and fuel, more wisely? I was able to explore this concept a bit more in a talk entitled, "On Longevity, Building to Last", that I put together in Williamsburg, Virginia. Two profs from Virginia Tech's School of Applied Wood Sciences, Drs. Dan Dolan and Joe Loferski helped me out as we reviewed the things that go into building a home for many generations. Items like good structural engineering and detailing for decay resistance were the "hard science" part, and we worked toward showing that if well-built homes (like the ones New Energy Works builds, for instance) had been in the path of Hurricane Andrew, we would not have had to cut down all those forests to replace the loss and destruction in places like Homestead, Florida. How do we figure the return on investment for that?

And how do we really figure the return on investment that comes with living in a finely designed, well crafted home? For those of us who have had the privilege of growing up in one, there are special qualities that are priceless. Next to the warmth and nurturing that first and foremost have to be found in a loving family, the security of our surroundings, our home, is listed as the most important childhood memory.

There is so much at stake in designing and building fine homes. Sometimes it seems like a lot of pressure. Never, though, do I wish to be with any other company than ours. Partly because of the people here, and partly because of our clients. Thanks for your trust and your confidence.

Thanks also for your interest in this issue of *In The NEWs,* New Energy Works Timberframers' newsletter that gets out when it does. New Energy Works is a small group of Housewrights and Joiners who design and build fine timber frame structures, whether homes, pavilions, or just a bench. Most of our work is from salvaged and re-sawn industrial timbers that are stable, historically interesting, beautiful and not a bad idea environmentally. With our sister company, Pioneer Millworks, we are sending flooring, trim, cabinets and even store fixtures all over the country, all made here at our shop from recycled wood.

Call us, we enjoy giving shop tours and talking about your interests.

With warm regards,

HEY LOOK!

Our 7th annual Timber Framing Workshop is coming, and it is fun enough to keep us doing it, so you should sign up NOW. It will be an excellent 2- weekend thing to do, we can assure you! Oct.13-15 & 21-22. we learn the basics, get some background, and raise the frame we cut! It's a gas and not too expensive: $115 plus tools. Registration is happening now, SO PLEASE CALL.

MID ATLANTIC JAGUAR/HYUNDAI

Dear Friend,

Congratulations on your purchase of a 1995 Jaguar XJS V-12 Sedan. This fine automobile should provide miles of driving pleasure for years to come. We will do all we can to help you enjoy the feeling that comes with owning a Jaguar. Years of the finest British automotive tradition truly make each finely crafted vehicle a classic, and we are sure you will want to care for it as such.

We have selected the Simplified Car Help Maintenance User Care Kit (SCHMUCK) as your designated automobile maintenance plan. The purpose of SCHMUCK is to provide cost containment measures which will alleviate the high cost of automobile care while providing you with quality service. The carefully selected designated mechanic you must see to take care of your brand new $60,000 automobile is:

JOE'S BAR AND GARAGE

Excellent features of SCHMUCK include:

- Carefully screened and selected mechanics (i.e. anyone desperate enough to sign up for this plan)
- Mechanics encouraged to do top notch treatment by receiving agreed upon fee schedule (i.e. 60% of their normal rate)
- Simple maintenance such as oil change, filter, lube, and safety inspection done in thirty minutes (even though it would take fifty minutes to do a good job)
- Cost of parts kept very low (i.e. they will use an off-brand instead of genuine Jaguar parts)
- They will never add any extra charges to your maintenance visits (i.e. since they lose money on the given rate schedule, they may not bother to tell you if you need new brakes, car is about to blow up, etc.)
- Appointments available Monday through Friday 8 AM to 4 PM (but they only allow three SCHMUCK members per week to have them)

We hope that you are happy with the SCHMUCK plan. Unfortunately, we have found that many customers, both of Jaguar and Hyundai, say that they would never give their car this type of inferior treatment. This came as a surprise, since so many seem to be doing the same for their own bodies and health.

Sincerely,

Bob

Bob Becker, Service Manager

THE STAFF AT MID ATLANTIC JAGUAR/HYUNDAI

REED'S INTERNATIONAL LETTER
2999 North 44th Street ❖ Suite 650 ❖ Phoenix ❖ Arizona ❖ 85018 ❖ 602/852-0956

"Experience is the best teacher." This statement is really a *crock* of the well-known stuff. Doing does not necessarily improve performance.

Some years ago, we were vigorously searching for a

PERFORMANCE

new person for our hygiene team. We had an attractive person come to our practice, one who had been a hygienist for 20 years. She was quite confident that her skills and her experience were exactly what we needed. We asked her to join us for a day. We discovered that she had one year of skill which she had repeated 20 times, both sociologically and technically, and that she wasn't at all qualified for our position.

Why don't people do what they're expected to do?

In a recent "members only" symposium in the Grand Caymans, Bob Mager (Mager Associates, author of the books **Goal Analysis,** Analyzing Performance Problems, **Preparing Instructional Objectives**, and about a dozen others) hit us hard with the simplistics in regard to performance. The addenda will give you an opportunity, as Bob did for us, to "play a game" with your team at your next meeting.

Enjoy the choices in the blank "Remedies" column because they'll identify specific needs that you "enjoy" in your practice.

Quite obviously, if people are prevented from doing things, remove the cause. If they don't know what's expected of them, show and tell. If they think they're doing just fine, help them find out what the standards are. It would be good, experimentally, to "shop" your front office phone person, double blind, to see how things are going. (Double blind means with both eyes shut!). If they don't have the information they need to allow them to do their task well, the teacher-learner equation is important.

In Bob's book, **Goal Analysis**, this is outlined in detail. If the task is more difficult than it needs to be, simplify the task right out of existence. Keep it simple, stupid. (K.I.S.S.)

Use the checklist lifestyle that pilots enjoy to fail-safe their expected performance. If the work stations don't let them do it efficiently, it's the fault of the work station.

Are you a four-handed, sit-down? Are you a single chair, front deskless? Alter the work stations. If the rules make things difficult, or impossible, change the rules.

Mager described the old story of the mother who had the habit of always cutting the end off the roast when she put it in the pot. This is the way her mother, and her grandmother, had always done it. When the grandmother was asked "why?" the reason given was that the pan she had was too short to take the roast, so she cut the end off.

"But. . . we've always done it this way."

Cut the end off the roast!

Perhaps, in regard to this one, the rules make it difficult because the performance isn't in the job description. They're often "punished" when they do it right. "Gertrude" does an excellent job of cleaning the office, so you say, "Good! As a reward, we're going to let you clean the office all the time, Gertrude."

Some learn while others shrivel. When people do their tasks well, they many times expect to be promoted to other tasks. Be certain that you don't "crack their rice bowl" which will obviously alter their response.

Perceived, unrewarded, smaller world stops action. Oftentimes people are rewarded for doing it wrong. This makes the world get dimmer with aversion behavior.

If people are ignored whether they do it right or not, guess what the outcome will be? And obviously, if people don't know how to do it, they need some tactical instruction, don't they?

Performance tools, listed by Mager, are information, documentation, feedback, performance guides, workplace design, organizational structure, authority to perform, consequence management and training.

Wow!

What an organized way to look at dentistry. Positive reinforcement increases behavior and exposing the performer to greater teachers. This stimulates the teacher-learner experience in proper practice rather than ignorant practice or incorrect practice.

You'll notice that on the back of Bob's checklist, he gives a performance, problem, solution checklist and in its simplicity I find it unravels a lot of the stress and tension in the dental team.

We find that only 20% of the remedy is usually related to training. . . or are we dealing with a skill deficiency, not a motivational deficiency?

The 'M" word always arises during discussions such as this. I will **manage** someone to do what s/he needs to do right. Think again. Manage yourself. Manage time, Manage things. But, don't try to manage people because people who are managed don't like the manager, or to be managed.

This is the age of collateralization. An interesting observation of the X-generation, latch-string kids shows, as they begin to hit the job market, that they are remarkable in their behavioral patterns. They can't be told to do anything, but if they understand what to do, and you leave them alone, they're probably the highest performers in the last three or four generations.

Praise is useful in the teacher-learner equation, as Mager points out, when there's a one up/one down, but not among peers. Farsan talked about it so many years ago in the article *Praise Re-appraised.* (Available through Napili if you want to re-view it.)

So what causes people to choose to do things.? Goalposts, resources, resistors, getting out of the way and rewards. We find that people's attention spans are not all the same, but that they are always attending to something and that "my attention is short if you're not attending to my choices enough."

Oftentimes, people at the payoff level need only to complete to succeed as this works to motivate their repeat performance. Most tasks cannot be done without support. It's necessary, in our time, for complete computer and computer software support in all tasks.

A good question to ask: What isn't happening to your satisfaction? Look for the deviations. Is there support for correcting this project? Who will be the leader?

There's little room in the world for people who do what they do well and like it. Someone always wants to *manage* them.

Clarifying the expectations of human behavior, recognize, isolate, identify, quantify the discrepancies and diagnose before you treatment plan. . . all good things to remember when it comes to performance problems.

Mager asks some significant questions.

Are you dealing with a problem or a solution? Problems are all the same everywhere. You need

prescriptive language to describe the differences for our own environment.

Culture is a "painted on" event. People under the culture are predictable. To diagnose, or sort out, the components of the discrepancy is a science and an art. Oftentimes a diagnostician must avoid being too candid, even if s/he sees beyond the discrepancy and has a decision.

Co-discovery, co-diagnosis, co-treatment planning and co-developing the price to be paid are all critical.

At any given point in time, people will not be performing for a whole host of different reasons. Many times, no one has really told them what to accomplish or what is expected of them and they lack the *"Ah ha!* So that's what the world would be like if I accomplished this process". . . vision.

(Don't miss seeing the VISION tape by Joel Barker, it's a *eureka!)*

Empowerment. Let's talk about that for a minute. You are now "empowered."

So what's different, now that I'm empowered?

I believe it's important to be very cautious here because this is pretty fuzzy language. It doesn't describe successful expected performance and often is accompanied by fear of the unknown and of the threat of punishment, whether good or bad; therefore, oftentimes there's no performance because that would equal "no punishment."

These perceptions are often discovered when one diagnostically unravels, through dialogue, what's going on in the hearts and minds of people.

Remember, the word, *conversation*, as defined, includes the factor of unshared perceptions whereas dialogue, by definition, insists that perceptions are separated, sorted and shared prior to the transfer of information.

Take time to really study the process of empowerment. It's being bandied about a bit today and a lot of people believe they understand what it means.

To motivate self is one thing, to motivate others is another and to believe, in any part, that you can change human behavior by exhortation is one of our "strongest weaknesses."

- The needs and wants of the person coming for care are critical.
- Anything can be improved.
- Quality and excellence is everyone's job.
- The person doing the job knows it best.
- People deserve respect.
- Teamwork works.
- There is great value in differences.
- Involvement builds commitment
- Support and trust build success.
- You. . . make the difference.

Something to think about.

NEWS & Views

People Without Perio, November 2-4. . . the Napili spirit was much in evidence. Impressive how many doctors brought each team person, and the doctors who couldn't attend sent their hygiene persons. We had a vast geographic spread. . . all across our nation and including the UK. We appreciated having Dr. Perry Ratcliff with us again, along with Tim Rector, Donna Frederick, Kary Reed, Bill Bolt of Abiodent and the Pentegra consultants. Next perio workshop scheduled for March 1996.

Abiodent is sponsoring a one-day workshop in Boston on the 1st of December, actually at the Crowne Plaza Hotel in Woburn. Omer and Perry Ratcliff will be there with an in-depth dialogue and discussion regarding breath clinics and chlorine dioxide as relates to health, and perio health in particular. . . and the five co's of consultation and case presentation. The fee is $249 per doctor, $99 each additional person. Call Roz at Abiodent to reserve space. . . 506-777-5386.

Enhancing Charisma. . . Napili's "infant" workshop will be presented again on the 7th, 8th and 9th of December, in Phoenix. We have special clinicians and a format that is traditional except for the concept of the attendee becoming more cognizant of his/her charisma and the ways to positively utilize this attribute for all phases of one's personal and professional life. . . not a sensitivity session. . . but an opportunity to heighten self-esteem, self-worth and self-image. Eight to ten participants is optimum. No mass mailing will be sent as this workshop is intended for those persons who have a knowledge of the Napili philosophy and a vision/mission of their preferred future. Tuition: $1570/person.

I must make an initial, non-refundable deposit for the Colorado River Rafting Experience next June, the 14th through the 22nd. $1870/person. Better call and reserve your space(s) now. . . great graduation gift, great reward for Team Terrific!

Come, join us!

Worth Repeating

Mayo Clinic Scottsdale

Patient (Friend, Guest, Neighbor) Bill of Rights

A patient has the right to:

Be treated with consideration, respect and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care needs.

Be free from chemical, physical, and psychological abuse or neglect.

Refuse or withdraw consent for treatment or give conditional consent for treatment.

Have medical and financial records kept in confidence, and the release of such records shall be by written consent of the patient or the patient's representative except as otherwise required by law.

Be informed of proposed surgical procedures and the risks involved.

Be informed of this facility's policy on advance directives.

Be informed of costs of services prior to obtaining services or prior to a change in rates, charges or services, and advised of possible third party coverage.

Express a complaint and be informed of the facility's patient grievance process.

PERFORMANCE PROBLEM SOLUTION CHECKLIST

➤ PROBLEM	➤ SOLUTIONS
They *can't* do it, and...	
the skill is used often:	• Provide feedback. • Simplify the task.
the skill is used rarely:	• Provide job aids to prompt desired performance. • Simplify the job. • Provide periodic practice. (Training will be required if the above remedies are inadequate.)
They *can* do it, but...	
doing it right leads to punishment:	• Remove the sources of punishment.
doing it wrong is more satisfying:	• Remove the rewards for incorrect performance.
nobody notices when they do it right:	• Apply consequences to the *performer* for doing it right.
there are obstacles to performing as desired:	• Remove the obstacles (or help people work around them).

MAGER Associates Inc.

Why people don't do what they're expected to do.

Remedies

- They're prevented from doing it. _____
- They don't know what's expected of them. _____
- They don't know they're *not* doing it. They think they're doing it just fine. _____
- They don't have the information they need to allow them to do it well. _____
- The task is more difficult than it needs to be. _____
- Their workstations won't let them do it efficiently. _____
- The the rules make doing it difficult or impossible. _____
- They're punished when they do it right. _____
- They're rewarded for doing it wrong. _____
- They're ignored whether they do it or not. _____
- They don't know how to do it. _____

Performance tools

- Information
- Documentation
- Feedback
- Performance guides
- Workplace design
- Organizational structure
- Authority to perform
- Consequence management
- Training