



# Journal *of the* American College *of* Dentists

NATIONAL  
LEADERSHIP  
SYMPOSIUM

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# Journal of the American College of Dentists

A publication promoting  
excellence, ethics, and  
professionalism in dentistry

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## Mission

The *Journal of the American College of Dentists* shall identify and place before the Fellows, the profession, and other parties of interest those issues that affect dentistry and oral health. All readers should be challenged by the *Journal* to remain informed, inquire actively, and participate in the formulation of public policy and personal leadership to advance the purposes and objectives of the College. The *Journal* is not a political vehicle and does not intentionally promote specific views at the expense of others. The views and opinions expressed herein do not necessarily represent those of the American College of Dentists or its Fellows.

## OBJECTIVES of the AMERICAN COLLEGE of DENTISTS

THE AMERICAN COLLEGE OF DENTISTS, in order to promote the highest ideals in health care, advance the standards and efficiency of dentistry, develop good human relations and understanding, and extend the benefits of dental health to the greatest number, declares and adopts the following principles and ideals as ways and means for the attainment of these goals.

- A. To urge the extension and improvement of measures for the control and prevention of oral disorders;
- B. To encourage qualified persons to consider a career in dentistry so that dental health services will be available to all, and to urge broad preparation for such a career at all educational levels;
- C. To encourage graduate studies and continuing educational efforts by dentists and auxiliaries;
- D. To encourage, stimulate and promote research;
- E. To improve the public understanding and appreciation of oral health service and its importance to the optimum health of the patient;
- F. To encourage the free exchange of ideas and experiences in the interest of better service to the patient;
- G. To cooperate with other groups for the advancement of interprofessional relationships in the interest of the public;
- H. To make visible to professional persons the extent of their responsibilities to the community as well as to the field of health service and to urge the acceptance of them;
- I. To encourage individuals to further these objectives, and to recognize meritorious achievements and the potential for contributions to dental science, art, education, literature, human relations or other areas which contribute to human welfare—by conferring Fellowship in the College on those persons properly selected for such honor.

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# NATIONAL LEADERSHIP SYMPOSIUM

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This issue is dedicated to Dr. Arthur A. Dugoni on the occasion of the University of the Pacific naming its dental school in his honor. The National Leadership Symposium papers appearing in this issue were presented at the naming ceremony in August 2004 in San Francisco.

**Cover Photograph:** Arthur Dugoni. © 2004. Bruce Cook, University of the Pacific Arthur A. Dugoni Dental School



## FROM THE EDITOR

### THREE QUESTIONS FOR THE NEXT GENERATION

What are you going to do about access, the new biology, and commercialism? They are messy problems, you know, and they are not giving dentistry much good press. They lack any perceived urgency to make them crises, but they do have the qualities of excitement and risk. They will be defining for the profession, but only about twenty years from now.

One reason we have not gotten much traction on these issues, which have been with us for five or ten years already, is that each is poorly defined. Consider access to care. Do you know dentists who turn away paying customers? Which dentists are less busy now than they were five years ago? Is not the same proportion of Americans visiting the dentists regularly? We do not have an access problem: it is another kind of problem wearing the wrong name.

Dentistry has changed little. Society has changed a lot. Expectations have been pushed up by commercialization and politicians know that unfulfilled expectations are latent votes. Demographic shifts have created identifiable groups of

individuals who are not dental patients in the traditional sense and may not know how to be or wish to be.

Dental advertising is now prominent on the television, right in there among the jewelry, cars, and action figures. These are ads paid for by dentists, not the government in its role of advancing the public health. We do not have an "access problem" in cars, jewelry, or action figures because there is no rhetoric of these being rights. (It might be interesting to ask the disenfranchised whether they would prefer a car or endodontics.) The access problem is to a large extent a side effect of the commercial claims of dentistry being taken seriously by the public. From the view of politicians, this new demand can be addressed by increasing resources from the public or by increasing resources from the profession.

Choices that various groups make for addressing what is now called an access problem will say more about general political positions of those engaged in the debate than about the root causes of the problem. In 1999, AB1045 was passed in California, allowing thirty physicians and thirty dentists from qualified foreign schools to practice, including the use of conscious sedation, without licensure examination. Among the reasons given among the "whereas's" given in the bill is the belief that healthcare providers educated in America are not trained to provide culturally appropriate care. (The evidence for this assertion is not provided.)

The new biology is marvelous and mysterious, and it holds the potential for shifting large amounts of money. The wonders we have already seen in

growing tissue, salivary assays, minimally invasive treatment of caries, and proteonomics are convincing evidence that dramatically new approaches to oral health are on the way. The question that remains unanswered and largely out of discussion is how the new biology will change practice in the dental offices of America. Will the handpiece be used less? Will there be agreement on reimbursement codes for techniques that cannot be seen in radiographs? Will physicians or some new category of auxiliary dental provider who is not a master of technique be a more economical alternative provider?

Although the ADA has turned away attempts to gain recognition for oral medicine as a specialty, microdentistry, lasers, alternative medicine, and a number of Academies of This or That and laboratories that offer to diagnose conditions that did not exist only a few years ago have filled in the landscape. Fortunately, rigorous science is being vigorously pursued as well. Unfortunately, it is becoming so complex that practicing dentists cannot fully understand it, and it is becoming commercial. An off-Broadway play has even been written about the historic race between the U.S. government and a private consortium to decode the human genome. Drug companies see an opportunity here, and they are now advertising directly to customers. With so many diverse interests at stake, the path forward will be crowded with politics, rationality, organizational interests, science, and money. There will be a lot of pushing and shoving.

Dentistry has changed little. Society has changed a lot.

Commercialism has already been mentioned. The issue is not whether commercialism is a growing and pervasive aspect of dentistry and dental education; the question is what should be thought about this. In the past month, I have heard a speaker draw thunderous applause by criticizing spa dentistry and its ilk and an enthusiastic, almost enraptured reception given to a speaker who stopped just short of advocating orthodontics by veneers. (Different audiences, same profession?) There are still papers and programs that ask the question, "Is dentistry a business or a profession?" or "How can professionalism and business be balanced?" Some of these programs are right next door to the exhibition floor.

We do not know what to think about commercialism. Our codes of ethics are out of date; they are strongly against the idea of commercialism and strongly in favor of the practice of individual determination. There is little discussion and less agreement about which aspects of commercialism are good, and which are bad, and what makes them so.

As with access and the new biology, the views expressed about commercialism tend to reflect where the speaker is coming from. I have heard senior dentists in politically powerful positions say that young dentists are the ones infecting the profession with commercialism and it is a result of rising educational debt. I do not know about all young dentists, but a published study of recent graduates from the Arthur A. Dugoni School of Dentistry found no differences in conservative or high-end procedures performed and

educational debt. There was, however, a tendency for unconventional treatment associated with debt required to buy and establish a practice. For every dollar Pacific students borrow for their education, they borrow \$1.40 to buy out senior dentists and refurbish offices.

There are several reasons why the current leadership in dentistry will not solve the three problems of access, the new biology, and commercialism. First, these are manifestations of changes in American society, not dentistry. They are bigger than dentistry; if dentistry attempts to impose solutions of its own liking, it will become marginalized by society. Dentistry should not be afraid to engage in frank discussions about the nation's oral health and how it is best served. Who better understands it? Dentistry should, however, be terrified at the prospect of having to choose one or another loud voice in the profession as representing its future.

My father has often reminded me that problems that appear intractable are usually framed incorrectly. A thread in the three problems of access, the new biology, and commercialism is the tendency to shape them as "yes/no," "win/lose" choices. The important things in life are normally more complex than that. Which specific aspects of commercialism are undesirable and what new principles does that reveal? What parts of the new biology make sense in dentistry and how can dentistry become an active partner in developing them, as opposed to waiting to see what

others discover? Why not focus on improved overall oral health instead of access to treatment?

The deepest reason why the three challenges facing the profession belong to the next generation is that they involve rethinking the identity of the profession. They all concern who dentists are as much as what they do. Changes will come from changing the opinion holders rather than changing the opinions of those now making decisions. An essential strength of any profession is its self-image, its shared understanding of what is appropriate.

The role of leadership in addressing the major challenges facing the profession in the next quarter century is not to decide what is right or wrong for dentistry and pass the word along. It is to frame the discussion, making certain that there is honest dialogue with the public and with the next generation of dentists, and then to insist that the real questions are on the table. Leadership in organized dentistry has a responsibility to provide the ethical compass. That does not mean telling people what to do; it means ensuring that the future is essentially grounded in deep professional values. ■



David W. Chambers, EdM, MBA, PhD, FACD  
Editor

## LETTER TO THE Editor

After all, do not [the patients] also have a responsibility to exhibit moral courage?

To the editor:

I found the editorial "Moral courage" to be unduly condemnatory toward dentists.

Because of my involvement in organized dentistry, I have had a number of colleagues approach me for advice about some substandard care they had observed in their offices. I perceived genuine concern in these dentists trying to do the right thing for our profession and for some patients who had suffered poor quality treatment, frequently unbeknownst to them.

Either the other dentist or I would get advice from the state judicial council, the state board of dental examiners, or the local peer review committee. Most of the time these bodies suggested a written complaint by the patient in order to open up an investigation. It was a common comment that they wished they would receive more letters from patients. But more often than not, the patients would decline to submit a letter, despite the encouragement of the dentist.

In my own office, under similar circumstances, I have even offered to write such a letter, show it to the patient for accuracy, and mail it for them. I have

offered to write or call a dentist in another state about the patient's condition in order to pursue a refund for them. Again, this offer is usually not explored. I have frequently been surprised in a sophisticated and well-educated city such as San Francisco that this is so.

I contend that non-response from patients can make resolution of these ethical situations of substandard care even more difficult. I feel it is appropriate to put some obligation on the patient's shoulders. After all, do not they also have a responsibility to exhibit moral courage?

Donna B. Hurowitz, DDS, FACD  
San Francisco, CA



## SELECTED TO LEAD

B. Charles Kerkhove, Jr., DDS, FACD

### ACD PRESIDENT-ELECT'S ADDRESS

SEPTEMBER 30, 2004  
ORLANDO, FLORIDA

Officers, Board of Regents, Fellows, candidates for Fellowship, and guests: Welcome to the eighty-fourth meeting of the American College of Dentists. What a great day to be alive! This is a special day. The current and future leaders of the College and the profession are in this room.

You belong to an exclusive group, as only 3% of all dentists are invited to receive this Fellowship. To be a recipient, all of you must have demonstrated leadership and have contributed significantly to the dental profession. In accepting the honor, you commit yourself to continue doing so.

Not too long ago, a good friend said to me, "It's hard to believe that a dentist from a small town in central Indiana is going to be president of a national organization." My father practiced dentistry for fifty years in a small town of eight hundred people. He, of course, influenced me to follow in his footsteps. My point is: success and leadership do not care where we live or how we look physically. Observe your fellow candidates, some are young, some are mature and some, like me, are losing their hair. Each of us is unique. What we share in common is that we all serve dentistry, our communities, and our fellow man. We serve God by serving others. You exemplify excellence, ethics, and professionalism. As the College confers Fellowship on you today, you will experience how the American College of Dentists becomes a part of you.

Twenty-three years ago, I sat in your seat enjoying the speakers. I was exhilarated, anticipating what was to come. Since that day, I have watched the College evolve to lead in the ever-changing course of dentistry.

### LEADERSHIP

Dentistry today is socially significant and technically complex, and it encompasses a larger scope of our profession than ever before. The changes in dentistry characterized our time. John F. Kennedy said, "Change is the law of life." We must move ahead with the changes. The earlier we take action, the more choices we create. Kennedy's quote continues: "and those who look only to the past or the present are certain to miss the future." The scientific and technological revolution affects the very core of our existence. As members of this great profession, we must prepare to adjust to change and become proactive. We need to demonstrate vision and statesmanship to protect the best interest of the public and profession. The College accepts this challenge.

Leadership is the principal criterion of eligibility for Fellowship in the College. As leaders, we must dynamically focus the resources of the College in activities that advance excellence, ethics, and professionalism. We have a responsibility



Dr. Kerkhove maintains a private practice in pediatric dentistry in Indianapolis, Indiana.

to enthusiastically promote our mission. By accepting the honor of Fellowship, you commit to continue the leadership role that makes you eligible to become a Fellow.

### INVOLVEMENT

The sections form the enthusiastic life-line and foundation of the College. We must maintain our history of leadership, innovation, and growth. We accomplish this through effective programs at the section level and by nominating proven leaders for candidacy in the College.

I ask each Section to acknowledge and welcome all new Fellows at your Section meetings. Invite every new Fellow to participate in activities which promote our mission. Without participation, individuals become complacent, resting on their achievements, denying creativity, and inviting stagnation. Each member can make important contributions to the College by the unlimited opportunities that exist.

Certainly we can never afford to indulge in the hollow posturing and chest thumping of a mutual admiration society. Our Sections should not be satisfied with a yearly dinner meeting, with or without other organizations. No! Strong section leadership needs to develop a number of projects to promote excellence, ethics, and professionalism such as White Coat Ceremonies or ethical dilemma courses. A White Coat Ceremony presents a white clinic jacket to incoming dental students in a respectful celebration. It conveys the mantle of professionalism and its responsibility. This past June, the third-year Indiana University dental students participated in

the Indiana Section's ethical dilemma course. Students broke up into small groups and discussed clinical cases that presented difficult ethical challenges. Fellows moderated the roundtable discussions, and at the end the students presented their findings. I am pleased to share that the positive feedback from the students was tremendous. The interaction with the dental students opened communication and enhanced their ethical judgment skills. Indiana, Mississippi, Florida, and other states are now using this format. Consider sponsoring an Ethics Achievement Award. Such a state-wide award seeks to recognize a dentist who promotes ethics and professionalism. I also urge sections to be involved with ethics curricula in our dental schools, as well as providing ethics seminars for those already practicing dentistry. This is what it means to be selected to lead.

### "THE CONSCIENCE OF DENTISTRY"

Our leadership is needed to ensure that the public will receive dental health services of the highest possible quality. In this day with so much offensive, tasteless, and nonprofessional advertising, I urge you to renew your commitment to promote the highest ideal of professionalism and ethics among your colleagues.

With advances in technology, treatment procedures, and diagnostic improvements, overtreatment is rearing its ugly head in medicine and dentistry. The new attitude that puts financial gain above ethics adversely affects society and its perception of our profession. There are colleagues who falsely report claims to insurance carriers. Others allow their name to be associated with dental products not authenticated by valid research. Some perform procedures beyond their training and ability.

Even though these behaviors are practiced by a small number of dentists, they create a negative public image. We cannot allow dentistry to fall into

unethical practices much as the corporate world has in the past few years.

Fellows and Candidates seated in this room exemplify the kind of leaders we need in society and government affairs today.

### NATIONAL COLLEGE PROJECTS

"You cannot suddenly fabricate foundations of strength; they must have been building all along," says author Phillip Yancy, "Strong leadership builds foundations and focuses on the future." Past and present College officers and the Board of Regents accomplish this with futuristic thinking. Let's review projects where the College makes a difference.

We initiated and sponsored three Ethics Summits of Oral Health. The summits proved to be major and important endeavors. The third summit focused on a specific theme, "Truth Claims in Dentistry."

Another project is the "Ethics Handbook for Dentists." It is distributed to first-year dental students and practicing dentists. It highlights ethical and professional responsibility and promotes ethical conduct in dentistry.

Every other year, selected regency hosts our summer conference. These are held in some of our most famous resorts and locations. They're a must for everyone. I not only enjoy the camaraderie, but I also learn a tremendous amount. The speakers are always stimulating and there are activities for everyone in the family, including children. The 2005 conference will be held in June at the beautiful Queen's Landing at Niagara-on-the-Lake, Ontario, Canada. Along with the fun, leadership workshops will be offered. These workshops help develop new ideas and enhance communications within the College. I invite all of you to attend this exciting event.



The College is on the cutting edge of communications, both in history of dentistry and dental journalism. Dentistry has a proud and evolving history, but unfortunately it is often neglected. Our Executive Director, Dr. Steven Rawls, has recently completed a CD on the history of dentistry. This CD will be sent to every incoming first-year dental student.

The *Journal of the American College of Dentists* receives recognition and gives high visibility to important topics. The third issue of 2003 included "The Ethics of Quackery and Fraud in Dentistry," a position paper by the College's Board of Regents. Our editor, Dr. David Chambers, is commended for his efforts in keeping the journal at a high editorial standard.

### STRENGTH

As past treasurer of the College, I can assure you, that the officers, Board of Regents, and administrative staff are diligent and use sound fiscal management of the College funds. Many projects receive funds from the American College of Dentists Foundation. This foundation needs your support. Dues alone cannot, generally, cover all of our ethics projects. The Gies Fellows Program, established in 1999, supplies necessary revenue to help accomplish the mission of the College. Other sources of non-dues revenues are the silent auction, the ACD cruise, and the Gallery. By supporting these endeavors you also help the College. Our Immediate Past President, Dr. Roger Trifthauser, leads the ACD Foundation and is our enthusiastic Chairman of the silent auction.

I commend the officers and Board of Regents for their commitment and dedication to serving the College. I wish to acknowledge Dr. John Haynes and the outstanding job he has done this past year as our President. His friendly character of selfless giving and serving is an example for us to follow.

Last, but most important, is the College's central administrative staff led by our very capable Executive Director, Dr. Stephan Ralls. We are grateful to Executive Assistant Karen Matthieson, Comptroller Paul Dobson, and Rachel Reges, Angela Wong, and Pilar Valles for their commitment to excellence. These are the friendly and helpful voices you will hear when you phone the Central Office. You will come to know them well as you attend future convocations of the College.

### CONCLUSION

I stand before you this morning, humbled and honored that I will soon become President of this vibrant, dynamic organization.

I thank my Heavenly Father and my earthly father for the blessings and opportunities they have given me to serve you and the College. I appreciate the support and encouragement of the Indiana Section. Special thanks to Dr. James Fanno and Past President Dr. Juliann Bluit for supporting me in this endeavor. And my most abundant gratitude is for my wife, Judy, for her patience, love, and support.

The strength of the American College of Dentists draws on your leadership, individually and collectively. We can make a difference. I leave you with these challenges:

Section officers—return home and examine ways your sections can improve on what they are doing and envision more productive activities and programs.

New Fellows—be committed to the College and become active and involved in your section's activities and meetings. It is actions, not words, which make a difference.

All Fellows and those selected to lead—commit to the College and its mission by nominating one of your worthy colleagues for Fellowship.

Pray for our country, our president, and for those who are serving to defend our freedoms. And, finally, pray for the College officers, Board of Regents, our Executive Director, and for me, your President, for wisdom and guidance in leading this great organization. I believe that God has a purpose for our lives, a mission, a destiny. I ask for your support, cooperation, and most of all your commitment during this coming year.

To the new Fellows, I give my sincere congratulations.

May God bless you and keep you in the days and years ahead. As our late president, Ronald Reagan said at his inaugural, "The best is yet to come!" ■

Our leadership is needed to ensure that the public will receive dental health services of the highest possible quality.

## IS DENTISTRY A BUSINESS OR A PROFESSION?

Bruce S. Graham, DDS, FACD

### CONVOCATION Address

SEPTEMBER 30, 2004

ORLANDO, FLORIDA

Today I have chosen to talk to you about our profession's image in the public's eyes and to explain to you why I am truly fearful about the significant erosion of our profession's stature in North American society. In the title for this address, I have posed the question, "Is Dentistry a Business or a Profession?" Of course, the answer to my rhetorical question is: "It is both." In the way that our profession is traditionally practiced in North America, it is both a health profession and a small business. Now you are asking yourself, "So what? We all know that dentistry is both a profession and a business!" I believe that the profession's core duality, that is its simultaneous existence as both a health care profession and a small business, creates a dangerous tension between dentists and the public.

"Dangerous?" you ask, "Why dangerous?" Dangerous because dentists are challenged to maintain a precarious balance between the roles of doctor and businessperson. Precarious because there is always the very real danger that our need to make a living as a dentist will compromise the decisions that we make about providing oral health care for our patients.

Now let me tell you how I believe that the business side of North American dentistry is, in fact, endangering the integrity of our profession and demeaning dentistry in the eyes of the public.

The most obvious sign of the commercialization of our profession today is

the unfortunate evolution of esthetic restorative dentistry into the cosmetic dentistry business. It seems that "Bright Smiles" and "White Teeth" are the predominant public face of dentistry today. Everywhere that the public looks on the streets of the United States and Canada, they see commercial signs in dental office windows, and dental industry-sponsored billboards, trumpeting the white tooth business. Every magazine and newspaper seems to deliver the same message too, in not so subtle ways. The ubiquitous message is: "If you want to look young and sexy, you need to whiten your teeth." Please notice that the message is "whiten" your teeth, not "bleach your teeth." Apparently, the thought of bleach in your mouth is not a particularly palatable advertising message—please excuse the pun. But the marketing message for those of us who want to look good used to be that we couldn't be too thin. Now it seems to be that our teeth cannot be too white!

The latest fad in the cosmetic dentistry business capitalizes on the baby-boomer's obsession with appearance and luxury in offering the dental spa experience. In dental spas you can not only have your teeth whitened, but you can also simultaneously experience a massage, aromatherapy, a manicure, and even a pedicure. And some dental



Dr. Graham is Dean, University of Illinois at Chicago College of Dentistry. [bgraham@uic.edu](mailto:bgraham@uic.edu).

offices are now offering the ultimate cosmetic makeover service of permanent makeup tattooing. There are even dentists who offer botox injections, justified as dental treatment, because, and here I am quoting from the advertisement, "They reduce the muscle tension that contributes to oral pain and damage with the main side effect that you can lose some of your wrinkles and refresh your aging smile." Now isn't that clever commercial marketing?

And, I can hear you thinking again, "So what? Who cares if whiter, brighter teeth is dentistry's ubiquitous public message today? At least it brings patients into our offices. How is this message demeaning to the profession of dentistry?"

Because it is a solely commercial message. It is not a health care service message. It is a cosmetic business service message. And again you answer: "So what? So is plastic surgery." Well, tooth whitening isn't surgical unless it involves veneers. When it is tooth bleaching and the spa experience, it is directly analogous to hair bleaching and cosmetics. It is not surgery; it is cosmetology—plain and simple.

Parenthetically, we are not even sure of the long-term effects that tooth whitening might have on the oral health of our cosmetology clients. Do we know what effect the bleach and heat used to whiten teeth will have on pulpal tissues? No. But many of us seem only too eager to offer tooth bleaching as a commercial dental service.

And what of the public's attitude toward dentists? How do they see a profession that offers them cosmetology as its most visible public service? Does the general public embrace the notion that oral health is part of their overall health, and that you cannot be healthy without a healthy mouth? Sadly, I think not.

Ever since the profession of dentistry stood by while dental care for seniors was omitted from Medicare, we have

Today the loudest message being received by North American society is that dentistry is an elective cosmetics service which can help you look younger and sexier.

fought an uphill battle to convince government, health insurers, and the public that oral health is an essential component of overall systemic health. I think that we have been making significant progress in this uphill battle, most notably with the Surgeon General's Report on Oral Health and the resultant National Oral Health Plan. But today the loudest message being received by North American society is that dentistry is an elective cosmetics service which can help you look younger and sexier. There is no message about oral health as a vital component of overall health in the "bright smile and white teeth" advertising campaign.

And again you are asking yourself, "So what? This is the platinum age of dentistry. Dentists' incomes have never been higher. Things have never been so good for the dental profession! Why is Graham complaining about cosmetic dentistry? So what if the public sees us as cosmetologists?"

Let me try to explain what is bothering me. Put simply, our existence as a profession of dentistry is dependent, in the final analysis, on what the public thinks of us. The public—that is, society—affords us the privilege of being a profession on the basis of its trust that dentists put the oral health care needs

of our patients ahead of our own desires to make money. Because of society's trust in us, we have the privilege of educating dentists, licensing dentists, and disciplining dentists, all with virtually no societal—that is, no governmental—oversight. We are, perhaps, the last real true profession in North America.

But I believe that this privileged status is in dire jeopardy. I believe that we are in danger of convincing society that we no longer deserve professional status, because we have crossed over the line between oral health professional and dental businessperson, crossed over that line to become full-fledged businessmen and women, as dental cosmetologists.

As an example of the way the commercialization of dentistry could cause its "de-professionalization," we need only reflect on the precipitous fall of the pharmacist from professional status. Until the 1960s, the pharmacist was our society's respected corner druggist, trusted to give the public sage advice about prescription and over-the-counter medicines. Then, with the corporatization of the corner drug store into chain mega-stores filled with more groceries and household goods than medications, the pharmacist/druggist was downgraded in society's regard to a slightly gentrified convenience store owner. It is only during the past decade, with the dual strategies of the pharmacy doctorate degree and the strong marketing by the drugstore chains of the pharmacist as a newly minted "medication counselor" that we have begun to see even a modicum of professional status returning to the pharmacist.

Could this happen to dentistry? Could we miss our chance to apply molecular medicine, tissue engineering, and computer-assisted decision making to the care of our future patients, sinking,

instead under the weight of commercial cosmetic dentistry marketing to the level of mere dental spa operators? Yes, it could happen. It could happen far too easily, without our even noticing it.

But we cannot let this happen to our chosen profession. We must not let it happen, because society will ultimately suffer if the dental profession is degraded.

So, what must we do to save our professionalism? First, let me start with what dental educators are doing, because I know that you are already blaming dental education in your minds for recruiting and graduating such deplorably business-oriented dentists. (After all, it must be dental education's fault because this unprofessional commercially focused behavior wasn't a hallmark of the profession when you graduated, was it?)

Well, in this instance, dental educators are not guilty. In fact, we are recruiting dental students who have already demonstrated their volunteerism and commitment to serving the public and who want to continue this service as dentists, ministering to the oral health needs of their patients and their community. In

**We must tell the story of our profession's service to the disadvantaged members of our society.**

the dental education curriculum, we are already providing case-based, faculty-mentored small group discussions of the ethical issues, such as commercialism versus professionalism, that challenge their chosen profession. We are counseling dental students against falling into the commercial model of practice in order to pay off their sizable educational debt at the expense of their professional reputation. We are doing all this and more, and we will continue to help our students confront the profession's tension between commerce and care. We will help our students to resolve this tension in their minds and in their hearts before they enter the profession after graduation.

But now, what do I want you to do? As Fellows of the American College of Dentists, you represent the 2.5% of American and Canadian dentists who have received the honor of fellowship as recognition of your professionalism and leadership. But this great honor of fellowship brings with it the weighty responsibility of leadership. So, I expect you to do a lot about this danger to the profession.

First, I expect you to drown out the noise of cosmetic dentistry advertising with a powerful counter-message. I want you to influence your dental organizations to spend money (yes, I said spend money) to market the message that dentists are health care professionals who are essential to the general health of the public. I want you to lead your dental organizations—whether it is your county dental society, your town dental study club, the provincial or state dental association, or the American or Canadian Dental Association—to mount marketing campaigns like the ADA's successful oral cancer campaign. These marketing campaigns must emphasize that dentists do serve the public's health by addressing the connection between oral health and diabetes, early term low birth weight infants, cardiovascular disease, tobacco

abuse, and obesity. We do relieve pain, and we do detect oral cancer, and we are a vital health care profession.

Then I want you to widely publicize all of the voluntary care that dentists provide to disadvantaged children and adults every day in every town and city in North America. Oh, I know that goes against the grain of your personal and professional modesty. I know that you don't voluntarily serve the underserved in order to be recognized for it. But you need to "take your light out from under the bushel basket" now, because we have to obliterate this dangerous message of commercial dentistry that is poisoning the public's opinion about our profession and demeaning us in their eyes. We must tell the story of our profession's service to the disadvantaged members of our society.

I also want you to screw up your courage and personally confront the dental cosmetologists, face-to-face, and tell them what you think about the way they are degrading our profession. I know that also goes against your personality grain. Dentists are, by and large, not confrontational in their interactions. But you know that you can do this in a polite, respectful, and professional way, if you only push yourself to do it. You can influence your colleague to at least think about what they are doing to their profession.

You all have a position of respect and influence in your professional community. I implore you to use it to save our profession. If we don't assertively confront the dental cosmetologists, we run the risk of losing this great profession to them.

I know that I am asking much of you today. But if the Fellows of the American College of Dentists don't take on this responsibility, who will? Who will act to save our profession, if not you? ■



## 2005 ACD AWARDS

### William John Gies Award



The highest honor the College can bestow upon a Fellow is the William John Gies Award. This award recognizes Fellows who

have made exceptional contributions to advancing the profession and society.

This year's recipient is **Dr. Robert T. Ragan**. Dr. Ragan, a native of Cleveland, Mississippi, completed undergraduate studies at the University of Mississippi in 1960 before matriculating to dental school. He received his dental degree in 1964 at the Loyola University of New Orleans School of Dentistry. Following graduation from dental school, Dr. Ragan spent two years as a captain in the Dental Corps of the United States Air Force. Upon finishing his military obligation, Dr. Ragan opened a private practice in Cleveland, Mississippi, which he has continued to the present time.

Over the course of his forty years in practice, Dr. Ragan has distinguished himself in a variety of ways. Dr. Ragan was elected to all the offices that can be held in the Mississippi Dental Association, including President and Trustee. He has also served as President of the District Two Dental Society. Dr. Ragan has also been active in the ADA, serving as Chair of the ADA Commission on Relief and Endowment Funds; member of the ADA Council on Dental Practice; ADA Delegate; Secretary-Treasurer, Vice Chair, and Chair of the Fifth Trustee District of the ADA. He has also been very active in

the American Academy of Dental Practice Administration, serving in a number of important capacities, most recently as President. Dr. Ragan was honored in 2000 by a special proclamation of the Mississippi Legislature. The same year, he received the Special Service Award by the Mississippi State Board of Dental Examiners.

He has served the American College of Dentists as Chair, Mississippi Section, before serving as Regent of Regency 5. Dr. Ragan eventually held the offices of President of the American College of Dentists as well as president of the Foundation. Through his inspiration and leadership, the Gies Fellow program was implemented and will leave an indelible impact on the Foundation. With his keen interest in dental ethics, Dr. Ragan has spent his talents helping formulate and establish the ethics seminar for students at the University of Mississippi School of Dentistry. This program started as an ethics seminar for junior and senior dental students and has become a four-year endeavor. This seminar is an opportunity for dental students to meet and develop relationships with Fellows of the College while learning from their experiences. The profound success of this program has spawned similar ethics programs at the University of Florida, Indiana University, and the State University of New York with Dr. Ragan's personal assistance. He has not only made significant contributions to dentistry, but to his community as well. Dr. Ragan has actively participated in enriching his community by serving as president of numerous organizations,

including the Cleveland Rotary Club, the Cleveland Crosstie Arts Council, the Delta Aquatic Club, and the Bolivar County Alumni of the University of Mississippi.

Dr. Ragan's leadership, achievements, and exceptional contributions have had a significant and positive impact on dentistry, dental ethics and ethical practice, his community, and his country. Dr. Ragan has been a consistent resource to all of his professional and allied associations. He is held in highest regard, not only by his colleagues, but also by his friends and business associates.

### Honorary Fellowship

Honorary Fellowship is awarded to individuals who do not hold a dental degree, but have significantly advanced the profession of dentistry, and have shown exceptional leadership in areas such as education, research, public health administration, or related fields of health care. This year there are two recipients of Honorary Fellowship.



The first recipient of Honorary Fellowship for 2004 is **Mr. Daniel J. Buker, Esquire**. Mr. Buker is a veteran of the United

States Air Force being honorably discharged in 1972 after four years of service. He subsequently graduated magna cum laude from the University of West Florida in 1976. He soon afterward entered Florida State University,

graduating magna cum laude in 1981 with a Master of Science in Planning degree. That same year and from the same university, Mr. Buker graduated with a Juris Doctorate degree.

He held several positions with the Florida Department of Insurance from February 1983 through October 1987. The Florida Dental Association hired Mr. Buker in October, 1987, as Assistant Executive Director for Legal Affairs. In January, 1989, he was named Acting Executive Director, and the following June Mr. Buker was appointed Executive Director, a position he currently holds. The Florida Dental Association has grown significantly under his leadership. In 2001 the FDA received the Golden Apple Award from the ADA for Grassroots Membership Recruitment. The Tallahassee Area Chamber of Commerce has recognized the Florida Dental Association as the Small Business of the Year in 2000. The Florida Dental Association was recognized with the Association of the Year Award in 2001 by the Tallahassee Society of Association Executives. Mr. Buker has been personally recognized by several private, public, and professional organizations for his vision, leadership, and exemplary skills in dealing with healthcare issues. The ADA has requested his services on numerous task groups and committees dealing with national, constituent, and component dental societies. With his experience as an attorney, Mr. Buker was the driving force behind the FDA establishing the Florida Dental Services, Inc., a for-profit corporation providing benefits and services for FDA members and non-dues revenue

for the association. This mitigated the need for dues increases over a twelve-year period. Among his other accomplishments, Mr. Buker was instrumental in moving the FDA headquarters from Tampa to the state capital in Tallahassee to consolidate association activities in one location. This has proven to be a great benefit. Mr. Buker has demonstrated a heart and passion for dentistry that is truly exceptional. He is motivated by a sense of accomplishment and the satisfaction of a job well done.



The second recipient of Honorary Fellowship for 2004 is **Mr. Roy E. Lasky**. Mr. Lasky graduated from the University of

Massachusetts in 1968 with a Bachelor of Arts degree in English. In 1976 he completed his Master of Arts in Political Science from the State University of New York at Albany.

By 1978, Mr. Lasky had been named Assistant Executive Director, Government Relations, for the New York State Dental Association. This is the American Dental Association's second largest constituent with a membership of 13,300 and an operating budget of \$3.5 million. He was named Executive Director of the association in 1990 and he has served with distinction since, also as principal lobbyist. The Association has gone through numerous significant, positive changes during his tenure as Executive Director. He successfully relocated association headquarters from New York City to Albany. Mr. Lasky upgraded financial management, including transition from an inconsistent bookkeeping system, to a professional computerized accounting system. He increased the Association's Reserve Fund nearly 400% to \$3.7

million, approximately one year's budget, by incorporating an innovative professional management approach gearing portfolio manager incentives toward performance, not commissions. Mr. Lasky established the Association as one of the most politically powerful professional healthcare associations in New York State. Through his leadership, one of the nation's most rigorous managed care patient protection acts was passed, which included provisions prohibiting HMOs from forcing dentists to sign "hold harmless" clauses, and prohibiting HMOs from terminating dentists' participation in an insurance plan without affording due process. Additionally, Mr. Lasky oversaw increased dental fees under Medicaid from \$120 million to \$560 million for the period from June 2000 to June 2004. Dentists were exempted from New York State law requiring physicians and other healthcare providers to use "safer," re-engineered sharps. The law revoking dental residents' limited permits, based solely upon their failing a portion of the dental licensing examination, was repealed at the request of New York dental schools and their students. Liability statutes were amended to impose limits on attorneys' contingency fees, reduce malpractice awards, and reduce the statute of limitations in dentistry from three to two and one-half years. His ability to "think outside the box" has invigorated and enhanced the profession's mission and service to the public. He created the association's newsletter, *NYSDA News*; launched an e-commerce Web site, [www.dentalearning.org](http://www.dentalearning.org); established an online presence with [www.nysdental.org](http://www.nysdental.org); and spearheaded the development of award-winning programs for the public, such as Dial-A-Smile and the New York State Special Olympics. Mr. Lasky is the recipient of numerous honors and awards, including the NYSDA Distinguished Service Award.

## OUTSTANDING SERVICE AWARD



The Outstanding Service Award recognizes exceptional support of the College, the profession, oral health, or community service.

This year's recipient is **Dr. Malvin E. Ring**. Dr. Ring graduated with a Bachelor of Arts degree in 1939 from the Brooklyn College of the City of New York. He went on to serve as a medical technologist in World War II. He thereafter entered dental school and graduated in 1946 from Saint Louis University with a Doctor of Dental Surgery degree. Duty again called and for three years he served as a Captain, Dental Corps, United States Air Force. From 1953 to 1984 Dr. Ring maintained a private practice in Batavia, New York. In 1970 he received a Master of Library Science degree from the State College of New York at Genesco.

Dr. Ring is a dental historian extraordinaire. He has published over 250 scholarly articles, presented over sixty professional papers, held numerous Special Consultant positions, appeared on TV and radio shows, including a 1986 appearance on the *Larry King Live* show and a 1987 appearance on the *Today Show*, and authored the internationally acclaimed history text, *Dentistry—An Illustrated History*. For over twenty years, Dr. Ring served as editor of *The Bulletin of the History of Dentistry*, and he has been a member of the editorial board of the *Compendium of Continuing Dental Education* for twenty-seven years. Among other positions, Dr. Ring has served as a member of the Working Group on Dental History for the Federation

Dentaire Internationale. He also served as a consultant and reviewer for "Dentistry and related topics" for the *Encyclopedia Britannica* from 1999 to 2000.

Dr. Ring is the recipient of numerous honors and awards, including the Hayden-Harris Award of the American Academy of the History of Dentistry and the Distinguished Alumnus Award of Saint Louis University. Most recently, Dr. Ring served on the Advisory Committee for the College's multimedia dental history resource, "Dental History." His willingness to share from his personal dental history collection was instrumental in the completion of the project—now in distribution to dental schools in the United States and Canada on a complimentary basis.

## SECTION ACHIEVEMENT AWARD

The Section Achievement Award recognizes ACD Sections for effective projects and activities in areas such as professional education, public education, or community service.

The Florida Section is the recipient of the 2004 Section Achievement Award. The Florida Section is honored for developing ethical and legal roundtables for students at the University of Florida, College of Dentistry, and the Nova Southeastern University, College of Dental Medicine. The programs were developed: 1) to expose students to ethical and legal dilemmas and ways to approach dealing with these dilemmas; 2) to cover ethical issues that relate to professional conduct within practices and communities; and 3) through ethical scenarios, educate dental students and new graduates about ethical ideals and their application in treatment and practice. Student feedback has been extremely positive and the programs are widely acknowledged as profound successes.

## SECTION NEWSLETTER AWARD

The Section Newsletter Award is presented to an ACD Section in recognition of outstanding achievement in the publication of a Section newsletter. The award is based on overall quality, design, content, and technical excellence of the newsletter. This year's recipient is the New York Section.

## 2005 Fellowship Class

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The Fellows of the American College of Dentists represent the creative force of today and the promise of tomorrow. They are leaders in both their profession and their communities. Welcome the 2005 Class of Fellows.

Dr. John E. Ailor, Jr.  
*Baltimore, MD*

Dr. Stanton S. Appleton  
*Loma Linda, CA*

Dr. Jeffrey T. Baker  
*Shelby Twp, MI*

Dr. Peter S. Balle  
*Las Vegas, NV*

Dr. Marc Balson  
*Livingston, NJ*

Dr. Harry R. Barcus  
*Winter Park, FL*

Dr. Martin A. Barley  
*California, MD*

Dr. Jack T. Bauguss  
*Knoxville, TN*

Dr. Mark A. Bauman  
*Saratoga Springs, NY*

Dr. R. Gordon Baynes  
*Surrey, British Columbia*

Dr. Steven W. Beadnell  
*Portland, OR*

Dr. Jack R. Beattie  
*Orlando, FL*

Dr. Alonzo M. Bell  
*Alexandria, VA*

Dr. Vincent V. Benivegna  
*East Lansing, MI*

Dr. Stephen C. Bennett  
*New Braunfels, TX*

Dr. John D. Berner  
*Dunkirk, NY*

Dr. Frederick A. Berry  
*Loma Linda, CA*

Dr. Daniel A. Bertoch  
*Tampa, FL*

Dr. David R. Blair  
*St-Lambert, Quebec*

Dr. C. Yolanda Bonta-Dodd  
*Piscataway, NJ*

Dr. Jerry E. Bouquot  
*Morgantown, WV*

Dr. Patricia I. Boyle  
*Dearborn, MI*

Dr. Peter T. Bronsky  
*Vestal, NY*

Dr. Donald T. Brown  
*Covington, LA*

Dr. Gwendolyn B. Brown  
*Charleston, SC*

Dr. Robert L. Bruncker  
*St. Joseph, MO*

Dr. Robert J. Buhite II  
*Rochester, NY*

Dr. Zachary F. Carden, Jr.  
*Chattanooga, TN*

Dr. David R. Carden  
*Jacksonville, FL*

Dr. Philip C. Carson  
*Chattanooga, TN*

Dr. James C. Cecil  
*Lexington, KY*

Dr. Alfred J. Certosimo  
*Richmond, VA*

Dr. Brian S. Chapnick  
*Toronto, Ontario*

Dr. Gilbert Chapnick  
*Toronto, Ontario*

Dr. Steven H. Cho  
*New York, NY*

Dr. Gerald A. Cioffi  
*Orange Park, FL*

Dr. Joseph F. Cipollina  
*Brooklyn, NY*

Dr. Michael Conte  
*Milltown, NJ*

Dr. Ralph A. Cooley  
*Conroe, TX*

Dr. John E. Cottrell  
*Port Perry, Ontario*

Dr. James D. Crandall  
*Port Orange, FL*

Dr. Timothy J. Creamer  
*Milwaukee, WI*

Dr. Frank C. Crist, Jr.  
*Lynchburg, VA*

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*Hood River, OR*

Dr. Bruce E. Cunningham  
*Jacksonville, AL*

Dr. Daniel P. DeCesare  
*Providence, RI*

Dr. Roberta L. Diehl  
*Hialeah, FL*

Dr. Charles A. Doring  
*Rockville, MD*

Dr. Donald C. Dornan  
*Tustin, CA*

Dr. Susan Becker Doroshov  
*Skokie, IL*

Dr. Joseph E. Dotson  
*Tampa, FL*

Dr. James A. Dryden  
*Joplin, MO*



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Dr. Michael C. Erlichman <i>Little Falls, NJ</i>	Dr. Howell A. Goldberg <i>Plantation, FL</i>	Dr. Gary E. Jeffers <i>Northville, MI</i>	Dr. Billie Sue Kyger <i>Gallipolis, OH</i>
Dr. Steven L. Essig <i>Ravena, NY</i>	Dr. Jeffrey C. Grabiell <i>Birmingham, MI</i>	Dr. Mark E. Jensen <i>Bend, OR</i>	Dr. Neal E. Lambert <i>Muncie, IN</i>
Dr. Steven E. Fegan <i>Port Huron, MI</i>	Dr. Barry L. Green <i>Newport News, VA</i>	Dr. Mark W. Johnston <i>Marietta, GA</i>	Dr. Barry L. Langley <i>Mobile, AL</i>
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Dr. Kim E. Fenesy <i>Clifton, NJ</i>	Dr. Viviane S. Haber <i>Glendora, CA</i>	Dr. Danielle Joly <i>Varennes, Quebec</i>	Dr. Matthew R. Lark <i>Toledo, OH</i>
Dr. Alan L. Ferguson <i>Birmingham, AL</i>	Dr. Floyd S. Hall <i>Springfield, MO</i>	Dr. James V. Jones <i>Sioux Falls, SD</i>	Dr. Kenneth Lee <i>Vancouver, British Columbia</i>
Dr. Edward L. Fitzpatrick <i>Clinton Twp, MI</i>	Dr. Barbara G. Halpern <i>Columbia, MD</i>	Dr. Richard E. Jones <i>Munster, IN</i>	Dr. Thomas G. Lengowski <i>Mandan, ND</i>
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Dr. Harry C. Futrell <i>Panama City, FL</i>	Dr. Ronald K. Heier <i>Frazer, PA</i>	Dr. Bernard A. Kahn <i>Maitland, FL</i>	
Dr. Enrique Garcia <i>Norwalk, CA</i>		Dr. Claire C. Kaugars <i>Richmond, VA</i>	

Dr. Louis M. Lin <i>New York, NY</i>	Dr. Patricia E. Meehan <i>Baltimore, MD</i>	Dr. August D. Pellegrini, Jr. <i>Bayonne, NJ</i>
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Dr. Jeffrey C. Linfante <i>Newark, NJ</i>	Dr. A. Burton Melton <i>Albuquerque, NM</i>	Dr. Mary L. Pergiovanni <i>Rocky Hill, CT</i>
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Dr. Stuart A. Lockwood <i>Montgomery, AL</i>	Dr. Ronald E. Michaelson <i>Dearborn, MI</i>	Dr. Neil E. Peterson <i>Milwaukee, WI</i>
Dr. Melinda G. Lucas <i>Hattiesburg, MS</i>	Dr. Nick J. Minden <i>Gainesville, FL</i>	Dr. Janet P. Peterson <i>Corvallis, OR</i>
Dr. R. Ivan Lugo <i>Philadelphia, PA</i>	Dr. Pamela A. Moore <i>Plano, TX</i>	Dr. Robert E. Peterson <i>Kansas City, MO</i>
Dr. Donald E. MacFarlane <i>Vancouver, British Columbia</i>	Dr. Brad C. Morgan <i>Canton, NC</i>	Dr. Joseph A. Picone <i>Plantsville, CT</i>
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Dr. Helen A. Ryding <i>Halifax, Nova Scotia</i>	Dr. Deborah N. Stymiest <i>Fredericton, New Brunswick</i>	Dr. Clyde S. Umaki <i>Honolulu, HI</i>	Dr. David H. Wolf <i>Indianapolis, IN</i>
Dr. Cesar R. Sabates <i>Coral Gables, FL</i>	Dr. Stanley R. Surabian <i>Fresno, CA</i>	Dr. Jody B. Vance <i>Springfield, MO</i>	Dr. Melanie R. Wood <i>Winnipeg, Manitoba</i>
Dr. Gerardo Santiago <i>Naples, FL</i>	Dr. Wayne T. Tadsen <i>Lawrenceville, GA</i>	Dr. Robert A. Vaught <i>Savannah, GA</i>	Dr. Arthur L. Yeager <i>Edison, NJ</i>
Dr. Mark G. Sayeg <i>Atlanta, GA</i>	Dr. Fred H. Tafoya <i>Papillion, NE</i>	Dr. Brian S. Vence <i>West Dundee, IL</i>	
Dr. Terry G. Schechner <i>Valparaiso, IN</i>	Dr. Mark I. Taira <i>Los Angeles, CA</i>	Dr. James F. Walton III <i>Tallahassee, FL</i>	
Dr. John L. Schuler <i>Peoria, IL</i>	Dr. Gary E. Taylor <i>Portsmouth, VA</i>	Dr. W. Bruce Ward <i>Coquitlam, British Columbia</i>	
Dr. Timmothy J. Schwartz <i>Pekin, IL</i>	Dr. Howard C. Tenenbaum <i>Toronto, Ontario</i>	Dr. Thomas D. Ware <i>Seattle, WA</i>	
Dr. Debra M. Schwenk <i>Alton, IL</i>	Dr. Daman D. Thanik <i>Detroit, MI</i>	Dr. Joseph L. Wasileski <i>Cortland, NY</i>	
Dr. Brian E. Scott <i>Palo Alto, CA</i>	Dr. Rick B. Thiriot <i>Las Vegas, NV</i>	Dr. Robert L. Waugh, Jr. <i>Athens, GA</i>	
Dr. Kenneth R. Seaberg <i>Dayton, TX</i>	Dr. Jeffery R. Thomas <i>New Bern, NC</i>	Dr. Charles R. Weber <i>West Chester, PA</i>	
Dr. David R. Senn <i>San Antonio, TX</i>	Dr. Charles B. Thornton <i>Lake St. Louis, MO</i>	Dr. Michael H. Weber <i>Rockville, MD</i>	
Dr. Francis G. Serio <i>Jackson, MS</i>	Dr. John B. Thornton <i>Birmingham, AL</i>	Dr. Simon Weinberg <i>Toronto, Ontario</i>	
Dr. John L. Sheets <i>Cape Girardeau, MO</i>	Dr. Terri S. Tiersky <i>Chicago, IL</i>	Dr. Fred Weinstein <i>Vancouver, British Columbia</i>	
Dr. Dawn L. Silfies <i>Elgin, IL</i>	Dr. Jon W. Tilton <i>Wichita, KS</i>	Dr. Denis M. Weintraub <i>Los Angeles, CA</i>	
Dr. Paul G. Sims <i>Butte, MT</i>	Dr. Kenneth W. Tittle <i>Pleasant Hill, CA</i>	Dr. Paul H. Werner <i>Boca Raton, FL</i>	
Dr. Mark A. Sitzman <i>Evansville, IN</i>	Dr. Claudio Tocchio <i>Willowdale, Ontario</i>		
Dr. Paul Spaeth <i>Tucson, AZ</i>	Dr. David W. Todd <i>Lakewood, NY</i>		

## FOURTEEN CHARACTERISTICS OF EFFECTIVE LEADERS IN DENTISTRY

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### ABSTRACT

Leadership can be learned, especially through careful observation of effective leaders. Fourteen characteristics of effective leaders in the dental office and in organized dentistry are discussed. These include: positive mental attitude, faith, goals in life, organization, time management, interdependency and synergy, consistency, communication, self-renewal, empathy and humility, creativity, personal responsibility and drive, ability to say no, and charisma.

Speaking on leadership at a meeting honoring Art Dugoni is very easy. All I have to do is describe his characteristics, and we have the ultimate definition of leadership. Art and I crossed paths as we were in graduate school in the early 1960s at the University of Washington. I respected him then, and his accomplishments over the many ensuing years are verification of my continued high regard for him. I am pleased and honored to have the opportunity to make this presentation and to relate some of my own observations on leadership as learned over my many years in the dental profession, as well as working in church and civic leadership positions. The leadership characteristics I will discuss have come from many sources, including the biographies of numerous well-known world leaders in most areas of accomplishment, and from my own observations.

### CHARACTERISTICS OF LEADERSHIP

Whom do you recognize in your own life experience as a leader? Was this person a teacher, a colleague, a religious leader, a politician, a parent, or a close associate? Leaders are observed in many areas of life, and disappointingly, often we observe people in leadership positions who cannot lead. A favorite statement of mine is that some leaders are in their position to lead and teach us, while others only test our ability to tolerate them until their term is over. The dental profession is in need of leaders in all aspects of activity. What are some of the

characteristics of leadership? My suggestions will focus on the area I know best—leadership in the dental office and organized dentistry.

### POSITIVE MENTAL ATTITUDE

I do not know of any single characteristic of leaders that is more contagious and uplifting to others than a positive mental attitude. Each of us knows acquaintances who exude optimism. Nothing is too difficult for them to accomplish, or at least they feel that way. The sky is the limit. Every day is a good day.

On the contrary, it is difficult to work for or with a person who is negative, overly cautious, critical of associates, who finds difficulty in every suggestion, and has little good to say about the tasks at hand.

Leaders who have optimistic attitudes encourage the people who work with them, make everyone feel happy and good, give enthusiasm to even the hardest task, and motivate people to action. They are not afraid to take on difficult tasks, and, usually, they are successful at accomplishing them. Negative leaders create low productivity, low expectation, and discouraged, low-achieving followers.

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## FAITH

Similar to a positive mental attitude, but from a deeper and possibly less personal source, is faith that all is well. It is a trust in good that all will go well. Something larger than ourselves drives each of us. That something that drives us may be a formal religion with suggestions about how to live and how to face the challenges of life. It may be an internal drive coming from past experiences. It may be the positive example of an acquaintance or parent that motivates us to achieve and serve in life. Whatever has created the motivation, it is present in leaders. After careful consideration, they do not question the decisions they have made; they move forward with trust and enthusiasm. Many well-known leaders work in their chosen professions well into their mature years, driven by this internal motivation to be active, interested in life, and serving others.

## GOALS IN LIFE

Have you observed leaders without goals? Unfortunately, there are too many. However, they do not seem to last long in their leadership positions. Perhaps you have worked with some leader who floats through a term of leadership without tangible, observable goals. Did you enjoy that experience? Undoubtedly, it was frustrating, and I am sure that you were very happy to finish the relationship as your term of service expired. Leaders must have goals. The goals must be observable to co-workers. They should be evaluated frequently, and their achievement should be recognizable. Goal setting should be a well-considered, thoroughly thought out procedure, and the goals should be realistic and achievable. Leaders who have definitive goals for co-workers inspire and motivate the

other associates, and because good leaders take responsibility for setting an example, their fellow workers follow the example.

## ORGANIZATION

Disorganization wastes time, discourages co-workers, and breeds underachievement. Have you arrived at a meeting to find the leader without a plan for the meeting, without a printed agenda, permissive of rambling discussions and non-decisive conclusions? Was the meeting a success? Did you leave with a feeling of accomplishment? How did you feel about the leader? Were you eager to attend another meeting with this leader floundering to meet the expectations of the attendees? Organization allows rapid accomplishments, instills confidence of co-workers, and allows decisions to be made in a logical order. Those who work with the organized leader know what is happening, and when it will happen. Colleagues may not always agree with organized leaders, but they know what to expect and respect these leaders for their organizational abilities.

## TIME MANAGEMENT

Following the decisions of a good leader is easy, because there is logic and direction in what to do. However, the good leader must be an excellent time manager to allow adequate time to do all of the various aspects of normal life and still perform the leadership responsibilities. All persons who have had significant leadership responsibilities have had to condense and combine the various aspects of their lives to allow themselves to accomplish their leadership tasks. It is interesting to note that our lives adapt to the tasks at hand. Time spent on the business topics of meeting agendas expands in direct relationship to the leader's lax administrative style. Generally in life, if we have little to do and few responsibilities, our lives slow down and we do not accomplish much. On the other hand, if we have

many responsibilities, and we organize ourselves, it is amazing what we can accomplish.

## INTERDEPENDENCY AND SYNERGY

Competent leaders delegate well and expect those to whom they have delegated to follow through with their assigned tasks. Many dentists serving as leaders cannot delegate well and feel that they must do everything themselves. This feeling is limiting to employees or associates, because only the abilities of the individual are active. Those being led merely exist, exerting only minimal effort.

It is interesting to observe the dental practice that has little delegation of clinical tasks to staff persons. The productivity is low. The staff members are dependent on the decisions of the "leader." The creative efforts of the staff

Leaders who have optimistic attitudes encourage the people who work with them, make everyone feel happy and good, give enthusiasm to even the hardest task, and motivate people to action.

are stifled. Conversely, the leader who assigns tasks and leaves the methods to accomplish the tasks up to the staff member stimulates creativity, provides a feeling of accomplishment for the staff person, and increases organizational productivity.

#### CONSISTENCY

Leaders without consistency in their decisions and actions, and without direction for their staff members, breed indecision in the staff members. The inconsistent leader hopes the staff member will see what to do and do it, but the likelihood of that happening is small. The inconsistent leader does not create group accomplishment of goals, because the co-workers do not know what is expected. In my opinion, lack of consistency on the part of the leader correlates with the inability of the leader to be organized and make decisions. Indecision is stifling and discouraging to co-workers.

#### COMMUNICATION

You may remember that leaders you respect have open lines of communication at all times. Their staff members

know that they can talk to their leader on important matters rapidly and easily. As a result, constant interaction at all organizational levels is stimulated, and a team spirit is developed. Undermining and negative feelings of staff members are reduced or eliminated by good communication. Unlike in the past, communication is now easy with the many electronic methods that are available. Lack of communication should not be a limiting factor for leaders.

Looking at another aspect of communication, most excellent leaders have the ability to speak in public and to express their views in a tactful, concise, and persuasive manner. The leader who thinks and speaks in circles makes the staff member who is organized feel anxious, nervous, and uncertain about how to follow the leader's directions.

#### SELF-RENEWAL

It is difficult to follow leaders who promote out-of-date, stale ideas. Leaders unknowingly supporting the failed ideas of the past cannot be influential with their co-workers. Excellent leaders must update themselves constantly in their respective fields, and they must find time to improve themselves and develop the personal and professional attributes they perceive they are lacking. Finding time to get away from the work environment for a period of rest and personal contemplation is necessary for both leaders and staff members.

#### EMPATHY AND HUMILITY

In political campaigns, we often see candidates who do not understand the people they want to represent, because they have never experienced the situations in which those people live and work. In my opinion, the concept of "management by wandering around" is a sound one. If the leader knows the environment in which staff members work, and the

challenges they face, decisions can be made that are impossible otherwise.

In my youth and college years, I had the opportunity to work at numerous jobs that gave me great empathy for the working conditions, income, living conditions, and other challenges of various working classes and vocational groups. Upon graduation from dental school, many of my previous friends treated me differently than before, and that new "respect" was uncomfortable for me. I was still the same person that I was as a janitor or a parking lot attendant. Having empathy for staff persons—and knowing their needs, wants, and aspirations—is mandatory for a good leader.

#### CREATIVITY

Early in my dental career, I had the opportunity to work as a member of a young and creative faculty as we established a new dental school at the University of Kentucky. Many of us were so inexperienced that we did not know we were planning and accomplishing goals with educational techniques and curriculum that were outside the realm of generally accepted concepts. It has been extremely revealing to me that most of the creative ideas that we instituted into that new curriculum in the 1960s were successful, and that some of these "creative" ideas are being reinvented 40 years later by the dental school faculties of today. Creativity is often inhibited by tradition and supposedly proper behavior.

I have been privileged to have experienced unlimited creative freedom in the past many years, first as Dr. Rella Christensen and I developed a product evaluation organization, Clinical Research Associates, and also when I instituted a unique "hands-on" continuing education organization, Practical Clinical Courses. Both organizations, still very alive today, would have been doomed to failure by traditional thinkers. I have learned that any new concept, clinical technique, or

**Disorganization wastes time, discourages co-workers, and breeds underachievement.**

material is considered to be bad until it has been proven otherwise. Whether I am too naïve to know when I am treading on sacred grounds, or too unconcerned about the statements of doomsayers, my autonomous actions have been successful.

The creativity allowed by freeing my mind from tradition has allowed significant successful change. I feel that leaders should think and act creatively and forget as much of the past dogma related to a potential new plan or concept as possible. Of course, carefully analyzing the history related to the creative plan is necessary before instituting it.

#### PERSONAL RESPONSIBILITY AND DRIVE

In my opinion, there is a price that each leader pays. That price is often belittled by some who call leaders “workaholics.” I have yet to see a great leader who did not devote significant energy and time to the leadership position. The leader who cruises through a leadership term is rapidly forgotten. The leader who devotes whatever it takes in terms of time, energy, and money to the position makes a difference. Some would consider such a leader to be selfish and too devoted to the leadership position, but try to remember a great leader who has not done just that.

Personal drive and acceptance of responsibility appear to be prerequisites for great leaders. However, a word of caution is appropriate. The great leader is much like a juggler. As each aspect of his or her life is observed, scheduled, and accomplished, there are many other aspects of life that may go undone. The great leader must also accomplish that seemingly impossible task of keeping all aspects of life in perspective while the leadership position is being accomplished. Such organization of time allows return to the non-neglected life activities when the leadership position is completed.

#### ABILITY TO SAY NO

This is a characteristic of leaders that is difficult to develop. Great leaders can say no and still make the person being denied feel good. Leaders must determine when a proposal, suggestion, meeting, or idea is not acceptable, and the leader must say no in a way that is not objectionable and that still allows communication with the denied person or group. When attempting to say no, some leaders antagonize their staff members and cause frustration, dissent, and lack of support, while others maintain the morale and good will of their associates. Good leaders can agree to disagree and make the disagreement acceptable.

#### CHARISMA

This term is somewhat difficult to define but highly desirable in a leader. It may come from an attractive appearance, obvious excellent previous accomplishments, money, power, position, or numerous indefinable factors. You can probably remember some leaders who had significant charisma, and most likely you found them easier to follow than other leaders who were not charismatic. Although charisma is not a mandatory characteristic, it is a desirable one.

#### SUMMARY

The dental profession is in need of leaders in education, research, public health, organized dentistry, individual homes, private practices, civic and religious organizations, and in many other aspects of life. The upcoming generation of dentists can be assisted in developing good leadership characteristics by observing the leaders of the past and patterning their lives after those people. The preceding information has listed some of the characteristics of leaders as identified in the lives of known leaders and my personal observations. ■

It is difficult to follow leaders who promote out-of-date, stale ideas. Leaders unknowingly supporting the failed ideas of the past cannot be influential with their co-workers.

# THE CHALLENGE OF LEADERSHIP IN TECHNOLOGY AND EDUCATION

John W. Chambers, MBA, JD

## ABSTRACT

The leadership qualities necessary today in technology, education, and other modern organizations include the ability to recognize rapid changes in organizational environments and ensure continuous transformation and adaptability to that change. The important skills of such leaders include understanding their own business, articulating vision, creating a positive culture, communicating effectively, and measuring results. Rapidly emerging technology is prone to misunderstanding by those who mistake the surface features of how technology works with the functional opportunities it provides. Organizations that transform processes in parallel by adopting new technologies can expect much larger productivity gains than can those who merely insert technology. The problems of memory, speed, and cost have been addressed; the new challenge of technology is making it universal. Education in America is in danger. The infrastructure is outdated and it is not oriented toward change. Jobs will follow competence. Although the challenges of leadership today, especially in technology and education, are great, so is the opportunity for impact and the excitement of bringing diverse skills to bear.

I want to talk about leadership, education, and technology. These are among the most dynamic themes in modern culture. At the very foundation of leadership is education. My parents are both doctors, and from the very beginning they taught me that education is the great equalizer in life. I truly believe that, and most of my time spent outside Cisco is focused on education and giving back.

But I also truly believe that the other great equalizer is the Internet. It will change every aspect of our lives in ways that people are just beginning to understand. It will change how education is administered; it will change business. It will drive productivity at a sustainable rate of 3-5% per year, which means your standard of living increases every fourteen to twenty-four years (once a generation).

## LEADERSHIP THROUGH TRANSFORMATION

I will talk about leadership in a format I'm familiar with—leading through transitions. Leadership is easier when things are very smooth and you don't have to make changes. I believe market transitions are where you break away or get left behind. They can be changes in terms of what attracts young men and women to a career in dentistry or a specific dental school. Change is a constant context for business, but leadership is required to recognize what change is an effective stimulus for transforming the organization.

In my industry, the transitions are economic and they can involve brutal ups and downs. They concern choices

such as whether you build products yourself or acquire them from others. They involve partnerships with your competitors. And fundamentally, they mean anticipating changes in technology and in customer preferences, which change every two or three years. External demands that drive change evolve literally as rapidly as our transformation cycles needed to meet these new conditions. There is no time to rest and no recovery time if we make wrong decisions.

Leadership is surrounding yourself with people who can help identify these changes, understand their implications, and then implement appropriate responses. Catching the speed of those changes is essential.

Because of the unique nature of Cisco, our organization interacts with most major companies, governments, and nonprofit organizations. We have a pretty good indication of current investment trends and business confidence through capital spending. From our perspective, there has been a steady rise in optimism during the past year, and that is true in every one of the key geographies. As the business confidence of CEOs and the GDP rise, capital spending follows, which drives productivity. Capital spending typically precedes hiring by one or two quarters. Generally,



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now, we are seeing a healthy increase in capital investment. But most encouraging is the one-to-one correlation between GDP growth and productivity and the very direct connection between productivity and investment in information technology.

I'll cover this point fully later, but if all you do is invest in IT and build a network without changing the business and education processes that underlie it, you do not get effective changes in productivity. This is another way of saying innovation that is imported wholesale will often be disappointing. Effective innovation requires transformation of the organization. Ensuring such transformation is the role of leadership.

#### UNDERSTANDING YOUR BUSINESS

Many people look graceful at the head of an organization in the best of times. True leaders are effective through the good times, the normal times, and the really terrible times. I would rather talk about how to deal with challenges because I think you find out about yourself and your leadership team during the stressful times more than any other period.

The information technology industry got surprised a few years back. If someone had told me that Cisco could go from 70% growth in the first week of December of 2000 to -45% growth in the second week of January, I would have said that was mathematically impossible. Once you get surprised on that scale, regardless of your field of occupation, you have got to go back to the basics. Our approach was to touch the core of our business. We went out and asked our customers if this was a temporary or long-term issue. I determined it was a long-term issue. I then talked with peers in industries that had seen ups and downs, such as the automotive and energy industries to find out how they had responded to such transformational changes.

**Change is a constant context for business, but leadership is required to recognize what change is an effective stimulus for transforming the organization.**

While I was learning to understand the dramatic downturn of 2000, I found a remarkably clear theme: Did your strategy (or what you were doing) cause the downturn in your area, or was it something more global and beyond your organization's direct control? Making an accurate and honest diagnosis determines the strategy that will be most effective. If you are doing it to yourself, you had better make appropriate changes; if your strategy is effective and the downturn is general, respond with the necessary efficiencies and prepare to ride out the difficulties.

As simple as that is, Cisco made that decision one very early morning. We implemented all of our changes in fifty-one days and every day from number fifty-two on we gained market share versus our peers. Part of our success in recovery came from understanding what was happening and communicating this throughout the organization. We gave employees a realistic plan to replace uncertainty. We broke it down in terms of expectations and focused on what could be controlled. We realigned over 55% of the resources within our company. In the last year alone, we drove up productivity 27% as measured by revenue per employee. We gained market share in almost every single category across the board. We generate about two billion dollars in cash per quarter. The basics are always important, but never more so than during tough times.

#### ARTICULATING VISION

Another element of leadership is vision. People are motivated by working together to accomplish a higher goal. Cisco's mission is to create unprecedented opportunities for our employees, shareholders, customers, and partners, and then to drive that mission throughout the organization. We do not make decisions for marketing reasons—only to advance our mission. The vision articulated as our mission is what allows us as an organization to listen and respond to a changing environment and the multiple unplanned opportunities and threats it presents without losing our identity or direction.

#### CREATING CULTURE

Leadership is also about creating and nurturing culture. Every strong organization has a distinct, consistent, and positive culture. Ours is based on the customer, the quality of the team, giving back to the community, and integrity in our financial reporting. It also involves holding people up as an example so others can recognize the many forms of leadership.

There are few leadership tasks as vital and as unappreciated as transforming an organization's culture. How many people like change? Change is hard, and the more successful you are, the harder it can be. Leadership is not about getting the right culture for all time; it is necessary to create a culture that is willing to adjust to change in the environment in order to remain viable. Some managers talk about building organizations to last. I prefer to think of the great ones as being built to lead.

The essential leadership question is, "How will the technology transform the organization and is this transformation, including purchase and maintenance costs, retraining, altered interactions with customers and business partners, and unintended consequences in other operations, desirable?"

### COMMUNICATING EFFECTIVELY

Understanding your business and its context, building a vision, and creating a culture that ensures identity through change are all important elements of leadership. But each is multiplied or diminished by a leader's communication skills. Leaders must be able to send messages that make the organization meaningful to all its diverse constituencies—to employees across many education levels and roles, to customers, regulators, and business partners. It is not the same organization to all of these groups.

A lot of people confuse open communications with effective communications. Communication has to produce the right result. It is a time-consuming and expensive process, so it needs to serve a purpose for the organization. At Cisco Systems, every month anyone who has a birthday is invited to a Chat with Chambers breakfast, which is an open forum for anyone to ask me anything about what's going on at Cisco or in the industry. Together, we challenge our strategy and where we are going.

At Cisco, we constantly gather feedback. We talk about every customer visit and how well did and what needs improvement. When we speak to our employees, every session is rated online immediately. By the time the next group comes in, we will have already made adjustments.

### MEASURING RESULTS

Leaders are oriented toward results. I never get results confused with hard work, and that is one of the hardest lessons to learn as a leader because you always want to reward the person who

is working the hardest. As a leader, you have to be realistic and focus on results. Increasingly in this complex world, results come from effective teamwork.

### THE DYNAMICS OF TECHNOLOGY

The role of technology in promoting effective organizations is also prone to misunderstanding. The problem comes from confusing the surface features of technology with its deep structure. Information technology offers dramatic features and large changes in tasks. It is also both ubiquitous outside of organizations and either transparent or highly technical. These features combine to create a situation where the push for information technology comes from diverse and unpredictable places in the organization rather from the top and where leaders are less likely to understand the technology on a structural level than are many other members of the organization.

Although the sizzle of technology features is seductive, intelligent leaders insist that technology in organizations be understood in functional terms. The leader need not know in detail about the mechanical specifications of technology or even what new functions are possible. The essential leadership question is, "How will the technology transform the organization and is this transformation, including purchase and maintenance costs, retraining, altered interactions with customers and business partners, and unintended consequences in other operations desirable?"

Organizations that invest in process change before or in parallel with their technology change enjoy a four- to five-fold productivity increase over those who simply add the same technology. We even have customers who throw money at technology without changing

their associated business processes who and thereby suffer a negative change in productivity.

I can offer some observations about the types of technology that have the greatest potential for effective and seamless transformations in organizations. Consider the differences between the telephone and the computer. One accompanies members of your organization wherever they go; the other requires employees, students, and customers to go to it. Modern communication has solved problems of memory and speed. The new concern is universal access. Your phone and your computer will become the same device. You will be able to pick it up and walk around within your house with a local network. It immediately rolls out into a mobile phone and, as you come to work or go on campus, it is picked up by a hotspot which allows you again to be able to operate locally. You get in the car and go to the airport, where it is picked up by airport hotspots. You get on the plane and it connects to a wireless infrastructure on the plane.

That is the business Cisco Systems is in. Our leadership time frame is not next year but five to ten years out. You can imagine why eight years ago we were not popular with the telecommunications industry when we said voice would become a commodity capable of standardization and would become free. And now the *Wall Street Journal* recently said, "Whoops! Old networks are in trouble." Electronic-voice exchange is becoming ubiquitous and organizations that have dragged their heels have some catching up to do. Organizations must change in synchrony with the changing world of technology. They may choose to do this through internal transformations. They may choose to manage these changes through acquiring partners that assist in bridging these transformations.

Or they may choose to change by losing significant segments of their business.

### LEADERSHIP CHALLENGES FOR EDUCATION

I have some observations for education as well. Universities that do not create the conditions for change—both within the organization itself and as a value set for students—can suddenly find themselves unseated. Our public school systems in this country are struggling because they are making incomplete change. As a business leader, I like people with college degrees, but I'm very rapidly moving towards competency testing as opposed to the degrees. I want to know what they are capable of doing more than what they have done in the past.

The educational system in a nation is like its DNA—you can read the future of our global competitiveness in the infrastructure of our schools. America has made great strides in personal technology, but we are far behind much of the world in integrating technology in education. Our K-12 system is broken. I tell you as a person who hires employees around the world, I can get a dramatically better educated student coming out of high school in almost every other major country in the world than I can in the U.S. And yet we send them to our great colleges and universities and ask those schools to turn the problems around.

I personally believe that we have at most a decade and a half—maybe just one decade—to get our act together in K-12 or we are going to leave behind not 5% or 10% of our population but perhaps 30 to 40%. I believe that their jobs will go to where the best-educated work force is—globally.

### CONCLUSION

Perhaps there were times or pockets in our economy when leadership was easier and consisted of maintaining a course set in the past. The complexity, the pace of change, and the interconnectedness of our world makes leadership today more demanding. Leadership also matters more—it affects the lives of employees, customers, and business partners in significant ways. But I hope you also sense my excitement about the greater opportunities to engage multiple talents and make major contributions that are the challenges facing leaders today. ■

## IS THERE ANYTHING LEFT FOR THE NEXT GENERATION OF LEADERS?

Anthony Volpe, DDS

### ABSTRACT

Dean Arthur A. Dugoni is celebrated as the “dean of deans” or American dental schools. His service as a practitioner, rich network of relationships, recognition of emerging opportunities, respectful treatment of all, and ability to make people care and promote loyalty are identified. Significant issues remain for future leadership to address: dental caries is on the rebound, insurance is inadequate to provide needed coverage, prevention must be strengthened, education struggles with too few teachers and high tuition, the mobility of dentists is unrealistically restricted, and the pool of retired dentists who want to donate their services is hobbled by regulations. The ADA can take the leadership in some of these areas, but there is much left to be done by the next generation of individual leaders in the mold of Dean Dugoni.

This is my personal tribute to Art Dugoni. The name means leadership. This man has done so much for dentistry that I wonder if there is anything left for the next generation of leaders to do. What I have to say is in three parts, each different and each based on a movie theme.

### THE DEAN OF DEANS

The first movie is an obvious pick: “San Francisco.” This is the old Clark Gable classic set in the Gold Rush. The first part of the Art Dugoni story is to reconstruct the history. Art has practiced general dentistry, pediatric dentistry, and orthodontics. I think a leader in dental education, a leader in dentistry, even a leader in industry needs to understand the relationship between the patient and the dentist.

It may come as a surprise to some in the audience that Art was not born as the “Dean of Deans.” He earned that title. Some of the things he has done to achieve that distinction include: building sustained relationships with a huge network of individuals, taking chances and moving into important areas before others recognized or felt comfortable doing so, and treating everyone the same way—with the greatest respect possible.

Let me mention just a few of circumstances in which I have seen Art bring together individuals or large groups and make each feel important. When Art was president of the ADA, every dentist felt Art was speaking for him or her individually. On a Federation Dentaire

International program in China, Art held 2,000 people on the edges of their seats as he talked about the emerging science in dentistry. Last spring, I was with Art, the presidents of the ADA and the University of the Pacific, and then-student and now Dr. Jamie Sahouria—the first recipient of the Tony Volpe Award in Community Service. Everyone talks about service now, but Art has been doing it and inspiring others to follow him for decades. Whether you talk to him by telephone or in person, as I am doing here, you have the feeling that you are the only person he is speaking to. What a skill!

Second movie theme: “Chicago.” I guess a leader is never too old to accept major challenges. That is a hallmark you are going to see all over again: Art Dugoni makes people care. Dr. Dugoni soon becomes president of the ADA Foundation and succeeds me. And I’m going to tell you something, if you’re ever going to be succeeded by anyone, let it be Dr. Dugoni. (The other order is not so flattering.)

About two years ago, I sent Art a gift. I thought I was going to trip him up. I the gift with a letter written in Italian. I figured he would be scrambling for six weeks or even six months looking at dictionaries trying to figure it out. An



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hour after he got the gift, I received an e-mail that is framed in my room. It's a *grazie*. Now he wasn't leaving anything to chance and leaders never do.

Art Dugoni is the inventor of the loyalty cycle. How does it work? Dr. Dugoni is loyal to the dental school. When you spend your whole life somewhere, that is how you define loyalty. And that doesn't go unnoticed. The faculty sees that the leader commits to the school, so they commit to the school. Surprise, the students are loyal to the dental school like no other students are, and those of us who have been in education know that it is very difficult to get loyal alumni. I went to a Pacific event once when students were coming back after two years. You talked today about the Italian dinner—I thought it was an Italian wedding. The students were coming up and putting envelopes in his pocket.

### SOME UNRESOLVED ISSUES FACING DENTISTRY

"Back to the Future" is the third movie. After all, what does a leader do? A leader looks at things that everyone looks at, but he sees something different and creates an opportunity.

Amazing as he is, Art has not solved all of the problems facing dentistry or dental education. As I begin to call your attention to some of the more pressing of these problems, I wonder where the next generation of Art Dugoni's is.

### CARIES IS BACK

It may not sound very exciting or very much like the future, but we had better begin to pay serious attention to dental caries. A year and a half ago, I saw a picture in ADA News of migrant workers being helped by Dr. Guillermo Vicuña in Stockton, California. I enlarged the picture to the best of my ability, and saw rampant

caries. Yesterday, I returned to Stockton. I went through that migrant camp and looked at that caries. It's there.

I am learning of the same problem in China, Puerto Rico, New Delhi, India, Hawaii, Eastern Europe, and Africa. Remember when we were looking at Scandinavia as a role model in dentistry? I tell you I was there two weeks ago and they have caries there, too.

In their 1993 textbook, Larry Tyback and Phil Bowen report, "The caries reductions may well have ceased. New clinical data indicates a 27% DMFT increased in a 10% caries-free decrease." The second International Conference on Declining Caries noted wide discrepancies between different regions of the country and a noticeable worsening in the caries experience of children in lower socioeconomic groups. The World Health Report said that in industrialized countries, over 50% of children have dental cavities, of which 20% are in the high risk group having more than five infected teeth. How about the Surgeon General's Report? It notes there are striking disparities in dental disease by income. Poor children suffer twice as many caries as their more affluent peers, and their disease is more likely to be untreated. The ADA, in their Future of Dentistry Report, draws our attention in the same direction. "Poor people continue to experience more caries than non-poor people and are less likely to receive treatment. By age seventeen, only 16% of children are caries free and have permanent dental issues."

I have come to the conclusion that dental caries has returned. The leadership message is right in front of us and the real leaders find it and then they create opportunities. What are the other underlying factors causing this? Demographics certainly play a role. The population of America increased three-fold over the last thirty to forty years.

It may not sound very exciting or very much like the future, but we had better begin to pay serious attention to dental caries.

And much of this increase is related to immigration. In the changing culture, life, and community, new dental disease patterns are emerging in new contexts.

I believe the current global oral health database, and the satisfaction we justifiably derived from it at one time, is rapidly becoming obsolete. So I make that first leadership proposal: For the ADA to have a leadership conference, a global oral health data summons. Bring in the World Health Organization, NIDCR, the public health people, the researchers, and FDI. Let's meet in Chicago under the ADA Foundation banner. Let's set the guidelines for how the world should collect this data. They are not going to do it by themselves. This is an opportunity for the Foundation and ADA to lead.

### DENTAL INSURANCE

Second leadership challenge: the emergence of a new middle class that for the first time in world history enjoys less of the benefits of life than their parents did. This new middle class is unable to afford health insurance. The *New York Times* reports that in 2004: "Eighty-two million

America is the only country in the world that restricts intra-country practice. In Europe, inter-country licensure is a reality.

people in the U.S. don't have health insurance." Now if they don't have health insurance for basic sicknesses in life, you know they have no access to dental care.

I saw four such Americans yesterday. Here is one of them: a lady who went to college, even owned her home, but is earning exactly one dollar more today than she did thirty years ago. Or again from the *New York Times*: "If Caroline weren't poor, she wouldn't have lost her teeth and if she had not lost her teeth, perhaps she would not have remained poor."

While we have a leadership focus now on oral and systemic health, I propose a leadership conference on the relationship between oral and economic health. There is an exploding demand for medical services. If you have had the misfortune to have relatives or friends in the hospital, you go there and they talk about the doctors, physicians, and nurses. Everybody comes in; they give you every test imaginable. They talk about everything on this planet, and yet oral health is not a priority. They don't even look in the mouth; they don't even take your temperature anymore. They give you food on a tray but don't even look to see if you have teeth to eat it.

The problem is going to get worse. What is the answer? There are a lot of things going on. I'm just going to highlight a few of them. But they are exciting, excellent programs.

Through the ADA Foundation, we touch twenty-five million children a year with oral health information. How about the access program *Give Kids a Smile*, where a lot of dentists in America donate their time trying to solve this problem? Research is trying to find out as fast as possible when there is a breakdown in enamel so it can be treated before it needs a filling. Traumatic restorative

dentistry is an innovation pioneered by WHO and FDI, where dentists can go into a population and pick caries. When it is identified, dentists apply sealants or use fluoride varnishes. Community service is becoming an expectation in the profession. The ADA Journal, in one of its recent cover stories, talks about caries.

#### PREVENTION

My third challenge for the leaders who intend to follow in Art Dugoni's footsteps: We must make prevention a global priority. I think America has a chance to lead, the ADA has a chance, and the ADA Foundation has a chance.

For my last picture I have selected "Something's Gotta Give" with Jack Nicholson and Diane Keaton. The theme is the need for bold leadership options. Have you noticed that rented DVDs sometimes contain the warning: "This presentation may be harmful to your dental beliefs?" I am giving you fair warning that what I am about to say will affect the way you think about the future of the profession. There is a crisis in dental education. We know all about high tuition, high student debt, and not enough faculty members. Now the ADA Foundation, under the fantastic leadership of Art Dugoni, has established a National Endowment for Dental Education. This has been endorsed by the ADA House of Delegates, and I'm sure that this program will meet all of its objectives over time.

#### DENTAL EDUCATION

There is also a growing problem with the number of dentists. There is a shortage and a mobility problem and both are causing desperate cries for leadership. Let's talk about the shortage. If the population is going up and the number of graduating dentists is going down, the disparity will only increase over time.

I propose a leadership model to increase the efficiency of the current

dental education system and graduate more dentists. What is being done now to address this problem? The first response appears to be in the direction of consolidation. I'm asking the senior people involved in dental education if they may wish to consider this approach in dental education—a consolidation of schools, staff, and services. This would allow for more efficient process. We are never going to get the dentists we need if we avoid this. Further, I say we need standardization in curriculum and graduation. Every time I come to San Francisco I tell myself, "I guess if I were going to go to dental school now, I'd go to Pacific because it takes thirty-six months to complete a four-year program there."

You will recall I picked the movie title "Something's Gotta Give." It's not just dental schools having problems. Wisconsin Association of Independent Colleges and Universities says that institutions face three choices: raise tuition, raise more money through private philanthropy, or change the way schools do business. The first two methods have been explored to their limits; it is time to look at the third alternative.

#### RESTRICTED Mobility

I want to talk about the restricted mobility of active dentists. There are many dentists in America, fully licensed and eager to practice for compensation or on a voluntary basis, who are all dressed up with no where to go because of licensure restrictions. I know about the boards and credentials that were a valuable protection to the public eighty years ago. But how would you like to drive from California to Nevada and be stopped at the borderline to take a driver's test. America is the only country in the world that restricts intra-country practice. In

**Doesn't it ring false to say, he's been practicing forty years, why does he need forty hours of continuing education before he can make his skills available to patients who need care?**

Europe, inter-country licensure is a reality.

My motto is, "One country, one exam, one license, one time." I'm not the only one saying this. The dentists of America want to move around. I'd like to practice three months in New Jersey and three in San Francisco.

#### RETIRED DENTISTS

Retired dentists have so many destinations calling them: casinos, lakes, beaches, and golf courses. But many of them cannot go to a dental clinic to provide voluntary services. They cannot work in assisted-living facilities or in schools teaching kids how to brush their teeth or in the E.R. They do not have the right credentials—a dental license in a particular state. For me to pick up a handpiece in the migrant camps near Stockton, California, I need to have my malpractice insurance paid up here and I need to take my forty hours of continuing education. Doesn't it ring false to say, he's been practicing forty years, why does he need forty hours of continuing education before he can make his skills available to patients who need care?

Is it inconceivable that such retired and motivated professionals might be given an "easy pass?" Now when they're down in their condo in Florida in the winter and it rains and they can't play golf and don't want to stay home, they can go do some good. Remember the

Good Samaritan Act? It must be a voluntary act, the recipient must not object, and the volunteer must act in good faith, which means if we are at the scene of an accident, we can administer artificial respiration, mouth-to-mouth resuscitation, or defibrillation and if we follow that statute, we're okay. But, if we turn around and go into an assisted-living situation and try to get someone out of pain, we are violating the law.

Everyone knows about Doctors/Physicians without Borders. I suggest Physicians and Dentists without Borders. Let it be in the U.S. first. There is an organization called Health Volunteers Overseas. Let's start by tearing down the borders between states.

#### CONCLUSION

When I look at the profession of dentistry, I see many intelligent, skilled young men and women who are passionate about the future of the profession. None of them is an Art Dugoni. But by working together and standing on the foundation he has built, they can move dentistry forward. One thing is certain, there is no shortage of issues for the new leadership to address. ■

## LEADERSHIP AS A PASSIONATE EXPRESSION

Dianne Philabosian, PhD

### ABSTRACT

The essence of leadership is passion, and there are many forms of exemplary leadership, just as there are many causes in which we can invest our passions. The chair of the board of regents of the University of the Pacific describes her passion for the mission of the university, which includes "preparing students ... for responsible leadership in their careers and communities." She also describes the passionate leadership of the dental school dean, Arthur A. Dugoni, and of three graduates of the school.

The University of the Pacific recognizes leadership in many forms. Our Mission Statement concludes with the objective of "preparing individuals for lasting achievement and responsible leadership in their careers and communities." And, our alumni have achieved great success as leaders in government, industry, education, and the arts.

We expect that students need to practice leadership in addition to its study, and a close examination of the undergraduate program in Stockton, the Thomas J. Long School of Pharmacy and Health Sciences, the McGeorge School of Law in Sacramento, and the soon-to-be-minted Arthur A. Dugoni Dental School would disclose an active culture of student leadership in their own organizations at state and national levels. Pacific is recognized not only for accelerated programs that provide practice-ready graduates but for instilling in those graduates the importance of responsibility to their professions. This is an important distinction to make about the Pacific education. Our programs are rigorous and focused on the practitioner. While there are important research activities at the dental school and the school of pharmacy and health sciences, students who are chosen to attend these schools are primarily interested in the practice of dentistry or pharmacy. Over 15% of all dentists and two-fifths of all pharmacists in California are educated at the University of the Pacific. The concept of providing responsible care—

of serving one's neighbor—is a fundamental element of this education.

Leadership is a term that gets much attention, just as we are doing today. In preparation for these remarks I checked the term on Google. There are 21.8 million entries for leadership. I also checked the terms comedy and tragedy, because of my lifelong interest in theater. There were far fewer entries for those terms. Why would this be so? Perhaps it is because there is a more common understanding of what is represented by comedy and tragedy in our lives than by the elusive term leadership.

Stockton native Daniel Goleman has written extensively about emotional intelligence and styles of leadership. In a recent work he identified six distinctive styles: Coercive, Authoritative, Affiliative, Democratic, Pacesetter, and Coaching (Goleman, 2000). We have all had experience with leaders who demonstrate these styles and each style has its time and place, but the style does not define the quality of leadership. A good leader is able to adapt his or her style to the needs of the event or organization. In effect, what then separates the excellent from the ordinary?

I contend it is the passion that one has for a cause or a purpose that defines the quality of leadership. It is passion that sets the excellent apart from the



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merely competent. In my own professional life I have cared deeply for two such causes. The first is early childhood development, for which I have expressed my passionate leadership through a variety of means.

The second cause, one that I believe some of us share, is a passion for the University of the Pacific. As an undergraduate at Pacific in the late sixties—a time of great passion as well—I was mentored by faculty who were sincerely interested in my personal accomplishment. We were all encouraged to explore our interests and were cushioned from our mistakes. Today, we use the term “student-centered” to express this environment. Dean Dugoni refers to a “humanistic” education. Regardless of the term, the culture of the faculty and administration remains one that is centered on the student as a responsible individual. My passion is to preserve this very special educational experience and enhance the opportunities for others. I can think of no better way to achieve this goal than to serve as chair of the Board of Regents.

Passion for a cause or purpose, when coupled with the opportunities for leadership, can be powerful. Consider for a moment the multitude of interest groups that exists, indeed, in which many of you are actively engaged. These groups may promote a political, social, religious, educational, or artistic voice. We support their activities with our time, talent, and treasure. For those with a true passion for the cause, it is not enough to send

our annual contribution. Whether we consider ourselves leaders, this passion is a cause of greater involvement.

Daniel Goleman observes that leadership comes in many forms. Today we have heard from leaders who manage great organizations. John Chambers and Anthony Volpe’s work influences our economy and our way of life. Dr. Slavkin, as an educator, shapes lives in a different but equally important fashion. As the Chair of the Board of Regents at the University of the Pacific, my interest is in the advancement of opportunities for young men and women—not just for their professional success, but as citizen leaders.

My passion for Pacific, as I have expressed, stems from my own experience as a student who learned about collaboration and risk taking, about learning my limits without having to like it, and being responsible for my actions. Within our own communities, those who are active carry the burden of our democracy. The universities of this country have an important role in preparing these leaders. As we say at Pacific, “preparing students...for responsible leadership in their careers and communities.”

Cornel West, in his book *Race Matters* (West, 1993), writes:

We need leaders—neither saints nor sparkling television personalities—who can situate themselves within a larger historical narrative of this

I contend it is the passion that one has for a cause or a purpose that defines the quality of leadership. It is passion that sets the excellent apart from the merely competent.

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country and our world, who can grasp the complex dynamics of our peoplehood and imagine a future grounded in the best of the past, yet who are attuned to the frightening obstacles that now perplex us. Our ideals of freedom, democracy, and equality must be invoked to invigorate all of us, especially the landless, propertyless, and luckless.

In preparing these remarks, I sought to meet a few graduates of Pacific's dental school who are models of leadership. In my discussions with them, I discovered, without surprise, that they too have a great passion for their experience at Pacific. I also discovered that they demonstrate the characteristics of citizen leadership and leadership as a passionate expression.

I want to tell you about them.

Dr. Debra Finney graduated from Pacific in 1986 and, this year, became the first woman to hold the position of president of the California Dental Association. She grew up in a logging camp in Alaska, where sometimes there was only one teacher for the whole camp and at other times education was by correspondence. She learned independence, but also the importance of community. Debra is a consensus builder. First as a dental hygienist, serving as president of the Alaska Dental Hygiene Association, and later as a student at Pacific, where she was active in the American Dental Education Association, she brought diverse perspectives together. Her goal this year is to unite the dental community, especially in bringing dental hygienists to the table.

Dr. Angelique Skoulas obtained her DDS in 1991. She has been a congressional aide in Washington and is preparing to enter Harvard's Kennedy School of

Government. A wonderful example of citizen leadership, Angelique started her policy work with an American Dental Association Congressional scholarship to focus her talents on influencing health care policy at the national level.

Utah state senator Peter Knudson graduated from our dental school in 1966. For sixteen years he served his city as a city council member and later as mayor. For the last twelve years he has been a leader in the Utah state legislature. He is also a practicing orthodontist with three offices in three different cities. Peter gets great satisfaction from service and believes citizen involvement is a cornerstone of our democracy.

Each of these leaders acknowledges the importance of community, of active participation in the process of making his or her world a better place, and of responsibility towards others. And in my speaking with them, what came across in our interviews was the passion they demonstrate in all that they do.

I contend that our personal passions, mine for Pacific, and whatever yours may be—civic or faith-based organization, environmental group, or professional society—all contribute to the concept of citizen leadership. It is this great diversity of organizations that strengthen our society and frame our democracy.

No one individual reflects the intersection of passion and responsible leadership better than our dean, Art Dugoni. He sets an example for all as someone who cares deeply for his profession, but more importantly for those who practice that profession. His legacy will be featured prominently tomorrow night as hundreds of his students, friends and colleagues come together to celebrate the naming of the dental school in his honor. If there is an ultimate test of leadership, Art Dugoni graduates with highest honors. He is an exemplar of leadership as a passionate expression and an inspiration to us all.

## LEADERSHIP IN RESEARCH: ORGANIZING GENIUS

Harold Slavkin, DDS, PhD, FACD

### ABSTRACT

Science has become complex. Its success is increasingly becoming a matter of collaboration based on established infrastructures and professional norms in response to environmental challenges. Leadership in such situations means organizing the genius inherent in great groups. Three examples—the Manhattan Project, mapping the human genome, and rapidly understanding the nature of the SARS virus—are analyzed, showing a trend away from the individual scientist to a model based on simultaneous competition and collaboration.

“In dreams begin responsibilities,” William Butler Yeats wrote. Nowhere is this demonstrated more vividly than in the life and times of effective leaders. Leaders dream, organize genius, advance research problem solving, and produce results. A few years ago, my colleague and friend Warren Bennis (Distinguished Professor of Business Administration at the University of Southern California) reminded me that all humans possess a passion to understand and predict the future, and that a “leader” takes on the responsibility for molding and shaping the possibilities with a tangible dream of the future. For Warren, after consulting for multinational companies and governments around the world, the conclusion is that futurists are leaders and leaders are futurists. Warren asserts that leadership attempts to identify the future and to grasp events yet to come (Bennis, 2000). He also asserts that leaders attempt to control what is to come through a social invention termed “forward planning.” Dean Art Dugoni has been dreaming, leading, and taking responsibility at the University of the Pacific for many decades.

President John F. Kennedy reflected: “The problems of the world cannot possibly be solved by skeptics or cynics whose horizons are limited by the obvious realities. We need men who can dream of things that never were.” Ronald Reagan said: “While I take inspiration from the past, like most Americans, I live for the future.” Martin Luther King, Jr., dreamed of a future as

exemplified in his famous utopian statement “We shall overcome someday.” King envisioned a better tomorrow that could be obtained through an arduous struggle toward victory.

I suspect we all would agree that there are all too few originals left in American society today—men and women who speak with a unique voice and who can offer an unconventional perspective with bracing authenticity. Art Dugoni, like his beloved California, is an undisputed original. He grew up within a large Italian family in the shadow of the Depression and World War II, and he experienced and was profoundly influenced by the remarkable events of the second half of the twentieth century. From this “powerful crucible,” the term used in the analysis of Warren Bennis and Robert Thomas (2002), a major leader in the oral health professions has emerged. Art’s voice is one that should be heard by all those who would aspire to lead thoughtfully and effectively in our own time.

### ORGANIZING THE GENIUS IN GREAT GROUPS

My goal in this essay is to explore the opportunities of leadership for scientific research in the twenty-first century. In my essay, I envision science as the fuel



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that drives the engine of technology. Science is an international enterprise. Science can be a noun, an adjective, and a verb, as in “doing science.” Scientific activity can be “disciplined-based” or “interdisciplinary.” Science and its offspring, science-based technology, have both lengthened the human life span and lightened the human workload during the twentieth century. Science has enriched our acquaintance with the universe, our planet, and ourselves. Science at its best is the light of enlightenment and is fascinating. The wealth, well-being, and creative powers of our culture depend heavily on science and technology. The very essence of science is truly a passion and state of mind. Its aim is to get at truths about how reality works. Of course, science requires leadership, management, and genius.

My thesis is “leadership and organizing genius.” All too often the public perceives science as a lonely profession, the province of the lone genius working alone in a laboratory, clinic, or hospital. Ironically, modern science has become a profoundly collective enterprise. The modern realization that science is highly competitive while being highly collaborative emerged during World War II, and continued in the postwar years. Teamwork, collaborations, and the organization of genius into “great groups” have proliferated and have now become the norm. I want to explore “leadership and organizing genius” by using three examples or models: 1) The Manhattan Project led by J. Robert

Oppenheimer; 2) The Human Genome Project led by Francis Collins; and 3) The International SARS Consortium—ironically “led” without a “leader.”

In each of these three examples we will discover individual genius, high adventure, high competition, the emergence of interdisciplinary teams of scientists, and enormous collaborations, either driven by a remarkable leader or driven from within by highly gifted scientists working in “great groups.” The common threads that are woven through these three examples will highlight “the need to recognize the division of cognitive labor,” as science and disciplines have become increasingly specialized, and the growing realization that scientists who collaborate with each other are more productive, often-times producing better science, than are individual investigators working alone.

### MANHATTAN PROJECT

In the first example, the Manhattan Project was established by the United States government in 1942. The Department of Defense recruited U.S. Army Brigadier General Leslie R. Groves to be the leader of the Manhattan Project with full control—authority, responsibility, accountability, and budget. The project was based in Los Alamos, New Mexico. General Groves was in charge. He recruited Professor J. Robert Oppenheimer, a world-class academic physicist, who in turn functioned to recruit and organize a genius team of scientists such as Enrico Fermi and Harold Urey, and then to motivate, inspire, cajole, and eventually synthesize the scientific and technological results that produced the first successful atomic bomb test on July 16th, 1945. Thereafter, two atomic bombs termed “Fat Man” and “Little Boy” were dropped on Hiroshima and Nagasaki in August 1945. This remarkable accomplishment was achieved in the context of war,

extreme secrecy, fear of competition with German technological talent, and the truly remarkable collaborations between disparate and often conflicting scientific genius.

The Manhattan Project model has been used by many government scientific projects for the last fifty years such as polio in the early 1950s, the mission to the moon in the 1960s, AIDS in the early 1980s, and anti-bioterrorism at the moment. This model reflects a defined problem or goal (e.g. “The War on Cancer”); the complexity as well as multiple tensions found between government-oriented, industry-oriented, and university-oriented scientists; and tensions over intellectual property and “who gets the credit.”

### MAPPING THE HUMAN GENOME

The second “leadership and organizing genius” example is the Human Genome Project (HGP). Curiously, this model evolved from dreams of mapping the fruit fly genome. Leadership is kindled by hopes and dreams of what could be. From my perspective, “none of us is as smart as all of us.” The HGP demonstrated and continues to demonstrate that collaborative leadership is that often rare characteristic that can achieve true greatness in science, technology, and in the arts. Collaborative leaders are able to assemble great teams of talent—to organize genius. Such leaders read and listen and internalize disparate points of view. They discover essential “truths” and communicate in direct and simple language. Great teams reflect highly creative individuals working closely with one another in collaboration to achieve often high-risk objectives.

Consider the dream and opportunity to map the human genome. The mission



of the HGP was to identify 3.5 billion bases, to assemble these bases into the 30,000 plus genes that comprise the human genome, to then map each of these genes to precise positions on any one of the 23 pairs of chromosomes found in human somatic cells, and to thereby define “the parts list of life.” Moreover, the HGP continues to determine the function or functions of each and every one of these genes in the context of the human condition—from conception through senescence, in health and in disease. The agenda includes gaining an understanding of the orchestration of life over a life span (see Watson, 2004 for insights into the journey of discovery and applications).

Adhering to the so-called “great man theory of history,” the first director to be selected for the HGP in 1988 by then Director of the National Institutes of Health, James Wyngarten, was an active and well-known scientist named James Watson, who was Director of the Cold Spring Harbor Laboratory in New York. Earlier, Watson and his colleague Francis Crick were recognized with Nobel Prizes for their contribution that described the molecular structure of deoxyribonucleic acid (DNA), based in part upon the x-ray crystallography of Dr. Rosalind Franklin. Watson is a gifted scientist with enormous scientific instincts coupled to personal ambitions. Under his leadership style, however, the HGP did not coalesce into a multinational, multi-federal agency, multi-scientist endeavor that would be required for ultimate success.

The HGP needed a collaborative leader to organize genius. In April 1992, Watson resigned or arguably was fired (Sulston & Ferry, 2002). A year later, NIH Director Bernadine Healy appointed Francis Collins to lead the new “National Center for Human Genome.” Francis was recruited from the University of Michigan. He had a distinguished career in science and medicine and was one of the leading experts working on the

molecular genetics of cystic fibrosis. Francis was well versed in the art and science of leading a great group of university graduate students, postdoctoral fellows, and faculty colleagues around a well-defined problem. Francis also knew that sometimes “work was more fun than fun.” Francis was also a gifted musician, a motorcyclist, and an avid reader.

Collins appreciated that an international research infrastructure needed to be built, sustained, and championed, often in less than favorable climates. Collins learned or “sensed” that the HGP would require the convergence of many different ways of knowing, including physics, chemistry, mathematics, engineering, molecule biology, and clinical sciences. An international community of scientific collaborators needed to be formed and informed on a weekly basis. The effort would require leadership, management, and a willingness to rapidly adopt “best practices” from emerging scientific and technological advances.

In 1995, an external threat or challenge emerged in the form of Dr. Craig Venter and his private industry colleagues. Venter and his team challenged the NIH international consortium. The race to complete the human genome was on! Collins and his international team were successful, and on February 14, 2001, they published a 95% “working draft” of the human genome in the weekly scientific periodical *Nature* (International Human Genome Sequencing Consortium, 2001).

Importantly, Venter and his team published their work literally the next day in the weekly scientific periodical *Science*. By April, 2003, the human genome project was completed under time and under budget. This was a remarkable accomplishment. It opened a number of new ways to investigate the

All humans possess a passion to understand and predict the future, and a “leader” takes on the responsibility for molding and shaping the possibilities with a tangible dream of the future.

structure, function, and evolution of human, animal, plant, and microbial genomes. These include examination of the morphology of normal and abnormal chromosomes and plasmids, constructing maps of genomic landmarks, following the genetic transmission of phenotypes and DNA sequence variations, and characterizing many thousands of individual genes and their functions over the life span of the organisms. The leadership opportunity for Francis Collins and his international coalition was to integrate, coordinate, and weave together disparate types of data to produce a seamless “information infrastructure” critically needed to support the next generation of biomedical research. Collins’ leadership performance truly reflected the genius of creative collaborative research.

The SARS project is unique, remarkable, and clearly demonstrates that groups of highly talented scientific experts can organize, plan, assess, evaluate, and reach complex goals at a rapid pace without a designated “leader.”

Insights into Collins’ leadership performance as well as that of numerous outstanding leaders in biomedical research can be found in what they read and how they play. In his wonderful *The Contrarian’s Guide to Leadership*, Steve Sample, President of the University of Southern California, asserts that “to a greater extent than we realize, and to a far greater extent than we would ever care to admit, we are what we read.” Sample suggests that reading is a way to gain perspective and to stimulate original thinking. Music, arts, and just play also fuel the imagination and often encourage different points of view. Steve Sample is a highly accomplished academician, educator, and scientist/inventor, with formal education in engineering and with a passion and talent for jazz percussion.

Reading, music, arts, and play are also found in such accomplished and creative leaders of research as Bruce Alberts (president of the National Academy of Sciences), Anthony Fauci (director of the National Institute of Allergy and Infectious Diseases), Richard Klausner (previous director of the National Cancer Institute and presently scientific director for the Bill and Melinda Gates Foundation), Harold Varmus (previous director of the NIH and presently president of the Memorial Sloan-Kettering Cancer Center in New York), and Francis Collins (director of the National Human Genome Research Institute), just to mention a few contemporary talents who champion the elements of creative collaborative leadership and organizing genius.

### SARS

My third example is the International SARS Coalition. In early February of 2003, the Ministry of Health of the People’s Republic of China notified the World Health Organization (WHO) that since November of 2002, three hundred

and five people in Guangdong Province had been stricken with a severe respiratory disease and five were dead. The disease resembled the flu, but lab tests were negative for the influenza virus. In the two following weeks, a similar death was reported in Hanoi and another in Hong Kong. WHO announced that “SARS” (as this disease was named) was an infectious disease that could be contracted from person to person. Global surveillance was put into place. A quarantine approach seemed appropriate. It became important to know the precise cause of this disease termed SARS.

On March 15 and 16, 2003, WHO directly contacted eleven microbial research laboratories from France, Germany, the Netherlands, Japan, the United States, Hong Kong, Singapore, Canada, the United Kingdom, and China and invited them to work together to find and analyze the SARS infectious mediator, possibly a virus, bacteria, spirochete, or yeast microbe. All eleven laboratories agreed to form the consortium. On March 17, they embarked on what WHO called “a collaborative multicenter research project.” They participated in daily teleconferences, where they shared their work, progress, and future directions based upon the information and knowledge. They also actively challenged and debated scientific activities all along the process. All gathered data were posted daily. Early on, Cynthia Goldsmith at the Centers for Disease Control in Atlanta, Georgia, posted a transmission electron photomicrograph showing a discrete virus particle isolated from a single patient with all of the SARS signs and symptoms. Cynthia did not determine the cause of SARS; she contributed invaluable data towards the collective wisdom that produced the complete SARS genomic database and animal studies coupled with human molecular epidemiologic data. The eleven laboratories and their organized genius, without a leader, solved the

cause of SARS problem in one month. In the absence of top-down direction, these international laboratories did a remarkable job in organizing themselves, allocating resources, and designing a strategy that resulted in a remarkable accomplishment.

The SARS project is unique and remarkable, and it clearly demonstrates that groups of highly talented scientific experts can organize, plan, assess, evaluate, and reach complex goals at a rapid pace without a designated “leader.” In part, this was achieved because of necessity—the urgency and potential magnitude of the global disease problem. In part, the pre-existing technology provided the platform on which to rapidly define and complete the project—namely, the Internet and scanning devices for communications; English in the scientific community as a common language; and the availability of sophisticated tools such as high throughput genomic instrumentation, bioinformatics, and the existing microbial genetic database.

In one sense, the SARS example describes how modern science gets done. In another sense it shows how scientists can be highly competitive and highly collaborative at the same time. This example also demonstrates that contemporary scientific problems are complex and require the integration of multiple perspectives. The perception of the isolated individual scientist is no longer the mainstream of international mathematics, physics, chemistry, or biology. Doing science has become a “group sport.”

### SUMMARY AND PROSPECTUS

I assert that the future of leadership in scientific research, whether within public or private organizations, will increasingly require creative, interdisciplinary, and often international collaborations. The structure of traditional

### Key principles of collaborative leadership for organizing genius.

Greatness starts with superb people.

Great groups and great leaders create each other.

Every great group has a strong leader.

The leaders of great groups love talent and know where to find it.

Great groups are full of talented people who can work together.

Great groups think they are “on a mission from God.”

Every great group is an island—but an island with a bridge to the mainland.

Great groups see themselves as “winning underdogs.”

Great groups always have an external threat or “enemy.”

People in great groups are enormously focused and “have blinders on.”

Great groups are optimistic, not realistic, and sense that “anything is possible.”

In great groups the right person has the right job.

The leaders of great groups give them what they need, remove obstacles, and promote creativity.

Great groups produce dreams with deadlines (they are action groups).

Great work is its own reward.

*Adopted from Bennis and Thomas, 2002*

federal agencies, universities (including professional schools), nonprofit research foundations, and industry-based research is rapidly changing. Command and control, anchored to ownership or formal authority, is being replaced by or intermixed with all kinds of often tentative and changing relationships as identified in the three scientific project examples cited in this essay. The descriptions of such approaches reflect alliances, coalitions, consortium, collaborations, partnerships, and marketing agreements—relationships that are often associated with creative collaboration (Bennis & Biederman, 1997).

In this context, professional schools such as dentistry, medicine, pharmacy, law, and business are required to align with the mission and goals of their parent university. This alignment all too often means shared faculty with shared

Scientists who collaborate with each other are more productive, often producing better science, than are individual investigators working alone.

core values, shared planning and goals, shared methodology and instrumentation, and shared standards for academic performance and evaluations. Universities will increasingly be called upon to address highly complex problems of enormous relevance to society. University graduate programs will increasingly evolve into multi- and interdisciplinary cadre of faculty. Future generations of scientists and technologists will have depth and breadth in multiple disciplines. Teams of organized genius will increasingly be required to solve complex problems. In oral health professions, these might include tooth, periodontal ligament and bone regeneration; salivary gland gene therapy for xerostomia; innovations for the diagnosis and treatment of squamous cell carcinoma, the understanding and management of chronic facial pain, and the management of xerostomia or dry mouth; the man-

agement of osteoporosis and arthritis in an aging population; and the discovery and applications of numerous pharmaceuticals and innovative biomaterials.

After we reflect upon the approaches and outcomes from the Manhattan Project, the Human Genome Project, and the SARS International Consortium, consider several important questions. What might happen by shuffling the ingredients or key principles found within each of the three models described in this essay? What will leadership in research look like in a school of dentistry nested within a major research-intensive university in the twenty-first century? How will we identify and cultivate such talent within our professional schools? How can we foster intellectual "integration" between the dental profession and the larger scientific community of scholars?

Numerous social, economic, and political indicators suggest that American major research-intensive universities are changing and that schools of dentistry aligned with these institutions are also changing. The future opportunities for scientific research in the oral health professions are enormous. There is no shortage of modern technological, scientific, and esthetic breakthroughs demonstrating how the intellectual merger of unlikely fields of inquiry pays extraordinary dividends in new knowledge.

Finally, the mission of the dental education or oral health education system in the United States must be to serve society by educating and training a diverse workforce capable of meeting our nation's need for clinicians engaged in oral health care, scientists and bio-engineers, public health practitioners, educators and administrators, and oral health professionals who can contribute to the fields of ethics, law, public policy, business, and journalism. ■

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## LEADERSHIP: A NEW LOOK, A NEW TIME, AND ESTABLISHED LEADERSHIP

James B. Bramson, DDS, FACD

### ABSTRACT

The executive director of the American Dental Association characterizes leadership as involving inspiration, vision, and hope in the service of change. The need is great and the opportunities of numerous. Leadership has been built at the ADA through identifying a shared set of core values and through a billion dollar national Campaign for Dental Education. Although the future of the profession is bright, the outstanding leadership challenges include: increasing access, the cost and faculty shortages in dental education, globalization, emerging biotechnology, licensure, increasing the public's perceived value of oral health, and workforce matters.

This is an occasion that enables me to accomplish two purposes that mean a lot to me. First, it allows me to express my feelings—in an open, public way—about my good friend—everybody's good friend—Art Dugoni. It also gives me the opportunity to share my thoughts about leadership; and at this pivotal time in the history of the dental profession, I believe everyone knows how important strong leadership is to us.

It's right on the mark, isn't it, for a symposium focusing on leadership to be coinciding with a celebration for Art Dugoni? He is one of the greatest leaders we have ever had, not only in American dentistry but also in dentistry world-wide. What better way could there be for us to get a handle on leadership—to think about what leadership involves and what it means—than to consider the qualities and character of Art Dugoni?

With Art as a model, it becomes clear that leadership has something to do with caring and commitment, something to do with vision, and something to do with being willing and able to set challenges for us and perhaps take us outside our comfort zone. The leaders who are most valuable to us may on occasion be ahead of their times. We may have to catch up with them, as we're doing now in answering the call Art issued more than a decade ago for a National Campaign for Dental Education. And I promise, I'll come back to the campaign a little later.

I'm reminded of an observation that the American thinker and writer Ralph

Waldo Emerson made back in the late 1800s: "Nothing great was ever achieved without enthusiasm." That is probably the keystone of Art Dugoni's leadership—his contagious enthusiasm. He is motivated, and he is a motivator. All of us who have had the privilege of knowing him and working with him have felt his enthusiasm. You always hear it when he speaks. You always see it when he steps into action. And you can always be sure, no matter what challenges or setbacks there may be, that Art's enthusiasm is a resource and an inspiration that you can rely on.

I have been the ADA executive director for a little more three years. I often have members ask me, "How's it going—are you having fun?" The answer is, "Yes, most all the days are fun." And the most fun and rewarding ones, I might add, are those times when everything is right and we get into deep, substantive, meaningful discussion about the association's future and dentistry's contributions to the quality of life of those we serve, and we come up with new solutions, ideas, programs, and policies and set about to implement them. It is at those times that I think about our opportunities as leaders to serve the profession, and I am very



Dr. Bramson is executive director of the American Dental Association.

grateful for the role that the profession lets me have.

There is a lot more interest in leadership than there is agreement on what it is. No topic in business is more misunderstood and aggressively debated.

Questions that are raised include:

- How do we teach leadership?"
- What qualities should we look for?
- Are these skills transferable?
- In short, what do good leaders do that others don't?

### OPPORTUNITIES FOR LEADERSHIP

Our generation has the opportunity to foster an entirely new wave of leadership thinking, one borne from a greater duty and purpose, where it is fashionable again to participate in collective programs for the good of others in organizations that understand and make relevant the common values that people share.

Carl Sandburg once said, "Time is the coin of your life." Clearly, our most important currency is our time, and we have a choice about how we wish to spend it. Volunteering in an association leadership position is no easy task; it takes lots of time. And that's the likely reason that recruiting and involving volunteer leaders in association work is not getting any easier. Cultivating leadership skills and passing them on to the next group of leaders is a major responsibility of current leaders.

How many times have we all seen Art mentoring new leaders, making sure that tomorrow's profession will be better than today's? A kind word in the clinic, remembering your name and what might be going on in your family, support for a job well done, and reassuring encouragement if he knows you could do better. It is imperative for volunteer leaders to understand how important this part of the job is.

Let me share with you a story about where I come from. My dad was the editor and publisher of a small-town weekly newspaper—you know, the kind where you find out juicy stuff like who had coffee with whom last week. I just could never see myself continuing that business, and our town dentist was such a good role model for me—an outstanding citizen, a leader in the community, a successful business person and someone who always took the time to talk with me. So, at the ripe old age of eight, I announced I was going to be a dentist. Dad thought I was kidding, Mom thought it was a very proud moment, and my brother thought I was crazy. And after you keep telling people something like that long enough, you just can't go out and be something else.

I reflect on that beginning often as I face the daily challenge of administering and participating in the leadership of the largest dental organization in the world. I am what I am because of an individual, a single dentist in a rural community, a man who so innocently and unknowingly changed my life. And I never got a chance to tell him this, because I really did not understand what influence he played in my life until after I'd moved away.

Leadership is like that. You get lots of chances to lead. Some of them aren't very obvious, and regrettably, we often miss those opportunities to say thanks. Every one of us ought to go up to Art and say thanks. Thanks for making the profession better, thanks for continuing to give of your time and energy, thanks for challenging us and, most of all, thanks for showing us how it's done by always living the life of a leader.

### WHAT DO LEADERS DO?

Now what do leaders really do (Kotter, 2001)? Back in 1977, Harvard Business School professor Abraham Zaleznick published an article titled "Managers and leaders: are they different?" That sounds simple, doesn't it, but it created quite a

stir. The business schools reacted strongly because this distinction did not fit with their management models, or their organizational charts. Zaleznick argued that half the picture was missing. The schools only saw leadership amid the planning, processing, and net revenue procreation. What they missed was the part that's filled with inspiration, vision, and the full spectrum of human drives and desires.

How do you measure a relationship? Leaders don't make plans, they don't solve problems, and they don't even organize people. What leaders really do is help organizations see change, prepare them for the journey ahead, and help them struggle through it.

In short, leaders are about change, and managers are about stability; and only organizations or groups that embrace both sides of that equation can thrive in turbulent times. Leaders, therefore, are dealers in hope. A leader's first challenge is not to identify the issues—most everyone already sees the problems. The real work is in lifting people or organizations out of a state of resignation and helping them or it embrace change.

India acquiesced to British rule for generations until one inspired leader gave people hope and showed them an effective and moral strategy. John Winthrop, the first governor of the Massachusetts Bay Colony, told his settlers, "We shall be a city on a hill, the eyes of all people upon us." This sense of hope sustained them during their first winter and laid the basis for generations of Americans. Hope is the very essence of vision.

Contrary to what you might think, leading a dental organization is not inherently different from what we see in the business world. You start with your own personal core values, determine the organization's values, and develop a

foundation of trust between participants. The causal chain in leadership is clear:

- Trust builds relationships.
- Relationships build security.
- Security allows communication.
- Communication identifies and solves problems.

I think most people would agree that today's modern corporations are over-managed and under-led. Maybe some of our critics would accuse the ADA of that at times. Part of the reason for the proliferation of organizations in dentistry, in my opinion, is that they are personal extensions of people's search for models, methods, and most importantly, moments to develop leaders.

Successful corporations don't wait for leaders to drop from the sky. They seek them out, and "grow" them. They expose them to career experiences to develop their talents and make sure they get the training they need. Indeed, with careful nurturing and encouragement, untold numbers of people can play their important leadership roles.

The profession should be no different. We sorely lack for enough organized leadership development programs. It will not be enough simply to let people surface on their own. We must conceive and fund programs that identify talent and help it to grow. That is what the Hillenbrand Fellowship was all about and why we plan to revitalize it next year through the ADA Foundation.

The association has started some other programs, such as the ADA Institute for Diversity in Leadership. For those of you who aren't yet familiar with it, the institute is a personal leadership training program to support and strengthen leadership skills in dentists from racial, ethnic, or gender backgrounds that have tended to be underrepresented in leadership roles in dentistry. The first eight participants in this institute attended leadership development sessions at ADA headquarters in Chicago in September

and December of last year. We received more than one hundred and thirty applications for the eight available slots in the institute's first class. To develop the curriculum for the institute, the ADA has partnered with the Kellogg School of Management at Northwestern University, which is ranked in the top five among business schools in America. The idea is to build a lifetime network of supportive relationships among dentists who have the potential to impact diverse communities and become future dental leaders.

Other state societies have pulled together leadership programming, as have dental schools and some specialty groups. Through the ADA Hillenbrand Program, I spent a year of my life in a program as a training ground for leaders. You cannot go through an experience like that without seeing yourself as a part of something bigger, without some vision of the profession's future, and without some hope that you can help to shape it.

It's been said that without vision, people perish. And they perish because they see no hope for the future, no reason to exert energy, no purpose to their ambition, no reward, and no way to improve their condition.

My biggest job for the past three years at the ADA and, I'll bet, Art's job as dean since 1978, has been to help people—both staff and volunteers—to have a common vision, to start seeing themselves differently, to come together as a community, with clear purpose, and to realize a potential that was once left unexplored. The vision will also include a belief that this profession can in fact make a difference in people's lives, that oral health is important to the quality of life, that our problems can be solved, and that we have hundreds and thou-

sands of people who agree with us and want to help.

Of course, not everyone can both lead and manage; and no company or organization, especially the ADA, can be successful with strong leadership and weak management or vice versa. The key is to combine and balance strengths from both.

Good management brings order and consistency. Leadership, remember, is about coping with change, deciding what needs to be done, building the relationships that can accomplish the goals, setting direction, aligning people, motivating them, providing hope, and inspiring them to develop a new culture.

From working inside a large organization for several years, I know that every one of them has a unique culture.

A dental school vacancy amounts to a hole in the delivery of knowledge and skills to tomorrow's practitioners.

If you don't know the culture, you are literally dead in the water for trying to get things done. But committed individuals within this culture can create large-scale change, if they are inspired to believe that they can and are given the freedom to do it by working incrementally and rocking the boat just enough so that no one falls out.

### LEADERSHIP AT THE ADA

I am working hard to redefine the culture at the ADA as an organization based on our core values of integrity, trust, honesty, and responsibility and as a place where collaboration is the norm rather than the exception.

#### TEN LESSONS IN LEADERSHIP, AS DEMONSTRATED BY DEAN ARTHUR A. DUGONI

1. Base your leadership on values.
2. Listen more than you talk, but when you do talk, make sure you have something to say.
3. Be nice and help others; you'll be better for it.
4. Do your homework; know your issues.
5. Work on your attitude; it's contagious.
6. Write down your vision.
7. Define your risk tolerance and take some prudent risks.
8. Learn to live with change.
9. Look in a mirror, and don't kid yourself; and then hire the talent you don't have.
10. Go ahead, diversify—you learn the most from those least like you.

Here is an example of how we try to accomplish that. I empowered a cross-departmental team of staff volunteers who were charged with creating a staff mission statement and our staff core values, not just mine, but ours. Through this exercise, we had an opportunity to say what we believe. It was liberating to articulate a vision of a partnership with volunteers and members and the experience and expertise we offer to the organization.

Core value precepts emerged. Here is what we found at the ADA:

- Members are the purpose of our work.
- We take personal responsibility and pride in our work.
- We know that attitudes are contagious and that our success stems from trust, mutual respect, and fairness.

These values are posted around our building now, and they are not empty words. They are part of our fabric. They are part of our decision making. They are included in our performance appraisals. We live them, and we use them to help us lead the organization.

I told my senior managers at my very first meeting with them prior to my first day that I have two main tenets that I would use to help me judge their performance. First, when they come to me with a problem, they'd better bring along their best solution, too, so we have something positive to talk about.

The second tenet we practice is something that I learned from Lewis Timberlake many years ago. It is called Rule #6. Lewis is a corporate consultant who does programs on leadership development. If you play golf, you may know this, but for those of you who don't, here's how Rule #6 goes: "You are responsible for your own ball." Wherever it goes, whatever happens to it, it's still your ball. In fact, Rule #6 starts out with a general statement about how it is your responsibility to even know the rules.

### THE FUTURE OF DENTISTRY IS BRIGHT

Leadership comes from strong beliefs, and there's a simple six-word statement of belief that many of us associate with Art Dugoni. It's one of his basic themes, and you might even go so far as to call it his motto. When he was president of the ADA, he said it in our House of Delegates, and he repeated it at dental meetings across the country. Generations of dental students have heard him say it and have been inspired to rise to their very best.

And what are those six simple words from Art? "The future of dentistry is bright." This is always said with conviction and enthusiasm; backed up with statistics, demographics, forecasts and other information; and, most important of all, always accompanied by a challenge for us, the challenge to take advantage of all we have going for us as a profession and work together to make sure that the bright future Art envisions really happens.

How bright is that light? The profession is very healthy, growing nicely at about 3.1% annually. In total, professional dental care is currently about a \$74 billion industry. In fact, we recently completed a study that shows the total impact of dentistry in the U.S. economy is over \$200 billion annually. As we say in the ADA Foundation, "oral health matters."

More females are entering the profession, and we're all working hard to attract more members of underrepresented ethnic groups.

Prevention works. The number of decayed, missing, or restored teeth keeps going down. The incidence of edentulism keeps falling too. All of this is good news. People are taking better care of their teeth than ever, and more of them than ever before understand the importance of good oral health.



## THE WORK TO BE DONE

With all this good news, what are tomorrow's leaders going to have to work on?

Let's start with access to care, especially for the underserved and needy. We have a good start on improving access to care with programs like *Give Kids A Smile* and others. We're proud of *Give Kids A Smile*, and what makes us especially proud is the fact that this program is really nothing new: taking care of vulnerable people on a charitable basis is something dentists have always quietly and faithfully done. In fact, we have a survey that shows that dentists give away in charitable free care annually an amount equal to about two-thirds of all the dentistry that is purchased by government.

And there is a critically important message that *Give Kids A Smile* helps us to get across. The million-plus kids who are taken care of during this one-day event represent only the tip of the iceberg. Unmet needs continue every day in millions of other kids, and dentists alone and charity alone cannot solve the problem. Charity is at best a band-aid. It is not a delivery system. We have to find a larger and lasting way, through public policy, to make certain that every child gets an early start on a lifetime of oral health and that no child is unable to smile, unable to have confidence and make friends, or unable to study and learn and prepare for a successful future because of untreated dental disease.

As we move forward with our discussions on access to care issues, it could well intertwine licensure, manpower, education, and government.

Next, let's turn our attention to the challenges that face our system of dental education. These challenges tend to boil down to available resources: money and people. Dental school enrollments continue to trend upwards. In 2003, there were 4,618 first-year enrollees, compared to 3,979 in 1990. Of course, that is below

the maximal years, when virtually every school accepted federal capitation grants to increase class sizes. The applicant pool remains very strong, with about 7,900 applicants in 2003 for those 4,618 slots. Each applicant typically applies to seven or eight schools. DAT scores and GPAs continue to increase.

All of us surely acknowledge that the very value, effectiveness, and integrity of our profession rest upon the twin foundations of dental research and dental education.

But there is a problem and we need to acknowledge that our system of dental education on the whole has been getting into deeper financial difficulties with every passing year and is now approaching a severe situation. For schools, the costs of providing dental education is skyrocketing at a time when we see a corresponding drop in federal and state support for dental education.

Another unacceptable current situation is the number of unfilled faculty vacancies in our dental schools. A dental school vacancy amounts to a hole in the delivery of knowledge and skills to tomorrow's practitioners. The latest data show that there are 307 vacant budgeted faculty positions in America's dental schools, and 280 of those are full-time positions. The most common reason for a vacancy used to be retirement, but now dentists are leaving teaching to enter private practice.

We have to see to it that those positions are filled, that dental education remains strong, and that our schools get some help with those skyrocketing costs. All of us have to make a commitment to dental education—for the sake of our profession and the public we serve.

One of the most promising developments is the National Campaign for Dental Education that I mentioned earlier. The campaign will be part of the

ADA Foundation, which is now headed by Art Dugoni. I tell you, I called and called and called Art to come help us do this. I visited him at Pacific one day, and I unleashed everyone else I thought could influence him to come to our Foundation to help make his vision our profession's reality. And thank God, for he said yes to our call.

Our mistake was that we didn't ask him to do it ten years ago, when he first signaled the problem.

The campaign is designed to complement and support other dental education fundraising efforts. Through a profession-wide collaborative effort with our coalition partners, we plan to benefit the public's oral health through a number of initiatives such as providing dental schools and students with funds for academic development, endowing faculty positions, and student scholarships. Specific areas we will address include faculty development, recruitment, and retention; facility improvements; innovative models of education; and programs to enhance diversity in the profession.

We have established a twelve-year goal to raise collectively \$250 million as part of a larger twenty-five to thirty-year goal of a billion-dollar campaign. Yes, you heard that correctly, and I know what you're thinking: Dugoni has lost his mind and he's taking Bramson along, too. But we're talking about a huge challenge, and we need a huge resolve. There must be commitment in dentistry's leaders, and this commitment must spread throughout the profession. We will also be looking outside the profession to the dental industry, the corporate sector, other foundations, and the government for support; but if we as dentists don't believe in and support it,

There is a lot more interest in leadership than there is agreement on what it is. No topic in business is more misunderstood and aggressively debated.

why should anybody else? It has got to start with us!

Tomorrows' leaders are going to have to position the profession to deal with the growing impact of globalization. That is going to require us to take leadership positions with innovative policies—applicable on an international scene—on science, education, licensure, safety, and research.

New technologies and research will redefine the link between oral disease and systemic disease, which could fundamentally alter the integration of medicine and dentistry. Salivary diagnostics are probably the best example here. As this evolves, I think this will put increasing pressure on the dentist's current scope of practice and provide dentistry an opportunity to expand its scope and create a division between the diagnostic practice of dentistry and therapeutic care.

Increasing concerns about initial licensure will lead to more experimentation with multiple methods to satisfy those concerns, such as PGY-1 and portfolios. If enacted on a broad scale, licensure reform will increase pressure on revisiting continued competency

and greater standardization of initial examinations.

Changing people's oral health behaviors through fundamental oral health education will be seen as the only way to circumvent the cycle of disease, and there are already calls for our leaders to come up with new initiatives in oral health education and literacy.

And lastly, the limitations on dental workforce capacity will continue to put increasing pressure on the profession to propose alternates to redefine the training and scope of various members of the team.

### SUMMING UP

I believe tomorrow's leaders will have new issues, but they will have the same paradoxes implementation that we face today. People, it seems, want forceful, decisive leadership, whether it is in their government, their schools, or their associations. And at the same time, are suspicious when a leader is too strong. Boldness and innovation are desired only if it takes people to where they want to go. Positive attributes of a leader are considered negative if they are practiced excessively. Vision is important, but if that's all there is, one is seen as a dreamer. Persistence and resolve sometimes get misinterpreted as inflexibility and stubbornness.

Successful leaders are able to discern and even come to understand that their role is filled with paradoxes of all sizes, shapes, and complexities. That's not going to change, and good leaders resolve these paradoxes. They know that what to do is rarely an either/or decision. Rather it is usually a combination of both (O'Toole, 2001). When, where, and how much of each part is the real art of leadership, and I know of no book, paper, thesis, or article that reveals the magic all by itself.

As leaders we have our work cut out

for us. We are going to have to pioneer new ways of doing things. We are going to have to be willing to live with risk and deal with uncertainty. We are going to have to anticipate where the profession is going before others do. "One of the tests of leadership," Arnold Glasgow said, "is the ability to recognize a problem before it becomes an emergency."

It's going to take some courage to do what we have to do—courage to do the right things, courage to do the tough things, courage to get out in front of the pack in unprotected territory, courage to take those prudent risks, courage to articulate the vision, courage to use change as an opportunity, and courage to question yesterday's dogma. These are the kinds of courage Art Dugoni has shown for decades.

If we are not courageous leaders, then what are we? Certainly not cowardly, but merely complacent. It's easy to be silent. As I survey both established and new leaders who gather in Art Dugoni's honor, I know our profession, our future, and our association cannot advance dentistry through complacency. We have no choice. We must stay involved. We must continue to grow as leaders. We must spend our "coins" with the organizations that hold our interests dear.

I look forward to the opportunity to work closely with each and every one of you because I know inside each of you is the integrity, courage, vision, and hope that will serve you in your future leadership roles. ■

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## LEADERSHIP: CREATING A CULTURE OF CARING

Dominick P. DePaola, DDS, FACD

### ABSTRACT

Leadership is characterized in terms of accomplishing mutual goals for the organization, its employees, and its community through vision and creating a community of caring. The examples of Herb Kelleher of Southwest Airlines, Walt Disney, and Dean Arthur A. Dugoni of the University of the Pacific are used to illustrate how this style of leadership plays out in specific accomplishments.

There are reams and reams of books, monographs, papers, symposia, and treatises on leadership. Some of the materials written on leadership describe long lists of traits of leaders, forms that leaders use to assess progress toward the attainment of their vision, and a variety of process issues that seemingly by magic turn a form into function resulting in leadership. In the same manner, a great number of historical and popular figures have been described as exemplary leaders. Interestingly, the range of the individuals so described as outstanding leaders spans an enormous scope—from John F. Kennedy, Martin Luther King, Jr., Caesar Augustus, Winston Churchill, Tom Peters, Stephen Covey, and Jack Welch to Attila and Tony Soprano. Unfortunately, there is no magical way to predict who will be an effective leader or to articulate the specific traits that leaders possess, either inherited or by learning. Indeed, many individuals can elegantly write about leadership or create constructs on and about leadership, but they simply do not know how to lead.

It is abundantly clear that there is a great deal of intuition and inner “savvyness” to make things happen and when to “pull the trigger” or not. So, the intention of this essay is to discuss leadership in the context of individuals who have made and who continue to exemplify real leadership as differentiated from those who talk a good game! Of course, one of the former is Dr. Art Dugoni. Some of the others, whom I will describe briefly, are Walt Disney and Herb Kelleher, the co-founder and former

CEO of Southwest Airlines. It is hoped that you will see that all these individuals share some common traits and one truly exemplary characteristic, that is, they lead by example and by creating a culture of caring! In essence, they make things happen!

Let me begin by sharing with you two working definitions of leadership and my summary thoughts. The first definition is elegantly described in Gary Wills’ wonderful book, *Certain Trumpets: The Call of Leaders* (1994). Wills defines a leader as one who mobilizes others toward a goal shared by leader and follower. Earlier, in *Leadership for the 21st Century* (1991), Roast expanded Wills’ simplistic but elegant definition. Roast describes leadership as a dynamic relationship based on mutual influence and common purpose between leaders and collaborators in which both are moved to higher levels of motivation and moral development as they effect real, intended change. The figure describes these ingredients for successful and effective leadership.

This figure suggests that leaders must have a vision of the future that is transparent to everyone, that has success measures embedded in the common goal, and that focuses on the “followers.” The latter is particularly important because to the extent “followers” are



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motivated, the next generation of leaders can be trained and the vision lasts. So, sustained leadership is the result. In all cases, effective leadership is about putting people first; it is about creating a caring culture that emanates from the institution itself and moves outside to customers, patients, partners, and the public.

### SUMMARY THOUGHTS

It may seem unusual to define summary thoughts at the beginning rather than the end of an essay, but it is important that the reader does not lose sight of the take home message. These thoughts include:

- Leadership is about creating a caring culture: People come first.
- Leadership is the practice of helping people envision and then participate in creating a better world.
- Leadership is about exceeding expectations.
- Leadership is about comfort with power and the ability to share it.
- The true test of leadership is to ask: "Are those who would participate in leadership equipped to serve the common good?"
- The business of leadership is influencing change.

Style points: in the spirit of the Olympic Games, in order to achieve the common good, leadership must have defined characteristics and the way those characteristics are employed or utilized (the style points) determines, in large part, the effectiveness of the leader. For example, leaders must have the ability to:

- move multiple constituencies;
- be flexible and tolerant of disparate positions;
- be "savvy" about the political/social landscape;
- create coalitions, partnerships and collaborations; and
- nurture interdisciplinary and cross-cultural approaches.

Leadership must exhibit the willingness to take risks, challenge traditional values and the status quo, and exhibit tenacity and sustained resolve.

Leadership is all about people and about exceeding expectations, and it can emerge from many levels. Power positions in an institution or a university setting are not necessarily leadership positions; those who are the leaders are the people who feel empowered and who are given free rein to be themselves. The maverick but extraordinary leader of Southwest Airlines, Herb Kelleher, believes that by allowing employees to be "themselves" a dynamic business model is established that results in happier customers and a solid workforce (Freiberg & Freiberg, 1996). When asked who comes first, Kelleher unequivocally puts shareholders last after employees and customers (Bird, 2003). So, too, does Art Dugoni and the University of the Pacific School of Dentistry. Among the keys to success at Pacific is establishing an environment where people derive enjoyment from working together; where creativity, pride, and passion for the institution and its mission are nurtured and continuously renewed; and where the end products are more productive employees. In turn, the employees manifest that attitude to the student body, patients, alums, and constituents, which make them all cherish the education and care they receive and make them return. And that is what success is all about, having your customers/patients return—this is what makes shareholders (trustees) happy! The net result is the leadership of both Southwest Airlines and Pacific are creating a sustained culture of caring!

### LEADERSHIP STYLES AND INSPIRATION

There are multiple leadership styles, including arrogant, confrontational, plodding, regressive, status quo, and visionary, each of which can be judged on goals and their pursuit (DePaola, 1998). The effectiveness of any style, however, is determined by how well

the leader can help people envision and create a better world, whether that better world is at the dental school or the corporate sector.

Freiberg and Freiberg (1996), argue that leadership raises individuals, organizations, and communities to higher levels of moral development—that is, the obligations and responsibilities associated with bettering the human condition. This transformational leadership recognizes that leaders are servants by nature and that leadership inspires motivation to make things happen, teaches and invests in the next generation, influences change, and achieves purposes that reflect the common good.

Equipped with the necessary attributes and passion, leaders spring into action. In their monograph on corporate leadership, McPhearson and Wittemann (2003) make a strong case that leaders must sound the bugle for change, give the constituents a compass for implementing the change process, shake up the status quo, get everyone to sing from the same songbook, focus the workforce, let go of the present, and ignite unbeatable performance. Most importantly, no one individual has all the requisite leadership "competencies," but someone on the team must possess the missing competency or competencies of the leader. McPhearson and Wittemann (2003) believe a critical determinant of success is when leadership unleashes the "change ninjas" who can move the vision and help to bring about real, intended change in the institution. Over the years, Art Dugoni has not only demonstrated he possesses the appropriate characteristics and attributes of a great leader, but he also knows when to unleash the change agents to make a difference. Dr. Dugoni's extraordinary ability to communicate a practical vision to the faculty, students, staff, and university administration results in a battalion of change ninjas, if you will, willing, inspired, enthusiastic, and able to make things happen for the common good.



## THE COMMUNITY CONTEXT

Dental schools reside in ecological niches or communities comprised of a wide variety of individuals, organizations, agencies, corporations, and populations spanning every socioeconomic and cultural strata. By definition, therefore, a dental school and its parent university, have an obligation to educate students in the art and science of dental medicine while providing them an understanding and commitment to citizenship and to addressing the public good. Perhaps the best way to teach students the latter is by example, for if the school pledges itself to addressing the public good, the influence on the student would be profound. Leadership by example is one of the great characteristics of Art Dugoni shared by his fellow visionary leaders, Kelleher and Disney. As some may already know, Dr. Dugoni often visits the laboratories where students work well into the night creating a sense of caring and community on the spot. At the same time, Dr. Dugoni's vision, shared by the faculty, is to improve access to care for those citizens in need through a carefully orchestrated series of interdisciplinary community clinics. The ability to inculcate this culture of caring in the student body and in the faculty is what differentiates Pacific from other institutions; and it is ultimately what makes a difference in the lives of its people and those they serve.

What is this public good we are describing? Of course, there are many to consider for the dental school and the university (DePaola, 1998). Some examples include:

- increase access to care and effective use of access;
- eliminate oral health disparities;
- expand community-based education and clinical care;
- improve functional and oral health literacy;

- engage the community in expanding the community capacity for enhancing the wellness of its various populations;
- improve the public schools;
- engage in health care reform debates; and
- work towards a unified health system.

A specific case may exemplify the nature of a serious oral health problem and the extraordinary leadership it will take to address the issue. This case is illustrative of dentists as leaders. A poll conducted by *Parade Magazine/Research!America* in 2004 demonstrated that the public believes preventable diseases are a major health problem and, in a separate poll in 2003, the public overwhelmingly thinks that oral health is important to overall health. Now, we can apply both these polling data to pediatric oral health. We recognize that the primary oral disease affecting the pediatric population, dental caries, is preventable and that there is public support for oral health. Yet, a paradox exists because although scientific and technological advances are at an all time high, pediatric oral health is in a crisis that involves high prevalence of oral disease, limited access to care, limited use of the access that is available, and insufficient practitioners.

An effective leader needs legitimacy, public trust, compassion, caring, a 360-degree view, communication and engagement skills, courage, and flexibility to reconcile the public paradox (DePaola, 1998). Armed with these traits, the effective leader must communicate a shared vision for the common good and must engage and convince the students, faculty, administration and consumer in an advocacy role. Why the consumer? The same *Parade Magazine/Research!America* poll taken in 2004 indicates that patients (i.e., consumers) have more influence on how government medical research funds are spent than scientists and congress do. Thus, in the context of working with communities, academic leaders must not only under-

Effective leadership is about putting people first; it is about creating a caring culture that emanates from the institution itself and moves outside to customers, patients, partners, and the public.

stand community needs, capacity, and expectations, but they must be willing to engage societal issues consistent with their academic or public health mission. The leader must establish shared goals and implemental strategies and must be able to measure outcomes and be persistent. In this case, a vision of education, research, and services must be combined with community outcomes, community empowerment, and partnership. The dentist as healthcare provider is obligated to address individual patient care, access, and immediate socioeconomic factors. In this context, Art Dugoni has challenged students of dentistry to understand that they are provided a rare opportunity to lead and serve, and history will judge how they have used the "public trust." Is it for personal pleasure and gain or to serve? Indeed, effective leadership therefore unfolds from the public or common good (Willis, 1994; DePaola, 1998)!

All those involved in dentistry should spend some time pondering these questions:

- What kind of leadership do you practice? Simple or transformative?
- Does the leadership you exhibit move you and your collaborators (followers) to a higher level of moral development?
- Do you take public need and social responsibility seriously?

## Leadership is where we want to go and management is implementation.

- Does the leadership team have the appropriate mix of qualities?
- Are you paying attention to cross-sector partnership?
- Are your priorities connected to perceived or real public values and need?
- Is the pediatric oral health paradox related to a failure of leadership?
- Are health disparities a leadership failure or a failure to create leadership for the public good?
- Is partnering with the community a critical approach to improve health outcomes?
- Are your students prepared to exercise their citizenship and moral responsibilities?

### MAKING THINGS HAPPEN

In preparing for this essay, I thought it appropriate to consider how Art Dugoni and his fellow visionaries make things happen. How would they address the paradox illustrated above? How do they move from a vision to establishing followers to creating a culture of caring to determine practical implementations? Some lessons from Kelleher and Disney and Dugoni may be instructive and fun to consider.

In the case of Kelleher, he has a number of traits and characteristics, shared by Dugoni and Disney, that enable him to keep Southwest Airlines as the only airline to realize a profit every year it has been in existence. At the front end, Kelleher believes deeply that putting people first is what dictates success.

He has articulated that, “we are in the customer-service business and we happen to operate an airline” (Freiberg & Freiberg, 1996; Bird, 2003). Art Dugoni and Pacific are in the customer service, community service, and patient care business and happen to operate a dental school. Witness the affection for both leaders by their employees and their unbridled success. In Art Dugoni’s case, the aspiration for Pacific’s dental school to be the “Ritz Carlton” of dental schools is very telling indeed! Kelleher uses imagination, innovation, tenacity, and an entrepreneurial spirit to engage his employees and the communities they serve. His mantra is that you cannot become absorbed in the process of doing things rather than the result of doing—he warns that you can do all of the wrong things right (Freiberg & Freiberg, 1996)! Using a sense of humor and maverick personality, Kelleher creates a quirky environment that salutes singing flight attendants and joke-telling pilots; he and his employees dress on Halloween and give gifts to passengers; he challenged a rival CEO to an arm wrestling match to decide who would get to use a slogan that the other company started using first—the famous “Malice in Dallas” event (Freiberg & Freiberg, 1996). The net result is a happy workforce that not only operates a fantastic customer-friendly airline but who also understand their role in the community and whose “give backs” are legendary.

For those who have visited Pacific’s School of Dentistry, you can observe an environment maybe not as quirky but one with similar characteristics of Kelleher’s. These include a love and pride of the school, an imaginative and forward-thinking approach to patient and community services, an absolute dedication to excellence, and a pervasive sense of citizenship and community. All of these characteristics are buttressed by an absolute commitment to putting people first and to a shared vision of

greatness! Leadership at this level in a dental school is both uncommon and remarkable! In fact, if one observes the mission of Southwest Airlines, it would not be difficult to replace Southwest Airlines with the School of Dentistry. “The Mission of Southwest Airlines (University of the Pacific School of Dentistry) is dedicated to the highest quality customer service delivered with a sense of warmth, friendliness, individual pride, and company (school) spirit.” Does this not reflect the Dugoni leadership style and the enthusiasm and spirit of Pacific’s students, faculty, and staff?

Now to Disney! What do Art Dugoni and Walt Disney have in common, other than the handsome, distinguished persona? As many of you are aware, if you ever visited a Disney property, there are a few overwhelming observations that are commonly made—first, it is exceedingly clean; second, it is expensive; third, the people who work there are happy; fourth, it is a place of fun, humor, and joy; fifth, it is a place where “imagineering” began and creativity reigns; and sixth, it is a place that always exceeds your expectations. Does this sound familiar? The ability to put people first and for the employees to share in the Disney vision and magic and the mission to exceed customer expectations are the mantra which has resulted in one of the great success stories of our time. Clearly, those analogies apply to Pacific—although it may not always be a “fun” experience for a patient, you could bet that it exceeds their expectation with a level of patient satisfaction that may be unprecedented!

But there is more to this analogy, because Disney and Dugoni share some other interesting characteristics—they are both self-made success stories. Art grew up in a family that immigrated to the United States from Italy because his grandparents were “dreamers” and

sought a better life for their children. He often says that his grandfather's dreams, risk taking, and expectations gave his life meaning. Similarly, Walt Disney grew up in Missouri in a modest household that required him to make money by selling drawings to neighbors. He also loved nature, family, and community. This analogy is easy to see! Walt became a "dreamer," and his dreams took him to produce the first full-length animated musical feature, "Snow White and the Seven Dwarfs." With that success, he dreamed of a clean, organized amusement park that would bring fun and joy to people. Disney's ideas represent imagination, optimism, creativity, and an uncanny ability to bring us close to the future while telling of the past. Disney is a legend and folk hero and, in terms of the dental profession, Dr. Dugoni is the same—perhaps, the most respected individual in the dental profession.

In 2004, Eric Curtis wrote a wonderful essay on "Dental Education in San Francisco: The Dugoni Era," in which he detailed, in a splendid manor, the many accomplishments and leadership characteristics of Dr. Dugoni. As many of you know, Dr. Dugoni assumed the deanship at Pacific at a very difficult time in its history. Almost immediately, however, the dreamer and the visionary emerged with an understanding of leadership that would carry him through the day. Dr. Dugoni reminded everyone, according to Curtis, that leadership involves not just management but vision. Leadership is where we want to go and management is implementation. How do we get there? With his personal charm and persona, extraordinary communication skills, accessibility, persistence, enthusiasm, and willingness to lead by example, he moved the school to a prominent place in the history of dental education. Dr. Dugoni dreamed of developing a humanistic approach to dental education, and with a highly motivated faculty and student body, and, particularly, with a

major investment in people, he succeeded! Curtis described Dr. Dugoni's philosophy about dental education. He said, "Education is not just about making a living; it is about making a life" (Curtis, 2004). His reputation for instilling in students a social conscience and a commitment to responsible citizenship is legendary.

However, the most spectacular achievements of Dr. Dugoni may have occurred outside the walls of Pacific. For throughout his career, Art has been willing to pick up the banner of leadership in organizations ranging from the American Dental Association, American Association of Dental Schools, California Dental Association, and a host of other leadership roles to bring the educators, practitioners, organized dentistry, and corporate supporters close together as a family. Through it all he has taken provocative positions on community-based education, on expanding access to care, on establishing board examinations that are more relevant, on addressing health disparities, on developing resources for dental education, on decreasing student debt, and on nurturing a caring and humanistic profession. In short, Dugoni's leadership by example is the epitome of leadership for the public good!

### THE BOTTOM LINE

Freiberg and Freiberg (1996), in their book on Southwest Airlines, list a number of practical leadership ideas that are implemented by Kelleher and colleagues and which apply directly to Dugoni's leadership and success. These include:

- Make work fun!
- Use celebrations to create relationships.
- Equip people to make decisions.
- Become a "risk doctor"—help people recover from mistakes.
- Make your organization and personal

mission, vision, and values clear—then hold the reins loosely.

- Stamp out bureaucracy—make rules your servants.
- Deal with people, not positions.
- Train for skill—hire for spirit, spunk and enthusiasm.
- When serving others (the community), make sure that "good enough" is never enough.
- Look for creative, unconventional ways to tell your story.

Leadership in the style of Dugoni, Kelleher, and Disney is about making vision the boss, being able to articulate that vision to followers (collaborators), and about putting people first to make things happen. ■

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## Audacious Leadership

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### ABSTRACT

Three leaders in dentistry are presented as case studies. G. V. Black played a leading role in moving dentistry from a trade to a profession. William J. Gies helped lay the scientific foundation for dentistry. Arthur A. Dugoni has emphasized the human dimension of the profession and built relationships among key constituencies. What these audacious leaders share in common is an expansive vision of dentistry that transcended the confusions of the times and the energy and personal skills to enlist the cooperation of diverse groups in achieving these larger views.

It is a personal honor for me to be able to participate in the program and to express my personal gratitude to Art Dugoni, not only for the leadership that he has shown to the American Dental Education Association and to the entire dental profession, but also the mentorship that he has shown to me personally. When I came to the American Dental Educational Association in 1997, one of the things that Art taught me was that leadership in large part is about relationships and the way that we manage those relationships. What I would like to do here is speak about leadership in dentistry with a focus on our history and the value of relationships. I intend to examine ways in which we evolved as a profession, where we are today, and ways in which we will move ahead for the future.

Let me begin with a reminder to all of you who don't know about the American Dental Educational Association. We represent the fifty-six dental schools in the United States, ten dental schools in Canada, and research institutions that are involved in dental research, such as the Forsyth Institute, the Mayo Clinic, and the Eastman Dental Center in Rochester. We also represent the allied education programs in dental hygiene, dental assisting, and dental laboratory technology. We began in 1923 as the American Association of Dental Schools and in the year 2000 we changed our name to become the American Dental Educational Association, hoping to have within our name our real mission of

representing all of the education that goes on within the dental profession.

### CASE STUDIES IN LEADERSHIP

I would argue that what makes extraordinary leaders different is audacity, and I will begin by presenting three case studies of audacious leaders in dental education and how they responded to the challenges of their times. Audacity is a daring spirit, resolution, and confidence.

Dentistry and dental education underwent little change throughout history until the beginning of the 1800s. Etchings from the 1500s until the 1800s show that, for the most part, almost all treatment consisted of extractions. Pain and infection were treated in this rudimentary way, but there was no dental science as we now understand it. I believe this to be the case because there were not audacious leaders in dentistry. Change started in the 1800s. We know that Napoleon created dental education programs within his army to take care of his soldiers. The first dental school opened at the Baltimore College for Dentistry in 1840. Restorative care became an option for the first time.



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## The needs of the practicing profession have outgrown the capacity of our educational programs.

Cohesive gold became available. Amalgam started to be developed. What is now the American Dental Association was started in the 1850s. There were other dental education programs beginning, but most of the education in the U.S. in the 1800s was still by apprenticeship. There was no scientific approach to operative procedures or restorative materials. The first dental school in a university was founded at Harvard University.

### G. V. Black

The first case study in audacious leadership I will present is someone whom all of us in dentistry know—Dr. G. V. Black, a dentist-physician who began as an apprentice dentist in the late 1800s but laid the foundations for dentistry as a profession. He was recognized as an inquisitive man, a person who was interested in creating a scientific approach to his profession. He joined the Chicago College of Dental Surgery in 1883 on a full-time basis and began to develop an understanding of operative dentistry. He became dean of Northwestern University School of Dentistry and served from 1897 until 1915. During that time, he refined dental amalgam as a cost-effective alternative to extraction or gold. His published work on operative dentistry in 1908 was essentially the textbook of operative dentistry for more than fifty years. To better understand restorative treatment he probed the etiology of the dental caries. He worked with others in helping define what we now know as the plaque concept and the biochemical changes that subsequently occur in the caries process. G. V. Black was recognized within the profession of his time as an audacious leader. His leadership resulted in major changes; he redefined dentistry as a profession and not a trade.

### William J. Gies

The dental profession faced new challenges at the turn of last century. Dental education was still principally provided in proprietary schools—essentially a grouped and economically superior form of apprenticeship. Dental students had little or no exposure to basic and clinical sciences or anything else that was not directly billable. Their education was primarily focused on cavity preparation and restoration, placement of dentures, and extractions. (Remember, it was also at this time that vulcanite was invented, and it was becoming a readily available and worthwhile material to use as a base for complete dentures.) Essentially no scientific research was being conducted in dentistry.

The times were right for another audacious leader, William J. Gies. Gies was not a dentist; he was a PhD biochemist who taught at Columbia University in New York. Local dentists stimulated his interest in developing a scientific foundation for practice. He was one of the founders, in 1916, of the Columbia University School of Dental & Oral Surgery. He was the founding editor of the *Journal of Dental Research* in 1919 and continued in that capacity into the mid-1930s. He was one of the founders in 1923 of both the International Association for Dental Research and the American Association of Dental Schools, now the American Dental Education Association. But perhaps he is best known for the “Gies Report,” released in 1926. Abraham Flexner, an educator, had been hired by the Carnegie Foundation in the early 1900s to evaluate medical education in the United States. The

result of that report was a recommendation that medical education should include basic, clinical, and behavioral sciences and two years of clinical experience. Gies was also hired by the Carnegie Foundation to undertake a similar comprehensive investigation in dentistry. He visited every dental school in the United States and Canada. His report to the Carnegie Foundation essentially paralleled Flexner’s work, arguing for a three-year curriculum, an increase in research, and strengthening the foundations of professional education so that dentistry, although a distinct profession, would be the equal of medicine. Gies had the audacity to make recommendations to provide leadership and again was very well recognized within our profession during his time.

### ARTHUR A. DUÇONI

Now let’s move to the middle and late 1900s. What were some of the challenges facing dental educators at the end of the last century? Our profession was polarized in the 1960s through the 1990s and there was dissatisfaction among people attempting to work together. Another feature of our profession at this time was that teaching methods in dental school during this time were often militaristic or draconian. In my dental school experience, we did not refer to faculty members as “doctor,” but by their military rank. Still another feature of our profession at this time was curriculum overload. We added content to an already heavily loaded program, and there were concerns about the relevance of certain portions of the curriculum. There were new procedures and new biomedical knowledge, and patients were become more complex. The needs of

the practicing profession have outgrown the capacity of our educational programs.

The third case study in audacious leadership is Art Dugoni and his response to these challenges. Art's leadership was essential to uncovering ways for the various constituencies in our profession to begin to relate to one another. Imagine one man who enjoyed the complete respect of members of the American Dental Association, the American Association of Dental Schools, and the Federation Dentaire Internationale, becoming the president of the ADA in 1988, the president of ADEA in 1994, and treasurer of FDI just a few years later.

Through his audacious leadership, Art was able to begin the healing of our profession. Art also looked for ways to change the way that teaching and learning occurred in dental schools. Art became Dean of the University of Pacific School of Dentistry in 1978 and promoted the humanistic model of dental education. All of us have probably heard Art's credo about the students at Pacific, "We grow people; along the way they become dentists."

**"We grow people;  
along the way they  
become dentists."  
— Arthur A. Dugoni**

Art has also led the way in experimenting with curricular innovation. At Pacific, students are able to complete four years of dental education to the highest standards of competence in thirty-six months. Art has led the development of a new approach to teaching and learning at Pacific that respects the different ways in which contemporary students learn and manage new information.

### **AUDACIOUS LEADERS FOR THE FUTURE**

I have presented three case studies of audacious leaders who responded to the challenges of their times. What are the future challenges that we must begin to prepare leaders to respond to? From my perspective, there are many.

Leaders in dental education will come under increasing pressure to enhance research and scholarship in a changing university environment. Expectations on faculty members to produce new knowledge and scholarly publications will continue to rise.

At the same time, other pressure will be put on schools to make changes to the ways that we train and educate the next generation of dentists. Current pedagogical methods will not be adequate.

There will likely be an increasing focus on enhancing ways to improve access to the profession for minority groups who are not well represented. The Hispanic and African American population in the United States right now are around 11% to 12% each. Fewer than 5% of our nation's dental students are African American, and more than 60% of those are either at Meharry or Howard Universities. Less than 5% of our dental school student body is Hispanic, and that Hispanic percentage of our population is predicted by everyone to rise significantly.

New technologies for diagnosis and treatment will provide for improved patient outcomes, but how are we going

to address the education that goes along with their introduction? It appears that we must change our thinking from adding to the curriculum to restructuring it.

Sustaining clinical excellence will have to occur through life-long learning. It has been pointed out that students may not know how to do all the procedures they will perform in practice. We cannot pack their professional suitcases in just four years of dental education with everything they will need for their practice careers. But it is hoped we can give them the foundations for a lifetime of professional growth.

Dentistry is likely to play a more significant role in primary health care. More people see their dentists every year than see their physicians. What role will we be playing in providing primary care that includes dental care? What other attributes might our profession develop, especially if the oral-systemic connection is proved to be a causal relationship? Are we going to abdicate the responsibility to our medical colleagues?

So now the question becomes, how do we sustain leadership in dental education in the tradition of our audacious leaders? Where will we find the next generation of Arthur A. Dugoni's? The leaders in dental education, research, and practice have come together to address the leadership challenges we face together. Art has brought us together by the force of his personality and his comprehensive vision. That is the common characteristic of the three audacious leaders I have mentioned—none had a narrow view, and all transcended the conventional boundaries of their times and enlisted the cooperation of diverse groups to advance the profession. ■

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## WHITE COAT PRINCIPLES

Bruce N. Peltier, PhD, MBA

### ABSTRACT

The White Coat Ceremony, which many dental schools use to mark the transition to patient care, is an opportunity to reflect on the values of dental practice. Eight principles are offered for consideration:

- 1) patient care is the point of practice;
- 2) the doctor-patient relationship is essential;
- 3) discuss options and possibilities;
- 4) mistakes will be made;
- 5) tell the truth;
- 6) be assertive;
- 7) consult; and
- 8) manage your stress and your life.

“White Coat Ceremonies” have been used by many dental schools for nearly two decades to mark the transition of dental students from the didactic and laboratory phases of education to clinical practice and care of patients. Such ceremonies represent an opportunity to focus the attention of dental students on the ideals of dental practice. It is also customary that these ceremonies include a keynote address in which these ideals are articulated. This essay began its life as the keynote address at a White Coat Ceremony and is offered to readers here on the assumption that it never hurts, from time to time, to revisit in a practical way the moral foundations of one’s profession.

### THE WHITE COAT CEREMONY

The White Coat Ceremony marks an important transition. Students move from technique laboratories and lecture halls to the clinic floor as they begin to apply their talented heads and hands to patients. Moments like this offer an opportunity to stop and reflect, not just for the students, but everyone in the dental profession.

It is not always clear to students at this point in their careers that the technical aspects of the dental profession will, sooner or later, become natural. To them that sounds hard to believe. This is not to say that occlusion will ever become easy, but the well-trained and conscientious dentist does eventually notice that the most difficult components of dental practice, day-in and day-out, turn out to be the interpersonal interactions and the moral challenges that go hand in hand with the role of the dentist.

One reason why a White Coat Ceremony is an important moment is that dental schools are not in the business of training their students to become tooth technicians. They are attempting to help every student to become a doctor, maybe even a leader. This is an important responsibility and it is not easy to do.



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The doctor-patient relationship is at the heart of the dentist's work. Dentists must nurture this relationship and protect it. Even keep it sacred.

We all need guidelines in order to keep moving in the right direction. There are many sources from which a dentist can receive personal and professional guidance on how to live. What follows are eight guidelines that are not only appropriate at the moment when students begin to practice in the clinic, but are appropriate throughout a career in health care. For that reason, they are offered here as "White Coat Principles," with the hope that, whenever dentists put on the white coat (or whatever mantel they wear in practice), these principles will come to mind again.

#### **PRINCIPLE 1: PATIENT CARE IS THE POINT**

The first principle may seem too obvious or transparent to mention, but it is actually important enough to be listed first. The whole point of doctoring is to provide excellent and appropriate health services to other human beings who cannot do so for themselves. Motivations such as money, a fine car, convenience of practice, and a professional's reputation among colleagues are secondary to this overarching responsibility to patients. When a dentist graduates from dental school, he or she possesses a very special set of skills, rare and important. These are skills that internists, neurologists, attorneys, astronauts, senators, even psychologists do not possess, and the dentist has a duty to share these skills and the benefits they produce with others who are in pain, with people who do not understand their own oral health or the health of their children, and with some who do not have much money. Our community counts on dentists to take care of those who need dental care.

This principle is not abstract. Not long ago I returned from a trip to the East Coast, where I was asked to help

with a dental practice overwhelmed with patients. The exhausted dentist, who has been in his community for twenty-five years, cannot convince even one of the other fifty local dentists to take on a Medicaid or indigent patient. No other dentist in his tri-county area is even willing to serve on the local hospital staff to take dental emergencies. This state of affairs is baffling and heart-breaking. In my view, real doctors keep their commitment to patients in need.

#### **PRINCIPLE 2: THE DOCTOR-PATIENT Relationship**

A noted professor calls dentistry "a people business." He tells the sad story of a patient who asked him about dental school, mentioning that her best friend's son would be a terrific dental student and dentist. When the faculty members asked what it was that led her to think this, the woman stated, "Oh, he spends all of his time alone in his room, building model airplanes."

I would even go so far as to assert that dentistry is a "relationship business." The doctor-patient relationship is at the heart of the dentist's work. Little of value takes place without that relationship, and it is the vehicle for dental practice and especially for dental care. Dentists must nurture this relationship and protect it. Keep it sacred, even. This special relationship has healing qualities which have been documented by empirical research. One could easily squander its powers. Entering the dental profession entails a commitment to put the relationship to work and to treat each patient as if he or she were the most important person in the world at that moment in time.

#### **PRINCIPLE 3: Discuss Options AND Possibilities**

The days of paternalistic doctoring are clearly on the wane. Patient autonomy is a core element of modern ethical and successful practice in our society.



Therefore, a dentist should not work on patients, but rather work with them. Dentists need to develop the teaching skills for educating patients about the condition of their mouth and teeth and oral health. These teaching skills are intrapersonal in nature, not dento-technical. They involve careful listening, clinical flexibility, and sometimes persuasion. One natural way to do this well is to let the patient in on your thinking and nurture their interest in what you are doing. The principle of respect for patient autonomy requires that the patient has the final say about what the dentist is to do for them. Of course that does not mean that patients should be going it alone; it is the dentist's job to help them make wise choices in a relationship of respect.

#### **PRINCIPLE 4: MISTAKES WILL BE MADE**

This principle should come as no shock to the experienced dentist. Obviously, no one is perfect. Nonetheless, some dentists and many patients seem to have an unrealistic and perfectionist expectation. But bad things happen when people believe things that cannot possibly be true, and serious negative consequences derive from the false belief that doctors never make errors. First of all, it puts unnecessary pressure on the dentist; second, it creates a strong temptation for the dentist to be less than completely honest with patients. This principle is not a rationalization for carelessness, of course. Dentists must make sure to install as many fail-safe mechanisms as possible into their practice habits. But they must also be ready to take the inevitable errors in stride and manage them properly and effectively, which brings us to Principle 5.

#### **PRINCIPLE 5: TELL THE TRUTH**

Here is a very important, but very challenging, guideline: never, ever tell a false thing to a patient (or a staff member, for that matter). Never, ever, in your whole professional career. Aside from principled reasons for veracity, there are several instrumental or pragmatic reasons to tell the truth. Once you have told someone a lie, you have changed your relationship to them forever. You have switched from an authentic person-to-person relationship to the relationship of player-and-played. You now have to "work" that person forever. You have to maintain the lie and never let them in on the fact that you lied in the first place. You can never be truly authentic with them again. What a loss!

The idea sounds logical and simple enough, but to follow the veracity guideline permanently—and in every situation where something other than the truth might make life easier—that is extremely challenging. Dentists obviously know they are to tell patients the truth. But doing so is not always so easy. There is the potential for embarrassment, for loss of revenue, and of course the potential for lawsuits. But the fifth principle proposes that a dentist should not let those things prevent the truth from being told. It will take creativity and sometimes humility, but always find a way to be honest in your work. This is related to the next principle.

#### **PRINCIPLE 6: BE ASSERTIVE**

As a psychologist in the bioethics arena, one of my professional duties over the past decade has been to offer psychological, ethical, and behavioral help to dentists who have lost their licenses. In an attempt to better understand these practitioners I recently I took a look back at my files to see if there

Once you have told someone a lie, you have changed your relationship to them forever. You have switched from an authentic person-to-person relationship to that of player-and-played.

was a consistent or telling pattern to their behavior or their psychological makeup. I was looking for something that would explain how they made such terrible decisions and got them into trouble, something that I could share with others to keep them out of trouble.

It turns out there is a pattern. In my experience, the majority of these dentists got into trouble because of a lack of assertiveness in some way, shape, or form. Some were not able to say “no” to inappropriate patient requests. Others were unable to say “no” to demands from their own families. Some could not stand up to staff members who did things that were wrong. Then, in most cases, once the dangerous bad-decision ball was rolling, they could not step up, take the hit, and stop the process before it became a juggernaut that rolled over them and crushed them.

Dentists need to teach themselves (beforehand) what to say in difficult situations, especially in uncomfortable ones. And then they need to say it. This means learning to say “no” appropriately,

**A dentist should not work on patients, but rather work with them.**

and learning to face difficult conversations instead of avoiding them. This is a skill that can be learned. Few are born with it, few possess it naturally, but a dentist absolutely needs it to practice ethically and, in fact just to survive in practice. And if you cannot figure out what to say ahead of time, at least take time to reflect afterwards on difficult conversations you have had and then rehearse for the next time they come up.

### **Principle 7: Consult**

Another way to avoid the professional failure is to stay connected with your colleagues and the professional community. A dentist who isolates himself or herself in a small, individual practice is making a real mistake.

There are many ways to stay connected with other dentists, and some dentists are very good at this. Join or form a study club, become active in the local professional organization, take extra continuing education courses, read widely in the field to remain energized and creative, and, most of all, find a couple of colleagues to trust and talk to when you are not sure what to do. Call them on the phone, lunch or jog with them, and when you get stuck, ask them for an opinion. Be sure to speak with them if you find yourself faced with a challenging ethical problem. Talk it over. Consult. Make this a regular thing in your professional life.

### **Principle 8: Manage Your Stress and Your Life**

Dentists have chosen a career that is full of promise, but it is not an easy career. Some dentists find the work to be too taxing after a certain number of years, so they leave it, or if not, they grow to resent it, or they use drugs as an escape. The duty to remain fresh and energized is every bit as important as the duty to learn about new scientific developments

or technical innovations. It is neither wise nor fair to treat patients when you hate your work or are numb to it or are just going through the motions.

Dentists need to learn how to manage their responsibilities, opportunities, and energies productively, so that they can enjoy the entire span of their careers. They need to figure out, each according to his or her own values and vision of life, where the profession and the work fit into the big picture, and then create a work style consistent with that vision. They also need to be aware when their personal resources are not up to this task and seek advice and support when they need it. Dentists are typically “hard-chargers” who can “work like a dog.” They would not have made it through dental school otherwise. But to work yourself into the ground without knowing what you are working for is asking for trouble. This means pacing yourself intelligently so that you can really appreciate your practice and the people around you. Your patients, your family, and your friends count on you to be sane and fully present. This is a lifelong challenge.

What Principle 8 does is remind you to pay attention to your life and your consciousness, along with the other seven principles, each time you put on that coat.

The white coat is a symbol of all this. It is a symbol for the members of the dental profession, and it is also an important symbol for patients, their families, the whole community that turns to the dental profession for technically expert and for humane, respectful, ethical, attentive care. When you put your coat on each day, remember these eight principles and the responsibility that comes with wearing that coat. Then wear it with pride. ■

## THE PROFESSIONS

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### ABSTRACT

The professions have been described in terms of their prestige and income, specialized skills and knowledge, protected markets, control over entry and discipline of members, common identity and values, long careers, managed relationships with nonprofessionals, licensure, ethics, and service to clients and the public. As useful as these characteristics are, they fail to capture the essence of the professions, especially the classic ones such as medicine and dentistry. A five-part definition is proposed, consisting of a community (including patient, professional, and peers), treating individuals, in a customized private and personal fashion based on diagnosis, in a trusting relationship, where the professional acts as an agent rather than engaging in economic exchanges. The evolution of the medical profession is discussed as an illustration of the way professions evolve and to reveal some of the historically “taken-for-granted” aspects of professionalism. The fact professional knowledge is both public and scientific and personal and unsusceptible to objective reduction is a paradox. The continued viability of professions such as dentistry depends on protecting against threats to the five essential characteristics that define professionalism.

The professions have been well studied but remain imperfectly understood. That is pretty much as it should be and as it will remain. The professions are uncomfortable with outsiders looking at them, and part of their identity is to remain shielded from public understanding. As Charles Reich says in *The Law and the Planned Society*, “Professionals can be counted on to do their job but not necessarily define their job.”

This essay is divided into five sections, beginning with digging around among the traditional characterizations given the professions. The second section will propose an alternative five-part definition. Medical practice has undergone immense transformations in the past three hundred years, knowing this history is necessary to understand the health professions. There is also a paradox regarding professional knowledge, and this will be explored in the fourth section. Finally, some of the threats to professionalism will be considered. The most serious of these are the ones that threaten the essence of professional practice.

### THE TRADITIONAL CHARACTERISTICS

Professions are described by prestige, high income, and direct relationships with clients, specialized skills, protected markets, and control over who is allowed to enter the profession. The professions, the soft professions, and the pseudo-professions can be arranged on a hierarchy, with medicine, dentistry, and law at the top, ranging down through nursing, pharmacy, engineering, and

ministry, to college professors, social workers, real estate agents, firefighters, and cosmetologists. The more each group represents the characteristics identified in the first sentence of this paragraph, the higher they are on the hierarchy.

W. J. Goode lists seven characteristics of professions. First, members of a profession share a common identity. They read the same literature, dress in somewhat similar fashion, vacation together, and see many social issues in the same light. If the public is asked to provide a description of a typical professional, even without the obvious clues as to where a person works or what equipment they use, most people would be able to finger the dentist compared to the lawyer, rabbi, or Tae Kwon Do instructor. Professionals also share values. College professors and social workers overwhelmingly vote democrat. Engineers, accountants, dentists, and airline pilots value predictable performance over creativity. All professionals value autonomy and resist outside interference.

The third characteristic of professions identified by Goode is their ability to retain members. Dentists may have sidelines, particularly at the beginning and ends of their careers, or may go into teaching because of a disability, but they are very stable in their careers. The average American is fifteen times more likely to change careers than is a dentist. Career stability is an excellent way of grading professions on the hierarchy from the most elite to the most marginal.

Professionals work hard at defining their relationship with nonprofessionals.

The boundaries are distinct and ritualized. A physician and a lawyer may be best of friends in social contexts, but their roles change dramatically—who can initiate which conversations, whose opinion is most respected, and what one wears—depending on whether a lawsuit or a serious illness is at stake. Goode also notes that language changes in the professional context. Each profession develops its own way of talking that is designed, to a certain extent, for clear communication within the profession, but to a very large extent, to signal who belongs to the profession and to prevent those who are not in the profession from understanding what is being discussed. The technical term for language that signals group membership is argot. The true masters of argot in American culture are our teenagers. They constantly reinvent language that even they may not understand in order to serve as social markers and to keep authority figures at a safe distance.

The last two of Goode's characteristics of a profession are related. These are control over current members of the profession and control over potential future members. For thousands of years, both the church and the military have sought to maintain a judicial system distinct from the civil process. These tensions are still headline news today. Every profession, through proactive codes of ethic to peer review panels and internal sanctions, covets first right of refusal to discipline its own members. The irony that the law is among the most revered professions and at the same time has such an objectionable odor comes from the fact that among all professions it is the only one that can be used to pierce the veil of self discipline enjoyed by its sister professions.

Professions also control who can practice and how, with the highest professions exercising the greatest control. Lawyers determine who can join the

prestigious firms that have access to the prestigious clients and who can argue cases under various jurisdictions such as the U. S. Supreme Court. Hospitals determine who has privileges. To a significant extent, the high professions determine who is eligible to enter the profession in the first place. For example, dental schools admit only about half of the individuals interested in the profession to study. Another 5% are selected out of the profession during the educational process. State boards of examiners deny licenses to approximately 2% of applicants at initial licensure and perhaps another half of 1% of dentists lose their practice privileges.

Professions are also concerned with markets, specialized knowledge, and public service. An essential task for professions is creating a protected market. Professions seek monopolies, almost always through political means rather than through relations with customers. Clever groups go further than protecting their markets; they seek to enlarge their markets by encouraging legislation to require extended services. For example, morticians in many states have succeeded in passing laws that require that the remains of ones dearly departed be buried whether they are cremated or not. Engineers vigorously lobby for increasingly restrictive regulations that happen to require the use of an engineer.

Market formation among the professions also extends to the elimination of countervailing forces among clients. Paul Star, in his Pulitzer Prize-winning study of the medical profession, describes the brutal ostracizing of those physicians during the first half of the twentieth century who were salaried employees of companies or groups of employees. Today, in the province of British Columbia, Canada, veterinarians are in court, seeking to restrict the licenses of their colleagues who perform services under the fee schedule established by the profession. Lawyers and real estate

agents in some states collect a fee for having their secretaries complete simple forms that customers could as easily complete except for legal prohibitions.

Formation of a monopolistic market may be a characteristic of many professions, but it is not a defining quality. Many labor groups, especially unions, are more vigorous in limiting markets than are professionals. Garbage collectors in New York City and the Mafia would certainly have something to show the American Dental Association about market formation. On the other hand, the oldest profession in the world certainly has entry and exit barriers. More than market protection is involved in professions.

Some have said that professions are built around licenses—state-recognized authority to perform certain actions, typically connected with an examination. The argument that licensure is a foundation for professionalism crumbles quickly. Real estate licenses are plentiful; almost anyone who drives a car has a license to do so. Years ago, I wanted a bedroom and bathroom added to my house in San Francisco and arranged for a very talented handyman whom I knew to perform the work. The problem was, he did not have a contractor's license and I wanted the work done to code. The solution was for me to purchase a book on electrical codes and a book on plumbing codes and to study them. After an hour with each, I passed the county contractor's license and sub-contracted the work to my friend. I had the license but he was the professional.

Some critics of the professions recognize the important role played by licensure, educational qualification, certification, bonding, regulation, and liability to law suits as necessary demonstrations of professional competence and countervailing power for consumers. But, as Lieberman notes, "because regu-



lation of some professions is necessary does not imply that the profession itself should do the regulating, nor does it imply that anything beyond mere technical competence of the professional should be judged by the regulators.”

Among the usual definitions of professions, the use of specialized knowledge is frequently cited. When we come to discuss the history of the medical profession, it will be clear that the profession existed in a healthy condition for hundreds of years without the benefit of any effective therapeutic skills. On the other hand, farmers often exhibit a wealth of practical knowledge acquired over generations. What is tested on initial licensure examinations in dentistry is a small fraction of what is required to succeed as a practitioner. From the study of several professions, most notably medicine and law, researchers have concluded that the amount of specialized knowledge acquired, and especially the knowledge demonstrated in education and on licensure examinations, is almost entirely unrelated to success within the profession as measured by either client services, financial rewards, or status within the organized profession.

Professions are often described as enjoying autonomy or the privilege of self regulation. This comes very close to being the case but entirely misses the point. The high professions of law, medicine, the ministry, and others actually do a very poor job of disciplining their members. Being disbarred or having a license revoked for inappropriate practice is exceedingly rare. On the other hand, courts-martial and internal investigations in the police force are significant realities. Drug lords probably do a better job of autonomous discipline of members than do the professions.

Perhaps the most cherished traditional criteria for professions are ethical integrity and placing the public's interest first. Ethics are essential to healthy human relations. But they are no less

important at Enron or in the research laboratory than they are in the professions. In a very literal sense, lawyers do not put my interests above their own, or they wouldn't charge me as much as they do. In an ironic sort of way, discount justice is unprofessional but double-price justice is not.

Ethical codes in the professions are a mixture of rules about relations with clients and rules about relations with other professionals. Although there has been movement over the years in the right direction, no profession that I know of has made the customer the standard for the profession's success. Arlene Kaplan Daniel's analysis of the professions concludes that there are no differences in the ethical standards of professions with high standing and those that are marginal. She concludes, "What professions say about themselves in justification of their privileged status above ordinary occupations might better be studied as political ideology than as an indication of intrinsic difference between professions and other types of occupations." Elliot Freedman calls professional codes useful ideologies that cannot be proven.

The shibboleth that professions are groups with special knowledge that have been given the privilege of self-regulation in exchange for their promise of placing the public's interests first is probably much better known within the professions than it is by those whom they serve.

The potential defining characteristics of market monopoly, licensure, specialized knowledge, self-regulation and placing the public's interests first are individually characteristic of professions, especially the high professions, but they are not unique to them. If all five criteria were combined as a potential way of identifying true professionals, police officers, firemen, and the marines would emerge near the top.

The only way for professions to remain viable in such a context ...is for them to remain faithful to their essence. Attempting to preserve the superficial structure of practice will expose a brittle exterior to erosion and breaking off of parts by the forces of social change.

Professions Defined

A profession is a community of individuals who advance the personal interests of individual clients in a trusting relationship. There are five components in this definition, as identified in Table 1.

Professionals form a community of individual practitioners who must simultaneously meet standards set by their customers, themselves, and their professional peers. It is obvious that dentists work to advance their patients' and their own interests at the same time. Sometimes, they are altruistic and sometimes they do pro bono work to enhance their reputation or the image of the profession. The public expects professionals to charge sufficiently high fees in general so that no single interaction with a patient or client is dominated by financial interests.

Professionals work for each other in the sense that the good that each does individually shines on behalf of the profession as a whole and vice versa. Professionals tend not to work for companies, organizations, bureaucracies, and others who offer employment for a salary. Although there are employed professionals, there are no examples where professional employees enjoy a higher status than self-employed professionals performing the same work.

Professionals have individual clients. They do custom work. True, a lawyer may represent a Fortune 500 company

that employs thousands, but he or she must represent that company in a unique fashion. This makes the high emphasis on diagnosis a seminal feature of the professions and is part of the reason it is undercompensated. In any profession, those who treat a generalized or group clientele have lowered status and professions that deal with mass interactions—such as teachers or journalists—tend to rank lower on the hierarchy of professions.

Professionals also deal in private and personal matters. We go to the lawyer when our finances or legal status is threatened. We go to the physician when our health is compromised. When our soul is hurting we seek the advice of clergy. In all cases, we are trying to recover a full sense of who we are. We expect to be treated with dignity and confidentiality, because we are not acquiring something, we are being changed. The same is true to a lesser extent with accountants, teachers, or other advisors. It is certainly not the case with police officers or beauticians.

Professionals work as agents to advance the interests of their patients and clients. They do not offer a menu of transactions; the whole patient or client is the professional's concern. This is a different kind of economic transaction from buying a cell phone or having one's toilet repaired. The professional is paid for doing the best he or she can according to the conventions of the

profession. Professionals are not paid for results (some lawyers at the very lowest end of that professional scale to the contrary); they are paid for prudent advice and action.

Although it is true that professions create monopolies, they are not restricted by market transactions in the same sense that the sewer company has a monopoly. They are monopolies on who can serve as an agent for various actions on behalf of their clients. There is no product that is exchanged and the rules of supply and demand are inappropriate in the sense that the demand for health, justice, spiritual well-being, and other benefits provided by professionals is essentially open-ended. It is wrong to assume that the economics of goods and services apply to the relationship between professionals and their clients. The assumed antithesis between commercialism and professionalism is bogus.

The fundamental relationship between professionals and their clients is one of trust. This one factor may well serve as the most useful index for identifying professionals and for ranking professions in a hierarchy. (See Table 2 for the results of the most recent Gallup survey on trust in professions.) Because the nature of professional services is both personal, individual, and beyond the client's ability to evaluate, the relationship between professional and client is inherently asymmetric. A patient, for example, is not an individual who has

Table 1. THE FIVE CHARACTERISTICS OF A PROFESSIONAL

- Community of practitioners who simultaneously work for themselves, customers, and peers
- Help patients and clients who are individuals making their own personal choices
- Serve private and personal needs of customers seeking wholeness
- Work as agents, on behalf of customers instead of transacting services
- Function in a relationship of trust

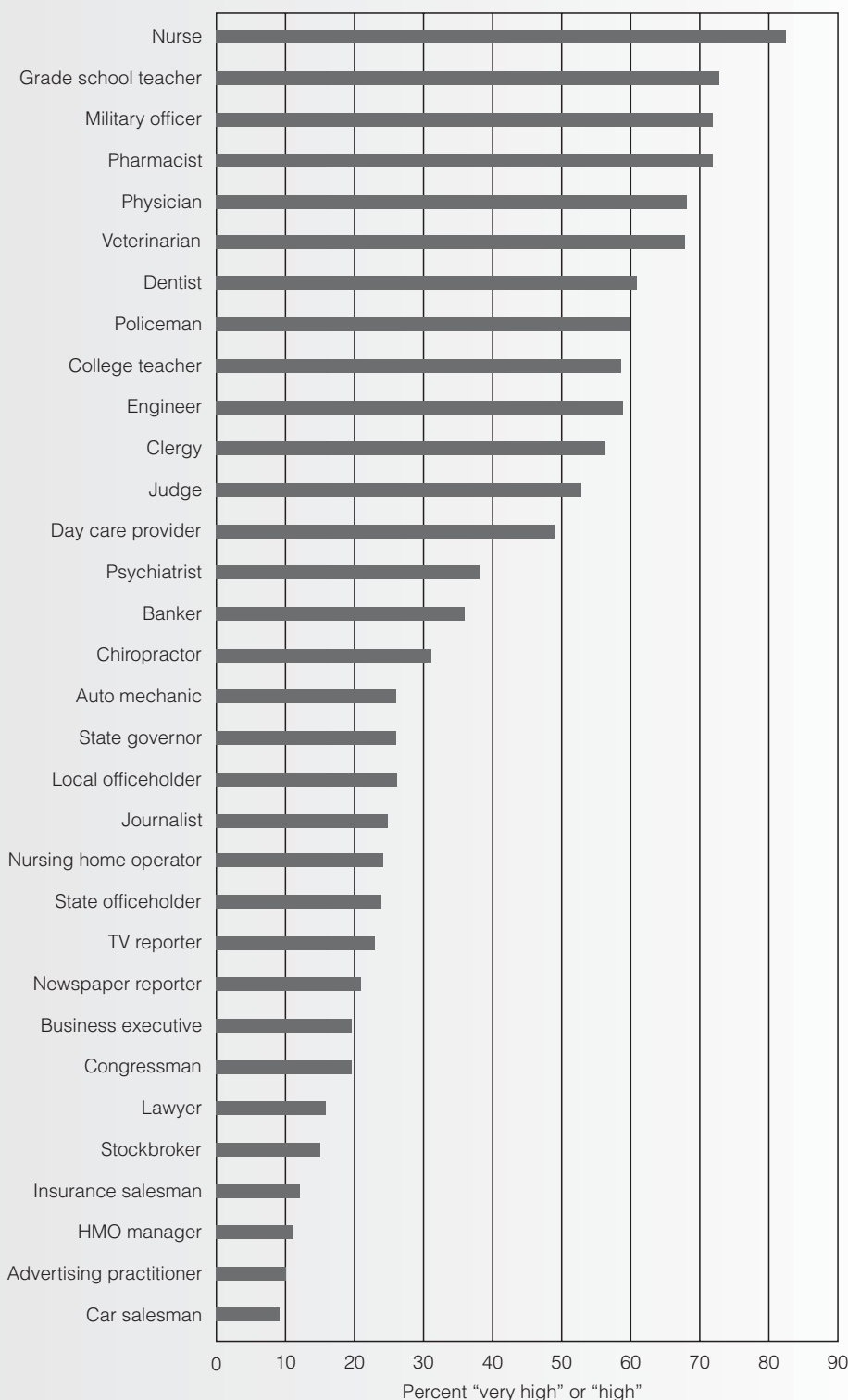
medical or dental needs. (There are many people who have such needs that do not seek professional care.) A patient is one who has agreed to follow the lead of a professional with regard to their personal health.

This final characteristic, the relationship between professionals and everyone else being based on trust, is the one that ties the other characteristics together and separates professionals from all others. The client trusts the professional to advance his or her own personal individual interests and to leave the qualifications of a professional, the determination of what ultimately is in one's best interest, and the evaluation of the results to the individual professional and the professional community. Autonomy and putting the patient's interests first come close to capturing this quality, but they miss the full nature of the professional being a trusted agent. Trusting the profession to decide what is right and to do it in the case of personal and individual needs is the mark of a professional.

### EVOLUTION OF MEDICINE AS A PROFESSION

The higher professions are not guilds from the middle ages that have raised themselves by their bootstraps. The pedigree of the professions is the aristocratic and gentlemanly classes. Until well into the eighteenth century, the oldest son in the English aristocracy prepared himself to inherit land and title and perhaps dabble in politics. Additional sons were dedicated to the clergy, law, or the military. Occasionally, one became caught up in medicine. It was, however, clearly understood that the gentlemanly practice of medicine should not be mistaken for the pragmatic healing skills. This was to be left to a lower status of individuals trained as surgeons or apothecaries.

TABLE 2. PUBLIC PERCEPTION OF HONESTY AND ETHICS, 2003-04 Gallup Poll



A profession is a community of individuals who advance the personal interests of individual clients in a trusting relationship.

The Royal College of Physicians in London existed for many years as a club for the minor aristocracy. Admittance to the college was strictly by invitation, with a requirement that fellows and members be graduates of Oxford or Cambridge Universities. Remarkably, neither university offered medical training.

The job of the physician was to serve as a confidant to members of the aristocracy and to oversee palliative care and to explain illnesses to prestigious clients. Fees were haphazard because it was assumed that physicians enjoyed some degree of financial independence. The job of the physician was to lend dignity to poor health.

In the *Wealth of Nations*, the capitalist manifesto by Scottish economist Adam Smith, it is noted, "We trust our health to the physician; our fortune and sometimes our life and our reputation to the lawyer and attorney. Such confidence could not safely be reposed in people of a very low or mean condition. The reward must be set, therefore, as may give them that rank in the society which such important a trust requires."

In democratic America, the aristocratic version of the physician was rejected like a bad organ transplant. We probably pulled down or held back the development of professions in this country, especially in the years before the American Civil War. During the Jacksonian years of rugged individualism, states actually revoked

legislation that gave exclusive practice privileges to attorneys and physicians.

The last half of the nineteenth century medicine was a vicious battle among allopaths, osteopaths, practitioners of chiropractic, homeopaths, and even Christian Scientists, who to this day continue to charge for their healing services. There was no united voice in medicine to protect the public from the army of charlatans and self-credentialed practitioners. The regrettable truth was that no brand of medicine taught in formal training could be demonstrated to be superior to another or even better than the self-educated practitioners in terms of predictable improvements in patients' health. By the turn of the century, the United States government acknowledged this fact and encouraged patient self-medication through allowing patent protection to elixirs on the sole criteria that they contained ingredients that were unique without requiring that they be effective. The medical and dental schools of that era were for-profit organizations that had the commercial advantages over previous apprenticeship training of grouping the apprentices in a single situation, removing them from high-tone patients, and requiring a smaller faculty-to-student ratio.

What changed all this at the beginning of the twentieth century was the rise of a new kind of university. Johns Hopkins was the first American university to completely organize itself along the German model centered on research. Major universities across the country changed from a mission of educating gentlemen (there were separate schools for educating gentlewomen) to showing how knowledge could improve society, especially through the professions. For the first time, we had medicine that worked reliably and the promise of continuing improvements. For the first time, it really made sense to close down the quacks and the proprietary schools. The *Flexner Report* in medicine documented this change more than it caused the

change. It was followed by the *Reed Report* in law and a decade later by the *Gies Report* in dentistry.

### THE PROFESSIONAL KNOWLEDGE BASE

The professions are dependent on the knowledge base created in universities and taught in professional schools in three ways. First, science and scholarship have opened the doors to innovative and effective results. Secondly, they have created a sense of legitimacy and independent verification for the professionals' knowledge base. They give professionals recognized powerful tools. The third benefit of the large and growing knowledge base in research and professional schools is the barrier it presents to entry into the professions. Calculus is required as an admissions requirement into MBA programs by those schools' accreditation standards; but calculus is almost never used in any courses in graduate business schools. The sheer amount of material that must be mastered in medical schools, for example, limits applications to the profession to students of high general academic ability and a willingness to spend years of very hard work getting ready for a professional career.

It would be misleading, however, to equate the knowledge base taught in professional schools with the knowledge base used by practitioners. It would also be wrong to confuse research with innovation. Practicing dentists do not read the *Journal of Dental Research*, nor do they take continuing education courses in the subjects they studied while students. Faculty members in dental schools do teach continuing education courses, but they are not among the most popular of presenters and often faculty presenters at continuing education programs are part-time dental school instructors.



This seeming paradox can be unraveled by observing the distinction between an explicit body of knowledge and a tacit one. Explicit knowledge can be conveyed in journals, PowerPoint slides, and other formal media. Tacit knowledge cannot be converted to words, it is passed on by experience and observation, and it is often performed semiconsciously. Entry into a profession is based on mastery of explicit knowledge through education and formal licensure examination. Status and success within the profession normally come through mastery of tacit knowledge.

Understanding the difference between the scientific face that professions show to the public and the utilitarian face they show to their individual patients helps explain why professionals tend to be conservative. Knowledge is highly portable and can be leveraged. A new computer chip or a new mystery novel can be mass-produced, and the profit margin on a single item can be converted into substantial wealth if the market is sufficiently large. By contrast, professional services cannot be leveraged. Lawyers and accountants bill for their time; physicians and dentists bill by the procedure actually performed by them. The individual and personal nature of professional services means that great ideas, while appreciated, are never as valuable as practical routines that can be effectively and reliably used. Whereas young mavericks can become the heroes of manufacturing and service industries, the elites among professionals almost always have gray hair.

Because value added among professionals is grounded in applications to specific individual patients, it cannot be easily multiplied by the accumulation of equipment, auxiliaries, or capital. Dentists can purchase most of what they need to operate their personal practices on their personal credit card. Law firms and hospitals have fewer layers

of administrative structure than most industries do.

There is paradox about professional knowledge. Publicly professional knowledge is an immense body of material that must be mastered to enter a profession, to drive predictable effective care, and to create an effective barrier to lay intrusion. Professionally, knowledge is the internalized routines and shared standards of excellence that never leave the practitioners' hands and prevent care from becoming a commodity. Regardless of its validity, there is a limited market for evidence-based anything in the professions, because it challenges the concept of professional knowledge being inherently personal.

### THE CONTINUED Viability of the Professions

The story about the history of the medical profession suggests that substantial changes can occur in practice and in the relationship between a profession and the public. Nowhere is it written that the professions will remain unchanged. The context in which professions function continuously evolves. The only way for professions to remain viable in such a context in flux is for them to remain faithful to their essence. Attempting to preserve the superficial structure of practice will expose a brittle exterior to erosion and breaking off of parts by the forces of social change.

Professions' strength flows from their unique character, properly understood and vigorously practiced. This character has already been defined as involving the three-part economic structure (client, professional, and professional organization), personal and private care, customized work, agency rather than market economy, and trust. Looking at differences between established and soft professions may reveal some of the pressures currently threatening the foundation of dentistry as a profession.

Employees are almost never professionals, except in the sense of a professional manner of providing courteous service. Teachers (the largest group of soft professionals), social workers, and engineers tend to be identified with unions as much as professions. Because they are salaried, they must balance their allegiance to a profession with their allegiance to bureaucratic organizations that have different goals and different sets of procedures for how clients are to be treated. Introducing an outside party with economic or political motives always disrupts the professional relationship. The overwhelming majority of dentists continue to work only for their patients, themselves, and the profession at large.

But there are troublesome trends. For the past twenty years there has been a small but steady increase in the proportion of dentists who work for other dentists. The Indian Health Service, prisons, and the military do provide stipends and salaries, but this is to meet a national service need and does not use the professional for commercial services. By contrast, there are new economic schemes that treat dentists as salable commodities. Such practices inevitably erode professionalism.

Like golf pros, piano teachers, and hair stylists, professionals provide personal services. Unlike those just mentioned, the services of professionals are not just desirable enhancements but are regarded as necessary for maintaining personal integrity. Justice, salvation, and health, for example, are in a different category from economic gain, personal self-help, and good looks. It is a core part of the professions to restore individuals to effective functioning, and to do so on a personal basis with dignity.

There are new economic schemes that treat dentists as salable commodities. Such practices inevitably erode professionalism.

Tooth whitening doesn't count as part of the profession. It is probably an aberration that the Baby Boomers have enough money and ego to define appearance as part of their essential identity. For purely demographic reasons, dentistry should not lean too far in that direction. For professional reasons, health must always be the foundation of the profession, and dentists take a great risk if they make the ultimate judge of their professional contributions to be what the patient sees in the mirror. The literature on professionalism accepts as commonplace that quacks are those who trust their reputations to their patients.

Professionals treat individuals. They do not develop products or services whose value can be increased by wide distribution. This means that technology functions differently in the professions than in other segments of commercial or public life. Innovation in dentistry will be continuous and small. There is no capital formation in the profession that allows for the development of expensive and mass technology or for its deployment in large systems.

There have been attempts to bend this rule of professions as custom work. In all cases, moving away from treating one patient at a time has raised concerns. Large clinics compromise diagnosis and follow through, which are low-paying

but essential aspects of professional care. Industry has attempted to create an impression that quality of patient care is directly proportional to selecting and purchasing the right technology. Commercialism accepted on this article of faith will weaken the profession. Arguably, practitioners who have the best-dressed 1040s are those whose clients are other dentists. This is a blurring of the lines delineating what it means to be a professional.

Professionals are outside the supply and demand economy. They function as agents, acting, for an agreed amount of compensation, on the best interests of their clients as they, the professional, and the client agree to define it. Patients do not purchase results or even services that they are well qualified to evaluate. The usual laws of economics are out of the question in the professions, because the demand for what they do always substantially exceeds supply.

Dental practices have inescapable commercial aspects, some of which are appropriate and some of which are demeaning. It is offensive, for example, that veterinarians sell dog food and flea powders in their offices. Any move in the direction of making oral health a commodity, either in the relationship between the provider and the patient or among providers, is a move away from professionalism.

The final element is trust. But this is the most essential and most delicate of the characteristics of professionalism. Informed consent is essential, but it can never be complete. The professions have asked for and society has largely granted the privilege of the professions deciding who can hold themselves out to the public as a professional, whether the work done by professionals is appropriate, and even what services clients need. This is an incredible relationship that does not exist in the insurance industry, our schools, or the home appliance market. The work of professionals is complex and can never be fully explained to the

public. It is also inherently based on professional judgment. This follows from the individual, custom nature of the work that professionals do. The project of reducing the work of professionals to a set of written standards that the public could understand is both impossible and unwise.

At the same time, *vice d'estime*—an attitude that those that don't understand should be excluded from consideration or that the professional alone is the judge of the value of what professionals do—is a dangerous attitude. The Internet and the media have put a spotlight on professionals. The public is generally aware that the professions “go light” on their own stinkers, and the growing helplessness of consumers generally in the face of complex transactions makes confidence harder to win. I used to feel good about getting an oil change. Now I have to fight my way through the cross-selling of air filters, fan belts, and even some things that I don't understand but that the service technician implies are necessary to prevent me from being derelict as a responsible car owner. The greatest challenge professionals have today may well be to maintain a distinction between this kind of treatment and professional care that is meaningful to the patient.

Professionalism is not a code, nor is it a contract between the public and some individuals. It certainly cannot be conferred through education or licensure. It is a moment. It is the point in time when an individual patient trusts a professional to provide customized healing skills to the best of his or her ability with no one else watching or saying what is right or wrong. Professions endure to the extent that this moment is continuously repeated. ■

## RECOMMENDED READING



\*Freidson, Eliot (Ed.) (1973).

***The Professions and Their Prospects***

Beverly Hills, CA: Sage Publications.  
ISBN: 0-8039-0174-7; 333 pages;  
price unknown.

A collection of scholarly papers by various authors defining professionalism in various disciplines, including some such as the clergy or social work that reveal boundary conditions. Several of the authors note differences between professional rhetoric and actual practice.

\*Larson, Magali Sarfatti (1977).

***The Rise of Professionalism: A Sociological Analysis***

Berkeley: University of California Press.  
ISBN 0-520-02938-0; 309 pages;  
price unknown.

Professionals are defined as a class set aside by many characteristics, chiefly the creation of protected markets through the use of specialized knowledge. The history of emerging professions such as medicine is traced from eighteenth-century England through twentieth-century America. Marginally successful professions such as engineering and

bureaucratic professions such as teaching and social work are considered in contrast to the independent professions. This is a very scholarly book that was probably a PhD dissertation.

\*Lieberman, Jethro K. (1970).

***The Tyranny of the Experts: How Professionals Are Closing the Open Society***

New York: Walker and Company.  
ISBN: 0-8027-0249-X; 318 pages;  
price unknown.

Experts—defined somewhat more broadly than the professions, to include plumbers, morticians, and others—are taken to task for creating economic monopolies that are protected by licensure. This drives up costs and limits quality improvement and protects incompetent members of groups because these experts claim the exclusive right of selecting new members and of disciplining them. Lieberman proposes that experts be registered and regulated by the public in the public's interest. Lieberman is an Ivy League lawyer from Oklahoma. He thinks and writes clearly and is eminently quotable.

\*Starr, Paul (1982).

***The Social Transformation of American Medicine***

(First Book: *A Sovereign Profession: The Rise of Medical Authority and the Shaping of the Medical System*)

New York: Basic Books.  
ISBN 0-465-07935-0; 232 pages; about \$15.

Combining sociology and history, Starr explores the rise of the American medical establishment from the early nineteenth to the early twentieth centuries. During this period, the profession was transformed from a loose collection of practitioners who enjoyed modest income and status to one of great power. The central theme is one of accumulating

authority—recognized control over a sphere of action. Primarily, physicians reserved the market to themselves, enforced behavioral norms on members, and appropriated public resources such as hospitals and research knowledge for their exclusive use without paying for them. There are chapters on the early, disorganized state of the profession; the economic viability of medicine as Americans congregated in cities at the end of the nineteenth century; the use of licensure and accrediting of schools and hospitals to consolidate power; taking over hospitals; control of public health; and fending off corporate interests. Starr, a scholar at Harvard when he wrote this book, is now a professor of sociology at Princeton. The book is eminently readable but slow going because of the detail and the meaty thoughts served up. It won the 1984 Pulitzer Prize for general nonfiction.

***\*Editor's Note***

Summaries are available for the three recommended readings preceded by asterisks. Each is about four pages long and conveys both the tone and content of the original source through extensive quotations. These summaries are designed for busy readers who want the essence of these references in fifteen minutes rather than five hours. Summaries are available from the ACD Executive Offices in Gaithersburg. A donation of \$15 to the ACD Foundation is suggested for the set of summaries on democracy; a donation of \$50 will bring you summaries for all the 2003 leadership topics.

## 2004 MANUSCRIPT REVIEW PROCESS

Three unsolicited manuscripts were considered for possible publication in the *Journal of the American College of Dentistry* during 2004. All three were reviewed, and one was accepted for publication.

Seventeen reviews were received, an average of 5.7 per manuscript. Ninety-three percent of the reviews that expressed a clear view were consistent with the final decision regarding publication. Cramer's V statistic, a measure of consistency of ratings, was .866, showing very high consistency among reviewers. There is no way of comparing the consistency of the reviews for this journal with agreement among other publications because it is not customary for other dental journals to report these statistics. The College feels that authors are entitled to know the consistency of the review process. The Editor also follows the practice of sharing all reviews among the reviewers as a means of improving calibration.

The Editor is aware of six requests to reprint articles appearing in the journal but no requests to copy articles for educational use received and granted during the year.

In collaboration with the American Association of Dental Editors, the College sponsors a prize for a publication in any format presented in an AADE journal that promotes excellence, ethics, and professionalism in dentistry. Fifteen manuscripts were nominated for consideration. The winner was a guest

editorial by Dr. Steven A. Gold, "When nobody's looking," which appeared in the November 2003 issue of the *CDA Journal*. Thirteen judges participated in the review process. Their names are listed among the *Journal* reviewers below. The Cronbach alpha for consistency among the judges was an extremely high .959.

The College thanks the following professionals for their contributions, sometimes multiple efforts, to the dental literature as reviewers for the *Journal of the American College of Dentists* during 2004.

Maxwell H. Anderson, DDS, MS, FACD  
*Seattle, WA*

Jean Campbell, DDS, FACD  
*Anaheim, CA*

D. Gregory Chadwick, DDS, FACD  
*Charlotte, NC*

Elise Chavez, DDS  
*San Francisco, CA*

James R. Cole, II, DDS, FACD  
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*Rockville, MD*

Eric Curtis, DDS, FACD  
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Bruce S. Graham, DDS, FACD  
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*Springdale, AR*

J. Calvin McCulloh, DMD, FACD  
*Birmingham, AL*

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*Milwaukee, WI*

D. Scott Navarro, DDS  
*Parsippany, NJ*

Laura Neumann, DDS  
*Chicago, IL*

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*Bridgeport, WV*

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*Greeley, CO*

Thomas J. Wickliffe, DDS, FACD  
*Billings, MT*



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