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

## Advice for a Young Editor

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

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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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## Advice for a Young Editor



## Issues in Dental Ethics



## Departments



**Cover Photograph:** Tools of the trade.

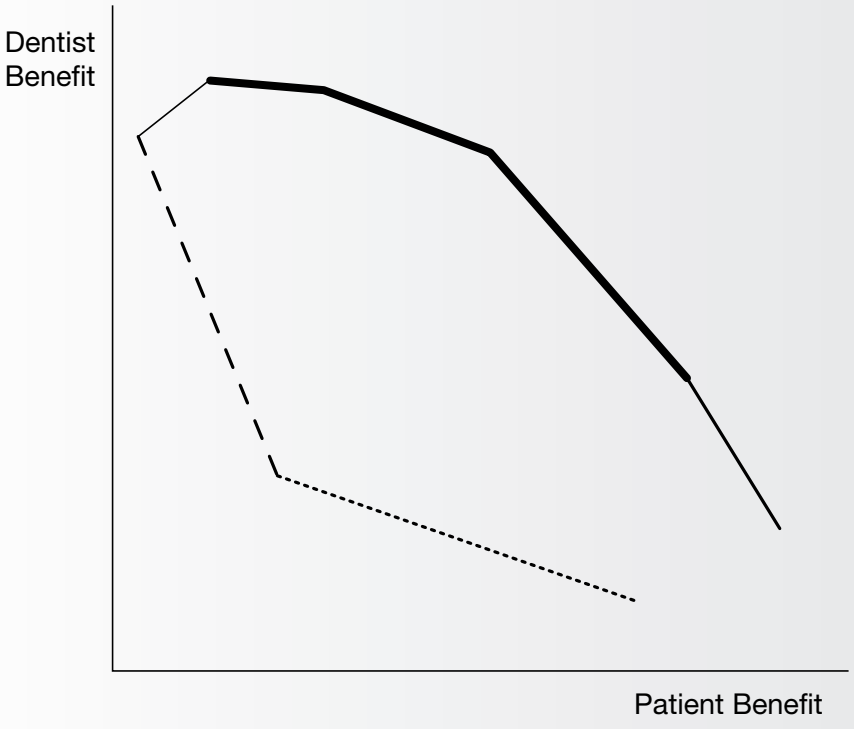
## From the Editor

# Distributive Justice in Dentistry

Distributive justice is that branch of ethics that concerns itself with how the good things in society ought to be allocated. Some critics take the existence of disparities in oral health care as proof that the system is unfair. I will argue that it is stable, efficient, and fundamentally fair, even by the standards of liberal social justice philosophers.

A range of viable dental care delivery options exists from boutique, specialty practices, traditional general practices, mass clinics, and emergency room care. Each practice form contains a set of benefits for the dentist and for the patient. The accompanying figure illustrates the most realistic combinations. Practice modalities toward the upper left resemble spa dentistry that offer very little by way of health improvement to patients. Some of them, those toward the high end of the graph are lucrative to dentists; others (near the bottom) are less so. Oral health benefit increases from elective to specialty to general, preventive, and emergency care as one movers from left to right on the graph. The dashed line on the left represents "standard of care." By definition, dentistry should not be performed at all beyond that boundary. The dotted line at the bottom represents economic infeasibility for dentists. No care can be delivered below that point either.

Schematic Pareto Optimality Curve for Dental Care




Dentistry can take place anywhere within the enclosed space. But that dentistry which is on the margin indicated by the heavy lines on the upper right is special. Such treatment represents those cases where the benefit to both parties is maximized. No benefit to either the patient or the dentist is left unclaimed. This special circumstance is known in decision theory as Pareto optimality. It means that the system is stable in allowing a range of treatment modalities where both patient and dentist are maximally served. It is important to note that Pareto optimality describes a range of care options.

Demonstrating that the American system of oral health care is stable (Pareto optimal) is not the same thing as showing

that it is fair. There are many voices saying there are too many boutique practices and not enough care in the Indian Health Service. Although the "fair" point should be somewhere on the heavy line, social critics would like to see it move to the right, many dentists would like to see it move up.

The best-known theory of social justice has been put forward by John Rawls. His fairness rule states that any change must benefit the least advantaged members of society. Although other philosophers propose other rules that seem less "liberal," it may be possible to demonstrate that American fee-for-service dental care meets this highest standard for distributive justice.

Prawls has been misinterpreted as advocating subsidized care for the underserved. He actually says nothing of the sort. What he wants is that dentists benefit the underserved at least as much as the prosperous. Professionals allocate scarce resources; can it be shown that they allocate fairly to the most deserving?

Let us assume that the average dentist takes 30% out of the national oral healthcare dollar as net earnings (with the remaining 70% going back directly into the economy in the form of salaries, support for industry, etc.) Not counting payroll and other taxes that are in the 70%, and assuming an effective tax rate for dentists of 30%, the average dentist returns 9 cents of every oral healthcare dollar to the government for its use on services for those who cannot pay for them. Among other social goods, the U.S. government is a purchaser of oral health care. It buys about 4% of all the dentistry delivered in this country. These are direct benefits that the poorest consumers would have to pay for themselves or do without. If these calculations follow, even approximately, dentists pay for most, perhaps all, perhaps even more than the government-sponsored oral health care combined in this country. As dentists do better, so do Americans, and especially those who are worst off. This is exactly the standard Prawls proposes.

So far I have argued that the current American system for oral health care is stable and fair. Can it also be shown to be efficient?

As we move down and to the right on the Pareto optimality curve, the meaning of care becomes uncertain. A dollar more of oral health care at one point on the curve may not return the same benefit as the same dollar spent elsewhere, and certainly extrapolating what is beneficial and what is wanted at one point to others is extremely risky. To some people, going to the dentist may actually have negative value. This is not an argument for neglecting the underserved. It is, however, an argument that this segment will not be well served by extending the Pareto optimal curve to the right. A different kind of optimality may be needed, and oral optimal health rather than access may be a better goal.

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

Dentists pay for most, perhaps all, perhaps even more than the government-sponsored oral health care combined in this country.

# Advice for a Young Editor—The Appeal

Deepinder Nijjar, DDS

Who would inform and inspire other new dental editors? We needed to compile a resource for new editors to inform and inspire them.

It was in the small village of Dhudike, India, that I realized the value of a guru. My mother's aunt, Jaswant Bhua Ji, won the prestigious national Sihit Academy of Punjab Award for her many books on medicine for the public. It was during the summer I spent practicing creative prose with her, describing the green, glorious cornfields and the vine-traced swings that lay outside of her house, that she bequeathed her passion for writing to me.

As I accepted the position as editor of the Southern Alameda Dental Society newsletter *Explorer*, a fresh six months out of dental school, I thought of those moments I spent with my Bhua Ji. I needed some guru-esque expertise!

I turned to my mentor Steve Chan, a past president of the California Dental Association and former editor for the *Explorer*. We made timelines, incorporated design elements, and filled content calendars. I even gained a new mentor along the way—the very famous Stephen Yuen—who passed along pearls of wisdom and wit paralleling Coach Vince Lombardi and his Green Bay Packers. I could not have filled the empty canvas without them.

So I sent Dr. Chambers an e-mail asking who would inform and inspire other new dental editors. There are not enough Drs. Chan and Yuen to go around! We needed to compile a resource for new editors to inform and inspire them. I wanted to know, "How does an editor rally the troops and solicit authors? If he or she is new, what is the best way to learn about the dental society? (I read each and every past newsletter issue. I met with past leaders but even this felt like just the tip of the iceberg.) What are the trends in graphic design in dental editing? And of course, what books, articles, and magazines would you recommend to help a new dental editor?"

Below are a few messages from distinguished pioneers in dental editing. It is a rich representation of the range of dental journalism. ■

**Ruchi Nijjar** is the past editor in chief of the American Student Dental Association and recipient of the AADE Lawrence H. Meskin Award for Excellence in Student Publication. She began her first term as a local dental society editor in 2005. She is open to additional suggestions at dknijjar@yahoo.com.

# Advice for a Young Editor

## My Journey in Dental Journalism

Eric K. Curtis, DDS, FACD

**Abstract**

Editing is sometimes a good route to writing; it may certainly be useful for an editor to understand the writer's point of view. Tips are offered regarding building writing skills, developing personal discipline, and generating story ideas. Writing and editing can be a way of finding out who one is.

Infighting! Lawsuits! Sudden resignations in the night! Of my fourteen years' active duty at a state dental association publication—two as monthly columnist, twelve as editor—what I think about first are the crises. There was the time the executive director quit without warning, and people pressured me to make full journalistic disclosure of both the events surrounding his shocking resignation and the governing board's seemingly secretive response. And the time an attorney advertising himself in our journal as a defense lawyer took a case for the plaintiff in a malpractice suit against an association member (the member and her supporters demanded the lawyer's ad be pulled for false advertising). And the time a new dental school opened, and members unhappy with its philosophy and the circumstances of its development organized a letter campaign, loudly and angrily insisting that every single denunciatory letter be published in the journal (the board of trustees commandeered the publication's response). But while it would be easy to let politics obscure the prose, what I think about most in my career in dental journalism is the writing.

### Why I Did It

I became an editor by default. What I wanted to be, what I still want to be, is a writer. Design can certainly make a page more inviting, and layout can make an idea more accessible, but clear, organized, interesting writing remains the foundation of a good publication. As my crown and bridge instructors used to say when assessing student castings, it's useless to hide a misshapen crown under a high polish—shiny junk is still junk.

The publication I came to edit was not even shiny. It had languished without volunteer involvement for more than a decade when I began leafing through its pages soon after my 1985 graduation, and was, I thought, deadly dull and boring. I submitted a few articles—a 1987 account of my sojourn in a Swiss hospital polyclinic, and a pair of studies in 1988 and 1989 on Arizona's early dentists—to prove my pen. Then in 1990 I offered to write a monthly column. I called it "The Art of Dentistry," and promised to make fun observations about how dentistry is portrayed in popular culture. So I became a columnist and for ten years tracked references to dentistry that popped up in books, magazines, movies and even music. (Quintessence published excerpts from the column as a book in 2002, titled *Hand to Mouth: Essays on the Art of Dentistry.*)

**Eric K. Curtis** is editor emeritus of *Inscriptions*, the journal of the Arizona Dental Association, and past president of both the American Academy of the History of Dentistry and the American Association of Dental Editors. He may be reached at ekcurtis@cableone.net.

In twenty-four or so issues I developed a modest reputation as a wordsmith, someone passionate about the arrangement of words and sentences on paper. In 1992, the dental association's president, Fred Lau, redesigned the publication and invited me to be the editor. Because the editor's position was not official at the association, I was concurrently appointed chair of the council on communications, which had also been nonfunctioning for some years. I pressed the surprised council members into service as an editorial board, asking them to review article submissions and comment on concerns ranging from design to advertising rates.

## Building Writing Skills

Writing skills brought me into the association fold, got me noticed, and gave me a job. They encouraged other writers to contribute and shielded me from a measure of criticism. My enthusiasm as a writer helped buy me credibility and preserve goodwill when I edited other dentists' copy, as it became clear that my only goal was to make fellow writers look good and help them more clearly convey their ideas to readers. My modest authority also made me a target for trouble, as when I was named in a libel suit against the association for the content of a president's message.

I developed a set of attitudes about writing and editing, including a certain sensitivity to issues and a thick skin about complaints. Writing is not a test of self-esteem, I realized: be confident. Writing is serious work: be professional. To educate myself, I read a raft of books. (Some favorites: *Simple & Direct: A Rhetoric for Writers,* by Jacques Barzun, Harper & Row, 1975; *On Writing Well,* 4th ed., by William Zinsser, HarperCollins, 1990; *The Elements of Expression,* by Arthur Plotnik, Henry Holt, 1996; *How to Write,* by Richard Rhodes, Morrow, 1995; and *Bird by Bird,* by Anne Lamott, Pantheon, 1994.) I attended the American Dental Association's annual dental editors' workshops a half-dozen times, as well as three of the American Medical Association's annual Medical Communications and Health Reporting Conferences. I joined the American Medical Writers Association and completed requirements for its Core Curriculum Certificate in writing and editing. I also earned a certificate in professional writing from the University of Arizona and passed the certifying exam of the Board of Editors in the Life Sciences.

I found encouragement from mentors, including Art Dugoni, Ron Borer and David Chambers at University of the Pacific; Bernie Moskow at Columbia University; Clifton Dummett, Martin Deranian, Ben Swanson, Mal Ring, Jack Gottschalk, and Arden Christen at the small but superb American Academy of the History of Dentistry; and Stephen Ford at the University of Arizona. The Academy of General Dentistry (AGD), where I edited state and regional newsletters for seven years, offered terrific staff support, including classes and publication critiques; my activities as spokesperson for the AGD still puts me in contact with reporters from entities such as the *New York Times, Readers Digest,* Associated Press and Reuters, sneaking me some fascinating and educational peeks into the operations of real-world journalists. The American Association of Dental Editors (AADE), a wonderfully supportive group, has given me opportunities to be something of a mentor and teacher myself, at workshops on writing and editing and through the development of the AADE's Certified Dental Editor award.

## Being In Charge

I have faced three major challenges as a dental writer and editor: managing time, growing and harvesting ideas, and developing support from the sponsoring dental association. Three concepts help me carve out time for journalism: discipline, flexibility, and delegation. Discipline means planning ahead, setting aside time regularly and in advance. The same principle that keeps a dental office running smoothly also keeps a journal moving forward; I schedule a little time each week, or each month, for editing tasks. I block out regular slots, even if they're in small increments, and I keep to the timetable.

One other small point of discipline helps me. I don't watch TV. Okay, I watch a half-hour of CNN late every night. But that's it. No sit-coms, no game shows, no prime-time movies lurching on between commercials. I'm amazed at how much time I recapture. After dinner, the kids' homework and piano practice, my indulgent spouse allows me a few hours several nights a week to pursue my own interests, including writing and editing projects. (Although the experts say mornings offer the most productive times for creative endeavors, I generally get my best work done between 9 p.m. and midnight.)

Flexibility includes being ready to take advantage of unexpected downtime. I keep my editing to-dos in a manila folder in my briefcase. I can often snatch a few moments between patients, or when I'm waiting for anesthesia to take effect. I often eat lunch at my desk, and use the spare moment I gain to make calls, conduct phone interviews, and collect information. Back in the operatory, when another dentist calls me with a question or idea for the journal, I seize

the moment. If I can responsibly control bleeding, or wait a minute more before I etch, I ask my patient to excuse me, and I take the call.

Delegation is about organizing others to help with the work. My wife is a careful proofreader. For newsletters, my kids proved themselves reasonably efficient collaters, folders, sorters, staplers, and stampers. For the journal, association staff members collect the copy, handle the ads, and finish the layout. Council on Communications members review manuscripts and even contribute articles. A word of weariness: in general, successfully soliciting articles for publication has been for me a matter of timing, luck, and persistence.

### Story Ideas

Being an editor—part researcher and reporter, part writer, part manager, part diplomat (or not)—requires a juggling act unlike any other demanded in dentistry. Our editing job insists we orchestrate lively conversations on paper for our readers. In the eighteen years and almost 400 articles I've logged writing for a variety of dental publications, the question most often asked of me is, "Where do you get your ideas?"

This is my system. First, I read. From newspapers to novels, I let other writers bring me ideas. For example, picking up Garry Wills's *Certain Trumpets,* a collection of essays on leadership I found by chance at the local library, led me to realize followers are as important as leaders for effecting change. Based on Wills's assertions, I sat down and wrote an editorial, "Great Leaders Require Great Followers." Likewise, I analyzed the importance of talking to patients after I read about customer communication in Tom Peters's gee-whiz book of business inspiration, *The Pursuit of Wow.*

Next, I attend lots of continuing education courses, which not only keep my dental practice more interesting, but hopefully keep my writing fresher as well. I have penned clinical pieces based on ideas I picked up at lectures. Sometimes I can convince the lecturers themselves to write articles. Even exchanging a whispered thought with the dentist sitting next to me can generate a spark that turns into a publishable paper. For instance, at one course the speaker referred to the Hippocratic Oath, and the guy next to me mouthed, "What's that all about, anyway?" I knew right away I had another theme to explore.

I also try to stay on top of politics. Issues that call out to readers are discussed all the time at board meetings, council meetings, houses of delegates. I sometimes press association officers into service as an informal press corps to gather information on the hot topics they're following. I used to get mailings from the Academy of General Dentistry public information and Washington affairs departments, each of which tracks and reports on attention-getting issues. The American Dental Association's *Dental Editor's Digest,* published online nine times per year, offers story ideas, news briefs, and reprintable editorials.

But it's not enough just to generate ideas. I also have to organize and develop them into something readable. I typically keep a dozen files open, some for months at a time, before I sit down to write, covering various subjects I think I may want to turn into stories. On the old TV game show "Concentration," contestants tried to remember and match prizes hidden behind rotating squares on a game board. I play my own mental version of "Concentration," always trying to remember what subjects I'm growing information on, and then matching news items, quotes, or other references I see on those subjects. I stuff notes and quotes, clippings and photos into manila file folders, and when I gather enough material to support a story, I put the subject on my calendar to include in the next issue.

### Finding Out Who I Am

My biggest challenge as a writer-editor has been navigating a roiling sea of personalities and politics to draw support from the journal's sponsoring organization. The two parts of steering that course are firming up my editorial identity and determining my loyalties. I like to think of myself as someone just like my readers, a practicing dentist, the genial host of the virtual get-together our publication should be, who says, "Hey, people, did you ever think of this?" But I am not exactly one of them. I am a preacher, pontificator and philosopher-king, a

I have faced three major challenges as a dental writer and editor: managing time, growing and harvesting ideas, and developing support from the sponsoring dental association.

commodore on the company ship with the power to mercilessly blast my opinions and predilections like grapeshot across the bows of other folks' boats. The bridge between readers and their dental association, I am also a double agent whose loyalties go both ways. I would like to think my greatest fidelity has been to the reader. As member of a joint committee of the American Association of Dental Editors and the American College of Dentists, I supported and offered input into a code of ethics for dental editors, adopted in 2001, that actually prioritizes editor loyalties: first to readers, then contributors, then to sponsoring organizations, then to the integrity of journalism itself ("the community of editors").

For most of my reign as journal editor, I was a shadow officer, a volunteer once removed, the extended whim of a single association president. Because I was an editor without basis in bylaws, my say-so was subject to the vagaries of the board of trustees, assorted officers and staff members. On the other hand, my duties were mine to make up, so I made them up and drew my own parameters. I asked for funding to attend training opportunities; I asked for access to attend governance meetings. Eventually I sponsored a change in our dental association bylaws to make the editor an official officer of the association and an ex-officio member of the board. In other words, I put the editorship in writing. Writing, in my experience, makes all the difference. ■

## Code for Dental Editors

*Adopted by the Regents of the American College of Dentists in March 2001, and by the American Association of Dental Editors in October 2001.*

A. The first responsibility of the editor is to the readers. The editor should:

1. Select content, format, and timing of publication using the primary criterion of improving readers' abilities to function in their roles.
2. Take active steps to ensure that content is from reputable sources, factually accurate, balanced, and unbiased.
3. Label opinion as such, disclose potential conflicts, and identify sources.
4. Publish the mission of the journal and relevant disclaimers.
5. Make the publication as readable as possible by using a standardized style and editing carefully for grammar and clarity.
6. Correct errors when recognized.
7. Provide an opportunity for responsible alternative opinions.
8. Provide references and contact information so that interested readers can verify content and pursue further study.

B. The second responsibility of the editor, representing the professional community, is to authors. The editor should:

1. Promote the dignity of the profession, all individuals, and all groups.
2. Publish regularly the standards for selection of content and format for submission of material.
3. Review submitted material in a fashion that is timely, confidential, constructive, and ensures consistency in the selection process.
4. Work to improve the skills of authors.
5. State standards for selection of reviewers and rules under which they operate for peer-reviewed articles, and work to improve the skills of reviewers.

C. The third responsibility of the editor is to the organization publishing the journal. The editor should:

1. Diligently avoid placing the sponsoring organization in a legally questionable or intentionally embarrassing position.
2. Have timely and complete access to policy, mission, and important emerging issues within the organization.
3. Respect the terms of employment of the sponsoring organization.
4. Ensure that advertising is in good taste and not false or misleading.
5. Develop and communicate a policy on copyright ownership.

D. The fourth responsibility of the editor is to the community of editors. The editor should:

1. Remain informed of emerging trends in the fields and subjects covered in the publication.
2. Seek training needed to perform duties assigned and should keep such skills current.
3. Have final say over content of the publication.
4. Regularly seek advice from and be open to guidance from peers.
5. Establish and communicate policy covering republication and other use of published material.
6. Encourage sharing of material, with proper acknowledgment, where the profession benefits from this practice.
7. Act so as to be above suspicion of party influence, conflict of interest, or personal agenda.

Committee Members

*David W. Chambers, Eric K. Curtis, James P. Fratzke, Howard I. Mark, Robert Rosen, Margaret H. Seward*

# Advice for a Young Editor

## You Gotta Love the Details

Richard J. Galeone, DDS

**Abstract**

Writing and editing is a privilege of self-expression and an ethical responsibility to the reader. Know the process and take control of material, authors, schedules, printers, mailing, contacts and lists, and technology. Borrow where it makes sense and collaborate.

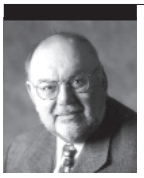
My personal history began with writing short fiction before I was asked to serve as a dental editor. I resisted becoming an editor for a time because writing was my hobby. It was my escape from the daily responsibilities that come with a career in dentistry. I had heard that a person's hobby should be as different as possible from his job. To some extent I still hold that to be true.

### It Matters Who You Are

I started out as the editor of our district dental society, the Second District Valley Forge Dental Association in Pennsylvania. That dental association encompasses the six counties surrounding Philadelphia and has a membership of over sixteen hundred dentists. As such, it has a circulation and a budget that are the equal of many states. My job involved either writing all of the copy that appeared in the newsletter or recruiting contributors to write articles. I also chose the photography and any clip art we used. As a volunteer dental editor, I have always held that the privilege of writing an editorial, expressing my opinion, is the pay I receive for all the work I do. I write an editorial for every edition.

I had the good fortune to work with a graphic designer on that first dental publication and have done so ever since. I soon decided that I wanted to change the publication from a newsletter to a magazine format. The additional cost of publication was covered by the inclusion of limited paid advertising. It was a two-color publication. (Of course "two-color" is a misnomer in that it is really three colors: black, white, and another color.) We had a different color cover each quarter and used various shades of that color throughout the book. To stimulate interest in the magazine, I used, as cover illustrations, photographs taken by member dentists. Many dentists are gifted amateur photographers.

After another few years, I was asked if I would be interested in being the associate editor of the Pennsylvania Dental Association. The editor asked me to try my hand at a humor column. I had the freedom to develop it in any way I liked. With my experience in creative writing I decided to write a fictional series of short stories loosely based on my experiences in dental school and dental practice. Over the years a cast of regular characters developed including my assistant, Mercedes, and my Aunt Gessupina. I almost always write in the first person, present tense. It became a very popular part of our journal and I enjoyed getting calls from dentists all over the state who found a particular story funny. Humor is tough to write in that so much of one's success depends upon the experiences of the reader. They have to be able to identify with circumstance or character.



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I have always held that the privilege of writing an editorial, expressing my opinion, is the pay I receive for all the work I do.

I eventually became the editor of the *Pennsylvania Dental Journal* and had to give up writing the humor column. I now write the editorial column and get many more letters to the editor than I ever received at the district level—mostly disagreeing with my opinions. Alas, it seems that negative feelings send dentists running off to their writing desks more frequently than positive feelings. And this brings up an interesting question.

As the editor of a dental publication, do you have the right to disagree with the official position of the organization that is sponsoring and paying for the publication? There is a tradition or at least a feeling among some dental editors that the editor acts as the conscience of the dental society. In any case an editorial is an opinion piece and censorship, actual or implied, suggest to me an infringement upon my first amendment right of free speech. This is only one of many ethical considerations that impact upon editors and make editing a challenge.

Another issue is that of advertisers. If you do accept advertising, are you obligated to accept all advertisements? Even with a disclaimer stating that the publication and the Association are not responsible for the claims made by advertisers, can editors attempt to protect their readers from false or misleading advertising? Is that a form of censorship? If the dental journal is the only publication which reaches a particular target audience, such as in the case of a state journal reaching all of the ADA member dentists of a state, there might be legal issues that arise in denying access to a particular advertiser in your publication. Many editors are happier without paid advertising because of these issues.

In addition to the *Pennsylvania Dental Journal*, I now edit *KEY,* the official publication of the USA Section of the International College of Dentists (ICD), and the *College Call,* which is the ICD newsletter for the state of Pennsylvania. I can tell you that every publication is unique and that only a small amount of what any of us (old editors) tell you will be applicable to all dental publications. There are simply too many variables. Let me devote the remainder of this paper reviewing some topics I discuss with new editors.

## Control the Details

Putting together an edition of any publication is a creative process. At the beginning of the process you may have only a vague idea of where you are going. There are lots of loose ends. Don't get disconcerted. Prioritize. Break the project down into smaller segments and concentrate on one part at a time.

If you mail out your publication several times a year, project into the future and consider how this issue might impact upon future issues. Develop a filing system, either on your computer on in large envelopes or manila folders. However, always use your best material now. Don't save it for the next issue. More ideas will come to you. Use your best writing. Publish your best ideas. Initiate new techniques with the very next issue. Look at popular publications outside of dentistry to get ideas on layout, color, white space, graphics, etc. These people are usually professionals and know the current trends in publishing.

Develop a calendar of events for each issue. When are the articles due? When will you meet with the graphic designer? When will the layout be done for your approval? When will it go to the printer? When will it be mailed? When do you want it in the hands of your readers? And let the designer know that the material will be there on a particular date. It doesn't do much good if you have done your work punctually and find out that your designer has just left for an African safari or the printer just started a job for the *Encyclopedia Britannica.* Keep your team informed of what your expectations are and be as punctual as you would wish them to be.

Give your authors plenty of time to complete their assignments. One of the most important points to know about contributing authors is that they almost always will be willing to contribute an article for your publication if you give them more than six months as a deadline date. Less than that and their calendars tend to be full. Dentists book six months ahead. So do authors. I guess it's an occupational hazard. Everyone on your team should know where you want to be during the next six months. That doesn't mean, however, that you don't leave some open space for current issues.

Build extra time into your schedule. There are due dates and then there are real due dates. Don't spill the beans. Tell *everyone* who is working with you that you need the material at least two weeks before you really need it. And I mean everyone. Just one person can destroy

your schedule. This includes your mother if she is on your staff. And don't tell anyone on *my* team that I told you this. I will deny it. When trying to determine the dates that you want the publication in your readers' hands, start at the end and work back. If you want it in their hands on June 15, shoot for June 12. If to get there on the 12th, you have to mail it on the 8th, then try to mail it on the 5th. If to mail it on the 5th of June, the printer must get it on May 23, then try to get it to the printer on May 20th. If in order to get it to the printer on May 20, the designer needs it by May 6, then get it to him or her by the 3rd of May. You see how it works. Build in a little extra time with each step. But with your contributors you have to build in an extra two weeks.

Use every piece of computer technology that you can teach yourself and can afford. It will save you lots of time. Use an online encyclopedia, an online thesaurus, an online dictionary, etc. I work in the same room at the computer all of the time. Force yourself to devote a set amount of time to your editing responsibilities every day. Try to stay ahead of the curve. Discover when you are creative and take advantage. After a run? After a cup of coffee? In the morning?

Don't be a dental snob. Try to get ideas for your publication everywhere you can. Go into any magazine store today and you will see all kinds of things. Different topics. Unique use of color. New design ideas, heavier weights of paper. Glossy papers. Newspaper-like magazines. What is turning on young people today? Can you afford to use four-color? Will a color ad perhaps pay for the use of four-color in eight pages of your publication? What size press does your printer use? How many pages will your newsletter or journal have? Will you have to increase or decrease by eight pages, by sixteen pages? Keep an open mind. Just because you have never seen a technique used in a dental publication doesn't mean that you can't be the first to bring that innovation along.

Get yourself on the e-mail list for the *Dental Editor's Digest*. You can track this down on the ADA site. They will send you material for which permission has already been granted for republication. There are editorials and articles that have appeared mostly in other state and local dental newsletters and journals. It's very useful.

If you are not already a member, join the American Association of Dental Editors (AADE). They have an annual continuing education conference for dental editors held in conjunction with the ADA meeting. It is in Philadelphia this year. They have a Web page that you can go to find out all about the organization and get membership information. Your dental society might be willing to pay for the publication's membership.

When choosing a printer, get three bids. Bring them a copy of your publication or of a publication which you would like yours to look like. Ask to see some samples of their work. Remember, price is only one consideration in picking a printer. Will they get the job done for you in a timely manner? Do you know anyone else who uses them? If you didn't like something your old printer was doing or not doing, tell the printer. If you use a designer, you will usually end up using a printer with whom the designer is familiar.

Depending on your circulation and where you are mailing, it might be cost effective to use a mailing house. If you have a smaller circulation of three hundred or less it will probably be wise to go to your post office and talk to the post master about the least expensive way to deliver. Should you design the back so that an address can be printed right on the page? Should you put it in an envelope? What class of mail is available? How fast will members receive it with the different options? Research the rules. It can save quite a bit of money over time.

Put yourself on your own mailing list so that you know how long it's taking the members to get it. Mail it to the ADA. They may archive it in the ADA library for you. They may also call to ask if they can use one of your articles in the *Dental Editors' Digest* for use of other dental editors.

Submit your editorials and articles to annual contests. Even if you don't think yours is worthy enough of recognition, your submission will help bolster the feelings of the people who spend days of their time trying to determine who deserves an award. Low numbers of submissions can lead to a discontinuation of an award. And awards are important to writers and editors as they demonstrate appreciation of the profession for all of their hard work. Be a contributing member of the dental editing community.

Have fun. Writing and communication are distinguishing characteristics of humanity. Dental editing and working toward an improvement in dental publishing are ways of advancing the dental profession of interest to only a few. Dental editing can connect you to a global network of like-minded individuals. It is a fascinating avocation. ■

# Advice for a Young Editor

## A Long and Satisfying Relationship

Norman Becker, DMD, FACD

**Abstract**

The mechanics and the details of dental journalism have changed as we have moved from the literal "paste-up" to the electronic world. The challenges of serving the interests of the readers and the sponsoring organization, of finding strong writers and writing the editorials have not. An emerging concern is ensuring that commercial interests do not exert unwarranted influence. There are resources–such as the American Association of Dental Editors, the American Dental Association, and editor colleagues–to help work through these issues.

This is the tale of the adventures and travails of an individual who was asked by a friend to take an interim appointment to help revamp and organize a journal. This interim appointment became forty years of fun and stimulation.

The journey began when the editor of *The Journal of the Massachusetts Dental Society* (JMDS) asked me, the chairman of the Public Relations Committee, to be an assistant editor to help reorganize the journal. My mentor exposed me to the basics which are part and parcel of a publication: the organization of materials, typing, cutting, and pasting, as well as how to provide copy to a printer. Although this was not a very sophisticated process at this stage of development, it whetted my appetite to begin my entrance into journalism.

When I was asked to assume the role of editor, I knew enough to know that I knew very little and serendipity stepped in. At that time, the Council on Communica-tions of the American Dental Association was offering an intense crash course in journalism. I was accepted in the course offered at Michigan State University School of Journalism and so I became a student once again, this time in a class with other dental editors.

The curriculum was intense, since it covered all aspects of production of a journal from bare paper to the finished product and all that went in between. It included not only the "how to" of writing, composition, and grammar, but also the technical aspects of the printing process and how to communicate with the printer. Emphasis was placed on the importance of the printer's role in controlling the expenses of publication. Since these were the days prior to computers and desktop publishing, the printer was an important ally. The hints learned during these sessions came into good stead even throughout changes that followed, since many of the expense savings were applicable as the production of publications became more modern and current.

The course which was perhaps most helpful taught me to know my audience. It pointed out the fact that our readers were a more mature audience who usually read between patients or when home after work. Thus, the font should be simple and large enough so that fatigue would not interrupt the reading. Graphic design based upon the physiology of reading was emphasized. The proper use and placement of figures, tables, and illustrations became a tool to help the eye follow the text easily. Too often these aspects are ignored, causing an interruption in the flow of the text and making reading a bit more tedious.

Not enough emphasis is placed upon the role of the graphic designer. A good graphic designer must know and use the physiology of reading as well as the psychology needed to please the reader.

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These are factors which must be considered in the design of the layout so that the reader's eyes are directed in the least tiring fashion. This goal is achieved through the proper use of text, font, illustrations, and even subtle things like the tone and sheen of the paper used.

Mailing costs are factors to consider when preparing budgets. Postal regulations must be studied to controlling expenses since the percentage of text versus advertising is a factor in mailing rates. I found that discussing these regulations with commercial printers as well as mail-order houses was more productive than with postal employees.

The more color used makes the publication more attractive while making the production more costly. Thus, the budget dictates how much color we can afford. When it was time to go to a four-color format, we analyzed our advertising revenue to determine the page costs and demonstrated how these increases would be minimal since shared by many. We attracted new buyers using this sales pitch.

The American Association of Dental Editors is an important link in the journey. Its meetings and workshops are vehicles for confirming and updating skills and the programs are set up using teachers from schools of journalism, news writers, and specialized technicians to keep the membership sharp in their skills and teach new methods. Discussion and debates about the ethics of publishing are often presented. How to handle letters to the editor or undesirable advertising which is legal but does not fit into the mold of the publication are often points of discussion, and suggestions are gathered from the editors of large and small publications and suggestions and thoughts were practical and valuable. Friendships become common and differences in philosophies become topics to be studied.

The writing of editorials is probably the most difficult task faced by an editor. Finding a topical and interesting subject involves much research and contemplation.

When *JMDS* became more popular, the advertising revenue increased. I was able to expand our staff to include a managing editor skilled in journalism and communication. I was also able to attract an editorial board. The three dental schools in the Boston area and The Forsyth Dental Institute were resources for the editorial board and agents for recruiting articles.

Recruiting authors was difficult in the beginning. When a request was made of a renowned clinician/author, acceptance would follow with caveats such as, "I will be happy to help you but it will have to wait until I finish the chapter I am writing for a book." "Right now my commitment on the lecture circuit takes all my time. I'll be happy to do it when time permits." It evolved that the publication became a resource for young researchers, educators, and clinicians to publish their work.

Another valuable source of potential authors can be state and national meetings in which the sponsoring organization offered visiting editors scout passes which permit attendance at many presentations. This is a productive way to meet potential contributors. If personal contact cannot be made at this time, follow through with a letter and be sure to include a copy of the publication.

In Massachusetts we are not faced with "presidential messages" to be included in the journal. Instead, we publish ten newsletters a year in which presidential messages, trustees' reports, or committee reports were included.

The writing of editorials is probably the most difficult task faced by an editor. Finding a subject that is topical and interesting involves much research and contemplation.

Another difficult task is the rejection of a submission which shows promise but is not yet of proper quality. These are the writers to be encouraged. A rule we followed was to make sure that an article mentioning a proprietary product was separated from a paid ad in the same publication. Even when disclosure was requested with a submitted manuscript, I followed it up with further investigation. I was fooled once or twice. Technically the author was honest at the time of submission, but, not long after publication, he became a promoter of the product. I still am at a loss on how to prevent these rare cases. Be aware of that possibility.

The task of an editor is made smoother if the governing board has enough confidence in its choice to permit complete independence as well as an adequate budget. Readership surveys, conversations at meetings, listening, and following suggestions helped earn this confidence.

The adventure is not yet complete. Dental journalism will continue to shape our technical skills, our political function, and our advice. It keeps us active and still interested in our professional life as well as helps us continue friendships created through the fun of editing.

Editors are a unique breed. We share, argue, and discuss our individual as well as mutual problems. Do not hesitate to ask questions or offer constructive criticism. All of us are open to suggestions. Many lasting friendships result from this open relationship. Look forward to the workshops offered by the American Association of Dental Editors. As yet, I have never failed to learn something new even while reinforcing the value of continuing education. ■

# Advice for a Young Editor

## A Path to Professional Growth

Phillip Bonner, DDS

**Abstract**

Journalism offers writers, editors, and the profession of dentistry an opportunity to share ideas. Editors must treat both writers and readers with respect. Legal standards must be understood and followed and commercial concerns are best addressed through disclosure practices.

When the word "journalism" is mentioned in the context of a vocation, one immediately thinks of the world of newspaper reporters, magazine editors and writers, and those roving television journalists who bring us stories from far-flung corners of the globe. The dictionary definition of a journalist is "one who manages, edits, or writes for a journal or newspaper." There are schools of journalism at major universities, and a variety of career opportunities await those who choose such a path.

Dentistry also offers opportunities for those who have an interest in journalism. These opportunities include writing for professional journals and trade publications, serving as volunteer editor of a local dental society publication, or even working full-time as a career dental editor or publisher. Why would one want to pursue dental journalism, either as a part-time hobby or as a full-time career path?

My own path to what is now a full-time career in dental journalism provides one answer to this question. It started when I had been in private practice for several years. My major in college (along with a predental curriculum) was English literature (which turned a few heads at the time), and I have always had an interest in writing. As my dental routine settled into a comfortable pattern and the hectic, nail-biting days of early practice became less frequent, I decided to try my hand at writing articles for publication. Why? Not only did I have a personal desire to write simply for the sake of it, but I respected the power of the published word and what it can mean for a profession, and for an individual.

A profession whose members can express themselves via the written word is one that can communicate its message to untold numbers of people throughout the world, both to colleagues and the public at large. Written communication leads to a sharing of knowledge, and a better understanding of that profession on the part of all who read it. I wanted to be one of those communicators—to play a role in bringing members of the profession closer together, while at the same time expanding dentistry's influence in the public sector. Admittedly, on a less altruistic level, I knew that becoming a published author could enhance my standing in the profession and might lead to new opportunities.

A lot has happened since my first dental article was published in 1979. After writing articles (approximately 300), books (3), video scripts (20), a textbook chapter, and even a 30-minute film documentary that won an award at the International Film & TV Festival in

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New York, I moved into a full-time career as editor-in-chief of a major dental publication. The path on which journalism has taken me has been enriching and exciting, both within dentistry and in the consumer arena, and I encourage dental professionals to become involved as writers, editors, or both. The profession needs good communicators.

Following are some of my thoughts on certain issues that should be of interest to those involved (or who want to be involved) in dental journalism.

### The Editor/Author Relationship

Editors and authors should be partners. One can't exist without the other. Every publication has its own style, format, and author guidelines, and editors should make sure that authors are aware of these (hopefully before an article is written) to ensure that the end product meets the publication's requirements. The author should be willing to let the editor "edit" in order to meet space, style, and format requirements, and the editor should always keep in mind that the article is the author's creation, and it should not be tampered with needlessly. The editor should never alter factual information. The objective of editing is to make an article more readable, grammatically correct, fit the available space in the publication, etc. I believe every author should receive a complete proof of his or her article for review prior to publication, to ensure that there are no misunderstandings about the editing and production process. This prevents a lot of potential problems that can't be corrected after publication. Once words are in print, you can't take them back.

### The Editor/Reader Relationship

Written words are meant to be read. The first priority of authors and editors should be to provide information of value to readers. This means you must know who your readers are and what information is important to them. It is easy to fall into the trap of writing or publishing what *you* want to say, losing sight of your readers' needs and desires. Words that are not read (or are quickly forgotten) are a waste of everyone's time.

How do you know what your readers want to read? One excellent way is to attend some of the major dental meetings during the year and look to see which seminar rooms are filled to capacity. Check the seminars that are aimed at the same type of professional that comprises your primary readership (e.g., general dentists, hygienists, dental assistants, specific specialists, laboratory technicians, etc.). If a seminar is sparsely attended, it is a good indication that the topic (or perhaps the speaker) is of limited interest. A full house means interest in the topic and the speaker is of high quality, and therefore interest in that topic should also be high for readers of a publication. For editors, this same method is also useful for finding authors on a given topic. A popular speaker who fills a lecture hall often makes a good author on that topic, as well.

Another useful way to determine "hot" topics for a given readership is to visit internet web sites that have "forums" or message boards, and see what topics are repeatedly discussed. Also, periodically review an assortment of dental publications, large and small, to see what article topics are being published. You may get an idea for a different slant on a particular topic, or if you are an editor of a publication that uses reprints from other publications, you may want to ask for permission to reprint a particularly interesting article.

### Legal Issues in Journalism

If there is one area where editors and authors (especially new ones) can get into trouble, it is the legal aspects of journalism. With the caveat that what follows is in no way intended to be legal advice, but is simply this author sharing information with readers based on my experience, the main areas of concern involve intellectual property (e.g., written words, photographs, graphics, etc.) and the use of such property.

The author of an article or other written work owns the copyright to that material (even if the copyright has not been registered) until such time as he or she assigns ownership to another entity. Most publications have a standard copyright form that the author signs before a written work is published. This form defines who retains ownership of the work (including photographs, graphics, etc.), as well as other issues, such as the right to reprint the work, if the author retains the right to use clinical photographs in future lectures or articles, etc. Editors and authors alike should be sure all copyright issues are settled in writing, to the satisfaction of both parties, prior to publication.

> A profession whose members can express themselves via the written word is one that can communicate its message to untold numbers of people throughout the world, both to colleagues and the public at large.

In a related issue involving copyright, authors and editors should make sure the work of other authors or publishers is not used improperly. This includes words, photographs, graphics such as charts, etc. To "plagiarize" is defined as

"to appropriate and pass off as one's own the writings, ideas, etc., of another." Legal resources, including books, articles, and other materials should be consulted to more fully explore this topic, but it can be summarily stated that credit should be given, and permission obtained, from appropriate sources when needed.

Use of full-face photography is another area where problems can arise. If a person's face is recognizable in a photograph (e.g., a patient's face in a case report), a signed photo release should be obtained from that person which grants permission to use the photo in written works such as an article for a dental journal. The author of the article is usually the person who should obtain the permission; editors are advised not to publish any photo without a signed release on file.

### Commercialism and Dental Journalism

The topic of commercialism and its relationship to dental journalism is certain to elicit heated debate from many quarters. However, it is a fact of life that every author and editor faces. The dental profession and the manufacturing and distribution industry that provide it with products are intimately involved with, and dependent upon, each other. Commercial entities within dentistry provide funding for research, support lecturers, sponsor workshops, and participate in myriad forms of communication with members of the profession. There are benefits from such support, and there are abuses. An in-depth look at how commercialism affects dental journalism is far beyond the scope of this essay. However, one word says a lot when it comes to how authors and editors deal with commercialism—and that word is "disclosure."

Clinical techniques in dentistry are intimately linked to the materials, supplies, and equipment used to perform these techniques. Editors know that many dentist-readers are interested in which products or services an author used to achieve a certain clinical or practice management result. Dental publications can approach the topic of commercialism in many ways. Some publications may discourage the mention of specific products in articles; others may allow such mention only if several examples of comparable products are mentioned; still others may have few restrictions on the mention of commercial products. Many excellent articles have been written in which specific products were mentioned. Other articles are so blatantly commercial that their true intent is quite obvious. Some authors have financial arrangements with companies whose products are mentioned in their articles, yet they provide balanced, useful information. Others write articles with a major objective of promoting specific products.

I believe it is imperative to inform the reader about any commercial (financial) arrangement the author has with any product or company mentioned in the author's work, so the reader can factor that knowledge into his or her assessment of the information presented. (This should apply to lecturers, as well.) This is called "disclosure," and while it doesn't solve all problems, it goes a long way toward easing concerns about commercial bias in articles and other forms of communication. It is suggested that editors send a standard disclosure form to all authors prior to publication of their articles. This form should define the type of financial affiliations that should be disclosed (e.g., consulting fees, lecture support, position within a company, product royalties, etc.), and the author should sign the form. Authors should be honest and provide full disclosure as requested. Disclosure is not a penalty or something to be ashamed of. The fact that there is a financial affiliation does not mean that the information in the article is not valid.

Some publications do not print a disclosure if there are no financial affiliations, others disclose the fact that there are no such affiliations, and some publications do not print disclosures.

### The Power of the Pen

The written word is indeed a powerful form of communication. The more members of the dental profession who choose to share their expertise through writing, and the more who serve as editors of publications large and small, the more benefits dentistry will derive in terms of enhanced knowledge, the respect of other professions and the public, and professional enrichment. ■

It is easy to fall into the trap of writing or publishing what *you* want to say, losing sight of your readers' needs and desires.

# Advice for a Young Editor

## An Accidental Career in Dental Journalism

John P. O'Keefe, BDentSc, MDentSc, MBA, FACD

**Abstract**

The editor of the Canadian Dental Association addresses issues such as balancing the interests of readers and the professional association, the value of mentors, building relationships with contributing authors and reviewers, and concerns over commercialism.

In my opinion, the role of editor is one of the most privileged in our profession. I welcome the chance to share some insights about how I got to do what I am doing, who influences me, and what I think about certain issues that are important in dental journalism today. It is not my intent to be self-indulgent, but rather I hope to give you a glimpse behind the editor's desk.

My goal in the paragraphs that follow is to answer a series of questions that have been posed to me. From the outset, I would like to make it clear that I am no expert on the production aspects of publishing; therefore I will avoid all questions in that domain, as I call on the expertise of people who are well versed in those matters. The ability to work as part of a team is an essential attribute for a dental editor.

### How Did I Become Involved in Dental Journalism?

Contrary to stereotype, English was not one of my best subjects in high school. I was, however, always fascinated by history, politics, and how society works. Those interests led me to getting involved with organized dentistry as a dental student. That interest has continued throughout my career, and I simply could not imagine not being involved in improving the lot of my profession. In the mid-1980s, I was an elected member of the governing body of the Irish Dental Association. Early on in my career, I realized that full-time private practice was not for me and I gravitated to the public health sector.

Once I moved to Canada in 1991, I enrolled in an MBA program. This program opened my eyes to a new world and it gave me a new framework for analyzing the world around me, including my profession. Having graduated with an MBA, I landed my first job in Canada doing research and teaching in Toronto at a number of public health departments that had official links with the University of Toronto, including its Faculty of Dentistry. While in that position I took exams to get a Canadian dental license, and I also got my first taste of dental journalism.

Editing the *Canadian Journal of Community Dentistry* was written into my job description. I published six editions of this small publication over a three-year period. The Canadian Association of Public Health Dentistry provided me with the most wonderful training ground for the editor's role. They gave me plenty of support and a free hand to experiment and learn the editor's trade. In 1997, the position of editor at the Canadian Dental Association became available. I competed for the job

**Dr. O'Keefe** is editor in chief with the Canadian Dental Association. Based in Ottawa, Ontario, he still keeps one day per week for clinical dentistry. He is chair of the Communications and Member Support Committee of the FDI World Dental Federation, as well as vice president of the American Association of Dental Editors. He may be reached at jokeefe@cda-adc.ca.

and was successful. I was offered the position of director of clinics at the University of Toronto the same week.

My wife really encouraged me to take the leap and we decided to move to Ottawa to allow me to join the team at the CDA. So far, I have spent nearly eight years very happily in that position.

### How Do I Think of My Relationship with Readers and with the Canadian Dental Association?

Early in my tenure, I attended a meeting of the Board of Directors of the CDA and I asked about the nature of the editorial freedom attached to my role. The president at the time responded that I was to attend meetings of the board and we would get to know each other and develop a trust relationship. I have always felt very privileged to have the opportunity to develop such a relationship with a group of people who really care about their profession.

I believe I have developed a trust relationship with the leadership of the association, and I would never set out to mischievously embarrass them. In turn, they have given me incredible freedom to develop our publications according to my own vision—a vision that has been honed through keeping in close touch with our readers.

No matter what other stakeholders compete for attention and influence, it is absolutely clear to me that my primary responsibility is to our readers—the dentists of Canada—and, through the electronic version of the *Journal of the Canadian Dental Association* (JCDA), to our colleagues around the world. I believe that my role is to inform our readers about new developments that affect them as dentists and that affect our profession as a whole. I aim to answer the clinical and business related questions posed by dentists, and to inform them about significant developments in the environment in which they practice.

No matter what other stakeholders compete for attention and influence, it is absolutely clear to me that my primary responsibility is to our readers.

### Where Do I Look for Support, Standards, and Mentors?

Our board of directors and our executive director have been very supportive to me in my roles with the association: managing the content of our publications (print and electronic), networking with colleagues all around the world, looking at trends affecting the future of our profession, and being a member of the association's senior staff group.

Variety is the essence of my job and the leaders (volunteer and executive) of the association have provided a nurturing environment in which I have learned so much and had the opportunity to experiment in developing our publications in a manner that I hope has been useful to our members and other readers. I believe that dental editors must keep in close touch with the thoughts and needs of the leadership of the association and the profession at large.

A number of dental and medical editors have been wonderful mentors for me. When I started with the *Canadian Journal of Community Dentistry,* I was lucky to be able to call on Dr. Jim Shosenberg, at that time the editor of the *Ontario Dentist,* and previously editor of the Canadian community dentistry publication. Jim taught me so much that I can never thank him enough. Perhaps the most important lesson that he passed on to me was that I could never please all readers, and that I needed to develop a thick skin to survive the heat that inevitably comes the way of editors.

When I moved to the CDA, I was fortunate to have the advice of my predecessor, a very wise gentleman: Dr. Ralph Crawford. Ralph had been editor for

almost ten years, and was president of CDA prior to assuming the editorship. He knew everybody in Canadian dentistry and he understood all the issues inside out. To have Ralph's insights and advice available to me as I started with the Association were invaluable.

The Canadian Medical Association (CMA) is situated next door to the CDA. The current editor of the *CMA Journal,* Dr. John Hoey, and his predecessor, Dr. Bruce Squires, were excellent mentors to me, especially in my early years on the job. They showed me how they operated their publication, and they introduced me to two organizations that any biomedical editor should be aware of: the International Committee of Medical Journal Editors (www.icmje.org) and the World Association of Medical Editors (www.wame.org), of which Bruce has been a true driving force. In my opinion, these two organizations set the protocols that any serious biomedical editor should follow.

Another great source of support has been my "culturally closest" colleagues: the editors of *JADA,* the *British Dental Journal* and the *Australian Dental Journal.* Over the years, I have maintained close ties with these individuals and we try to meet face to face on an annual basis (quite informally) to trade war stories. Drs. Mike Grace, Larry Meskin, Mark Barthold, Stephen Hancocks, and Michael Glick continue to provide leadership and guidance to me. I cannot emphasize enough the importance of learning from colleagues who have been "through the mill."

Two major influencers whom I have never met are Dr. Richard Smith, former editor of the *British Medical Journal* (www.bmj.com) and Sir Theodore Fox, a one-time editor of the *Lancet,* another British-based medical journal. Sir Theodore's book *Crisis in Communication,* published in 1965, has provided me with very clear advice on different types of biomedical publications.

In that book, he indicated that research articles should appear in two formats: one for researchers and the other for practitioners. Dr. Smith exploited this idea by introducing articles in the *BMJ* that have a long form in the electronic version of the *BMJ,* and a short form in the paper version of the publication. I introduced this strategy in the *JCDA,* and now the full text of all our research papers only appears in the electronic version of the *JCDA.* We publish a one-page abridged version of these articles in the paper edition of the journal.

### How Do I Find Out What Our Readers Are Interested in?

Being a practicing dentist provides great advantage in communicating with dental colleagues. As an editor, you really must establish your credibility with your readers. This credibility gives you the "right to speak" on topics relating to your profession. It also allows you to listen closely to colleagues and understand the issues that preoccupy them. Even if I have not followed the most commonly trodden dental career paths, I believe that my variety of experiences in private practice, hospital dentistry, public health, teaching, research, and organized dentistry have given me a deep understanding of the culture of the dental profession.

I can never take this understanding for granted, however, and my ambassadorial role for the Association allows me to get out of the office on a regular basis to meet colleagues in different settings. I never forget that I have two ears and one mouth to allow me to listen more than I speak to colleagues. I also have an e-mail list of approximately two hundred Canadian dentists that I consult on a regular basis to seek feedback about our publications and to provide me with topics that we should deal with in our publications. Constant feedback from readers is crucial to the effectiveness of the editor.

### How Do I Persuade Potential Authors to Contribute?

Dr. Ralph Crawford told me the first day I met him that "those that do (dentistry) don't write, and that those that write don't do." It might be a rather broad generalization; however, clinicians (whose practical knowledge is so valued by other clinicians) are very difficult to persuade to write for a journal. Given that the pay for writing an article for our journal is $0, we have to use other arguments to persuade authors to write for our readership: wide exposure; a global readership; an appeal that they are contributing to the development of the profession.

I cannot say that I have nailed down how best to persuade colleagues to write for our journal. Our main selling points are that our review process is fair and that we make all reasonable efforts to accommodate the needs of authors. I am conscious of the need to create a range of non-monetary rewards for these authors who give so generously and unselfishly to the Association and its publications.

### How Do I Form an Editorial Board?

While the cornerstone of the credibility of a peer-reviewed publication is its review process, the role of the *JCDA* editorial consultant is considerably broader than that of manuscript reviewer.

I ask editorial consultants to act as advisors to me as I develop the *JCDA.* They help me to identify important subjects to be dealt with in the publication. They also identify potential authors of manuscripts.

Many of the *JCDA* editorial consultant positions are reserved for nominees of important groups like the national dental specialty associations, members of key CDA committees, and Canada's dental regulatory authorities. It is very important for the editor to maintain sound relationships with these important elements of the profession. In my opinion, two of the primary roles of the editor are to build good relationships and to network widely and effectively in the profession and beyond.

Given that the pay for writing an article for our journal is $0, we have to use other arguments to persuade authors to write for our readership: wide exposure; a global readership; an appeal that they are contributing to the development of the profession.

## Is Commercialism an Important Issue for Editors?

There can be no doubt that commercial interests play a very strong role in dental journalism. There are many commercial publications that publish "product placement" articles. A number of commercial publications tie advertisement sales to the publication of articles that provide "added value" to advertisers. A senior member of the dental industry told me once that he lauded what I was trying to achieve with the *JCDA,* but that he predicted that I would find it very difficult to attract the level of advertising support enjoyed by our commercial rivals.

I believe that commercial publications are part of the marketing apparatus of the dental industry. A Turkish friend of mine once told me that the major commercial publication in that country attracts 70% of advertising revenues, while the national association publication can attract just 30%. I would guess that a similar situation pertains in Canada. While we need to look to advertisers to maintain the financial viability of our publications (and to help them disseminate their very valid messages), we must never sell our souls to them.

I have been fortunate to be asked to play a leadership role in the American Association of Dental Editors, an organization that was born in the early 1930s in response to the influence of commercial interests in dental journalism. When I become president of this organization in 2006-7, I intend to make the topic of commercialism in dental publishing the major theme of my presidency. I believe that the issue of authors with undeclared financial interests in industry is one of the most important challenges faced by dental editors today.

## Conclusion

If you have the chance to become an editor, you should jump at the opportunity. It is a wonderful experience that will help you to develop very important and useful skills. The essence of the job is to maintain strong relationships with all your key stakeholder groups: readers, authors, reviewers, sponsoring organization, and advertisers. You must be a politician, a diplomat, and a teacher. However, you must also be a very good listener and enjoy serving your profession; working hard to do your tiny little bit to improve it and the health of the public it serves. ■

# Advice for a Young Editor

## The Scientific Publication

David L. Turpin, DDS

**Abstract**

Being the editor of a scientific journal involves the same challenges of working with authors, association officers, and readers as in all publications. In addition to the communication in the journal, editors must manage the communication about the journal. The editor's job involves building and maintaining trust.

No one becomes a fully competent dentist in a few years, and few expect to use that as a stepping stone to something else. The same attitude should be applied to becoming a fully competent dental editor. If you decide to use the position of editor as a quick way onto the board of directors and then through the chairs to become president, you will never accomplish much as an editor. Although it is nice to be appreciated and you should expect to have other opportunities, all of the outstanding editors I know kept their positions as editor for many years. It simply takes a long time to become highly effective. The rewards will come.

### How Did I Become Involved in Journalism?

When I completed a graduate program in orthodontics, full membership in our specialty was not a possibility. All applicants had to be "associate members" for the first five years until they could show five treated cases. We were even denied the right to vote on issues important to our future during those first few years of membership. So after putting up with this for a while, three of us decided to write a letter of protest to the Board of Directors of the Pacific Coast Society of Orthodontists (PCSO). At the next meeting, we were asked to meet with the board for questioning. Following our appearance, the president offered each one of us a job in the organization—and I was given the position of regional editor for the *PCSO Bulletin*.

That was my first job in organized dentistry and I took it very seriously. Within three years I became the editor of the publication and doors began to open.

I maintained active lines of communication with my Board of Directors. I attended all board meetings and if controversial issues were raised, I tried to act responsibly in reporting these to the membership. If questions arose, I always kept the president informed. (My predecessor had been "fired" by the same board for writing a controversial editorial.) The increased support allowed for a complete redesign of the quarterly publication and a number of awards from the International College of Dentists.

After taking over the *PCSO Bulletin* I visited a commercial art school and employed one of the artists to draw cartoons to match every one of my quarterly editorials. The cartoons were given a prominent half-page spot in the front of the magazine and helped draw readers into the content of each editorial. This practice has been continued by subsequent editors for the past twenty-five years and is one of the few scientific journals to do this.

**Dr. Turpin** is editor in chief of the *American Journal of Orthodontics & Dentofacial Orthopedics*. He may be reached at dlturpin@aol.com.

You always have a responsibility to keep abreast of the dental issues and to know who is carrying the torch for specific concerns.

I expanded upon the practice of having regional editors help summarize the content of nine scientific meetings a year. These scientific summaries were published within three to six months of the meetings, providing several pages of easy-to-read clinical material. This practice also strengthened attendance at our meetings because the members could see what they were missing when they received the *PCSO Bulletin.* To help these volunteer editors strengthen their writing skills, as well as their confidence, I scheduled a one-day journalism seminar just prior to our annual meeting held in one of five West Coast cities. I paid a teacher from one of the local universities to spend at least four hours teaching the basics of scientific writing, how to interview people, layout and design, etc. This effort was greatly appreciated by the editorial team and continued for over ten years.

To increase the budget in support of these activities, I pushed for more advertising. When the advertisers wanted broader circulation, I mailed copies of our bulletin throughout the country to gain subscribers from the entire membership of the American Association of Orthodontists. Within two years readership doubled to 3,000.

### What is the Relationship with Readers and the Sponsoring Organization?

After ten years with the *PCSO Bulletin,* I moved on to a more scientific journal, *The Angle Orthodontist.* This change gave me the opportunity to work with reviewers and to learn how to evaluate scientific articles with an international audience in mind. After eleven years of this responsibility, I became editor-in-chief of the *American Journal of Orthodontics & Dentofacial Orthopedics,* representing several national and international organizations with a circulation of 16,500.

I still attend all board meetings and planning sessions. When difficult issues arise, the elected board members are the first people I consult. Regarding the members, involvement is the key. A major redesign of the cover is the quickest and easiest change to make. On one hand you could say this is meaningless, but it does get people's attention and indirectly leads to increased chatter about your publication. The more people are talking about you the more likely they are to want to be a part of the change. This makes it easier to improve the contents of your publication with an emphasis on involvement. I added an "Ask Us" column to involve those with a favorite scientific question. I sent the questions to a couple of reviewers who were experts in that field for the answers. And if they provide conflicting answers, so much the better for keeping the interest of our readers. Now we have evolved to the point
where we have our Council on Scientific Affairs planning to answer periodically some of the basic evidence-based research questions.

I have added an "Editor's Choice" column that directs readers to the most clinically-oriented articles within the issue. This change is most appreciated by the members because it helps place research findings in perspective. Short commentaries written by experts in the field and published immediately following the research articles are also appreciated.

### How are Columns and Departments Handled?

I never publish letters from the president in a scientific publication. If this is an association magazine or if refusal becomes difficult for a new editor, I would advise sitting down with the

president to view the alternatives. First, the organization may have a monthly newsletter and this may come out more often than the quarterly journal. Or you can ask what the major theme or change the president wants to stress in the article. Then give the article an appropriate title based on the actual ideas he or she wants to present. Help the president write an interesting news story based on supporting data. The idea is to avoid publishing an editorial based on "membership enthusiasm," and nothing more.

### Where Do I Look for Support, Standards, and Mentors?

I would advise you always to try to stay close to the editor you follow when it comes to learning from their experiences –both their successes and mistakes. One senior scientific editor told me once to avoid asking a friend to write an article for my journal. Under those circumstances, one has few options if the article is not worth publishing.

Of course, dental organizations such as the ADA and the American College of Dentists can be very helpful with the availability of their talented and professional personnel.

### How Do I Ensure Reader Interest?

There are a number of ways to keep in touch with your membership. First, attend all of the meetings you can. Hire a professional photographer to take high quality pictures of members, especially the young and the old. Avoid too many photos of the leaders. You always have a responsibility to keep abreast of the dental issues and to know who is carrying the torch for specific concerns. Select editorial topics that are "hot-button" issues. Include quotes from well-known dental leaders and ask for immediate feedback from your readers. End many of your editorials by saying, "look forward to hearing from you regarding this issue. My e-mail address is..."

I have challenged the membership with a photo contest and continually encourage readers to send photographs for use on the cover. When published, I frame the cover and send it to the submitting dentist for display in his office. This is always appreciated.

### Is Commercialism an Issue?

It can become a problem and every editor must be constantly vigilant. I have followed the policies of the *New England Journal of Medicine* by enacting fairly strict standards regarding financial conflicts of interest.

1. All authors who submit an article for publication in the *AJO-DO* must sign a two-page conflict of interest form before we consider publication. We try to do this with reviewers, but it has been difficult with over 400 volunteers. If a conflict is acknowledged, we make this public on the first page of the article.
2. We refuse to accept letters to the editor, review articles or editorials from individuals who have a major conflict of interest as disclosed (Salaries or stock valued over $10,000).
3. We do not mix advertising with scientific content and try to avoid placing specific ads adjacent to related articles, i.e., an ad for implants next to a scientific article evaluating implants. ■

A senior scientific editor told me once to avoid asking a friend to write an article for your journal. Under those circumstances, you will have few options if the article is not worth publishing.

# Advice for a Young Editor

## Risks and Rewards of Dental Journalism

Harriet Seldin, DMD, MBA, FACD

**Abstract**

Editors and authors care to communicate with readers, and this concern guides their work. Politics is part of the job. There are organizations and various support for beginning editors, but becoming engaged with many colleagues and reading widely are essential for editors. Journalism is hard work. Constant innovation, rewriting, and resubmission are expected.

I was honored to be among the dental journalists invited to participate in this special issue of the *Journal of the American College of Dentists.* I am an editor of a small publication, *Accolade,* which is the newsletter of the ACD's Southern California Section. But I also write and have written for other publications. I'm an itinerant freelance dental journalist. I am also the president of the American Association of Dental Editors, so I have to be a little careful.

In giving advice to the fledgling dental editor, I will ask you why you want to be a dental editor. I will give you suggestions on how to get up to speed. I will let you know my journey in dental journalism. And I will give you some cautionary points regarding dental politics and rejected manuscripts. I hope at the end that I haven't scared you away. The profession can use more talented, creative dental editors.

### Why Be an Editor

To promote the profession? To express yourself to an audience in clever ways? To advance your dental political career? To change the dental world? You need to approach your task differently, depending on your priorities.

### Getting a Fast Start

Pick people's brains after board meetings or CE meetings. Even if you are editor of a very small publication, you need all the help you can get. Create a formal or an informal editorial board. Talk to former editors in your association. Please join and get involved in the American Association of Dental Editors (AADE). The AADE is a great organization. (Okay, I'm prejudiced. I am president of the AADE.) It is the only place you can meet and learn from fellow editors and journalism professionals from around the country and internationally. The AADE was founded in 1931, and from the beginning there has been a relationship with the ACD. The AADE has an Annual Conference which is held in conjunction with the ADA Annual Session. In my experience, the AADE Annual Conference is at the same hotel as the ACD, and ACD fellows are invited to at least a portion of the meeting. There are also periodic AADE Editors' Workshops. The AADE recently instituted a Certified Dental Editor (CDE) program. It is a mechanism to enhance your professionalism as an editor. The AADE is a great place to find support, standards, and mentors.

### Finding Authors

Pay attention to what people say, do, and write. You want to ask people to write about things they know about and care about, and that are meaningful for your readers. We had a local dentist who

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helped with forensic dentistry after 9/11 in New York City. He wrote an article for us. An ACD Section member dentist was elected to the California State Assembly—I got an article from him. Ask other people whom they would recommend to write an article. If you have people giving continuing education courses in your area, solicit articles from them. Interview dental leaders in your community; talk to visiting dental gurus.

### Gauging Reader Interest

Write about what you are interested in. Read a lot. Go to dental meetings. Dentistry doesn't exist in a vacuum. Pay attention to the world of health and issues in the outside environment. Bring the newspaper headlines and the TV news-bites home to your readers if the issues are relevant to the business or practice of dentistry.

### Relationship with Sponsoring Organization

There is politics, and then there is dental politics. The dental variety can be divisive. How do you handle the "letter from president issue?" Every editor has his or her tales: The president who submits the same president's message twice. The president who is more concerned about the vintage of wine served at a meeting than the quality of the organization's publication. There are dental leaders who care too much, and those who care too little. As an editor, there is a paper trail of your thoughts. This can be dangerous, if you have dental political aspirations.

One petty malcontent periodically lobbies (sometimes successfully) to derail my dental political career by noting that two of my editorials were pulled by a component president about fifteen years ago! One of those unprinted editorials from the early 1990s addressed the issue of the Kennedy family member, Dr. William Kennedy Smith, who was on trial for rape. I had an "infection control/dental spin" on the news story that was deemed unacceptable for publication in a dental newsletter. No one knows what was in those editorials, just that they were pulled, and that was enough to make me suspect as a candidate for leadership. The editor, after all, represents the dental association to the members. Since the newsletter or journal is in print, it can also find its way to regulatory agencies and legislators. If you aren't careful with your words you can get your whole association in a lot of trouble. But if you are too safe with our editorials, you won't communicate what is important to your members, you won't help move the profession forward.

As a volunteer editor of a dental association, you often serve at the pleasure of the elected president. Your position can be politically precarious. Not everyone is your friend, not everyone wants to help you. As editor, you can be controversial. While many dentists leave their positions as editor on their own terms, many others are unceremoniously dumped, often victims of dental political intrigue. The way I heard the system explained at the first AADE conference I attended was that you can write whatever you want (freedom of the press) but then you can be fired if the leadership of the organization disagrees with you.

If you aren't careful with your words you can get your whole association in a lot of trouble. But if you are too safe with our editorials, you won't communicate what is important to your members, you won't help move the profession forward.

### Becoming Involved

I've been writing since before I could read. In elementary school, a friend wrote a book report on some sort of handwritten, hand-illustrated book I had written. I took courses and independent study in creative writing and poetry in college. In poetry, every word counts.

As far as dental journalism, for many years I tried to lie low. I was asked to write about something, and in response to that one article, I was asked to write a regular column interviewing members

on different issues for my component newsletter. Then our component editor retired, and I was appointed editor. One of my editorials was reprinted in our state association newsletter, and from there I've been writing on and off for state and national dental publications. I was pleased that one of my humorous pieces, "The politically correct dentist," was published in "the best of dental humor," and that another funny one, "Dentist Barbie" was reprinted in *ADA News.* I got quite a bit of fan mail from that article, and an Alaskan dentist even sent me an Arctic Barbie doll.

I was editor for a local dental foundation, and now serve as editor for the ACD's Southern California newsletter. The publication, *Accolade,* has a small but discerning audience. In this role I am truly an all-purpose editor, not just a writer. I redesigned the publication when I took over a few years ago, and last year we went to full-color. (Advice on color—do it! The world is in color. To get attention, your publication needs to be in full four-color.) I also get involved in soliciting articles and editing them to fit the publication. As a local newsletter editor without extensive academic connections, I ripped to shreds a lengthy article from Dr. Slavkin, past director of the NIDCR and current dean of USC's dental school. I had to do it to fit our publication, and I didn't (yet) get any complaints. It is a different role. The full-service editor isn't just an editorial writer. If you don't have professional staff support, you are the one who tweaks the submitted manuscript to maintain it as true to itself but more accessible to the reader.

As an editor, there is a paper trail of your thoughts. This can be dangerous, if you have dental political aspirations.

The freelance dental journalist has a variety of experiences. Some projects demand writing on a deadline, some writing at will. My participation with AADE—committees, committee chairmanships, executive committee, president—is another phase of dental journalism, and one that I would highly recommend. I especially enjoyed putting together last fall's annual conference, with the theme "Taking Charge of your Publication."

### Rejected Manuscripts

I don't take rejection well. So when I've had articles rejected, I've usually tried to do something else with them, sometimes with positive effect. In addition to the above-mentioned two editorials that were not printed, I submitted a requested article to our state association journal, which was rejected. See a pattern here? Honestly, the article was boring. It contained confusing statistics. It was too long for itself. Sometimes a long, boring article contains the kernel of a good short article fighting to get out. After an extensive soul-searching self-edit, I submitted the article to our county medical society's journal. That article on baby bottle tooth decay led to a grant from the local chapter of the American Academy of Pediatrics to support the start of "Share the Care" at the county, a program where volunteer dentists provide urgent care to underserved children. The program, started in the early 1990s, has grown to be very successful. It recently received a prestigious "Acts of Caring" award from the National Association of Counties.

I wrote a humorous piece, "Running your practice like a business" which was similarly rejected by our state association newsletter, but then published by *Dental Economics*. Don't worry if your article or editorial is rejected. If you like to write, you will find "homes" for your words. If you have the inclination, I highly recommend that you pursue dental journalism. Despite the potential political minefield, it can be very rewarding.

### The End

The most difficult part of writing is sometimes finding a good ending. Should it be a call to action? Perhaps a re-wording of your first paragraph? You want to leave the movie theater with a good feeling—that the ending was right. You might consider writing the end before you write the beginning. Otherwise, you are left as I am here. I know the rewards of dental journalism are worth the risks, and I hope I've conveyed that message to the reader. ■

Issues in Dental Ethics

American Society for Dental Ethics *(formerly Professional Ethics in Dentistry Network)*



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# Informed Consent: Does Practice Match Conviction?

Jennifer King

## Abstract

The need to obtain consent is an ethical principle and a legal requirement in health care that must be applied in practice. Dentists must give people the appropriate information about treatment options, risks, and benefits so that they are able to make informed choices before giving their free consent to any dental intervention. The British research reported on here supports the view that dentists generally have positive views about informed consent. But the companion program of observation of dentists in the clinic suggests that they do not have a systematic approach to obtaining consent and that patients are often told what is going to be done rather than asked. Dentists must approach informed consent more systematically, recognizing it as an integral part of treatment planning with the patient as developing the communication skills needed to do it well.

**Background:** Moral philosophers and legal theorists have written widely about the principle of informed consent in contemporary health care (Faden & Beauchamp, 1986). Before touching someone else, it is morally important to ask for their permission. This respects patients' privacy and their rights as human beings to be in control of what happens to any part of their own body. Consent is important ethically because it respects autonomy and in most countries in the world obtaining consent is also a legal requirement before any clinical intervention.

But informed consent is more than abstract moral or legal theory. The process of obtaining a person's explicit and informed consent to be treated is a clinical task that is an integral part of treatment planning. It is good professional practice that is necessary for all health care (Woodcock, Willings, & Marren, 2004). For dentists and for the people receiving dental care, it is the application of moral and legal principles at the chairside that is important. Dentists and patients together need to spend time negotiating an agreement before any treatment is started. (Doyal & Cannel, 1994). What dentists themselves think about informed consent is therefore very significant, since they are the ones who must put theory into practice.

Before giving their consent competent adults must have appropriate information that they understand so that they are free to decide for themselves whether or not to accept a particular treatment. The knowledge that possible options, attendant risks, and expected benefits have been openly discussed shapes the relationship between the providers and the receivers of health care. In this way, both parties take an equal part in decisions that are

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Before touching someone else, it is morally important to ask for their permission. This respects patients' privacy and their rights as human beings to be in control of what happens to any part of their own body.

made, for example, in deciding whether to extract or save a tooth or whether to replace a missing tooth with a denture or a bridge.

There is much discussion about the importance of partnership in health care and of the value of joint decision making. Informed consent is the means by which such a partnership is created. Dentists have specialist knowledge which they have a duty to share. People need to know about their dental care and have a right to be informed. Without information that is reasonably well understood, patients are not in a position to make choices. Thus, Ozar and Sokol (2002) propose a model of dental care which is driven neither by the demands of patients nor by the expertise of dentists, but rather by an interaction between the two that is based on the principles of informed consent.

A consent that is not informed cannot be considered to have been given freely. Indeed, when presenting for dental care, patients may well feel anxious and relatively powerless in the face of professional expertise and status, and may find themselves subtly manipulated or persuaded into accepting treatment that they neither fully understand nor really want.

Good communication has been identified as being an important factor in preventing misunderstanding between dentists and patients and reducing the risk of complaint or litigation. People typically bring law suits only when they have not been given sufficient information or have been misinformed (Vincent, Young, & Philips, 1994). Dentists who wish to avoid complaints must take time to communicate and give people the information that they want and take steps to ensure their proper consent to be treated has been given. The exchange of information necessary for patients to give and dentists to obtain informed consent depends on good communication and the skills involved in achieving it.

Nine key elements in the process of obtaining consent have been identified (King, Doyal, & Hillier, 2000). It starts with introductions, then moves to sharing of information about the presenting problem. Then comes discussing possible treatment options, including doing nothing, and then explaining any risks and expected benefits, costs, and the time likely to be involved. Then the dentist invites questions from the patient and determines whether the patient has understood. The eighth element is the patient and dentist reaching an agreement, and then finally comes the patient's explicit consent, which may be either written or verbal.

Obtaining a person's consent has often been equated with the patient signing a form. But signing a consent form is at most one of nine elements in the consent process and one that only comes at the end of the process. It cannot take the place of a proper dialogue. Indeed, forms may be daunting to the patient and may even detract from the face-to-face exchange that must be the basis for reaching agreement and obtaining explicit consent. Over-reliance on consent forms runs the risk of masking the real task of communication which must always be at the heart of the consenting process.

What follows is a report on a British research project that surveyed dentists' views about informed consent and also gathered observational data about dentists' practices, especially in comparison with the nine component stages just described. The question being asked in this research was how close to the ideal do practicing dentists typically come.

## Methodology

The following discussion is based on the findings from a study entitled, "Consent in Dental Care," that was carried out in the United Kingdom (King, Doyal, &

Hillier, 2000) and considers specifically the views and practice of dentists regarding informed consent. The views of patients have been considered elsewhere (King, 2001). Three different methods were used to explore how dentists and patients reach treatment decisions. First, observations of dental consultations were made in hospital dental clinics of the British healthcare system during four consulting sessions. (Many hospitals in the British healthcare system have dental clinics that are the primary sources of dental care for many people. These clinics are not necessarily affiliated with dental schools and are not necessarily involved in the training of young dentists.) The observations were recorded immediately following the observation period. Then a postal questionnaire to consider dentists' views on informed consent was answered by a random sample of dental practitioners. 187 dentists took part. Finally, 20 dental clinicians were interviewed concerning their views about obtaining consent for treatment. This in-depth interview lasted for about an hour. The recorded data was categorised using qualitative methods.

## Results

### Observation on the Clinic

Observation of consultations in the clinic found that dentists did take time to explain dental problems to patients. For example, dentists and patients were often observed looking intently at X-ray pictures on a lit screen as dentists explained to the patient swhat was wrong with their teeth.

However, the treatment options and the risks and benefits were not generally discussed. Dentists most often simply told patients what they planned to do. They did not routinely discuss options, ask patients about their choice of treatment, or specifically involve them in treatment decisions. There was no obvious systematic approach to obtaining a patient's consent, compared for example with the systematic routine followed in taking a patient's medical history, which was a noted feature of the observed consultations.

### The Postal Questionnaire

In reply to the postal questionnaire the large majority of responding dental practitioners (96%) had positive views about informed consent. They said that informed consent was very important and an essential part of the consultation, that it increased people's satisfaction with their dental treatment and that it avoided any future misunderstandings or possible litigation. Very few of the responses were negative (4%). The few negative comments that were made expressed the view that the dentist is the expert and therefore knows best, and that consent can simply be assumed when a patient makes an appointment.

General dental practitioners' response to the question, "How would you describe your own views on informed consent?" included, "It is essential," "very necessary," and "It is needed to avoid misunderstanding and possible ethical-legal problems later." Negative responses included, "The patient's presence is consent" and "I think the dentist should make decisions on behalf of the patient."

### The Long Interview

In the long interview, dentists identified what they considered to be the practical value of informed consent. The benefits suggested by dentists fell into three categories, the benefits for patients, for dentists, and for the professional relationships that were established between them.

Dentists thought that people benefit from being involved in decision making and that informed consent made them more aware by offering information and choice. If they understand what is going on they are likely to be less anxious. As a result they are more motivated and more satisfied with the treatment they receive. Motivation is important in encouraging people to adopt favourable dental health practices and so enable them to take care of their own dental health. When people take control of their situation, this enhances their dignity. Dentists' comments included: "The principle value

**Nine Component Stages in the Process of Obtaining Consent**

*(After King, Doyal, & Hillier, 2000)*

Making introductions

Exploring the problem

Outlining treatment procedures and options

Explaining risks and benefits

Explaining cost and time involved

Inviting questions

Checking understanding

Reaching agreement

Obtaining explicit consent

Before giving their consent competent adults must have appropriate information that they understand so that they are free to decide for themselves whether or not to accept a particular treatment.

is that the patient understands what they are letting themselves in for" and "If people have information they become empowered to change."

Dentists thought that they too benefit from informed consent. It helps to reduce stress for the dentist knowing that the patient has explicitly consented to be treated. People are likely to be more co-operative when they know and have a choice about what is happening to them, making treatment easier for the dentist. Treatment planning is more realistic when patients' views are taken into account. Obtaining informed consent helps to avoid complaints and possible litigation, which can be a source of considerable worry for any practitioner. In the long run, the time taken to obtain consent at the start is likely to save time and money for the dentist as the treatment proceeds more smoothly. As one dentist commented, "I think we need it and are better clinicians for it."

Taking the process of consent seriously in the dental consultation was seen by dentists as being of mutual benefit to dentist and patient alike. It helps to establish common aims, and responsibility for decisions is shared. This creates trusting, confident and mature professional relationships. Comments about the benefits of informed consent for relationships between dentists and patients included, "I think it improves relationships because you have actually had a discussion over something" and "You have prepared them, taken them through [the procedure], spend a bit of time, and explained things to them."

These findings suggest that dentists have favorable views about informed consent and they identify many benefits not only to patients but for themselves and for good relationships. However, observation in the clinic suggests that these ideals are not routinely applied in practice. There is a gap between what dentists think and what they do. Dentists still dominate the decision making process and patients have relatively little say although they do nominally give their consent.

### Discussion

The issue of consent is becoming more important for dentists as more information about its ethical and legal significance becomes available to the public. Dentists must respond to growing public awareness and raised expectations. People now query professional opinion which they would once have accepted without question. The increasing emphasis on consent in people's lives challenges the dental community to develop good relational skills rather than to rely on people's passive acceptance of their expertise as they once did.

The ethical and legal principles of informed consent are validated as they are applied in practice. Even though a person's consent can never be fully informed, since no two people will ever reach a complete mutual understanding, seeking consent which is based on appropriate information and choice is an important ideal for dentists to work towards. An ethos in the dental profession where people's consent is taken seriously respects the rights of others to decide what happens to them. This ethos is a significant departure from the patterns of paternalism so common in health care in the past. Moral reciprocity, where people give to each other equal respect, promotes human worth and well-being. In the end, this is an issue of justice.

In addition, health must include not only physical well-being but also emotional well-being. The attitudes adopted by dentists towards consent are therefore as important as their technical skills in providing good health care for people. If dental treatment is imposed rather than consented to, then the health that dentists wish to promote is put at risk. There is a danger to health if relationships are formed by fear and distrust, because people do not understand and have not properly consented to their treatment. On the other hand, if knowledge is shared and dentists and patients work together to reach an informed consent, then a much healthier relationship is possible between them. The fair sharing of information, each listening to the other, helps to build therapeutic relationships between those who provide and those who receive health care (Novack, 1995).

Unfortunately, too great a concentration on the legal aspects of consent and the design of consent forms has drawn attention away from the clinical task of making sure that patients know what is happening to them in the dental clinic and that they have taken an active part with dentists in the treatment decisions that are being made. This negotiation enables both of them to take ownership of the treatment that is planned and eases the stress on both sides. By sharing responsibility for decisions, dentists enable dental treatment to become a partnership in which dentists and patients both actively participate.

That is, informed consent is far more than a means of protection against complaint or litigation. It offers a moral dynamic within the consultation which builds up a rapport between two people creating mutual confidence and trust. Sharing decision making establishes new and much healthier relationships than the authoritarian attitudes that once characterised much of dentistry. To make this more of a practical reality in the dental clinic, more consideration must be given in dental education to the communication skills that are needed so that dentists' high ideals about the benefits of informed consent are applied in everyday dentistry.

## Conclusion

"I did not want to do anything without your consent so that your acts...might be a matter not of compulsion but of your own free will" (From the Letter of Paul to Philemon, Philemon 1:14).

The research summarized here indicates that most dentists do think positively about informed consent as a principle. Dentists are also aware of the many potential benefits to patients, to dentists, and to their relationships in clinical practice. This is especially so in reducing stress and increasing cooperation and satisfaction, as well as avoiding the possibility of misunderstanding or complaint. However, observation of dentists' actual practice in the clinic suggests that dentists do not generally approach obtaining consent in a systematic way and that steps are not always taken to actively involve patients in making treatment decisions. The dental community, in its moral education, good practice, and professional discipline, has a responsibility to ensure that systematically obtaining peoples' informed consent to treatment becomes a more deliberate and routine part of the dental practice. Then patients can be confident that no treatment will be carried out without explanation, choice, and their explicit informed consent. ■

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# When Nobody's Looking

Steven A. Gold, DDS

I've been told the story that when my older brother was just a toddler, he was admonished never to step foot off the curb unless he was holding an adult's hand. As long as an adult was nearby, he was obedient. But, when nobody was looking (or so he thought), he went directly to the curb and gingerly placed one foot onto the asphalt even though he knew it was the wrong thing to do. This behavior came to a swift end when our mother properly punished him. In those days, it was an open hand on the bare bottom. By the time my brother and I had flown the nest, I am sure my punishments for similar offenses far outnumbered his. It took me the better part of my first twenty years to learn that it's what you do when nobody's looking that counts.

These days, I have a new perspective on the subject of behavior. I am in a profession that holds ethical conduct in high regard. We have ethics classes, codes of ethics, even professional organizations dedicated to advancing ethics in our profession. Why is it, then, that so many members of the profession are up in arms over the current state of ethical behavior in dentistry? It seems as though every dentist I talk to has witnessed or experienced some form of unethical conduct amongst his or her peers.

During my time in dental school and as a practicing dentist, I have witnessed dental students cheating by various means: copies of tests had been removed from instructors' offices, answers had been shared during exams, preclinical projects had been done by upper classmates or outside dental laboratories and passed off as the students' own. I have seen students who were caught cheating receive light reprimands, a failing grade, or class demotion rather than expulsion. I have witnessed employer dentists callously take advantage of their associates, employees, third-party payers, and patients in the name of increasing their bottom lines. I have both seen and heard stories of employees—dentists and nondentists alike—stealing not only money but also confidential patient information with the sole intent of advancing their own careers, status, or income. I have witnessed, first hand, the theft of dental association handpieces and continuing education forms at our own CDA Scientific Session.

In spite of the fact that these offenders are a minority in a profession filled with caring, selfless, and giving individuals, they nevertheless leave a bad mark on dentistry. Just as individuals are often

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judged by their last worst deed, so too are professions such as ours often judged by their worst members' actions. We have become aware of the fact that as dentistry's leaders seek to protect and advance the profession, our public image becomes of paramount importance. We can ill afford to have the collective reputation of dentists everywhere besmirched by the unprofessional behavior of a few.

Like so many of you, I take such intentional deviations from moral and professional conduct as a personal affront, and with this in mind, I offer a three-pronged attack to combat this decline in ethics many of us have witnessed.

*Education.* Educating dental professionals about ethics must occur at all levels of the profession. It, of course, begins at our dental schools. In fact, it should begin before dental school. Acceptance into dental school constitutes an individual's entrance into the profession and thus acceptance should be contingent upon both an understanding of ethics and an oath to uphold the ethical standards that have been established for the profession. It is incumbent upon dental schools to continue teaching ethics throughout the entire curriculum. It is further incumbent upon our profession to offer, even demand, continued learning experience on the subject of ethical and professional conduct and decision making throughout our careers.

*Discipline.* When violations of ethics occur, the body responsible for the individual must take appropriate, yet decisive disciplinary action. Dental school leadership must be unwavering in the fair and uniform application of their rules of ethical conduct. Furthermore, they must have the courage to put their foot down and expel repeat or incorrigible violators, even at the risk of loss of tuition revenues or retaliatory legal action by the offenders. Our state licensing boards must similarly be vigilant over those who breach their moral obligations as dentists. Where gaps exist between law and ethics, we should seek to close them. Until we establish a zero-tolerance policy for ethical violations, we will allow those seeking to compromise ethical behavior in favor of personal gain to flourish.

*Commitment.* Relegating responsibility for an individual's behavior to a school, professional organization, or a state dental board is merely shifting that responsibility from where it truly belongs: with the individual. Therefore, a strong commitment to ethical conduct from all dental professionals must exist in order to preserve the high level of public trust and respect the profession wholly deserves. Demanding that individuals adhere to our CDA and ADA codes of ethics is a good start, however, these codes do not cover all areas where lapses in ethical behavior exist. I have found a more inclusive moral compass to be the Six Pillars of Character. These six pillars are trustworthiness, respect, responsibility, fairness, caring, and citizenship. Clearly, it is possible to devote much time and space to the discussion of each. Suffice it to say that these principles can provide a sound basis for ethical decision making in dentistry and in all aspects of life.

Until we establish a zero-tolerance policy for ethical violations, we will allow hose seeking to compromise ethical behavior in favor of personal gain to flourish.

Decision making is easy when we have someone, such as a loving parent, telling us what is right and what is wrong. It becomes much more difficult as we gain the freedom and independence we seek in our personal and professional lives as adults. Nevertheless, it is these decisions we make, when nobody's looking, that have a profound influence on us as individuals and on the profession of dentistry as a whole. ■

# Reflection

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## Abstract

Reflection is thinking about practice, based on traces of recalled facts or data, with a view toward better understanding it. Reflection is prompted by discrepancies between what we observe and what we expect and commonly takes the forms of comparing personal experiences, reviewing events mentally, looking for trends in data, building new prototypes, and managing impressions. Normally, the process involves awareness, reviewing selected traces, resolving tensions, and looking for the greater whole. Practitioners both reflect in practice (specific problem solving) and reflect on practice (drawing general conclusions). The essence of reflection is finding a meaningful way to make tacit knowledge available in explicit form. Often this involves story telling, with its attendant features of plot, emotion, dramatic tension, and the success of the hero.


Each of us has our daily dose of surprise and disappointment. The only ones who don't are indifferent regarding one outcome and another—an unnatural state often preceding death by boredom. We are distinguished from other living things by our sense of wonder. We are made to reflect and are made better by reflection.

Imagine bowling with a curtain placed in front of the pins so the results of each attempt could not be seen. It would not be enjoyable and one would never get very good. Feedback (seeing how the bowling ball curves and where it strikes the pins and connecting that with the results) is information about the results of our efforts. (Watching a professional bowler, as useful as that might be, is not feedback because it does not concern the consequences of our own behavior). Imagine trying to learn the ropes in organized dentistry without a good friend to interpret what was really meant by the polite but unanticipated reception of your ideas.

More than feedback is needed, however, for a meaningful life of continuous personal and professional growth. We must get feedback about the right things, we must be open to it, it has to stimulate consideration of realistic alternatives, and we have to be prepared to step out in new directions. All of this is called reflection. We all do it in our own ways; and we could all do it a little better.

## What Is Reflection?

When we reflect, we consider the traces of things that have happened around us and evaluate their alternative meanings. Why was my assistant or the last patient of the day so grumpy? (Does that behavior have any meaning for me?) Why did I fail the specialty board examination? (What does that mean about my skills or the organization's politics?) Why am I so tired? (What is the explanation of this apparent change and what chances do I have for changing it?) In each of these examples, there are traces of evidence that offer clues but not complete explanations—the tone of voice, the facial expressions, a score sheet, a brief critique, loss of attention, comments from your spouse, low energy. In each of these cases, the meaning of the traces is ambiguous; there are several interpretations that might be appropriate and some of these might also be useful.

Reflection is prompted by awareness of a discrepancy between what was expected and what occurred. We probably pay nearly no attention to the facial expressions of the assistant or the last patient of the day (at least we could not describe them in any detail) unless there is something unusual in them. We take good health and energy for granted (although an individual suffering from a chronic debilitating disease would be apt to notice a day when remission provided normal levels of energy). It is a marvel of the way the human brain is organized that we are oblivious to almost everything that is going on around us and we

function effectively by continuing little patterns of behavior that have worked in the past as long as there is no signal that they aren't continuing to be effective. This is known as the principle of cognitive economy, and if it were not the case, we would quickly bog down in information overload trying to accomplish the simplest of tasks. When something occurs that differs from the expected, then we pay attention. There is great value to us when we recognize an unexpected outcome. It creates a mental tension that begs to be resolved so we can protect our self-image and learn to avoid unpleasant situations in the future. The technical name for this tension between what happens and what is expected is "cognitive dissonance." It has great motivating power.

Everybody reflects, but some have developed skills in one or another type of reflection; in some it is a refined habit. Although some level of effective reflection is necessary to be a healthy functioning member of society, personal blind spots are not unusual. There was a time in the 1960s and 1970s when sensitivity training and T-groups were popular, but they were overdone and have given reflection a bad name. More recently, journaling is fashionable, and reflective writing has great interest among the minor professions such as teaching, nursing, and midwifery—especially in England and Australia. The association with women's professional militancy and "critical theory" (a philosophy that all organizations have been established by privileged males and must therefore be critiqued) has dampened enthusiasm among some for reflection today.

In truth, there are multiple "practices" of reflection, several of which are familiar and comfortable to dentists. I will explain five such models.

### Norm-based Reflection

I believe professionals go to meetings primarily to find out about themselves. Normal practice is a bit isolating, so there is value in any information that can be gathered to answer questions such as "Am I paying my staff too much?" "Am I using the right materials?" "Is my practice profile—the distribution of various treatments provided—typical, usual, optimal?" "Am I in compliance with new regulations?" "Where are my peers vacationing, investing, buying toys?" "Is anything new coming along that I need to know something about?" This kind of reflection takes place at the component society meeting, on the exhibition floor, and in CE courses. The information can be purchased in customized form from a consultant or found in journals of all types. It is the main menu item for professional lunches and golf games.

Think back (reflect) on the selection of CE courses taken or exhibits visited recently. It is unlikely they were things you knew nothing about or things you knew a great deal about. They were areas where some ambiguity exists, some degree of "cognitive dissonance" pitted what you thought might be happening against a slightly discordant perception about what should be happening. Why does a dentist not read every article in every journal? Some of them appear to contain information already known, some information that wouldn't matter anyway, and some, of course, look like they are unintelligible. Readers look for information that will confirm or resolve their uncertainties. Study clubs are the ultimate norming mechanism in dentistry.

There are rituals surrounding the norming game. One can't very well confront a colleague with "I'm experiencing a lot of failures with material X." So we ask instead, "What have you been using recently, how do you like it, my rep was really vague about..." And we listen for information that provides norm data to help us make sense of our own experience. Every CE speaker knows that the first fifteen minutes after his or her program will be a medley of praise and war stories. Every rep on the exhibition floor knows that the questions are not about the products; they are about the practices.

> When we reflect, we consider the traces of things that have happened around us and evaluate their alternative meanings.

Norming is such an essential mode of reflection for professions that many of them, such as dentistry, have provisions in their practice acts requiring so many hours of it on a regular basis. Although we dress it up with attendance checks and multiple-guess questions that don't really address the issue, everyone knows that the breaks between sessions must be long enough to accommodate what really matters. A dentist who does not engage in copious norming is a threat to his or her patients and the profession, and very likely an insecure and unfulfilled individual.

### Personal Reflection

This is the most often thought of model of reflection, but it is far from being the most commonly used. In this category are meditation; journaling; creative writing, dance, and other forms of personal expression; and the class of random semi-shared wonderings that

we call worry, self-doubt, and complaining. What distinguishes this group of reflective practices from norming is that they are self-referential—the person doing the reflecting has the problem and the acceptable solutions in mind and roles them around in some routine or habit in hopes of discovering better alignment.

Self-help books in this field sell well, and the use of logs, diaries, and journals is currently fashionable. The advantage of these approaches is that they provide some degree of structure without being rigid. This allows for the spontaneous collection of the traces that form the basis of reflection. By going back over these traces in an organized fashion, new insights do emerge that were overlooked in the heat of their occurring. For example, I regularly take notes at meetings in a permanent journal. This is largely because I want to record details accurately, including what others have said in their own words. When events turn out other than I would have expected based on my recollections, I review the historical record. One helpful approach is to look for the gaps—what didn't I record that could have explained the change of direction. Another useful technique when the situation is very important and surprising is to rewrite the minutes of the meeting (literally), but from the voice or point of view of another person, such as the one whose behavior is troubling me. This kind of alternative reconstruction would not be possible without my journal traces. It doesn't always work, but it has been useful enough to support this practice over many years.

At its worst, personal reflection is paralyzing introspection or wholesale rationalization. In order to reduce the likelihood of these results, it helps if personal reflection has a developed structure, such as the good rules for journaling (see sidebar). Personal reflection can also be combined with norming, as in support groups that are based on sharing personal writing, usually with a trained facilitator. Personal trainers (miscalled executive coaches) are another extension of the idea, and they are big business. Try entering "coaching" in Amazon.com. A good friend or a religious advisor can also extend personal reflection in useful directions.

### Data-based Reflection

Group- or norm-based and personal reflection offer the advantages of broad scope and little trouble or expense. But grounding reflection in facts provides power and utility that can seldom be achieved by other means. In this case, the data have to be feedback; they must be outcomes of one's behavior. The quarterly meeting with one's accountant, reviewing productivity and other data at the end of the week, and looking at inventory shrinkage are such examples. The fact that these are financial or other numerical traces typically available in practices can cause misdirection. First, if such data are available for the dentist to reflect on and he or she does not do so regularly, an opportunity for growth and meaning in the practice has been needlessly wasted. Second, if such data are the only type available, we would be tempted to draw unflattering inferences about what the dentist thinks he or she is practicing for. Anything of importance in a dental practice can be quantified, and it should be. Record the number of treatment presentation not accepted and the reasons; the number of redos and the procedures, patients, and materials involved; or simply the "personal high half day of the week" and the "low half day." Make it a habit to collect traces about things that matter and to reflect on them regularly. Ben Franklin's autobiography is an object lesson in this practice.

### Prototyping

Those who are serious about reflection go beyond reflection on the outcomes of their behavior. They actively test alternatives. When groups systematically engage in this kind of reflection, it is called action research. A rough idea of how things might work better is formulated, data are gathered to test that idea, and revisions are made based on the outcomes. The process is repeated as often as it produces useful improvements. For example, a dentist might suspect that the high number of broken appointments is a result of improper scheduling. A new scheduling plan is implemented and the numbers are compared. In the process, the front desk suggests additional points to consider, and these are integrated into the next iteration of change. This is reflection in the real world.

Dentists are somewhat more likely to build prototypes than to engage in action research. It is in their nature to experiment by making things and seeing whether they work. Donald Schön, the world's foremost authority on reflection, developed his ideas by working with architecture students at MIT. Architects solve problems (reflect) by making things. There are two advantages this type of reflection has over purely private and cognitive forms of reflection. Good theories can be illusory because they permit isolated solutions of parts of the problem that may not make any sense when put together. Making a prototype prevents this problem by forcing consideration of the interconnections. Secondly, prototypes can be test driven in a way that good ideas cannot. We imagine the outcomes of ideas; we find out what they really are when we test them in the real world.

Dentists have been trained to "think with their hands." They can use them for reflection as well. Research data from graduates of the school where I teach

reveal that the principal means of learning new dental skills following graduation is "trial and error." Every dentist I know who has had an opportunity to design and build an office has put his or her personality and practice philosophy into it and has found it a fulfilling experience –even if they would like to make a few changes next time.

### Impression Management

This is not properly speaking a mode of reflection so much as a habit of knowing where one is. Social scientists have found that some individuals are exquisitely sensitive to the effects they are having on other people. They are not people pleasers because they may choose to ignore negative effects or even promote them. They are simply attuned to the way they come across. Other people, by nature, are insensitive. They are as oblivious to the fact that they insulted or embarrassed someone as they are to the fact that someone finds them personally appealing. Perhaps readers have already formed some impressions of recent dinner guests, some committee members, and front desk staff whom you have let go or would never let go for the world.

The point of mentioning impression management here is that this is a universal part of reflection. What makes it difficult to use is the fact that it is such a deep habit and probably made entirely subconscious at an early age that it cannot easily be trained.

## The Dynamics of Reflection

Regardless of the model used for reflection, certain beginning points, specific steps, and a common result exist. In other words, there is a process of reflection.

*1. Awareness of an Issue.* Reflection starts by recognizing a meaningful discrepancy between what is expected and what happens. This discrepancy creates a tension. Such discrepancies do not exist in the real world; they are entirely personal and the facts of the matter can mean something different depending on who is doing the reflecting. They are seen through lenses that are both personal and professional. I have watched clinical procedures that made patients immensely uncomfortable. The operator almost never saw any of these cases. He or she was focused on the dental aspects of the care, and the patient never said a word that would indicate discomfort. The rigidness in the legs, the gripping of the arm rests that left impressions twenty minutes after the patient was dismissed, and listening to what the patient said to family members as we walked out together told a different story about how successful the appointment had been. The dental lens is sometimes very narrow in its focus. (To be fair, of course, neither I nor the patient have lenses to appreciate the oral condition.) Professionals have lenses that determine what they can and cannot see. Individuals also have personal lenses that operate the same way. Some people are literately incapable of recognizing that they have offended others–they were attempting to help them with a problem that was important to them, so other considerations became invisible.

### Effective Structures for Journaling

Start writing before you think of what you are going to say–stop when you know what you have said.

Be spontaneous; do not edit the flow of ideas at the time they are being generated.

Journal at a convenient and undisturbed time; plan a time for this.

Develop a structure, a set of common questions, a pattern of recording, columns, spacing, etc.

Experiment with and, if possible, adopt multiple points of view regarding the same events.

Record the context as well as the events.

Record your emotions; but avoid judgments.

Could the same event be described from other perspectives?

Accept incomplete entries–not everything is meaningful at the time you want it to be.

Be very careful about sharing journals with others–friends or groups must be very mature to treat these with confidence and without judgment.

Pay attention to the narrative structure of what you write; is there a sequence of events, are events moving toward a crisis?

Pay attention to what you are not saying; do you tend to have a "block" at certain points?

Do not write on loose-leaf or other disposable paper; use a bound journal–don't throw anything away (that is editing).

Ask "What if?" and "Why?"

Mark open issues for further reflection at a later time.

Consider alternatives to the journal–audio, videotape, computer, drawing.

Any dentist who reports on the success or failure of a procedure or material in his or her hands without objective verification is telling you as much about his or her practice philosophy as about practice results.

We pay attention to those things that matter most to us. Other unseen, yet present information becomes available only when captured and presented in a new context or when revealed in reflection as a clue to an otherwise inexplicable situation.

*2. Reviewing the Traces.* Reflection means considering bits of evidence left over from situations. Memory is a trace (not an actual event), and memory has its own mind. What we remember is heavily influenced by what we think is important and by how things should be. In a famous experiment conducted almost eighty years ago, subjects were shown an ambiguous drawing and told that it represented either a chicken drumstick or a barbell. They were asked to draw from memory what they had seen at several periods. The drawings of "chicken leg" became more asymmetrical with each rendition, while the barbell became symmetrical and exaggerated. The traces we select and the way we interpret them reflect our values and hopes. Any dentist who reports on the success or failure of a procedure or material in his or her hands without objective verification is telling you as much about his or her practice philosophy as about practice results. The placebo effect does not distinguish between dentists and patients. Traces are neutral, but interpretations are not.

*3. Resolving the Dissonance.* There are four ways to resolve dissonance between what is expected and what is observed. The first is to reject the data. "I know some patients have said they did not benefit from my innovative TMD therapy, but patients are not the most reliable judges of professional issues." The second is to change your view of the matter. "Maybe I don't have a generally effective TMD approach yet." This is called accommodation—you conform yourself to the world. Conforming the world to you—called assimilation—is the third alternative. "I will adjust the way I treat TMD cases based on the new evidence that is emerging. The fourth approach is most sophisticated; it involves reframing the issue so that both the expectation and the contrary result can be retained. "It appears that my method works in cases that have certain characteristics but not in the others." None of these methods is intrinsically superior. Psychologists have studied the conditions that make one approach more likely than the others, but the appropriate question is "Will the resolution chosen work to the long-term benefit of the person doing the reflecting?"

*4. Search for the Greater Whole.* The goal of reflection is to create a more meaningful world. Reflection which reduces future surprises stemming from disconfirmed expectations is useful. It should offer insight into general truths that impart significance to work. The reflective practitioners should feel a greater sense of integrity, purpose, and value than the individual who is oblivious to discrepancies, ignores or rationalizes them, or hopes from one expedient reaction to another. Otherwise it is not worth bothering with reflection.

### Reflection ON Practice

Donald Schön first popularized the idea of thinking professionals. Through his studies of architects, city planners, healthcare professionals, and others he recognized that there are different, distinctive ways characteristic of various professions. They have characteristic bodies of knowledge, ways of approaching problems, and what he calls "theories-in-use." A theory-in-use is the working hypothesis a professional uses in a given situation to guide his or her approach to the problem. Professional education and practice lead to the development of a repertoire of theories-in-use that is particular to the profession. Parameters of care or critical paths come fairly close to the concept in the dental context. The professional selects a theory-in-use and proceeds with treatment. A problem, in the sense of a reflective opportunity, presents itself when the theory-in-use and its appropriate behavior produce an unexpected outcome.

But Schön distinguished between two types of reflection. If the practitioner problem solves on the fly and resolves the discrepancy by substituting another appropriate theory-in-use, the practitioner is engaged in reflection-IN-practice. An endodontist might discover an unexpected cannel during treatment and adjust the treatment process accordingly. Reflection-in-practice is flexibility within the parameters of professional practice.

Later, the endodontist in this example might think back over the case. Why, for example, did the hidden cannel not appear on the radiograph? "Let's have a look at the film again; perhaps I missed it in my haste." "The new employee taking these radiographs needs more training." "I had better have another talk with the rep; he has been suggesting that I need a new machine." Or perhaps it could be "simply one of those things that happen every now and then." (This list of four alternatives corresponds generally with the four possibilities mentioned in the section above.) At this point, the endodontist is using various traces and being guided by general knowledge and theories-in-use in a process of reflection-ON-practice. The reflection is not problem solving in real time; it is review of the situation to extract general understanding from the situation and perhaps change the policies used (a general as opposed to a particular solution).

Both reflection-in and reflection-on-practice are necessary for professionals to succeed. Improvement in reflection-in-practice comes from formal education and as a result of effective reflection-on-practice.

### Explicit and Tacit Knowledge

Some of the things dentists know can be adequately expressed in words, numbers, charting symbols, etc. And many cannot. Those that defy formal capture are called tacit knowledge and include hand skills, personal intuition, political instinct, etc. Explicit knowledge is in journals, CE courses, sales pitches, and the stories we tell each other. Watch out for explicit explanations of tacit accomplishments (such as product reports and CE guru's secrets of success). The explicit story seldom captures the tacit reality in any useful fashion.

Much of dental learning, both in school and in practice, never reaches the explicit level. Observing, trial-and-error, norming, and other social learning typically takes place without being first captured in words and often without particular consciousness that a problem exists or has been solved. Most formal learning such as dental school or CE courses, journals, and so forth is a transfer of the explicit knowledge in one person's head to the explicit understanding in another's. To be effective in a professional sense, however, explicit knowledge must eventually be converted to tacit habits, theories-in-use. This means that the essential knowledge in practice is semiconscious or unconscious or at best, only available through some extraction process. That is what reflection does. The advantage of efficient, tacit, theories-in-use becomes an obstacle to effective reflection-on-practice.

The issue is one of capturing the essential aspects of practice so they can be reflected on. This is the process of creating useful traces. Journaling takes practice and sensitivity to the fact that what is chosen to be recorded is neither comprehensive nor objective. Selection serves a purpose; it reveals our values. Recalling successes or failures with procedures is subject to "motivated" recall. I have watched part-time faculty members describe how to perform a procedure as they were demonstrating it, and been as confused as the students by the fact that the words and the actions did not square.

The process of useful capture of tacit information in explicit form so it can be used for reflection requires practice and the use of special techniques such as predetermined coding and recording sequences, use of third parties, video and audio recording, photographs, and other means.

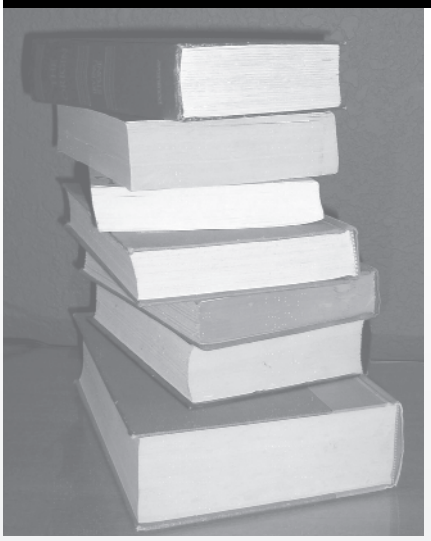
### The Story

In cultures where books were not or are not used, collective wisdom is contained in stories, often in long, narrative poems such as the *Iliad* or the earliest books of the Bible. This is often the most effective way to capture, retain, and transmit tacit knowledge. The same probably remains true today, even on a local level. Much of the conversation at conventions and meetings is storytelling. We are sharing our narrative in hopes others will validate it or add valuable nuances in stories of their own.

There is no surprise that reflection often takes the form of stories. They are easy to remember because they have a structure. There is a plot, there is drama to signal how important the issue is, there is emotion, there is a grand meaning or significance, and often there is a moral.

Reflections are the stories of people's lives. They tell what matters, what has been identified as a challenge and overcome. Most of all, they give meaning to the work of the hero. They say why he or she was here and what he or she did. Reflection is more than one of the tools for improving practice or a part of one's life, although it certainly can perform that function. It is also the process and the record of our adding meaning to what we do. ■

# Recommended Reading



Bolton, Gillie (2001).
***Reflective Practice: Writing and Professional Development.****
London: Paul Chapman. ISBN 0-7619-6729-x; 220 pages; about $20.

Bolton's work is with group writing activities that emphasize telling spontaneous stories. She urges exploring alternative interpretations in an effort to find a grander sense of self. "I am the story I tell." Rich with examples.

Ghaye, Anthony, and Ghaye, Kay (1998).
***Teaching and Learning through Critical Reflective Practice.****
London: David Fulton. ISBN 1-85346-548-8; 136 pages; about $20.

Written for teachers, the authors view reflection as part of a process that has value, practice, contextual, and improvement dimensions. Reflection means to "think again." Good description of Schön's differentiation between reflection-in-practice and reflection-on-practice. Numerous examples.

Goffman, Erving (1959).
***The Presentation of Self in Everyday Life.****
Garden City, NY: Doubleday Anchor. 260 pages; $2.50 at time of publication in paper.

Human interaction is governed by rules that relate the performer or the performing team to the audience. In addition to the content of performances there is a context that must be managed, often through the mutual good intentions of both audience and performer. Discussed are the rules of creating an impression, interactions among members of a team making a presentation, the different rules for the "front"—where the performance is presented—and the "back"—where it is prepared, role expectations and conflict, what happens when someone is "out of character," and the management of impressions to remain in role. Goffman argues in the end that the "self we work so hard to present is as real as the self we think wears the mask.

Nonaka, Ikujiro, and Takeuchi, Hirotaka (1995).
***The Knowledge-Creating Company: How Japanese Companies Create the Dynamics of Innovation.***
New York: Oxford University Press. ISBN 0-19-509269-4; 284 pages; about $25.

"We contend in this book that Japanese companies have become successful because of their skills and expertise at 'organizational knowledge creation.' By organizational knowledge creation we mean the capability of a company as a whole to create new knowledge, disseminate it throughout the organization, and embody it in products, services, and systems." "The interaction between these two forms of knowledge [explicit and tacit] is the key dynamic of knowledge creation in the business organization. 'Organizational knowledge creation' is a spiral process in which the above interaction takes place repeatedly."

Piaget, Jean (1966).
***Psychology of Intelligence.***
(M. Piercy and D. E. Berlyne, translators.)
Totowa, NJ: Littlefield, Adams, & Company.

The renowned Swiss psychologist revolutionized our thinking about how children grow intellectually, socially, and ethically. He was among the first to propose that children are not incomplete adults, but are complete children who undergo predictable changes in intellectual and other growth and that each stage is complete and meaningful for its time. He introduced the notions of assimilation (incorporating information into existing intellectual patterns) and accommodation (modifying intellectual patterns to accept information).

Schön, Donald A. (1983).
***The Reflective Practitioner: How Professionals Think in Action.***
New York: Basic Books. ISBN 0-465-06878-2; 375 pages; price unknown

Practice as "the artful inquiry by which [professionals] sometimes deal with situations of uncertainty, instability, and uniqueness. This is the pattern of reflection-in-action which I have called 'reflective conversation with the situation.'" "I have become convinced that universities are not devoted to the production and distribution of fundamental knowledge in general. They are institutions committed, for the most part, to a particular epistemology, a view of knowledge that fosters selective inattention to practical competence and professional artistry." "When people use terms such as 'art' and 'intuition,' they usually intend to terminate discussion rather than to open up inquiry." "We are in need of inquiry into the epistemology of practice."

Taylor, Beverley J. (2000).
***Reflective Practice: A Guide for Nurses and Midwives.****
Buckingham, UK: Open University Press. ISBN 0-335-20689-1; 260 pages; about $20.

Practices of reflection are proposed as a means of personal and professional growth. This includes three levels: 1) improving technical skill, 2) learning about people and situations, and 3) emancipation–transcending the assumptions others make (and we accept) for our roles and behavior. In the latter sense, Taylor's work is characteristic of "critical thought," a view that organizations are build on power that usurps individual's freedoms. Taylor's methods of reflection heavily emphasize groups led by trained facilitators.

**Editor's Note*
Summaries are available for the three recommended readings preceded by asterisks. Each is about eight 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 to the ACD Foundation of $15 is suggested for the set of summaries on reflection; a donation of $50 would bring you summaries for all the 2005 leadership topics.

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