Journal *of the* American College *of* Dentists

Creative Writing

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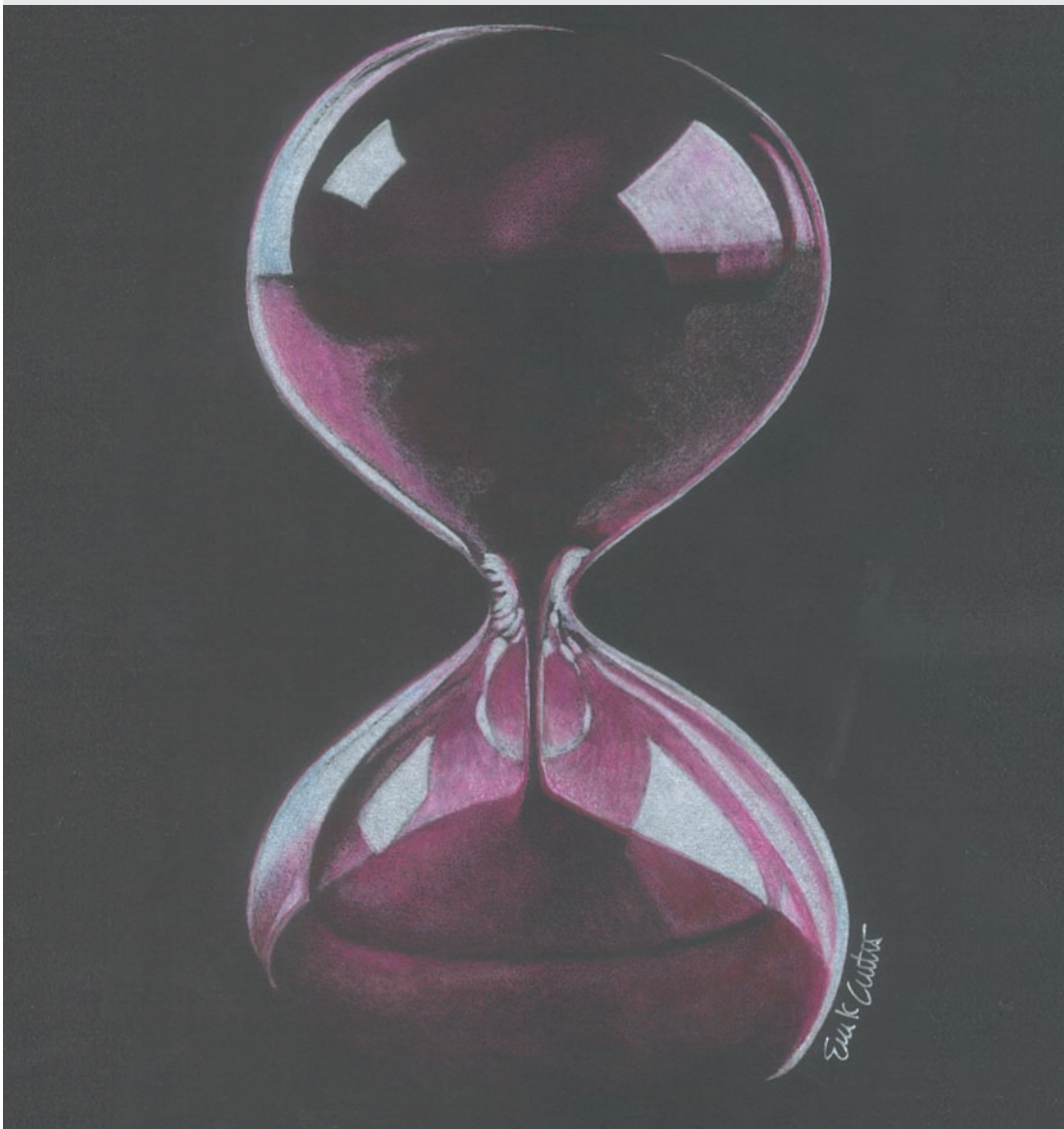

Journal *of the* American College *of* Dentists

A publication advancing excellence, ethics, professionalism, and leadership in dentistry

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Mission

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

Objectives of the American College of Dentists

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

A. To urge the extension and improvement of measures for the control and prevention of oral disorders;

B. To encourage qualified persons to consider a career in dentistry so that dental health services will be available to all, and to urge broad preparation for such a career at all educational levels;

C. To encourage graduate studies and continuing educational efforts by dentists and auxiliaries;

D. To encourage, stimulate, and promote research;

E. To improve the public understanding and appreciation of oral health service and its importance to the optimum health of the patient;

F. To encourage the free exchange of ideas and experiences in the interest of better service to the patient;

G. To cooperate with other groups for the advancement of interprofessional relationships in the interest of the public;

H. To make visible to professional persons the extent of their responsibilities to the community as well as to the field of health service and to urge the acceptance of them;

I. To encourage individuals to further these objectives, and to recognize meritorious achievements and the potential for contributions to dental science, art, education, literature, human relations, or other areas which contribute to human welfare–by conferring Fellowship in the College on those persons properly selected for such honor.

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Creative Writing

Manuscript

Issues in Dental Ethics

Departments

Cover art: By allowing time for creative pursuits, professionals find their personal and work lives enhanced. Eric Curtis created our cover illustration, as well as contributing an article (and another drawing) to this issue.

From the Editor

Gallup on Trust

Why would anyone spread untrue rumors to the detriment of themselves and their colleagues?

Leadership has been sounding the alarm, in editorials and from the rostrum, about dentistry's embarrassing slip in the Gallup polls of trust for various professions and jobs among the American public. This is wrong. Something should be done about it.

The Gallup question is "Please tell me how you would rate the honesty and ethical standards of people in these different fields..." There are five categories of response, ranging from very high to very low, and the results are customarily presented as the proportion of respondents who answer high or very high.

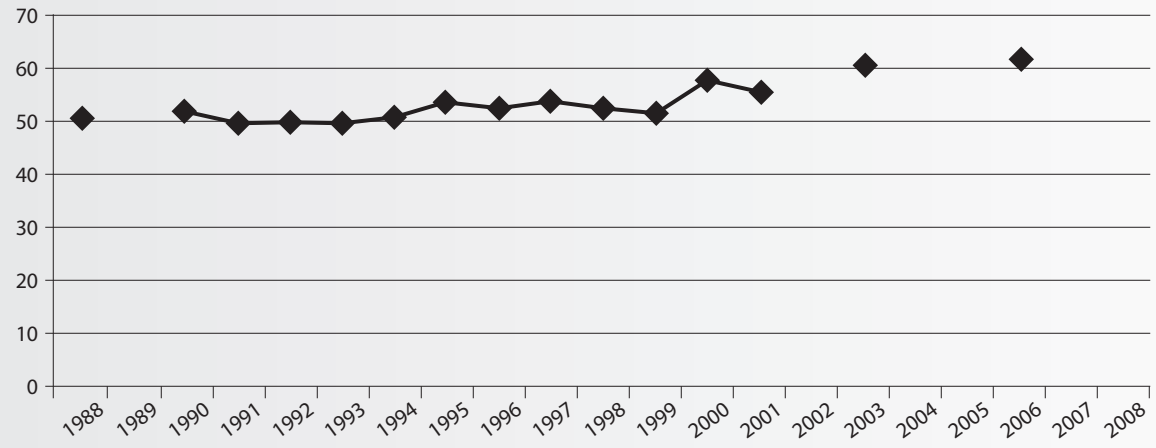
The Gallup organization has kindly provided me with the year-by-year database for all surveyed fields since this question about trust was first asked in 1976. In 1988, dentistry ranked fifth of 25, with a 51% high or very high rating. Druggists/pharmacists topped the poll then at 66%; car salesmen were on the bottom with 6%. In 2006, the most recent year that dentists were in the poll, the profession was in fifth position among 25, at 62% high or very high trust ratings. Nurses, who were not rated until 15 years after dentists started, scored highest at 84%. Telemarketers were on the bottom with 7% approval.

What is wrong and should be stopped is dentists telling each other that they are losing the confidence of the public. It is not true and it is damaging to say so. The rank of the profession has been constant over a quarter of a century and the proportion of the public that places high or very high trust in the profession has increased by 11%. This is the same increase in trust achieved by physicians and better than other high-trust fields such as police (9%), pharmacists (4%), college professors (1%), and the clergy (-4%). Only engineers, at 14%, are gaining faster among the high-trust fields, and they have yet to catch dentistry.

The strange reports about declining rank of dentists are an artifact caused by two factors: dentists are not included on the list of fields surveyed by Gallup each year and new fields have been inserted, often for only one or two cycles. For example, firefighters and the U.S. military have only appeared once in the survey and they received 90% and 81% ratings, respectively—but that was 2001 and coincided with the 9/11 tragedy and the invasion of Iraq. Secondly, some professions, such as teachers have been subdivided on occasion into as many as three distinct categories.

Why would anyone spread untrue rumors to the detriment of themselves and their colleagues? I have never heard the misrepresentation of America's trust in dentistry used as an attack from the outside on the profession—preoccupation with financial success and failing to serve all in need, yes, but not being untrustworthy. The use of the Gallop numbers from within has always been well-intended, "Come on, we can do better; this is a bit embarrassing and I call on everyone in the profession to raise the standards of ethics." Occasionally, the message tapers off toward, "If we

Gallup Poll Percentage of Americans Who Trust Dentists at a High or Very High Level



don't take care of these problems, we may lose our privilege of self-governance or be subject to greater regulatory scrutiny." In a few cases, unidentified colleagues (they know who they are) get hit over the head with Gallup numbers. This kind of material is custom-made for editorials. And some would ask "What is the harm? We really can do better, and having some committees talking about this is good for the soul, as long as no one in particular is affected."

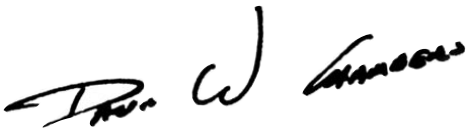
Here is the point of this editorial: it really does matter what the public thinks and it matters a great deal what members of the profession think of the trustworthiness of each other. It is damaging to a profession to have low-trust numbers, and these low-trust members sap the profession's strength whether they are real or just inventions of editorial writers.

Arguing with the public to convince them that the rankings of dentistry on trust really are falling is some sort of perversity. Letting the public overhear this conversation, when it is contrary to fact, is imprudent.

There is also a danger in lowballing the trust numbers within the professional community—especially as a motivational tool. It may be useful to understate financial resources or workforce numbers or the depth of the scientific literature as a rallying cry for greater effort. But not so for trust; it is a different creature. The trust one has in colleagues or professionals has a direct impact on whether one is willing to engage and collaborate. There is a minimal level of trust in others required to ensure participation. The largest determinant of willingness to cheat or cut corners is the beliefs about how likely one's companions are to do so. Think of the car salesmen and telemarketers in the Gallup poll. They lack the rudimentary level of trust required to improve their positions. Lack of trust in one's colleagues is a danger signal and a certain and self-fulfilling impediment to doing better.

Here is a story that illustrates this point. The coastal villages of England, during the sixteenth through nineteenth centuries, had lifeboats and crews to respond to shipwrecks. Usually eight men were required for the boats and it was dangerous to put out to sea in a storm with fewer. On a particular night, a solid citizen heard the alarm, but he thought it over and decided not to answer the call. Here was what he reasoned: He knew that two of the 12 able-bodied men of the village had gone to Gloucester. He also had overheard his wife mention that a family friend and his son were sick in bed. At the tavern that night, a grumbler had started a rumor that two brothers were no longer on speaking terms with most in the community over a difference of opinion (based, no doubt on hearing about a Gallup survey). Our hero was completely rational when he calculated the number of men who would show up to service the rescue boat and concluded that it would be dangerous to all who did come. He knew the other able-bodied men in the village could figure this out for themselves as well, so it would be ill-advised to attempt to be of help tonight. That man was not lazy or unprofessional; he was 100% rational.

Do not ever be the grumbler who calls into question the last useful act of trust among colleagues who can use it to enhance the common good.



Letters to the Editor

Dear Dr. Chambers;

I enjoyed the Autumn 2008 issue of *JACD*, with its emphasis on what the dental schools are doing to help with the access issue.

My concern is that none of the articles mentioned the "forgotten barriers" to access: pain and anxiety. According to the AMA and NIH, 15% of the American population avoids dental care because of fear and anxiety over pain. Unfortunately, we have no firm data on the number of special needs patients that fall into this category. It would aid in planning if we had the data showing how many special-needs patients could be treated with local anesthesia alone, or require behavioral modification, minimal or moderate sedation, or general anesthesia because special needs patients constitute a significant part of the access problem.

The dental schools have been helping address this problem through training in pain management. The University of Pittsburgh and the University of Connecticut, for example, provide all dental students with training in nitrous oxide and enteral sedation. It is my understanding that some dental schools offer such training on an elective basis. There is evidence, particularly from the University of Pittsburgh program, that dental students who received IV sedation training do in fact treat a significantly higher percentage of special-needs patients.

We know how to remove at least one barrier—fear of pain—that is part of the access problem. We should do so.

Most sincerely,

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To the Editor;

Thank you for including Dr. Joseph Graskemper's excellent essay, "Ethical Advertising in Dentistry," in the spring 2009 issue highlighting the dental specialties. Dr. Graskemper begins with a reference to the California Dental Association ad campaign in the late 1980s. We are reminded that their slogan, "We're the dentists who set the standards," was pulled after a warning from the Dental Board of California based on "claims of superiority."

Dr. Lyndon Cooper wrote on behalf of the American College of Prosthodontics in the same issue of the *Journal of the American College of Dentists*. Dr. Cooper's definition of the specialty—"Prosthodontics is the specialty responsible for restoration of individual teeth and supporting structures, where education and experience have been focused on esthetics, comfort, and function" sounds consistent with the American Dental Association definition: "Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation, and maintenance of the oral function, comfort, appearance, and health of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes."

Unfortunately, the definition appearing on the American College of Prosthodontists Web site home page, www.prosthodontics.org, that is accessible to the public is less modest: "The American College of Prosthodontists is the professional association of dentists with advanced specialty training who are the experts in creating optimal oral health, both in function and appearance including dental implants, dentures, veneers, crowns, and teeth whitening."

Mention of "the experts in creating optimal oral health" sounds to me like a claim of superiority. Speaking as a 30-year ACP member, I am embarrassed by this Web site claim.

Respectfully submitted,

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Introduction to Creative Nonfiction

An Essay About an Essay

Eric Curtis, DDS, FACD

All writing is creative in its drive to organize information and thought for others' instruction. Making patterns and creating order, after all, reflects humanity's greatest impulse. But what we call creative writing offers not just data transmission but imagination, insight, and entertainment. The 19th century French poet, playwright, and novelist Alfred de Vigny distinguished among three kinds of creative writers: *le poete*, or poet; *le grand ecrivain*, or novelist; and *l'homme de lettres*, or essayist. Those same three categories—poetry, fiction, and nonfiction—form the basis for modern notions of creative writing as well.

Creative nonfiction applies literary styles and techniques borrowed from fiction to create lively narratives grounded in fact. But this kind of nonfiction aims to deliver not just facts, but truth. There is a difference. Facts, as occurrences or slivers of reality, are neutral. Truth, on the other hand, is value-laden and personal, an interpretation of reality. Facts are observable. Truth is the meaning we find in what we observe. Facts, as *Story* author Robert McKee puts it, are what happen, while truth is what we think about what happens.

For example, to describe my experience of undergoing a free gingival graft procedure, I may precisely note the event:

"The periodontist dissected a split-thickness segment of gingival tissue from the left side of my palate, just medial to the first and second molars and anterior to the tuberosity."

That's fact.

Or I can make the event personal:

"Damon drew a line down the roof of my mouth and I received a distant pressure. His assistant Linda dipped a steel suction tip past his purple gloves to meet my pooling wetness with a slurp. There was push, a pinch, a smudge of blood on latex flashing past my peripheral vision. 'Mmm, filet of Eric,' Damon murmured as he lifted away the rooftop donor strip. 'You'll be sore later.'"

That's truth.

The difference is distance. The factual account is precise, accurate, and detailed, but it is detached. The true account is close and personal. Creative nonfiction strives to make truth believable through immediacy, the detail of being immersed in the moment. Artful arrangements of information are OK, but no obfuscating, no guile, is allowed. Say your great-great uncle was a horse thief caught and hanged in front of the county courthouse. You could factually declare, "My grandfather's Uncle Bob was a key player in a legal investigation who died during an important civic function held

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in his honor when the platform he was standing on collapsed." But for fact to become truth (rather than spin), the values with which you infuse it must be open, honest, and heartfelt, dramatized—even self-deprecating—but free of grandstanding.

Creative nonfiction's big daddy, Michel de Montaigne, invented the personal essay (an *essai*, in French, is an attempt or an experiment), but this experimental genre also includes memoirs, travel writing, biography, and literary journalism. Nonfiction, in fact, may be the most fluid and difficult of the three creative writing disciplines to pin down. People readily recognize poems and short stories, but successful nonfiction performs a subtler, sneakier sleight-of-hand, transforming bits and scraps of someone's real, everyday life—often without the reader's quite realizing that it's happening—into something universal. So Henry David Thoreau's *Walden*, rather than lonely journal entries about an unemployed guy hanging around a pond, becomes a paean to personal freedom and awareness that echoes across the culture, inspiring everyone from B.F. Skinner to Frasier, *Doonesbury* to the *Dead Poets Society*. "I choose to write about my experience not because it is mine," Thoreau announced, "but because it seems to me a door through which others might pass." Montaigne himself wrote, "Each man bears the entire form of man's estate."

Creative nonfiction, then, invites readers to understand the world in some new way, while perceiving the experience the writer describes as somehow resonant with their own. In his essay "Toward a Definition of Creative Nonfiction," Bret Lott quotes F. Scott Fitzgerald, who wrote (in an important essay of his own, "The Crack-Up"), "The test of a first-rate intelligence is the ability to hold two opposed ideas in the mind at the same time, and still retain the ability to function." Lott explains: "The two opposed ideas of creative nonfiction are finding order in chaos without reforming chaos into order; retaining the ability to function is the act of writing all this down for someone else to understand."

Following is my list of ten worthy works of writing, including seven novels, a memoir, and a few short stories, that feature some aspect of dentistry.

1. *McTeague* (1899), by Frank Norris, considered a cult classic of realistic and naturalistic writing, paints a bleak picture of greed and materialism in San Francisco. The title character is, wouldn't you guess it, a dentist.
2. *Darkness at Noon* (1940), by Arthur Koestler, is ranked by the Modern Library as one of the 20th century's 100 best novels. In this portrayal of totalitarianism's terrible betrayals, the protagonist's philosophical reflections in a prison cell are sharpened by his toothaches.
3. *Local Anesthetic* (1969), by Nobel laureate Gunter Grass, is the stream-of-consciousness story of a teacher reflecting on his life during visits to his dentist. Sample musing: "tartar is calcified hate."
4. *The Age of Grief* (1991), by Jane Smiley, a novella of everyday life revolving around the strained relationship of husband-and-wife dentists, is the basis of the 2003 movie *The Secret Lives of Dentists*.
5. *The Power and the Glory* (1939), by Graham Greene, presents a study of the human condition with a warning about the dangers of idealism. The story unfolds with a visit to a dentist; thereafter, the personalities of the characters are defined by the condition of their teeth.
6. *Teeth* (1998), by Hugh Gallagher, depicts the frenzied life of a post-modern punk who finally grows up when he confronts his dental problems. Seriously.
7. *Experience* (2000), by Martin Amis, is the memoir of the writer son of a writer, full of literary meditations on love, loss, and the author's full mouth rehabilitation.
8. *Letting Go* (1962), by Philip Roth, offers a fictional portrait of mid-20th century America. The father of the protagonist is a dentist whom Roth gives such things to say as, "A tooth is just as much a mystery as a star."
9. "If the Impressionists Had Been Dentists," from *Without Feathers* (1983), by Woody Allen, serves up a brief commentary on the intersection of expressiveness and precision in art, imagined as a letter from Vincent Van Gogh as a dentist.
10. "Dentistry and Doubt," from *The Same Door* (1959), by John Updike, presents a theology student who finds self-knowledge in the dental chair.
11. Bonus story: "One of These Days," from *No One Writes to the Colonel and Other Stories* (1968), by Gabriel Garcia Marquez, gives a very short description of a dentist's response to the town mayor's political machinations.

The following essay describes my narrator's reaction to a son's skateboarding mania. While the reader may have no particular interest in skating, I yet hope, among the story's revelations of generational conflicts and ruminations on aging, to create a connection. In the oily specifics of wide plastic wheels spinning and clattering over Masonite, I dream of cracking open some tiny version of Thoreau's generous door.

Half Pipe Dreams

I can hear them rolling over the cracks in my neighbor's sidewalk: ka-thump, ka-thump, ka-thump, scuffed polyurethane wheels rumbling on pavement, steam-bent plywood screeching against concrete, flying knees and elbows scraping across gravel. The baggy-pants outlaws of skateboarding pull up to my place like a posse of gangly, grinning Hell's Angels, sweaty in ripped black tee shirts bearing the logos of skateboard companies—the red-faced devil with spiked teeth and flaming hair that announces Spitfire decks or the spinning Maltese cross of Independent trucks—because even outlaws are acutely brand conscious. They gather at my house like gladiators to the Coliseum, modern Argonauts chasing their golden fleece. I have a half pipe in my back yard.

The half pipe is a wooden trough, like a swimming pool cross section, twelve feet high and just as long, its semi-circular curve of stout, smooth Masonite supported on a skeleton of exposed two-by-sixes, like a theme-park train trestle. My son Tristan built it with two friends one weekend, conveniently neglecting to notify the parental units, gambling that forgiveness would be indeed easier than permission. He built it using scraps of scrounged and borrowed lumber, in the open-sided barn behind the farmhouse where we live, the house my grandfather built in 1929, where my father was born three years later, where milk cows and hogs and hay and a hulking International Harvester cotton picker once took up residence, and, now, where skater-dudes from three counties congregate under the halogen lights on Friday nights and salute each other: Dude!

Forgiveness was not initially forthcoming. Tristan responded to my complaint with the single-minded, numbing circularity that makes parents fear their kids will grow up to be lawyers.

Tristan, why didn't you ask us?

Um, I didn't think about it. Scott was here this week, and, you know, he knows how to build half pipes. Besides, you might have said no.

Of course I would have said no.

Then why would I have asked you?

I threatened to call a forklift to haul the beast out to the sidewalk. The thing was an intrusive, jury-rigged monstrosity, a broken fragment of roller coaster heaved onto the property in a paroxysm of helter-skelter teenage exuberance that no amount of artful landscaping would disguise. It would be, I knew immediately, a kid-magnet, destroyer of my precious privacy. It was a liability, a parabolic lawsuit machine.

Where did you get the wood?

Travis's dad wasn't using it.

Does he know you took it?

He can have it back whenever he wants.

Tristan seemed perplexed at my anger. Didn't I want him to be happy? Wasn't it good that I would always know where he was? He would paint the half pipe. He would get good grades. My wife Tonka, whose given name, Metonkabama, purportedly a Choctaw word meaning 'river deep great and wide,' virtually ensures that she will look out for the sensitivities of different drummers, relented first. It would be good to know

Skaters enjoy the outlaw thrill of defying prohibitions: If you're not living on the edge, you're taking up too much space.

where he was. Tonka called our insurance agent, who agreed to cover the half pipe like a swimming pool, providing Tristan could devise a gate and a lock. She set rules: No skating after 11:00 p.m. No tobacco, drugs, or alcohol. No running, no pushing, no diving. The half pipe was stuck in my barn, and it was stuck in my brain, a shaggy, timbered betrayal of my values.

All parents cling to the fantasy that their kids will project them into the future, that their genetic copies will also grow up to be their cultural replicas. Children, as NYU communications professor Neil Postman expressed it, "are the living messages we send to a time we will not see." Of course we understand that the kids will rebel. They will inevitably explore new identities and establish their separateness, but because they are the key to our immortality, we also trust that they will eventually embrace and affirm us. Mark Twain famously explained his passage from adolescence to adulthood in terms of his father getting smarter ("When I got to be twenty-one, I was astonished at how much the old man had learned in seven years"), and parents understood the real issue to be the senior Clemens's patience.

We grasp the kids' struggle, but we seldom recognize that parents rebel too. My father was disappointed that I did not share his love of deer hunting, trout fishing, or the San Francisco Giants, although I later took up his profession. But he simply revolted against my music. I suppose that he was supposed to rebel, in the way that the entire crew-cut generation was more horrified of the hippies than the other way around. It happened that I liked my dad's music, from zany Spike Jones to the folksy Peter, Paul, and Mary to the tight, big-band sound of Fred Waring and the Pennsylvanians to Henry Mancini, whose lead trumpeter, Bud Brisbois, we went to hear together. My dad, on the other hand, hated the Doobie Brothers.

I thought it would be easier for me with my son. There was no generation gap with us. I took Tristan to see Chicago, Tower of Power, and Steely Dan, relics of my adolescence, and when we came home he gathered up all my CDs. But I was surprised when he preferred the Aquabats, then Less Than Jake, then Led Zeppelin, and Judas Priest—OK, Led Zeppelin changed the course of popular music, so etched into the Boomer ear that it gets airplay now on Cadillac commercials, but Judas Priest?—Black Flag and Jodie Foster's Army. Noise. We are forever bent to the sounds that call us at sixteen.

I became my dad, wanting my son to like what I like. I wanted Tristan to be me at that age. In high school, I aspired to be Tom Wolfe. I wanted to write words like "ineffable." I coveted the daring that let Wolfe set mere syllables in italics and the sharp wit that set him launching brilliant, quirky observations, mortar shots into the stodgy conventions of old journalism. "Mmmmmmmmm-mmmmmmm," Wolfe wrote in Radical Chic, and I swooned at his world-wise wink, his insouciance: "These are nice. Little Roquefort cheese morsels rolled in crushed nuts. Very tasty. Very subtle. It's the way the dry sackiness of the nuts tiptoes up against the dour savor of the cheese that is so nice, so subtle. Wonder what the Black Panthers eat here on the hors d'oeuvre trail?" I wanted to wear Wolfe's white suits.

I wanted to be the breezy travel writer Richard Halliburton, inspiration for the likes of Paul Theroux and Susan Sontag, who roamed the world's romantic back roads wearing khaki jodhpurs and taking clandestine nighttime dips in the pools of the Taj Mahal and the Alhambra, so self-possessed as to laugh into the winds of danger, to toss off

dashing, nonchalant bons mots in hopeless situations, as Halliburton did with his final known words, radioed during a Pacific typhoon to a passing ocean liner from a Chinese junk in which he was attempting to sail from Hong Kong to San Francisco for the 1939 Golden Gate International Exposition: "Having a wonderful time. Wish you were here... instead of me."

I wanted to drive a '53 MG or a '74 Triumph TR6 or a Lotus or a Morgan. I bought jodhpurs at an army surplus store, practiced Spanish aloud in the shower, and read Halliburton's favorite poets, Byron and Rupert Brooke. I was the modern Victorian. I played tennis and golf, poorly but gamely. I took fencing lessons and practiced dressage in the dusty fields of my cowboy town, wearing shiny black boots and a velvet helmet, grasping the double reins correctly, with separate fingers, and balancing, knees pressed inward, heels down, on an Italian saddle that my irritated friends described as a postage stamp, on a horse raised by a friend of my father's, that, in a curious nod to both worlds, was half thoroughbred and half quarter. I was elected senior class president wearing the white suit my mother had sewn, and my buddy Tad, who wanted to become Clint Eastwood in *Dirty Harry*, and later did, as an Arizona Department of Public Safety narcotics agent, took an angry punch from my luckless opponent (who went on, we heard, to die of AIDS) and spent election day afternoon at my father's dental office. My friend Fred's mother called me Miniver Cheevy. My dad wished I would go out for basketball.

Tristan shrugs. He requires no complications. He wore my white suit to proms, but clothes can be too fancy. Marching band was fun, but the uniform was hot. Freedom is simpler than a '53 MG. Miniver Who-vy? With an airy grin and a guileless acceptance of all comers, Tristan attracts goodwill. He was elected homecoming king, prom king, and Mr. Thatcher High School, which latter title he agreed to compete for when the organizers asked him to play the trumpet while riding his skateboard on the school stage. But he cheerfully ignores accolades. He has only one question for friends: Want to skate? With a can of tuna and a package of crackers tossed in his backpack, Tristan is good for all day. Add a few tins of sardines, a clean shirt, and a tankful of gas, and he is ready for a skate park tour across the nation, beginning at the rough concrete bowls troweled into place by volunteers under Portland's Burnside Bridge and ending at the scratchy red brick formality of Brooklyn Banks, under the Manhattan side of the span, with a side expedition to Skatopia, splendidly situated in the woods at the Ohio-West Virginia border. Which mission, when he graduated high school, he undertook.

When Tristan picked up his first skateboard, a gift from our Spanish exchange student Santiago—namesake of the medieval world's most revered place, after Jerusalem and Rome, of pilgrimage—Tonka encouraged his interest. The boy had been indifferent to sports. Because I had skated occasionally as a ten-year-old, in springtime afternoons, strapping adjustable steel clip-on roller skates onto my PF Flyers and squeaking down the sidewalk, I offered to try out the board. It was a mistake. The world spun and blurred, the concrete slammed my back, and as I gasped for breath I realized my wrist was broken. Rule one: Don't skate if your day job requires a bipedal stance and functioning fingers. This would not be an activity over which dad and son could bond.

Tristan quickly absorbed the skater's world, interest lurching into obsession, and I realized that skating comes wrapped in politics. Skating is, in public, a defiant outcast's sport, a domain devoid of rules or governing bodies, born in other people's empty swimming pools, the anarchic province of punks who crave only freedom, spontaneity, and the private adrenaline surge of danger, accomplishment, and invention. Skateboarding is not a crime, as a well-worn slogan asserts, but skaters enjoy the outlaw thrill of defying prohibitions: If you're not living on the edge, you're taking up too much space. Tristan likes to quote his friend Scott in this regard. Some pools, Scott says—elegantly, Tristan thinks—are permission pools. I was shocked that Tristan wanted to go punk, that he would rather wear nihilism than jodhpurs, but when I studied his relationship with the board I saw that his devotion is actually something simpler and sweeter.

It is, of course, about freedom. We live in a society that celebrates work. Americans, writes NYU sociologist Dalton Conley in *Newsweek*, work seven hours a week more than the Germans, six weeks a year more than the French. Tristan, on the other hand, proudly rejects this social imperative. He prizes only the leisure to skate. Skating for him is not politics, although he felt strongly enough to lead a rally once to convince the city council to ratify a proposal dedicating a certain piece of municipal property, an abandoned tennis court, for use as a skating area. To his great embitterment, the council glibly,

unanimously, passed the resolution, only to immediately defy its own mandate by sending a police officer to padlock the gate. Tristan jumped the fence to skate, anyway, reasoning that the entire city council, in his presence, had approved the site, which he called The Spot, for exactly that activity. Some spots are permission spots. Highs, lows, betrayal, and redemption: Skating is freedom, but it also works nicely as religion. Skating provides, along with the excitement, a way to view the world.

I have learned to admire skating from a distance. A half pipe is one of the most difficult places to skate, exceeded only by the swimming pool it is designed to approximate. A skater pushes off the platform, either dropping in or rolling in (two precise, separate techniques) to plummet down one incline and shoot up the other, catching air at the far side as he spins his board around for another descent. Tristan periodically baptizes his behemoth in cola, applying a Coke bath by spraying a few cans of fizzing syrup-water over the Masonite to enhance stickiness.

Traction is everything, friction, centripetal force, and audacity the glue that binds together board and boy—I have seen skater-chicks in California and Oregon, but in rural Arizona the girls, including Tristan's sisters, have better things to do. Skaters, like cowboys, embrace a lifestyle, and non-skaters who affect skater fashions are dismissed as "poseurs," but real skaters, even unskilled ones, have a community. While skating is an individual pursuit, far, far away from any preppie ideal of teamwork, a skater can always count on people who will make welcome, sharing homemade skate videos, cheery scrapbooks of skateboard accidents (the back pages of *Thrasher* skateboard magazine display its "Hall of Meat," a monthly collection of graphic wound photos; compound fractures are particularly prized), and long evenings of talk about heroes like Stacey Peralta of the famed Dogtown Z-Boys, long, blond, So-Cal hair flowing eternally in the imagination, and Danny Way, the daredevil who recently ollied the Great Wall of China.

But Peralta is middle-aged now. The skater rebellion is waning—not ending, just assimilating. All social storms spend themselves; formerly fierce winds become pleasant breezes that invite the larger population out on the lake. The skater-punk ethos has rebelled against its own chaos, coalescing, evolving into respectable systems and taxonomies. The motivating complication is that skaters don't just skate, they do tricks. There are intricacies to be mastered, complex footwork to be endlessly practiced. The ollie, for instance, is a fundamental but difficult maneuver, executed when the skater jumps, kicking one end of the board into the air and hitting the other end to level it, creating the illusion that the skater's feet are glued to the board. Standardization of such forms has codified skateboarding into something like dance, a rigorous form of self-expression based on rules of movement. Instead of first position, second position, plié, relevé, fouetté en tournant, skaters accomplish the nose grind, the tail slide, and the kick flip. An etiquette has descended, a formal vocabulary been fixed. To the horror of purists, an International Association of Skateboard Companies has even convened to discuss an application to include skateboarding in the 2016 Olympics.

While Tristan says he accepts whatever the skating future brings, he yet assumes skating is the future. "I love it," he exulted in a high school essay. "I plan on doing it until I cut my leg off doing something gnarly! Even when I get too old to skate anymore, I want to teach my kids to skate and raise them to be 'gnarlers.'" Tristan will be blindsided by the coming irony: His children will grow up, blossoming unpredictably, carnations on rose bushes, to become—not inconceivably—studious, complicated, and non-skating. He will rebel. He will hate their music. Tristan's a history major now, puzzling through thorny arguments surrounding the Abbasid Caliphate and the Yaqui diaspora, useful training for interpreting the unpredictable. He will learn to embrace what he can't change. ■

The Search for Harmony and Peace

Prem S. Sharma, LDS, DDS, FACD

Having spent most of my professional life in health education, writing has always been a part of my daily routine. I, however, began writing fiction at the urging of my wife and my two daughters who, as they were growing up, often asked about my childhood experiences, especially those of World War II. From an early age I had acquired the habit of writing down significant events of my life. By the time I approached retirement, I had accumulated several shoe boxes filled with handwritten notes. These proved invaluable when I began writing my novels and short stories. Even today there is a note pad and a pen on my bedside table. Often when I wake up in the middle of the night and have an idea, I have to write it down, knowing that otherwise by morning I would have forgotten it.

I was born in Mandalay, Burma, in 1932, the youngest of seven children. My father, a physician, provided us with a fairly affluent lifestyle. 1941 brought World War II to our doorstep and following a devastating air raid, we fled our burning home and city. The Japanese armies were advancing rapidly from the east and all escape routes by sea toward the west were blockaded by their submarines. The only alternative left to us was to take the family through the treacherous jungles and over the mountains toward safety and India.
The perilous trek of six weeks took its toll, and thousands of Burmese perished on the way.

We were the lucky ones as, although having lost everything we owned, we had at least made it out alive. Living then in abject poverty in the slums of a large city, I joined one of several militant youth groups fighting for India's freedom from British rule. Religious discord between Hindus and Muslims was on the rise in many parts of the country. Mahatma Gandhi began traveling all over India, preaching religious harmony and advocating nonviolence. When he came to our city I was privileged to spend a week in his presence. His overpowering message of love and understanding led to thousands of us leaving our militant ways and embracing his method of nonviolent civil disobedience as a means of achieving freedom.

World War II ended in 1945, and the following year my parents returned to Burma, leaving me behind in a boarding school to finish my high school education. In 1947 India received its independence and the country of Pakistan was created. I, at the age of 15, found myself in the middle of religious strife during which over 700,000 Hindus and Muslims slaughtered each other to death and 15 million people, uprooted from their ancestral homes, became a part of the largest migration in human history. I bore witness to acts of brutality that defy

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"Do not tell me what I should experience," he would state. "Let me feel, sense, and experience through your writing what you are trying to convey."

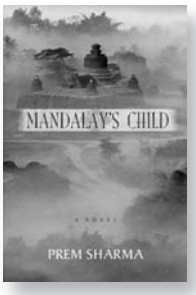
human imagination. Once again I was fortunate to escape with my life. My mind remained scarred by the horrendous events I had experienced, yet the message of Mahatma Gandhi has stayed with me all of these years and has ultimately led me to write about the need for racial, religious, and cultural harmony and peace.

The early morning hours have always been the best time for me to write, whether in preparation for a lecture, graduate seminar, or for a novel. My mind is fresh and I can concentrate. After a couple of years sitting in front of a computer for prolonged periods, I developed corneal ulceration in one eye and had to resort to using a small handheld Dictaphone. This gave me the freedom to dictate my manuscript when and wherever it was convenient. My literary agent in New York had put me in to the hands of a great mentor, Arthur Flowers, a novelist and professor of fiction at a major east coast university. Arthur Flowers's message to me was to let my inner voice come out and for me to write as I spoke. "Do not tell me what I should experience," he would state. "Let me feel, sense, and experience through your writing what you are trying to convey."

There must be as many writing styles and approaches as there are writers. But for each of my three novels and several short stories, I began with a brief outline and then I wrote the first and then the last paragraph. I had to know exactly where, when, and why the story is to begin and where, when, and how it is to end and the message it has to convey. Once these are accomplished, I find the rest of the story evolves and develops with relative ease.

Writing fiction continues to be a highly fulfilling and satisfying avocation as I work toward completing my next novel.

Mandalay's Child



Set in Asia and Europe during World War II and its aftermath, the novel was written as a tribute to the indomitability of the human spirit. It is a saga of courage, generosity, hope, and faith, one that traverses the depths of human suffering, yet pleads for harmony and understanding.

*Arthur Flowers, novelist and professor of creative writing at Syracuse University wrote, "*Mandalay's Child *is an extraordinary addition to the grand old tradition of epic literature. Covering historical themes as vast as World War II and the traumatic birth of modern India, Prem Sharma brings history to life in the struggle of a family attempting to survive adversity, and even more to defiantly pass on a legacy. It is an essential read for all who enjoy epic works from the old school, works that both entertain and transform the reader. Prem Sharma has produced a literary experience that will touch your soul."*

44th Street, Rangoon

Tim was pacing up and down the Rangoon station platform, anxiously awaiting the train from Mandalay. The last time he had been with his wife was in August and he was so looking forward to seeing her. He had felt very lonely in Rangoon. Earlier, an attractive Anglo-Burmese girl who worked in the canteen had almost thrown herself into his arms. They had gone out a couple of times but he suffered from guilt, especially when he received Sophia's letter. Now he wanted to be a good husband, and as much as he found the responsibilities of parenthood difficult, he was also going to try to be a good father.

Every few minutes he looked at his wristwatch. When the train arrived and Khin May stepped off, they held hands briefly. He would have liked to have hugged and kiss her but they refrained from doing so in deference to Asian custom, which frowns upon public display of affection between men and women.

"How are you, darling?" he whispered.

"I'm well and so very happy to see you, my dearest."

Since Tim was living in his army barracks, they were to stay with Hari during Khin May's visit to Rangoon. Sitting close to her husband in the taxi, she clung to his arm. "The children asked that I give you their love."

Tim's faced softened, "How are they?"

"They miss you very much. Sophia speaks of you often, but Neil doesn't talk much. He's angry and blames the Japanese for keeping you from coming home." Taking a folded paper from her handbag, she gave it to him. "Sophia wrote this letter to you."

Tim read it. "She's an angel!" he said. "Is Neil hard to manage? I wish I could help you with him."

"He's alright. He's just confused. You must feel lonely all by yourself here in Rangoon."

"Yes, it's lonely," he said pushing aside the guilt that momentarily entered his mind.

"I wish you could leave the army and come to Mandalay."

"I can't do that now, Khin May. Besides what the hell would I do? How would I support you and the children?"

"We can both work, sweetheart. We can manage."

"I want us to be together, too, darling. Let's wait and see what happens with this damn war," he said, looking out of the taxi window.

Outwardly Rangoon appeared calm, but there was considerable tension and concern being felt by the people. Japanese planes had recently bombed the southern town of Tavoy and followed it two days later with a damaging bombing attack on Victoria Point at the very southern tip of Burma. Heavy civilian casualties resulted from both raids.

The day of the Victoria Point bombing, sirens had gone off in Rangoon also, panicking the population. The city's air defenses were mobilized and Royal Air Force fighter planes as well as the Flying Tigers of the American Volunteer Group took to the air. No Japanese planes appeared, however, and the city returned to its routine of trying to cope with daily life amidst air raid drills and nightly blackouts.

The taxi entered 44th Street where Hari lived. The street was a conglomeration of people of different nationalities and faiths. Several Burmese families lived on it along with Indians, Chinese, Anglo-Indians, Anglo-Burmans, Italian, Swiss, and Armenians. Until very recently even two Japanese families were inhabitants of the street. They had all lived in harmony, getting along well with each other.

Like so many other residential streets in Rangoon, 44th Street was lined on both sides with four story buildings of almost identical design. The ground floor flats opened directly onto the street, but the ones on the upper floors had small, open balconies in front.

As the street was not very wide, people on the balconies across from each other were able to converse easily. Hari liked living on 44th Street.

During the morning the street was bustling with children leaving for school and adults going to offices or to their places of business. During the day a steady stream of hawkers came through, selling milk, vegetables, clothing, pots, and pans, and a variety of other wares. In the evening, the street took on a festive atmosphere. Children played games. Boys kicked footballs and girls drew lines on the pavement with chalk and played hopscotch. The air was filled with the aroma of food cooking and music could be heard coming from open doors. Men and women sat on the steps or in chairs in front of their buildings while others walked around visiting their neighbors. People on the balconies called out to each other. Sounds of laughter were everywhere.

Mr. D'Souza, a member of the dance band at the Strand Hotel, often practiced his clarinet on the balcony of his third-floor flat. Mr. Minus, the owner of the bakery near Sule Pagoda, frequently brought back tasty little pastries and gave them to the children playing on the street. Hari lived in a third-floor, two-bedroom flat. As a medical student, he had stayed in Prome Hall, one of several hostels on the Rangoon University grounds. When he was appointed a house surgeon, he rented and moved to this comfortable flat.

U Ba Tu, an elderly Burmese gentleman, occupied the ground-floor flat in the same building. He always wore formal Burmese clothes and carried a fancy walking stick. Most of the time he strolled up and down the street, talking to the people. U Ba Tu had an opinion about all matters and gave advice to young and old, whether they asked for it or not. Every one got along well with this eccentric old gentleman. Children liked him because he periodically gave them candy and adults found his conversation amusing. Whenever the

conversation came around to the war, U Ba Tu would tell his fellow inhabitants of 44th Street not to worry.

"The Japanese, like myself, are Buddhists. They will not harm us. Do not worry. Besides," he continued, "they must know that I am an important person and live on this street. They will not bother us."

Tim directed the cab driver to stop in front of Hari's building. Just then U Ba Tu happened to come out of his flat.

"Ah, Corporal O'Shea! Good evening to you," he said cheerfully. "I see you have brought your charming wife from Mandalay. Please present her to me."

Tim had met U Ba Tu several times before. He said, politely, "U Ba Tu, may I present to you my wife, Khin May."

The old man appeared pleased. Peering at Khin May through his gold-rimmed glasses, he said, "Ah yes, you are indeed very beautiful, just like the ladies in the court of King Thibaw, where you may not know, I was a very important person."

The next morning the sun rose into a brilliant clear sky. It was Tuesday December 23rd, and Rangoon awakened to start another busy day. Saffron-robed monks made their usual rounds carrying begging bowls. Shops opened their doors although schools and offices were closed for the Christmas holidays. Sounds of children playing on the street drifted through the air.

Hari went to the hospital to make his morning rounds. Khin May and Tim were relishing their time together and enjoying a late breakfast which Khin May had insisted on preparing. They heard the faint sound of an air raid siren begin wailing in the distance.

Tim listened intently, his face turning serious. The chilling sound gradually increased in volume, but then became faint, almost inaudible.

"I hope that was the end of it," he said, turning to his wife. But the siren started again. The eerie, alternate slow waning and waxing volume of the siren was the message people in Burma had come to dread. A shiver ran through Khin May's body.

"Damn it," Tim spoke angrily, standing up. "This doesn't sound like a bloody drill. I'm sorry darling, but my orders are to report back to the barracks as soon as an air raid siren sounds."

"Can I go with you Tim?"

"No, sweetheart. Stay here. I'll return after the 'all clear.'"

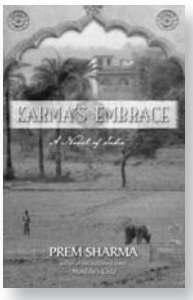
"Please be careful, Tim." They embraced and kissed before he ran down the stairs. Khin May followed him and stood on the street, joining others who also came out of their flats.

"I hope this is a false alarm," a woman said.

"Let's pray that it is," Khin May answered. Dear God, please let it be a false alarm.

But the siren did not stop and instead became louder, sounding more urgent. They heard the faint sound of airplane engines. Necks craned and they stared at the sky above. The siren was now being drowned by the roar of planes. Then they saw them, flying in formations, streaking across the blue sky.

Karma's Embrace



A novel set in nineteenth century colonial India which chronicles the lives of an Indian family and a young English couple as they interact with each other while attempting to cope with their own desires and conflicts, unaware of the destiny being woven for them by their karmas.

Lalit Mansingh, Ambassador of India to the United States of America wrote: "Prem Sharma describes India and its struggle for freedom with extraordinary insight and sensitivity. Karma's Embrace weaves the turbulent history of the country into a complex intertwining of innocent lives brought together by the hands of fate. A truly enthralling experience."

Cedric settled with ease into the daily routine of the life of a British cavalry officer in India. He had been assigned a horse and a sowar to look after it. He rode out to the parade ground at six in the morning and drilled with the other officers, VCOs, and sowars. He returned home at noon for lunch and to rest during the hottest part of the day. At five o'clock it was off to the polo ground. Then in the evening they went to a party at the club or the regimental mess or to the home of one of the senior officers.

This was the life Cedric had yearned for and he was relishing every moment of it. It pleased him no end to have scores of Indians scurrying around, eager to fulfill his every wish. If only Sarah's friends could see them now. They wouldn't be able to look down their bloody noses at him. He was an officer in the cavalry and the master of his house.

Sarah busied herself the first few days getting settled into their new home. All the boxes were unpacked. The clothes had to be aired before being hung in closets and their personal belongings had to be sorted out and put away in the right places.

"I'm glad to have you helping me, Laxmi," she said to her maid. "I know I couldn't have managed without you."

"I happy to help mem sahib," the young girl answered with a shy giggle.

Sarah knew she was going to be working with the poor in India, but hadn't decided how she would go about it. They had been in Jhelum for almost a month, and she was already tiring of the daily parties and long evenings at the club.

"I want to start working, darling," she told Cedric one day while they were having lunch.

"You are working, my dear," he answered, raising an eyebrow. "You're managing the servants and our home very well."

"I didn't mean that, Cedric," Sarah said softly. "I meant professionally, as a physician."

"There's no need for you to work as a doctor, Sarah. The Regimental Dispensary is well staffed. Besides, there aren't that many European women here for you to treat."

"I didn't come to India to treat Europeans, Cedric," Sarah answered, her voice sounding a little more touchy than she would have liked.

"You came to India as my wife, to be with me," Cedric said, a complacent grin on his face.

"Well, yes I did," Sarah answered looking at him, "but I also came to provide medical help to the poor and the ailing."

"How do you plan to do that?" Cedric asked, his voice getting tense with the annoyance he was no longer able to control. "No, let me guess. You plan to set up a bloody clinic for these damn natives all by yourself."

"Well, actually that's exactly what I'd like to do," Sarah answered. "I'd also like to go to the villages nearby and help the people."

"You can't be serious, Sarah," Cedric said, exasperated. "For Christ's sake, use some sense. This is not Willoughby and England. This is India. These are natives. They won't look at you kindly even if you go around trying to treat their bloody bizarre diseases."

"I know what I want to do, Cedric," Sarah said, getting up from the dining table. "Don't try to stop me. I shan't listen to you."

> It pleased him no end to have scores of Indians scurrying around, eager to fulfill his every wish. If only Sarah's friends could see them now. They wouldn't be able to look down their bloody noses at him. He was an officer in the cavalry and the master of his house.

Escape From Burma

A novel about the suppression of human rights in the golden land of pagodas by its brutal military dictatorship and the role of the CIA in helping citizens opposed to their military rulers, provides a backdrop for the true story of a young Burmese family attempting to escape from their homeland.

Sr. Mary Lea Schneider, OSF, president of Cardinal Stritch University wrote: "Dr. Prem Sharma skillfully blends historical events in Southeast Asia as the context for an insightful and captivating story of their impact on the lives of individuals brought

together by circumstance and a social milieu of pride, greed, and violence. Because Prem Sharma knows the historical terrain so well, the readers come away with a grasp of history, because he knows the human heart so well, they come away with a sense of the human struggle to survive with dignity and courage amid the chaos of destructive social movements and events."

Bill paused for a moment at the top of the ramp, blinded by the bright sunshine. His face felt the heat of the sun and he took a deep breath of the warm humid air.

The plane continued its gradual descent and landing, taxied close to the terminal building. The passengers exited and came down the steps of the boarding ramp. Bill paused for a moment at the top of the ramp, blinded by the bright sunshine. His face felt the heat of the sun and he took a deep breath of the warm humid air.

A young Burmese girl was standing at the bottom of the steps. She wore a sleeveless pink silk blouse and a red silk sarong tightly draped around her slim waist.

"Welcome to Rangoon," she said flashing a radiant smile.

So this is Burma, with its serene landscape of pagodas and paddy fields and this angelic young woman so graciously welcoming them. What could be wrong here? But then, beyond the beautiful girl, he saw the high, menacing barbed wire fence, machine gun nests, armored vehicles, and soldiers. "This sure isn't Kansas," he thought.

The passengers walking in the glare of the hot sun toward the terminal were being watched closely by several stern-faced Burmese men in khaki uniforms. Bill felt beads of sweat starting to snake down his face. They were interrogated by grim, unsmiling immigration officials, all wearing the same khaki uniforms. Papers they had filled on the plane were scrutinized. Each waited, nervously fidgeting, shifting their weight from one foot to the other.

"How much money are you carrying? Do you have any gifts, jewelry, arms, books, or magazines in your luggage?" they were asked. "If you do, you must own up," they were warned. "Save receipts for any money you spend in Burma. You will need to produce them when you leave," they were told. Bill was traveling on a diplomatic passport. His documents were checked and particulars entered into a register. With a nod of his head, the immigration official directed him toward a door at the end of a narrow passage. Bill pushed the door open and emerged into a crowded lounge. Then he heard an American voice. "Hi. You must be Bill Shepherd. Welcome to Burma. I'm Paul Hargraves."

There was a commotion at the far end of the lounge where passengers preparing to leave Burma were having their documents checked. A young Burmese man came running toward the exit, chased by two immigration officers. A soldier guarding the exit grabbed the man but he pushed the soldier aside and raced through the exit. A second soldier standing just outside swung his rifle butt and hit the man on the side of his head, sending him sprawling to the ground. His head bleeding and his arms twisted behind his back, the young man was hauled out of the lounge by the soldier.

"Welcome to Burma, Bill," Paul Hargraves whispered to Bill. ■

The Brandon Drake Mystery Suspense Series

Lance Rucker, DDS, FACD

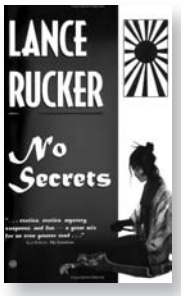
The Lance Rucker mystery series, featuring information agent Brandon Drake, includes the three titles shown below.

Intimate Falls

It was supposed to have looked like a rock-climbing accident. And to everyone but Brandon Drake that was exactly how it looked. And the murderer might have pulled it off if Drake hadn't been part of the investigation.

Missing husbands were not the usual kind of contract for Brandon Drake to take on, but the "damsel in distress" factor was something Brandy had never been able to resist–especially when the lady in question was the frantic sister of an old college buddy. From the rock walls of the beautiful Yosemite Valley to the sleaziest bars in LA, from the ruthless rivalries of the computer software industry to the brinkmanship of the rock climbing world, no one knows better than Drake that the proof he will need to reopen the police case is being guarded by someone who has already killed. Someone who, without the slightest hesitation, will kill again.

No Secrets



Two months in Japan; a good friend; a lover; a death threat. No one was supposed to care much about the information Brandon Drake had been hired to gather. But a cell of Japanese national security agents will kill to insure that the information never leaves Japan.

Information agent Brandon Drake is at it again. On the eve of his departure after six weeks of hard work in Japan, in the middle of an intimate celebratory evening with his once-upon-a-lover Mikki Sullivan, everything goes to hell in a hand basket. A murder in the hot tubs, an armed robbery of Brandy's collected notes, and an attempted kidnapping. All within 24 hours. All related to a project for which there were supposed to have been no secrets.

Dr. Rucker is a faculty member at the School of Dentistry, University of British Columbia and President of the British Columbia Section of the College; lrucker@unterchangee.ubc.ca.

It was supposed to have looked like a rock-climbing accident. And to everyone but Brandon Drake it did.

No one was supposed to care much about the information Brandon Drake had been hired to gather. But a cell of Japanese national security agents has been deployed to make certain that the information never leaves Japan. Even if it means kidnapping, torturing, and killing anyone who gets in their way.

Final Labyrinth

Nightmares come to life...and to death... in the Final Labyrinth.

It was not a game. The locals on the Mediterranean island of Crete were convinced that the legends of King Minos and his dreadful Minotaur were based in fact, and that a vicious beast still rules an underground labyrinth beneath the archeological ruins at the Palace of Knossos.

Brandon Drake, high-tech information agent, has been hired by clients who are sure that this is all part of a huge investment scam, and who are prepared to pay big money to get to the bottom of it.

Deep below the earth there lurks the very horror that tortured the life of King Minos and his minions many centuries ago, and when a talented young female archaeologist goes missing while working as an apprentice at the site, Brandon Drake is forced to put himself right in the beast's path when it takes its next victim.

All of these are available in paperback from Lochenlode Books (including author signature and inscription on request—call (604) 433-2970 or visit www.lochenlode.com); from Amazon.com; or from most fine book stores on special order. A fourth novel in the Brandon Drake series entitled *Barrel Proof* is scheduled for release later this year.

Lance has also written four screenplays and a stage play. Two of these, *Albatross* and *Bad Bourbon*, are published and available from Lochenlode Books. *Albatross* (co-authored with Timothy Perrin) was selected as the winner of the Angie Award for Best Screenplay of 2007 at the International Mystery Writers' Festival in Riverpark Center in Owensboro, Kentucky and was produced as a feature-length radio play by an all-star cast, including *Night Court* actor Harry Anderson.

Intimate Falls

It was supposed to have looked like a rock-climbing accident. And to everyone but Brandon Drake it did. Brandy spent over an hour on the phone early the next morning with Julia, reassured her he would be in touch in a few days at the outside, sooner if he learned anything significant. He made hard copy of all relevant information, packed the bare essentials for city-going and for mountain-going and caught one of the early afternoon commuter flights to San Francisco. It had been less than two weeks since one of the biggest earthquakes of the century had rumbled the Bay Area to its knees, and the peculiar effects on transportation and communications within San Francisco and the Santa Cruz areas convinced Brandy that he'd be better off doing his door-knocking and friend-visiting at the end of his Yosemite foray, not at the beginning. Most of the Bay Area systems were operational, and B.A.R.T. was running again, but a few areas were debris-littered war zones around which the local population still hadn't quite learned to move their traffic and daily lives smoothly. A few more days were bound to help.

The Budget car rental agent was from Tampa. Flown in to the earthquake zone to help out. Things were a bit slow in Florida, anyway. They must have neglected to tell the big man that Northern California Octobers were usually cold and rainy. Or perhaps his Tampa wardrobe included nothing but thin, brightly colored sport shirts and thin, pale polyester trousers. Florida Polyester pointed to the assigned sub-compact and Brandy hauled his two carry-ons out through the rain. He made the mistake of loading the trunk before he climbed in to start the car up. Inside, it smelled like a dirty ashtray. The car reeked as if it had just been returned to the rental agency by a four-pack-a-day non-stopper. The thought of sitting in that stench for five minutes, much less for the four-hour drive to Yosemite, was more than Brandon needed.

Back at the desk, Florida frowned incredulously. "It's smoky?"

"That's right. Sorry, but I'm a non-smoker."

Florida rolled his eyes benignly and shrugged. "Wish I was so sensitive." He turned away, his hip pocket bulging with a cigarette pack, while he checked the computer to find out what else he could offer. "Not sure if I have anything else in that class."

"In that case, you can give me a free upgrade."

Florida frowned at Drake again. "Say what?"

Drake held the tip of his finger to a stand-up cardboard sign on the countertop which declared

> IF YOU'RE NOT OFFERED A BUDGET-RITE FREQUENT-CUSTOMER APPLICATION FORM, HAVE A FREE UPGRADE ON US.

Florida grunted and grimaced and clicked a few more keys. "Okay. Got one. A-13. It's a mid-size. Just a sec and I'll clear the other one."

A-13 was a Chevy Corsica six. Very nice. Not very gutsy, but not heartless either. The automatic gizmos were not too annoying in either their placement or their action, and in a few minutes Drake had done his routinely meticulous checkout of exterior and interior—an old habit with car rentals—and was on his way east across the San Mateo Bridge. The traffic was dense for an early afternoon, but considering the shutdown of the Oakland Bay Bridge during the earthquake and the resultant diversion of trans-bay traffic to the other bridges, and considering it had been over a year since Brandy had driven in the Bay Area to know what to expect anyway, he was surprised how little difficulty he experienced making his way through the rain toward the East Bay, the Central Valley, and the Sierra Nevada beyond.

Yosemite in late October could be either summer or winter, but odds were good for some coolness and some wetness. Rain on the coast meant fair odds for some snow in the foothills. But only odds.

The drive was mostly drizzly until a real torrent broke loose at Oakdale while Brandy had stopped to pick up a few snack foods and trail foods and other odds and ends of creature comfort for his day or two or three—whatever it took—in Yosemite. Although he had reservations at the Lodge, the valley restaurants were not open on the twenty-four hour schedule on which his hunger operated when he was travelling. Odd metabolism, but after forty years he'd finally learned to accept it. And to prepare for it. Standing in the meager shelter of the awning outside the supermarket, watching other shoppers attempting to hop and wade ankle-deep through the raging streams which had been trickling gutters only twenty minutes earlier, Drake looked from one grocery bag to the other in his arms and wondered if this stop had been one of his best plans of the day. During the next easing of the rainfall cacophony, Brandy made a break for the car. Distracted by the unavoidable ankle-deep left-foot soaker, he missed the first hint of a joggled slumping of the armfuls of

groceries as the paper sacks disintegrated. Small-"e" ecology bites back. The door fell open and the odds and ends tumbled into the car guided more by luck than by Drake's backhanding technique. Three of the oranges tried to roll away across the roof before he could corral them into the back seat. One missed the pattern and made it to the puddle in which the car was parked. Brandon rolled his eyes, shook the drips from his brow and hair, and awkwardly squeezed his wet body into the driver's seat. Pisser.

By the time he got through Groveland, everything except his socks had dried in the warm exhalation of the Corsica's heaters. As afternoon dwindled into evening, Brandy used the monotone veil of rain and sleet for a visual and mental backdrop, to plan how he might best and most efficiently dissect fact from the tangle of rumor and lore which would unavoidably have grown around Farmer's disappearance in the park three months earlier.

Climbers are a particularly clannish group. It seemed best to probe that group, either directly or indirectly, to try and glean any insights unknown to date by the authorities. That was an option Brandy wished to keep open anyway. Tomorrow he could assess the organized climbing activities which were still persisting into late autumn in the valley. Then he would know better what entry or guise might be most productive. The key to this part of the investigation seemed to lie in quiet, unobtrusive fact-gathering. No aliases were in order here, but there were certain advantages to beginning in the dark and allowing the local "experts" to bring you to the light. They would spin tall tales and exaggerate the size of the brutes that got away, but they might also haul out the speculation skeletons and the rumor wagons, too. The police would have the straight story, and others could fill in any remaining gaps. If there was new territory to be identified, unorthodoxy and cleverness were where smart money was to be invested.

There was snow falling on Big Oak Flat Entrance Station to Yosemite National Park. The wizened old park ranger propped up in the booth in the oversized Smokey hat rasped, "Tioga's closed. Valley's open. Got chains? Never mind. Prob'ly won't need 'um. It's just a fresh dusting. Tomorrow I don't know, though." Litany complete, Brandon handed the man the five dollar vehicle fee and drove on along the clear wet roadway through the white terrain up past Crane Flat and down along the twisting roadway high above the canyon of the Merced River. The stone retaining walls along the road were less reassuring than they had probably been to the drivers who had more slowly and carefully negotiated these routes just after their completion by the Civilian Conservation Corps in the Thirties and Forties.

Soon the twists and the grades evened out through the forests and Brandy began to recognize the landmarks of Yosemite Valley. No matter how many times as a college student Brandy had come here, arrival in this valley continued to be an intensely awe-inspiring, almost religious, experience. A museum of natural monuments which men could climb on, build under, and write about all they wanted, but still remain insignificant before. Yosemite is beautifully humbling. Always.

It was completely dark when Brandy pulled into the lodge parking area and stretched out the muscle knots in his legs and back and arms with a stroll across the lodge's huge lounge, past the massive fireplace, to the main desk. The lovely young woman across the reception counter beamed immediate recognition at Brandon's name and with a twinkle in her eye replied, "Oh, of course! Cabin 43. Your wife already checked in earlier. Just a little while ago. She said you'd probably need a second key. Here you are. Have a nice stay in the valley, Mr. Drake." Brandy beheld the key in his hand as if he'd never before seen one. "And...congratulations!" the desk clerk added with a wink, "It must have been awful to start off an anniversary holiday with car troubles, but now that you're here, I'm sure everything will be just perfect! If you need anything, just call us!"

Cabin 43 was a stunned stroll across the lodge's huge lounge, past the massive fireplace, with a pin-up smile to hide the rush of anger, out the great doors, back to the still-cooling, still-ticking rented car. The snow-rain mix taunted him, aimed for his nose and eyes. Cabin 43 was a brief spin around the one-way driveway turning past the valley floor pine until the brights reflected 4-3 beside the fourth cabin in the row. The Chevy crunched to a halt on the gravel between two other rented cars with California plates.

Anger had been replaced by uncertainty. Maybe it was a simple case of error. Another Drake? Or a similar name, perhaps. Poor memory at the desk, maybe? No need to jump to conclusions. Maybe it would have been best to challenge it right there and then at the desk, rather than to bite the lower lip and say what Brandy had long since learned to say whenever the facts suddenly drop-kicked him in unexpected ways. "Of course," he had said, neutrally. You could always recover later from a flat "Of course." No one in the English speaking world knew what "Of course" meant. And everyone was always ready to assume you were agreeing with them.

The lights were on in 43, but no one was moving around in the main room. Craning off the low front porch, Drake could just make out through the curtained windows a woman lying across the bed.

She lay on her back and seemed to have fallen asleep with a large white towel draped across her torso. Voyeur tightness of Brandon's throat gave way to renewed anger as the woman rolled her head away from the windows and gave Brandy a good view of her profile and her electric frizz of clean hair.

In a rush of vengefulness Drake silently opened the outer door, slid his key into the lock, gave it a hard, angry twist, and shoved the big door inward. The outer door punctuated his arrival with its locking clank. The woman on the bed sat up with a lurch, one wrist pushing hair from her sleepy brow while the other arm flailed out to gain some balance against the too-soft mattress. She was wincing and frowning and straining through the sleepiness to remember who and where she was, and to recognize the tall, thin man who had just barged into the bedroom.

Her mouth opened to say something, but before her neuronal clutch could ease out to engage her mind to the oral apparatus, Brandy seized the lull. His voice boomed: "My per diem fees are significantly increased if I am expected to marry my client, Mrs. Drake. So nice that you announced to all of Yosemite Village that I was about to arrive. This has probably blown virtually every chance I may have had to get certain types of information about your husband, but if there's anything I can get you, dear, don't hesitate to give me a call."

"Wait a minute," she slurred, still half asleep. "Wait a minute. You've got to believe me...I never meant to have it happen this way. It was all a big misunderstanding." She took a deep breath and stretched her eyes and struggled to clear the fog in her brain. "Wait a minute. What time is it?" She searched her bare wrist. Frowned. Looked around for a clock. Looked back at Brandon. "Let me remember..." she fumbled. "I know ... When I checked in this afternoon, before I requested a private room I just asked to find out if you were here yet and, I guess, the woman at the desk assumed... I mean, I didn't really say we were married."

"Who did?"

"She did. And I guess... " Julia's voice waned to an almost inaudible thinness. "I guess I just let her go on thinking it."

"Great! Good planning! What next, Mrs. Drake?"

"You're mad, aren't you?" she asked.

"Not yet, but I'll simmer down in a few minutes. Right now, I'm still raging!"

"Oh, dear," she said ruefully, "I guess I wasn't thinking about everything. I mean, I didn't see what difference it could make. There are two beds in the cabin here, but I can understand if you..."

"I told you two nights ago what you could do to help. You could have stayed available to the telephone, at home in Vancouver, ready to answer questions when I have them, managing to stay out of my way."

"So do you want me to leave? I just wanted to see...where it all happened."

"Right."

"I...I'll go up to the office and get another room. Right now. Is that what you want?" Without waiting for an answer, she started to gather herself up from the bed.

"Oh, sure. And did you rent a brass band you can lead when you go marching through the lobby? In case anyone staying at the lodge is sufficiently deaf that by tomorrow morning they won't have heard all about the holidaying couple in 43 who didn't even spend their first night in the valley together without taking separate rooms? I mean, why didn't you tell them you're pregnant, too?"

She was an echo in the distance when she replied, "I did."

"You what? Jesus, Julia!"

Julia clutched the towel and burst into huge sobs. She howled undecipherable laments through the muffle of the fluffy folds and Drake just stood in the center of the room, feeling like a bully and wagging his head in helpless frustration.

"I was just standing there at the desk," Julia whimpered. "I got another sick wave and...she looked so concerned and nice I explained that it happens all the time, but less now, and then I had to explain that..." After many long moments Julia sucked in two sobs. Her face contorted in a parody of the mask of Greek tragedy. Through reddened, puffy cheeks she sobbed, "It's not like I... What can I do? I blew it. I'm sorry. What do you want me to do? Drive back to San Francisco? I'm..." She tried to inhale, but it came in sob-catches again, until the final word could be crooned out of a solid base of convincing self-pity. "...sorry."

Brandy closed his eyes firmly to rebalance himself, to deal with the unbelievable, the ridiculous, and he managed to step back just far enough from the scene there in the cabin in Yosemite to appreciate it for all its absurd humor. When he opened his eyes again, she was still sitting on the bed with the towel clutched to her bosom, watching him, waiting for his reaction.

"Tell me something," Brandon said calmly.

"Anything," she whispered.

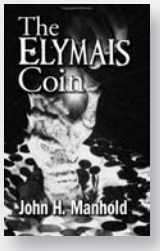
"Is there enough hot water for a nice long bath for Mr. Drake, or did Mrs. Drake use it all up?"

"Does that mean I should stay?"

"We'll talk after I take my bath. I'm cold and damp and dirty and hungry, so please just leave me alone until I feel more human. Okay?" ■

Writing as a Way of Life

John H. Manhold, DDS, MS, FACD



Why does a person write? Undoubtedly, one will receive as many different answers as there are writers, and I am no exception.

My undergraduate major was English literature; more specifically, Elizabethan and seventeenth century literature. I was persuaded to move into a more practical area for a more stable future, however. So, after graduating from Harvard School of Dental Medicine in their aborted dual degree program, I returned to the University of Rochester to be interviewed by the Nobel Laureate George Whipple for a Carnegie Fellowship in pathology. World War II interrupted my training, but I had progressed sufficiently to become interested in research.

Upon returning from the war, I obtained an appointment in the Oral Pathology Department at Tufts and remained there until recalled to service in the Korean Conflict. There, part of my time was spent in psychological testing of student flyers at the Aviation Psychology Laboratory and providing written reports of the results. A release from this tour of duty landed me at Washington University in St Louis to teach general and oral pathology to the dental students. While there, I earned an advanced degree in clinical psychology.

Two years later, Seton Hall University in New Jersey decided that the state should have a medical and dental school, and I was recruited to head a Department of General and Oral Pathology. Since New Jersey is home to a number of pharmaceutical companies, the deans and the appointed presidents of the new University of Medicine and Dentistry of New Jersey, believed a strong research program would greatly benefit the school in a number of ways. I was encouraged to continue my research.

Research results must be reported, so my writing received a boost, and I was encouraged to disseminate the results further by lecturing to wide-ranging audiences—the thought behind such activity being to publicize the school's existence as rapidly as possible to as wide a population as possible. The total activity produced more than 100 research papers, six textbooks in the disciplines of dentistry (oral diagnosis), medicine (pathology), psychology (patient management), and a lexicon for the dental profession in four languages, plus personal participation in dissemination of the material, literally throughout much of the world.

Thirty-one years later, I left the university to serve as clinical director for Woog International of Geneva, Switzerland. After two years, I again retired to move to Florida, and made trips of as much as 6,000 miles with my wife on our 48-foot trawler.

Dr. Manhold is faking his retirement in Phoenix, Arizona. He is a Life Fellow of the College, having been inducted in 1958; www.johnmanhold.com.

I documented the trips with articles in various magazines, while simultaneously continuing to evaluate and report studies for various pharmaceutical houses.

Finally, tired of boating, I settled down to playing golf, but still remained active with writing pharmaceutical house research reports. After passing the age of eighty-two, requests for the pharmacological evaluations began to slow, and upon quiet inquiry, I was informed that they believed they should begin "looking for a backup."

I was sensible enough to understand their reasoning, but hated to face a decline in my scientific writing activities. And, after spending at least 10 to 12 hours daily in this activity, I became a little difficult to live with. My wife suggested I "go write a novel." The idea seemed amusing, but started me on the path.

Since that time, I have published a historical novel, *El Tigre*, that has garnered several national awards, and have just published a second, contemporary novel, *The Elymais Coin*, that deals with a "Muslim threat" and is gaining most complimentary reviews. I also have just signed a contract for a third novel, *LOBO*, a story of the life of a young man who, with his beautiful Creole paramour, experiences the Civil War and the Reconstruction Era in New Orleans.

Everyone in the dental profession understands the routine of publishing papers and textbooks. A paper or book is submitted, evaluated, and, if considered contributory to the field, published. Publication of novels provides an entirely different scenario. You are advised first to acquire an agent. This task is difficult for any number of reasons. However, if successful, the agent will attempt to "pitch" your manuscript to any of a number of publishers. If the hunt succeeds, the book will be published eventually—usually within nine months to two years. Now, comes the major difference between paper or text publishing and that of novels. You assumed you were finished and could advance to your next project. Wrong! At this point your work just begins. The book must be marketed. The publisher, or a hired firm that specializes in promoting books, schedules you for book signings, book readings, lectures, and if all goes well, radio and TV interviews.

Depending upon the individual, this most important part of publishing can be enjoyable or distasteful. If an author is an avid reader, as are most authors, the activity with marketers has an often little-appreciated side advantage. They love to engage an author, especially if successful, in writing reviews of the work of other authors. Many authors do not indulge. I find it most enjoyable, because, once more, I have acquired something else about which I can write.

So, to conclude this explanation of why I write, which admittedly resembles the *familiar essay* style often employed by writers of a much earlier era when presenting a subject that contained many parts, I write because it is an activity in which I can totally immerse myself. Whether it is to provide facts for teaching, to present a base upon which medications can be made and distributed, because it enables me to use my imagination to create a mental picture for readers, or to analyze the effectiveness of another writer's ability to provide such a picture, I am totally intrigued. Furthermore, the activity not only is most enjoyable, but provides an answer to the oft-repeated need to combat some of the debilitating effects of "advancing states of maturity." It helps to keep the brain cells at a high level of activity.

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New Orleans: The Building Storm

Word spread quickly about the result of the duel and gave rise to intense discussion as to who was to blame. The conversations continued for days, accompanying the lingering state of Jacques's convalescence. His recovery appeared to be progressing well, then took a turn for the worse. The shattered arm became infected and was removed. Jacques died shortly thereafter.

With removal of the source, discussion of the event quickly waned, and other matters began to take precedence. One of these was the imminent grand opening of the opera house.

Opera was not new to New Orleans. Performances first began in the city sometime during the last decade of Spain's dominance and continued almost yearly thereafter. Performances were held in various buildings until, gradually, a number of more suitable theaters were constructed, and finally in 1815, the first Theater d'Orleans was inaugurated. Fire gutted the building not too long afterwards, but four years later it was rebuilt under management of John Davis, who became the leading figure in theater productions for the next several years. By 1858, it was decided that a new and grander structure should be built. The city fathers provided $118,500 for the project, and a contract was signed for the building to be constructed within one year.

James Gallier was the architect selected to design and mastermind construction of the new structure. He was a noted designer whose home on nearby Royal Street was considered one of the most beautiful and innovative of the time. Typical of his designs, it contained large amounts of intricate millwork and many ornate cornices. More importantly, it provided such innovative ideas as a skylight, a complete kitchen within the home, and provision for hot as well as cold running water to the bathroom that was also contained within the structure.

The design for the opera house was believed to be one of his masterpieces. The space selected for the building was the intersecting corners of Toulouse and Bourbon Streets. The form was elliptical with a loft of eighty feet that towered over all of the Vieux Carre. The colonnaded front of the Greek Revival extended in a U-shape from one hundred and eighty-seven feet on Toulouse to continue around the corner and upon Bourbon for another one hundred and sixty-six feet. It provided seating for eighteen hundred attendees in four tiers, and the entire interior was beautifully and colorfully appointed in red and white trappings. Screened boxes even were provided for ladies-in-mourning, ladies-in-waiting, and the always-beautifully gowned ladies-of-the-evening from the not too distant Storyville area of licensed bordellos on Dauphine Street.

On December first of the year 1859, all was in order, and the appointed night for the opening performance at the newly completed opera house finally arrived. William had had a very busy day at the academy. As a result of the outcome of the Montess-Depardeau duel, a whole new population now wanted to learn the use of pistols. William had been literally swamped the last couple of weeks, and this day was no exception. When he arrived home, he was met at the door by Ninon.

"Mon cher, the water is hot, and I have all of your clothes ready for you. We can obtain croissants and coffee at the opera, and I have reservations for dinner at Antoine's afterward."

Understandably, his mood was not exactly the best when he arrived. However, as always, he was astounded at how quickly it changed. This woman was the essence of pleasure. Right now he almost could not believe his eyes. Ninon was clothed in a style of the day evening gown—a full-skirted dress with a fitted top that allowed most of the shoulders and cleavage to be exposed. However, the manner in which the soft, wine-colored, velvet material flowed from its off-the-shoulder position downward to cling to her beautifully shaped breasts provided the most sensual impression imaginable. The arrangement of her dark hair in a simple braid down one shoulder and across a breast accented the finely defined and almost exotic beauty of her face, adding immeasurably to the picture.

"Ninon, you always are beautiful, but tonight you have outdone yourself." She turned so he could see her from all directions. "It's too bad that we must waste time to attend the opera. But I promised and will only be a few minutes." He kissed her and left to dress.

Their arrival was early enough to make it necessary for their carriage to take its place in line before discharging them at the door. Once accomplished, they proceeded into the ornate entrance hall and climbed to the next level. William was amused, but not surprised, to discover that Ninon had succeeded in obtaining one of the most prominent boxes. On their way to the seats, they exchanged greetings with a dozen or more people and waved, or were waved at, by many more. William realized that most of these were for the beautiful woman at his side, and he chuckled and felt very content.

The spectacle of all of Creole aristocracy assembled in one place was a sight to behold. He was aware of the beautiful homes that many possessed and of their level of importance in the lifeline of the city. Never before, however, had he envisioned the tableau he now encountered. There seemed to be an endless number of stately dressed men and beautifully gowned women all gathered together in this one grandiose array. It was an unforgettably brilliant sight.

He had encountered many individuals in the numerous balls and other social affairs he attended with Ninon and had socialized with a number of them for the same reason. Once again, he was highly aware of the prominence of her position.

Suddenly, Ninon turned from her waved greetings.

"William, look, across the way. There is Marie with another man."

William looked at the box directly across. "I see her. The man is Jacques's brother, Henri."

"I heard that the brother had taken over and that he is saying very bad things about Etienne."

William kept his gaze on Henri. "The entire affair never should have happened. It was unfortunate, yes. Maurice and I have heard the rumors and are not sure that the matter is finished. I hope that it will pass by."

"Will there be trouble for Etienne?" she asked.

"When two amateurs engage in an affair of honor, it is a matter to which the authorities may close their eyes. When a professional is involved, it is another matter, and Henri is reputed to be a fencing master who was the proprietor of his own academy. There are other rumors pertaining to him."

The conductor stood to face the audience. He gave a bow and, to light applause, turned back to the orchestra and raised his baton. William whispered, "Enough for now." The audience fell silent, and the music began.

The opera was surprisingly well done. The work had been compressed so that the entire performance, with intermissions, was a reasonable four hours. Additionally, the lead tenor was quite good and only seemed to have missed two or three of the high Cs. Although William enjoyed the performance, he was fascinated by Ninon's almost religious attention to the music and drama. Only two or three times did she look his way, and each time she caught him watching her.

The production ended, and they began filing out to await arrival of their carriage. It was such a lovely evening that Ninon suggested they walk the few blocks to Antoine's along with some of her friends with whom they were dining. The group took what seemed to be merely minutes to cover the distance amid the animated discussion of the opera. William, for the most part, was silent while the others talked. He had seen perhaps two dozen operas in London and was no judge. When asked his opinion, he only stated that he had enjoyed it very much.

The rest of the evening passed just as enjoyably with a superb dinner followed by café-au-lait and cognac. Sometime near midnight, the party started to disband. Individual coaches arrived, and the celebrants left for home. William's night was not yet over, and he was eager to get home.

Without any conscious awareness, this delightful December evening in 1859 was the epitome of, and yet also the beginning of the end of, the old New Orleans culture. With the start of the new election year of 1860, the city could

Without any conscious awareness, this delightful December evening in 1859 was the epitome of, and yet also the beginning of the end of, the old New Orleans culture.

no longer ignore the rest of the country. It was being inexorably drawn into the developing conflict between the states. With the intrusion of the "outside world," the town was finally being forced to face openly the issue of slavery. Opinions varied widely and, in some cases, violently. Many functions continued to be held in this beautiful structure, but the camaraderie of this unique and unified group was forever gone.

With respect to the issue of slavery, the entire State of Louisiana, led by New Orleans, strongly favored siding with the Union. In the polling of the November election, they rejected secession by a margin of three to one. Lincoln's victory changed this. The Republicans were considered to be a purely northern party with little or no regard for southern ideas or ideals. Many southerners interpreted election of a Republican president to be a direct declaration of hostility. So, following South Carolina's secession, and aided and abetted by militant attitudes of sections of both the public and the press, Louisiana's delegates to the state's secession convention reversed the November decision and voted two to one to follow South Carolina's lead. Louisiana, on the twenty-sixth of January 1861, seceded from the Union and became the sixth state to do so.

For William and Maurice and the other two academies in town—apropos the rumors with Jacques' brother's arrival, Henri had opened a fencing school—the situation became almost impossible. Almost every male in New Orleans suddenly wanted to gain a familiarity with weapons. The number of affairs of honor increased by leaps and bounds and, more often than not, resulted from differences in political opinion. You either were a Unionist or a Confederate, and discussions often led quickly to a necessity to defend one's honor.

One of these situations arose between Etienne Depardeau and Henri de Montess. The former was strongly supportive of slavery while the other abhorred the practice. During an open discussion of the matter a few months preceding the election, the men became abusive in their language. No doubt the bad blood that existed between them had much to do with the escalation of the argument. Nevertheless, Etienne issued the final insult, and Henri demanded satisfaction. He was allowed to make such a call providing pistols were to be employed as weapons of combat. As a fencing master, swords would have been interpreted as an attempt to commit murder. Having demonstrated no known ability with firearms, the call for pistols was accepted and the time set as two mornings hence.

Etienne made a surprise appearance that afternoon at the academy. He called William and Maurice over to him and explained the situation.

Maurice huffed. "It is becoming an epidemic, your duels."

"But this time, at least, it is not an affair over a woman," he explained. "This time the cause is true."

Maurice only replied, "I fear there are many sides to truth."

"You wish for us to serve again as your seconds?" William asked. Etienne said that he did, and they agreed.

William asked, "When and where is the meeting to take place?"

"The same place and time as before."

"All right. We'll hammer out the terms and pick you up."

"I trust you completely, with my life, I should say."

William once more cautioned him. "You have been functioning well in your weekly practices and are more prepared than last time. However, if this also turns out to be an affair of more than one pistol, don't forget and turn your body squarely toward your adversary, as you did last time."

Two days later the scenario of a few months before repeated itself. The three arrived first at the park, followed by the referee, a Doctor Zukor, with the weapons and, finally, Henri and his seconds.

William pulled Etienne aside a few paces and held him by the arm. "Now listen to me." Etienne returned his gaze from Henri to give his attention to William.

"You have been doing well in your weekly practices. Remember what you have learned and concentrate only on what you are doing."

"Thank you, my friend. My mind is clear, my heart strong, and I am ready."

"Then only one more thing, Etienne. Once again, after the first shot, do not make the same mistake as before."

"And what mistake was that?"

"Whatever you do, do not turn your body square to him. You were lucky last time."

"I will remember." William saw his eagerness to get to the business of the morning and released him. Under his breath and not unkindly, he said, "You had better, you fool."

The referee had been told that more than one pistol would be required and assumed that it was to be a duel to the death. Upon being informed that his assumption had been correct, he delivered the weapons with instructions to load while he set up the field. The morning was under a complete cloud cover, and the sun's position did not have to be considered. In a moment, the doctor returned to examine the weapons. Satisfied, he turned to the adversaries

and indicated that each participant would begin with two pistols in hand at fifteen paces. When he dropped a flag, they could commence firing. As before, both of their pistols would have to be discharged within two minutes. This time, reloading and the same firing sequence were to be repeated until only one adversary remained standing.

When sure that his instructions were understood, the referee said, "Gentlemen, you may advance to your places as marked."

Neither delayed following his instruction. Each man stood relaxed. They were nearly mirror images. Both wore white shirts devoid of any accessories. Both watched each other's faces with fierce attention. "Seconds hand the weapons to the combatants and return next to me."

He held out a yellow flag. "When I release the flag, you may commence firing. Ready?"

Without dropping their gazes, both men nodded their understanding.

The flag fluttered to the ground. Both opponents fired and missed. Henri raised his second pistol and failed to fire. Etienne, believing that a misfire had occurred, turned completely square to his adversary and, using his second hand as a brace, began to take careful aim. Henri realized he had pulled the set trigger instead of the one for firing. He changed to the correct trigger and aimed at a target that was almost impossible to miss. He didn't.

The ball struck Etienne almost dead center just under the rib cage. He dropped soundlessly, his weapon discharging harmlessly into the ground as he crumbled forward.

The doctor, William, and Maurice rushed to the fallen man. Etienne was still breathing but could not last for long. The doctor looked up at William and Maurice and shook his head.

"Doctor Zukor, is it bad?" asked Maurice.

"The rate at which the blood is flowing indicates that the large artery furnishing the stomach probably has been cut. I'm sorry."

Maurice stood and looked toward Henri, who had turned to leave with his seconds. William knelt down beside Etienne and silently handed the doctor more bandages. With nothing more to do, William held Etienne's arm as he died. In moments, it was done.

The doctor arose and left in his carriage.

William sighed and turned to Maurice. "He never could get accustomed to assuming the feather stance. If I told him once, I've told him dozens of times: give your opponent as small a target as possible. Did you see him? He was standing completely facing his adversary. The place where that ball struck indicates to me that it probably would have missed or, at the very worst, struck his elbow."

"Well, it's not your fault. In his former affairs with the blade, I've tried to tell him he was lucky. I've pointed out the same faults you noticed when fencing. He always forgot or was too lazy to correct them."

"He was not a bad man," William said.

"A man who repeatedly is so open to participating in affairs of honor should have better sense." Maurice's tone was harsh, but then he said quietly, "He always was one who marched to his own drum."

"Yes, that he did."

The two men lifted the body into the carriage and headed back into town. ■

If this also turns out to be an affair of more than one pistol, don't forget and turn your body squarely toward your adversary, as you did last time."

Meaning More Than Is Being Said

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

The English novelist William Makepeace Thackeray said that the work of writers is to make new things familiar and familiar things new. The first job goes mainly to the writers of scientific articles, editorials, historical narrative, and others who tell readers what they would be well advised to think or feel. Creative writing is chiefly concerned to make familiar things new, and this is accomplished through descriptions that let readers see and feel for themselves. Poetry is an extreme form of image making.

Poetry is older than writing so the sounds of words matter. The rhythm, repetition, and rhyme make poems easy to remember, as every child knows. The epics of Homer and the sagas of the north were designed to transmit cultural identity by being told and retold in an oral tradition. What is believed to be the earliest book in the Old Testament, Amos, is powerful poetic prophesy and timeless commentary on hypocrisy.

Although the current fashion has drifted toward formless, stream of consciousness self-expression, poetic structure matters. Assumed regularities help the author and reader to see beyond the literal meaning of the words. More than the sheer delight of familiar repetition and ease of remembering, poetic form amplifies what can be said. The two humorous poems presented here play on "the familiar." Malapropisms –recognizably inappropriate terms–say two things at once, the stock in trade of humor. The Robin Hood piece is a parody of the many ancient border ballads of southern Scotland that treat such themes. The use of repeated internal nonsense phrases, such as the "doo dah, doo dah" in the "Camptown Races" or "um hu, hum hu" in "Froggy Went a Courting," add dance-like structure. But see what happens when the internal nonsense repetitions smuggle themselves into the story.

Rhythm matters; even sotto voce. The jerky meter and insistent repetition of "Mr. Bang" are so discordant that I find them annoying. The chorus of "Taxco" has the beat of a Mexican dance with three swirling phrases punctuated by three, sharp stomps of the feet. The looping line in the poem is like the lurching movement of one walking in a bus.

Both Mr. Bang and the old man and his wife on the bus winding down from Mexico's Silver City are real people. DuPont Circle is one anchor of the stretch of K Street that represents the nest of Washington lobbyists.

Poems tend to be short on words, but the ones that get the job have to work very hard.

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My Mouth

Pa said, "Son, now that high school's done
Get a career like a butcher or lawyer;
Better yourself with your gifted mouth:
Be a plastic sturgeon or maybe a voyeur."

I mailed my cash for a correspondence class
From the Double Talk Institute and College of Beauty,
Also doing business in landscrape gardening
And Livestock Auction School, Kansas City, Manury.

The books came in May with a record to play
And a twelve-page money-back guarantee:
Free from typeovers, thinkos, and content
And a lifetime moving parts guarantee.

I practice every day, learning how to say
My condiments, vows, and pregnant pauses
I'm jive and glib, and I'm learning to ad lip
To my intimidations and participled clauses.

I'm beginning to speak like the famous Geek,
Dynamozer Thin Knees, who long ago said,
"When you prounounciate and excruciate
You should practice with rocks in your head."

To your talents be true, love what you do.
My thirteen double E mouth is renown, Sir;
But it bottles the mind to finally find
This bladder mouth kid is a big-time radio pronouncer.

Robin Hood and Manly Stanley

The king's man read out clear
The manifesto that said – o
Manly Stanley was to be hung enough
To make him surely dead – o.

The sheriff and his two stooges swore,
"Oh, fiddledy sticks. None here – o
Of rascally Robin Hood's rescuers
Have dared to come so near – o."

As Mr. Hood fell out of the town inn
With all his men so green – o,
He has spied the gallows looming
And Manly Stanly has he seen – o.

Then up spoke big fat Little John,
"Mark well my bold arrow – o."
Right stoutly has he drawn his bow
And let the good shaft go – o.

The shot was swift, the shot was straight
And gained its mark so free – o;
But only gently touched at the rope
And stuck in the gallows tree – o.

The land was hushed as the hard sheriff
Barked out the ending words – o.
Every eye now fell on Robin Hood
To watch him shoot the works – o.

His aim was long and steady sure;
The bow maker touted his ware – o
To all assembled as the dart gaily flew
And it fairly split the air – o.

Right strongly now the shaft came home
And a truer shot was never none – o.
Robin's bolt split big fat Little John's
And Manly Stanley was hung.

Mexico, 1991

Sing little bird in the jacaranda tree;
Hop across the branches to the bright red flowers.
Whisper in her ear and tell her heart of me;
Suggest to her my passion in the hot noon hours.

On the bus from Taxco, in the heat of July,
The old man got up from his old wife,
Patted the knee of his good wife,
And wandered forward with a twinkling eye.

"Sing for us," he said, "just a little tune,"
The old man leaned over the college girls,
The pretty, chatty college girls,
"About the little bird in the heat of noon."

Two worlds groped—one charming, one cute.
He hummed to remind them of the song;
(We all could remember bits of the song.)
Despite the pretty flower, there was no fruit.

We all smiled to make the perfume last;
Some encouraged the talkative old man,
Soliciting public opinions from the old man:
Politics, pistols, and other pretensions past.

Rocking forward, half hoping to be overheard,
The old wife sang softly to herself,
Gathering odd memories for herself,
She sang to herself about the little bird.

Sing little bird in the jacaranda tree;
Hop across the branches to the bright red flowers.
Whisper in her ear and tell her heart of me;
Suggest to her my passion in the hot noon hours.

Mr. Bang of DuPont Circle

Bang, bang, bawled his begging cup,
Bang and bang on his wheelchair.
"My name is You Don't Know Me.
Look here, bang, bang, do not stare."

Bang, the dirty deal is done;
He scores, bang, she pleads and begs;
The gavel's bang kills another family;
For his wallet, they shot off his legs.

"I have no legs; you have no heart:
Trade? Gimme a buck, not your ID.
Bang and bang again. Pay my cup
So you don't have to know me."

Academic Integrity in Dental School

A Call to Action

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Abstract

Recently there has been much discussion in the media and literature pertaining to academic misconduct in higher education. Dentistry has not been immune to this discussion. Recent "scandals" involving student misconduct in U.S. dental schools have sparked dialogue within dentistry's premier professional organizations. The authors of this position paper recognize that academic misconduct can be a serious threat to dental education and the profession of dentistry as a whole. This paper addresses academic misconduct in dental school, the impact it may have on our profession, and how educators can begin to develop strategies to curtail cheating in their institutions.

Increased attention to academic misconduct in the literature is well-known to those involved with higher education, but recent reports in the mainstream media have brought it to the attention of the general population. In 1999, for example, a *U.S. News and World Report* cover story (Kleiner, 1999) stated that everyone is cheating from grade school to graduate school; while a recent *Reader's Digest* article (Jervey, 2006) declared "Cheating: But Everybody's Doing It." The *U.S. News and World Report* article went on to report that 84% of college students felt they needed to cheat to get ahead in today's competitive academic world. Other reports concerning higher education consistently suggest up to 80% of students engage in dishonest academic behaviors (Anderson & Obsenshain, 1994; Zubin et al, 2006).

Academic dishonesty in American dental schools has recently caught the eye of the national media as well, although, again, it is not a new topic in the literature. Beemsterboer and colleagues (2000) found that the average U.S. dental school deals with one or two incidences of academic dishonesty per year. The most common behaviors reported were copying or aiding others during written exams, falsifying patient treatment records, or forging a faculty member's signature in the patient record. During the past three years, at least five U.S. dental schools were rocked with major incidents involving student academic misconduct. Examples of alleged misconduct were trading procedure credits, memorizing and distributing National Board Exam questions, and falsifying faculty electronic signatures. As a self-regulating, self-governing profession, this is quite concerning as studies in the medical education literature show that those physicians disciplined by state boards were three times as likely to have behaved unprofessionally in medical school (Papadakis et al, 2005). Just as concerning is the fact that many instances of cheating go unreported by students, faculty, or peers for fear of repercussion from said groups or time commitments related to procedural inconveniences (Beemsterboer et al, 2000).

As a profession, we have an obligation to treat patients in an ethical manner, and to discipline those who violate that obligation. As dental educators, one principal responsibility is to educate students and to provide the necessary tools for them to make ethical decisions as dental professionals so that they can uphold their obligations. The authors

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believe that professional obligations begin by seriously considering the consequences of academic dishonesty and ethical lapses in dental schools.

One of the gravest concerns is that if students cheat, they will not gain the knowledge and skills required to ensure their becoming competent dentists. Another important concern is the long-term impact that cheating has on the practicing dentist and the dental profession. If we cannot trust the dental student to maintain a code of ethics in dental school, how can we expect that this will not be a problem in their professional lives? How can we assume that they will be competent to provide informed consent as dentists? Within the context of informed consent, the dentist must objectively help patients make decisions to choose among treatment options and spend their resources to maintain good oral health. The treatment that a dentist recommends for a patient may juxtapose the dentist's economic and practice interests with the patient's economic and health interests. Patients must trust that their healthcare provider is looking after their interests.

Academic misconduct in dental school threatens the public's perception of dentists and jeopardizes the provider-patient relationship. Furthermore, quality assurance in dentistry is largely the responsibility of the dentist who performs the procedure, not an independent party. This requires dentists to be objective about the care they are providing and the level of skill they possess to perform difficult procedures. The U.S. Department of Labor reports that three out of four dentists practice in a solo practice and this makes self-evaluation a higher priority in dentistry than for other healthcare providers. This need for self-evaluation necessitates that practitioners and students develop and practice ethical decision making not out of fear of retribution but because it is the right thing to do in order to preserve dentistry as a profession. By accepting the problem and making the public and profession aware that something is being done to curtail unethical behavior it is hoped serious consideration by dentists, and public confidence, will follow. Obviously, this concept must be addressed during dental school, but it must go beyond the primary education one receives in dental school. The cooperation and support of dental licensing agencies and other dental professional organizations is also essential to maintain dentistry as a legitimate health profession that meets or exceeds the expectations of the public.

This paper will address the realization that academic misconduct is indeed a problem in our dental schools, and that we should be concerned about the impact that it will have on the dental profession. The authors will address the problem of academic misconduct, and what actually is contributing to the problem. What is driving our students to make potentially harmful decisions regarding their education and training? Are we as educators and administrators enabling or inadvertently encouraging dishonest behavior as a result of the environment that has been created in our dental schools? The authors believe that a combination of societal and generational factors as well as the competitive nature of professional schools are significantly contributing to the issue. The authors suggest that dental schools need to change the overall educational culture. Changing this culture certainly will be challenging, and the authors suggest that there are steps that can be taken to begin to transform the environment in which dental education is delivered. This should start with creating honor codes that intimately involve student authorship, recognition, and enforcement; considering a pass/fail system of grading to deter the competitive nature of dental education; addressing faculty issues that may contribute to "gray areas" of ethical decision making; implementing systems to address allegations in a quick, fair, and effective manner that is consistent; and, finally, making sure that students are aware that allegations are indeed taken very seriously and are being dealt with in an effective manner.

The Generation Gap

Before attempting to answer questions about professional ethics, one must have a basic understanding of the values of the current generation of students. Generation Y, also known as Millennials, includes individuals born between 1977 and 1994. This group includes the vast majority of the current dental students in the United States. There are over 70 million people belonging to Generation Y and they are the most ethnically diverse generation living in the United States to date. One out of four lives in a single-parent household and three out of four have working mothers. In, general, they prefer directness to subtlety, action to observation, and are very heavily influenced by their peers and the media (Chambers, 2005; Howe, 2000).

Millennials are more likely to have been doted on by overprotective parents who are concerned about their safety, security, schooling, and their success in the present and future (Borges et al, 2006). According to Wilson (2004), the Millennial generation is team oriented. They grew up working in groups and playing on teams. Their extensive participation in planned activities and lack of experience with unplanned time causes them to not be spontaneous or intro-

spective (Borges et al, 2004). Since working in groups comes naturally, this generation may be blind to the issue that "sharing or working together" may not be appropriate to get through courses, assignments, exams, etc.

As students, Millennials are active learners. Greater benefits are realized when they engage with material, relate it to their experiences, and apply it to their lives. This concept may become clearer when speaking about faculty members engaging in the "hidden curriculum," which will be discussed later in this paper. Millennials will invest themselves to meet high but clear expectations. They appreciate explicit syllabi and well-structured assignments. They desire detailed instruction and guidelines for completing assignments and knowing what will be covered on tests. Knowing exactly what it will take to earn an "A" is extremely important to them (DeBard, 2004; Wilson, 2004).

Perhaps related to Millennials' real or perceived pressure to excel, some students are willing to cheat to succeed. Dental students realize that advanced education in dentistry is very competitive and requires outstanding performance in dental school. Those seeking specialty training can often be at risk because the pressures to obtain an "A" average are not considerably unfounded. Added to that pressure is the need to graduate on time to matriculate into an advanced education program, or for those not seeking specialty training, to uphold an agreement to join a practice by a certain time. For those schools requiring "minimum experiences," students may engage in creating ways to "get their requirements" if they lag slightly behind as evidenced in the aforementioned "credit sharing case."

Austin and Renyen (2005) found that over 90% of pharmacy students admitted to engaging in one or more acts of academic dishonesty during a period of formal academic study, and they suggested that this may be due to a curriculum that was perceived as out of touch with practice, irrelevant, and not related to learners' self-identified needs. (This raises the question: is dental education out of touch with what is commonly considered standard of care in private practice? Are there exercises that our students are asked to perform just because it was "always done that way"?) Although students know the rules, they also know how to circumvent them and embrace a "cheating is OK if you do not get caught" philosophy (Rennie & Rudland, 2003).

Adding to Millennials' values and attitudes is the constant social sense of indifference on the part of the public toward high-profile cases of ethical misconduct with respect to the corporate, governmental, and secular worlds; this certainly may be desensitizing students. Today's society seems less likely to vilify deception, and there seems to be a more casual attitude toward lying; not to mention a debate of what actually constitutes lying. Ferguson and colleagues (2002) suggest that western societies may have reached a "tipping point" with respect to honest behavior.

Characteristics of Millennial students are, of course, mixed. Many seem to be studying less than ever before, working more, and are less committed to working on issues such as the environment and race relations. Millennial students' study habits do not, on average, keep pace with their ambitions (DeBard, 2004). Time limitations can be a source of conflict between the value Millennials place on volunteerism and service learning and the actual practice of this value. They are accustomed to receiving rewards for service in high school and

The authors believe that professional obligations begin by seriously considering the consequences of academic dishonesty and ethical lapses in dental schools.

tend to carry this expectation, which can encourage compliance rather than commitment. This is a generation that has limited experience with failure, as the "everyone gets a trophy no matter what" philosophy has been very evident during their upbringing. They will not accept that failure may be an option even if they are truly failing.

Academic dishonesty does seem to be an issue for this generation (DeBard, 2004; Keyes, 2004). Their technological savvy and access to information are a temptation in which achievement is put up against integrity. Pressure to achieve desired outcomes can blur the ethics for the overly ambitious. If cheating behaviors are as endemic as they appear to be based on the literature, how certain can we be that individuals graduating from trusted professional programs have the knowledge, skills, and values necessary to provide patient care?

One can argue that much of what students learn about professionalism and ethical behavior is learned outside the classroom.

Grading System

Many authors have discussed the reasons why students may cheat (Al-Dwairi & Al-Dwairi, 2004; Andrews et al, 2007; Chambers, 2007; McCabe, 2001). One key reason cited is the need to excel to be competitive for acceptance into specialty programs (McCabe, 2007). Some students feel the pressure to achieve high grades and are willing to cheat regardless of the risks. Eliminating or, at minimum, reducing students' perceived need to cheat is critical and may be addressed by abandoning traditional letter grading systems in favor of true pass/fail grading. Theoretically, this may reduce the pressure put on students and, in turn, reduce the perceived need to cheat.

The first step in a discussion of a pass/fail grade is clarifying the terms of a true pass/fail grading system. Schools that employ high pass, pass, low pass, and fail are simply putting different names on the traditional letter grades of A, B, C and D. A pure pass/fail system has only two grades: a pass or a fail. There can be no qualifying of how much of a pass is a pass, or one is back at a traditional grading system.

There are several advantages to a pass/fail grading system. It eliminates the competitiveness associated with striving for high grades which, in turn, reduces students' perceived stress levels. A noncompetitive environment fosters cooperation and collaboration among students. Students are more likely to share information and work together to help one another succeed. A healthy learning atmosphere is created that fosters cooperation over competition. In conventional grading systems, a D grade can be considered a pass, yet the letter grade is relatively arbitrary and may not require the student to remediate the material that has not been mastered. A pass/fail system requires the setting of a high standard consistent with competence in a topical area. Students that do not pass would be required to remediate in order to continue with the curriculum. Thus, possibly the most compelling argument for a pass/fail system is that it is congruous with a competency-based system that has been adopted by the Commission on Dental Accreditation for all dental educational programs. It puts the emphasis on competency rather than stratifying student performance.

The major perceived disadvantage of a pass/fail system is that students may feel that it is more difficult to be accepted into an advanced education training program. However, the authors' experience in evaluating applications would refute this position, as they feel that the pass/fail system does not preclude students from successfully pursuing residency training. Graduate program directors may find comfort in reviewing transcripts that provide a quantitative assessment of a candidate through the GPA; however,

these numbers can be meaningless. School X may have much more demanding criteria than School Y to receive an "A," so what appears on a transcript from one school as a 3.0 might well be equivalent to a 4.0 from the other. Students should be able to distinguish themselves through means other than a GPA. Program directors must read recommendations, examine curriculum vitae, and truly get to know an applicant with a pass/fail system. This scrutiny provides a much better evaluation of the candidate than a GPA, and, in the authors' minds, allows for a better potential fit for the candidate and program. Furthermore, if dental schools' curricula are demanding and standards are set sufficiently high, the selection of students for postgraduate programs will be based upon motivation related to the specialty, critical thinking skills, and specific skills in an area of clinical dentistry. These are typically not evaluated in the conventional grading systems. There are currently at least six dental schools in the United States that employ pass/fail grading systems. The authors have not encountered literature to support that students from these schools are less likely to apply to or get accepted into an advanced education program.

One may argue that students cheat to avoid failure rather than to attain distinction, but without grades, the competition between students is eliminated. The motivation for excellence should not be the resulting grades but rather the quality of the education itself. Students who are personally motivated to learn will excel in a pass/fail system. They will not need to focus on the minute details to earn an "A-" versus a "B+." Instead, they will be able to learn what is truly important; and there is no need to cheat since they will only cheat themselves. If all dental schools were to become pass/fail, then the passing level must be sufficiently demanding to ensure competency. There must be a general confidence that all schools are educating their students to the same high standard.

Once students enter the clinical phase of dental education, the pressures for unethical behavior can continue. In this case, it is not grades, but obtaining clinical requirements for graduation that matters. Although dental schools have all adopted "competency-based" curricula, many institutions still require "targets" or numerical requirements for specific or general procedures for graduation (Licari & Chambers, 2008). Numerical requirements put pressure on students to compete unfairly for specific kinds of patients or to consider "other methods" of obtaining signatures or checks for specific procedures as evidenced by recent instances at two separate U.S. dental schools. It is clear that students need experience to attain competence, but the assessment of competence should not be based upon an arbitrary number. Dental schools need to develop alternative ways to monitor student activity and competence. Some have suggested student portfolios or a pure competency-based clinical program with no numerical requirements.

Honor System

The honor system, including an effective honor code, seems to be one achievable method for reducing academic misconduct. Academic studies have shown that schools that have comprehensive honor codes experience a decrease in cheating. Honor codes define cheating, clarify the implications (McCabe, 2000), and may "...awaken many students to the seriousness of cheating" (Broussard, 2000). Honor codes bind students to a larger system for promoting integrity and honesty. In a study conducted by McCabe in 1999, three campuses where honor codes had been in place for a relatively short time reported lower rates of both cheating on tests and exams and cheating on written assignments compared to colleges that did not have an honor code in place. The author found that on campuses where honor codes were in place, only 33% of students reported cheating, compared to 45% on non-honor code campuses (McCabe, 1999). The actual cheating rates were not known.

Turner and Beemsterboer lay out very specific "elements of an effective and constitutionally valid honor code" in their 2003 paper. These elements include the following: (a) a statement of values endorsed and upheld by the code such as academic integrity and honesty; (b) a list of violations with a disclaimer that violations generally fit into a category, and therefore the list might not be exhaustive; (c) a list of consequences or sanctions for violating the code; (d) a description of the governing group charged with overseeing actions regarding the code, including the groups qualifications and process for selection; (e) a description of the process to be followed if the code is violated; (f) a confidentiality statement regarding the process and outcomes of any proceedings; (g) a provision for recording any proceedings; (h) a provision for a written decision within a specific time frame; and (i) a process for appeal for the accused. One additional consideration of utmost importance is the provision in any honor code to protect the privacy of the accused student in all aspects associated with the alleged violation. This point is stated very clearly in case law according to the Family Educational Rights and Privacy Act (Turner & Beemsterboer, 2003).

The authors believe that a key element in implementing honor systems is student authorship and recognition. Allowing each class to submit its own honor code that is in alignment with the university's or dental school's overarching honor

code creates acute student awareness of ethical issues and spawns discussions of what appropriate actions may be for a particular situation. This also potentially can serve as an orientation to the school's dental ethics curriculum. In addition, creating a situation where the student authors recognize the honor code is recommended. For instance, individually signing to uphold the honor code in front of peers, friends, and family at a "white coat ceremony" instills a particular sense of responsibility and seriousness with regard to the professionalism that students must develop during their training. Revisiting the pledge on a yearly basis also may keep the issues "fresh." All of this is about creating a culture that reflects the expectations of the meaning of becoming a dental professional. Once a code is created and adopted, it is also important that students are a key part in enforcing the code and are involved with the disciplinary hearings.

The authors would be remiss if the role of the faculty were ignored. Similar recommendations are made to educate faculty members regarding the honor system. This could be implemented as part of a faculty retreat curriculum or as part of required employment modules similar to those utilized by HIPPA, IRB, etc. However this is accomplished, the point is that without the full commitment of faculty, staff, students, and administration, even the most well written honor codes will not be effective.

The "Hidden Curriculum"

A discussion of dental school culture would not be complete without addressing the "hidden curriculum" in dental education. One can argue that much of what students learn about professionalism and ethical behavior is learned outside the classroom. Their relationships with other students, faculty, and alumni, as well as their participation in extramural activities, such as dental fraternities, military service, outreach clinics, and organized dentistry, shape much of what they know about being ethical and professional. Masella (2006) adds that "while the formal curriculum is the nucleus for learning, the largely uncatalogued hidden curriculum is the source of important out-of-class learning and provides much of dental education's real-life linkage."

Faculty members are constantly participating in the hidden curriculum through our modeling of professional behaviors in both the academic and social settings. Literature indicates that students learn as much from what we do as from what we say (Masella, 2006; McDonald, 2002). With this in mind it is crucial that, within the culture of the dental school, we align the hidden curriculum with the goals of the formal curriculum. At a minimum, similar levels of effort should be devoted to planning the hidden curriculum as are devoted to planning the formal curriculum. All dental school faculty members should be made aware of this potential problem, and the authors recommend formal recognition and training in this area.

Absolute Action

When lapses in ethical decision making happen in our schools, a common response has been to adopt "zero tolerance" policies. Zero tolerance approaches are nondiscretionary, recipe-like responses to breaches of codes of conduct. There are no extenuating circumstances. Zero tolerance policies are quick fixes to difficult problems. What this action does is create a policy that no one can add to or delete from and which must be followed. It removes thought, judgment, and most functions that we would define as human (Cauchon, 1999).

Of course when we are confronted with rigidity, the boundaries taken to test the water expand enormously. It is reasonable to assume that the creation of zero tolerance policies was not meant for such cases as the middle school students caught with mouthwash in their backpack who must now face charges of bringing alcohol to school. Such emotion provoking cases should be dealt with reasonably; however, zero tolerance has been applied in such cases (Cauchon, 1999).

The lack of support for such policies has gained momentum and has lead to the recommendation from many bodies to reconsider the notion that common sense should prevail over rigid policy. So the question remains, what is appropriate disciplinary action for acts of academic misconduct in an institution training individuals that will be responsible for providing services to the public in a safe and ethical fashion? This will ultimately be the decision of each parent institution; however, the authors believe that whatever the punishment, it should be rendered fairly, swiftly, and without contradiction or disparity among those rendering the decision. The appropriate course of action is often a difficult decision to make. Zero tolerance, in many ways, is the easiest approach. It allows for consistency and does not require deliberation. Zero tolerance does not, however, allow for consideration of what is reasonable and fair.

What may be a more appropriate approach could be called "absolute action." This would be an assurance that all forms of academic misconduct will not be allowed; however, zero tolerance would not necessarily be the only solution. Absolute action implies that disciplinary or corrective measures will always be taken and all reports of academic misconduct will be addressed. The action taken will be reflective of the severity of the infraction and should

be, when possible, based on the honor code. Also, it would be advantageous to make students aware of recent disciplinary action so that they appreciate that something is being done to discipline academic misconduct. This should be accomplished discretely and with anonymity. This information may serve as a deterrent for future academic misconduct. It may also encourage reporting of violations when there is documentation that action is taken on confirmed incidents; but most of all, it sends a message to the students and faculty that issues concerning academic misconduct are indeed addressed and are not taken lightly.

Summary

While it is unlikely that we can eliminate academic misconduct totally from our dental schools, the authors believe that significantly changing the overall culture of how dental education is delivered is a key factor in curtailing unethical or dishonest behavior. The authors suggest (a) gaining perspective on the generational differences of our students and faculty and how the modern student expects contemporary education to be delivered; (b) creating student authored, enforced, and maintained honor codes; (c) decreasing the extremely competitive nature of dental education by using pass/fail grading systems and eliminating numerical requirements for clinic procedures; (d) identifying and managing the ethical dimensions of the "hidden curriculum"; and finally, (e) addressing all suspected incidents of academic dishonesty and making students aware that action is indeed taken in a swift, fair manner. ■

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Enhancing Professionalism Using Ethics Education as Part of a Dental Licensure Board's Disciplinary Action

Part 1. An Evidence-Based Process

Muriel J. Bebeau, PhD, FACD

Abstract

This paper describes a process and procedures for interacting with individuals who have violated the rules of professional conduct and includes descriptions of each of the assessment measures used to conduct a baseline assessment of four ethical capacities that are necessary conditions for reflective, ethical practice. The process and assessment methods are theoretically grounded in Rest's Four Component Model of Morality—a model that asserts that moral failing can result in a deficiency in any one of four abilities or capacities that are necessary for ethical behavior. Following descriptions of five well-validated assessment strategies, a synopsis of an educational intervention is presented.

Professional boards and professional schools often face questions about what to do when students or professionals violate the rules of professional conduct. In the judgment of professional boards and professional school faculty, such breaches raise questions about students' or practitioners' commitment to professional ideals and a willingness to live by the laws and codes of conduct governing professional practice. Of particular concern in recent years are instances in which students appear to be colluding with their peers to violate the rules governing student conduct (Editorial, 2006; Rudavsky, 2007; Sherman & Margolin, 2006; Sherman & Margolin, 2007).

In the late 1980s, I was approached by the Minnesota Board of Dentistry about offering an ethics course for individuals who had been disciplined by the board. The request came about because some of the board members had been involved in the design and validation of the performance-based assessment measures developed for the dental ethics curriculum I was directing at the University of Minnesota. Board members were also aware of courses being offered for dental students and wondered whether such instruction might be a helpful way to restore a sense of professionalism for individuals who had violated the state's dental practice act. Over a period of some months, we collaboratively designed a process and set of procedures for conducting such courses. The first course was implemented in 1991. Over the years, the process has been refined as we have gained experience and insight about ways to conduct such experiences. The goal is to help participants identify and address personal shortcomings that led to disciplinary action, while simultaneously satisfying the board's need to feel that they have fulfilled their responsibility to the public.

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A search of the literature for other efforts by professional organizations to deal with members' disciplinary problems reveals no systematic (or organized) efforts in dentistry, and scant results in other professions. However, about the time the Minnesota Board of Dentistry initiated its evidence-based ethics instruction, Joseph d'Oronzio (2002) began offering the ProBE Program, an intensive weekend educational intervention for healthcare practitioners under discipline by a licensing board, hospital administration, or other oversight agency. The ProBE program has received referrals from multiple state medical boards over the past two decades, and is currently managed by the Center for Personalized Education for Physicians (www.cpepdoc.org). ProBE differs from the program described here in several ways: it is of short duration, it is not based on identified deficiencies in ethical capacities, and it does not require demonstration of progress on validated measures of ethical abilities as a condition of licensure reinstatement. Testimonials do support ProBE's effectiveness in addressing the defensiveness and denial that often accompanies a challenge to one's professional behavior.

The purpose of this paper is first to describe the theoretical underpinnings for the design of the educational program. It then describes the overall process for conducting a course in professional ethics for dental professionals referred by a dental licensing board–a process that includes relationships with the board, relationships with the person referred by the board, the intake interview, the pre-instruction assessment phase, the educational program, the final assessment, the report to the board, and the reinstatement of the dental professional to practice. A second paper to be published in the fall 2009 issue of the *Journal of the American College of Dentists*, "Enhancing Professionalism Using Ethics Education as Part of a Dental Licensure Board's Disciplinary Action: Part 2. Evidence the Process Works," will present outcomes describing the effectiveness of presenting this program to 41 professionals referred by a state dental licensing board between 1991 and 2005.

Perspectives and Theoretical Framework

In the late 1970s, developmental psychologist James Rest began a review of the literature from multiple theoretical perspectives that he hoped would more fully explain moral behavior than that permitted by the existing focus on moral reasoning and judgment development. Rest (1983) proposed four reasons for moral failure: moral blindness, defective reasoning, lack of commitment to moral ideals, and deficiencies of character and competence. Rest's Four Component Model (FCM) of Morality (see sidebar) operationally defines competencies or capacities that need to be developed if one is to engage conscientiously, purposefully, and consistently in a pattern of behavior that one's peers would judge to be moral or ethical. It is possible, of course, to follow directives and be judged as moral or ethical without ever having thought through why one engages in a particular action–just as a child or adolescent may unreflectively (or even accidentally) simply "obey the rules or the directives of parents." Yet for consistency in moral action, especially in the context of challenging professional practice, Rest thought individuals needed to have developed four activating components of moral behavior. These include the capacities of sensitivity, moral reasoning and judgment, moral motivation

Rest's Four Component Model of Morality operationally defines competencies or capacities that need to be developed if one is to engage conscientiously, purposefully, and consistently in a pattern of behavior that one's peers would judge to be moral or ethical.

The Four Component Model of Morality

Starting with the question "How does moral behavior come about?" James Rest (1983) suggested that the literature supports at least four component processes, all of which must be activated for moral behavior to occur. The four components are a useful way to conceptualize the capacities required for effective moral functioning.

Moral sensitivity focuses on the interpretation of a situation, the various actions that are available, and how each action might affect the self and others. Observing a situation as it unfolds involves these reflective processes: imaginatively constructing possible scenarios (often from limited cues and partial information); identifying realistic cause-consequence chains of events; and having empathy and role-taking skills. Both cognitive processes (perception, appraisal, and interpretation) and affective arousal (anger, apathy, anxiety, empathy, and revulsion) contribute to the interpretation of problematic situations.

Moral judgment follows a person's becoming aware that various lines of action are possible: one must ask which line of action is more morally justified. This is the process emphasized in the work of Piaget and of Kohlberg (1984). Even at an early stage of moral development, people have intuitions about what is fair and moral, and make moral judgments about even the most complex of human activities. The psychologist's job is to understand how these intuitions arise and what governs their application to real-world events. The educator's job is to understand how best to promote reasoning development, especially for individuals who have not developed this ability prior to professional education.

Moral motivation and commitment involve prioritizing moral values over other personal values. People have many values (e.g., careers, affectional relationships, aesthetic preferences, institutional loyalties, hedonistic pleasures, excitement). Whether the individual gives priority to moral concerns seems to be a function of how deeply moral notions penetrate self-understanding, i.e., whether moral considerations are judged constitutive of the self (Blasi, 1984). For moral behavior to occur, people must first decide on a morally correct action when faced with a dilemma, and then conclude that the self is responsible for that action. One is motivated to perform an action just because the self is at stake and on the line—just because the self is responsible. Moral motivation is a function of an internal drive for self-consistency. Blasi (1991) argues: "The self is progressively moralized when the objective values that one apprehends become integrated within the motivational and affective systems of personality and when these moral values guide the construction of self-concept and one's identity as a person."

Moral character and competence is having the strength of your convictions, having courage, persisting, overcoming distractions and obstacles, having implementing skills, and having ego strength. A person may be sensitive to moral issues, have good judgment, and prioritize moral values; but if he or she is lacking in moral character and competence, he or she may wilt under pressure or fatigue, may not follow through, or may be distracted or discouraged, and moral behavior will fail. This component presupposes that one has set goals, has self-discipline and controls impulse, and has the strength and skill to act in accord with one's goals.

It is noteworthy that the model is not conceived as a linear problem-solving model. For example, moral motivation may affect moral sensitivity, and moral character may constrain moral motivation. In fact, Rest (1983) makes clear the interactive nature of the components. Furthermore, and in contrast to other models of moral function that focus on the traditional three domains—cognitions, affect, and behavior—the Four Component Model of Morality assumes that cognition and affect co-occur in all areas of moral functioning. Thus, moral action is not simply the result of separate affective and cognitive processes operating as part of an interaction. Instead, each of the four components is a mix of affective and cognitive processes that contribute to the component's primary function.

Adapted from Bebeau, Rest, and Narvaez (1999); Bebeau (2006).

or identity, and moral implementation. When fully developed, these capacities give rise to conscious, consistent, and effective, rather than accidental, ethical decision making.

Rest envisioned each of these capacities as developing across the life-span. Thus, at any point in a person's life, one's inadequately developed competency in ethical sensitivity, moral judgment, one's undeveloped sense of professional identity, some flagging will or failing in interpersonal interaction and problem solving could result in an ethical problem. For example, a disgruntled patient or employee might report his or her unhappiness with a dental professional to the Board of Dentistry. Such an act sets in motion an investigation and, eventually, a judgment. If someone has been harmed or wronged, questions emerge about a professional's competence and possibly his or her intentions. Actions judged as unprofessional are not necessarily the result of bad intentions. In order to make such a judgment, an assessment of the previously mentioned four capacities is required. Only then can a learning plan be developed that can help the individual engage in self-reflection, goal setting, and ultimately, the enhancement of ethical competence.

Today, some 30 years after its development, Rest's FCM is broadly accepted as a useful theoretical framework for the development of ethics education across the educational spectrum. Findings from educational interventions described in this two-part series of articles support the explanatory power of measures based on Rest's FCM for understanding moral failings and the power of a remedial course for improving ethical decision-making abilities and for restoring a sense of professionalism.

Process and Modes of Inquiry

Following is a description of the process for conducting an individualized course in professional ethics for dental profes-

sionals, including the various modes of inquiry for arriving at judgments about the need for instruction and verifying instructional effectiveness.

Agreement with the Board of Dentistry

If the Minnesota Board of Dentistry judges that the behavior for which disciplinary action is being taken reflects unethical or unprofessional conduct, the board's stipulation and order states that the individual must, within a required time frame, complete an individualized course in ethics and (based upon a long-standing arrangement) names me as the instructor for the course. Whereas the stipulation and order states that the individual must complete the course with me as a condition for licensure reinstatement, the board also honors my judgment as to whether such a course is necessary or likely to be beneficial. Based on a general agreement with the board, ethics instruction is not prescribed to address problems with mental illness, substance abuse, impulse control, and sexual boundary issues. These cases are first referred either to the state's Health Professionals Service Program (HPSP) or for psychological assessment and counseling, though in some cases ethics instruction has been required following successful interventions with HPSP or other forms of professional counseling.

Even though the board's stipulation and order may indicate that course completion is a condition for licensure reinstatement, I, as the individual who agrees to provide such instruction, depending upon the results of the diagnostic assessment, may negotiate with the board that the requirement for ethics education can be satisfied by a diagnostic assessment that indicates the individual has no deficiencies in ethical competencies. In addition, in order not to go beyond my professional expertise–I am not a clinical psychologist–I reserve the right to refuse to provide instruction in certain instances. No cases are accepted for remedial instruction that involve substance abuse, mental illness, sexual boundary issues, or situations where the board has already decided to permanently revoke a license unless those issues are first, or simultaneously, being addressed by other professionals.

Initial Contact with the Referral

After signing the board's stipulation and order, the referred professional is expected to make all arrangements and pay for the educational programs required by the board. During the initial contact, the professional is asked to send me a copy of the board's stipulation and order for my review. At this point, I also find it important to inform the professional that, in my judgment, an encounter with the Board of Dentistry is not an indication that ethics instruction is warranted. We all make mistakes, and mistakes are not necessarily an indication of a flawed character. I indicate that if I agree, after reviewing the stipulation and order, to work with the individual, we will conduct an assessment to determine whether an ethics course would be of benefit. If the assessment reveals that the capacities are sufficiently well developed, I will inform the board that a course is not necessary and the individual will be responsible only for the cost of the assessment. At this point, I also inform the professional that the relationship is a confidential one, and although I am responsible to report the findings of the assessment to the board, the individual will have an opportunity to discuss the assessment with me before it is forwarded. Further, in the event a course would be indicated, only material that the individual has reviewed and personally approved would be forwarded to the board. My purpose is to establish a relationship that enables the professional to freely discuss experiences and even frustrations with the process he or she has experienced. If the individual feels comfortable with these conditions, an intake interview is scheduled.

The Intake Interview

The intake interview is a critical part of the process. Two hours are scheduled for this appointment, as I have three purposes: the first is to establish trust. After elaborating on my initial conversation about the confidentiality of our conversations, I use active listening to engage the individual in a telling of his or her story. I interrupt only to clarify details, to offer supportive comments, or to further elicit and verify feelings. It is not uncommon for the disciplined individual to be angry and emotionally hurt. My prior review of the stipulation and order enables me to flesh out the story. Second, I elaborate on my view that a judgment on the part of the board–that the person needs an ethics course–is not an indication that one is unethical or unprofessional or even in need of an ethics course. People make mistakes for all sorts of reasons, and the fact that one made an error in judgment, or failed to take an action someone thought they should have taken, or even engaged in a pattern of actions the board found indefensible, is not an indication of evil or unprofessional intent. There are reasons for moral failings that have nothing to do with evil intent. We all make mistakes. The point of an assessment is to determine whether there is a shortcoming in one of four capacities that give rise to ethical decision making. One's competence on each capacity is compared against one's colleagues. If no shortcomings are identified, there is no need for ethics

instruction. A third purpose is to introduce the theoretical reasons for moral failings and introduce the various assessments. I briefly describe the measures and the fact that they will be compared with the same assessments of the four ethical capacities previously compiled from dental seniors and from other dentists.

If concerns are raised about validity and reliability, I offer references to the literature. Usually, at this point in the process, the professional masks concerns about the assessment that may later surface. If the professional agrees to the terms for assessment, an assessment session is scheduled.

Assessment Session

The initial assessment takes a minimum of four hours. I typically advise the professional to plan to take the better part of the day. A quiet room is prepared and the individual is free to seek me out for questions or clarifications and to take breaks as needed. Five well-validated measures of ethical development (described in the next section) are used to estimate competence for these four abilities: (a) ethical sensitivity, (b) moral reasoning and judgment, (c) oral motivation and commitment, and (d) ethical implementation skills (i.e., problem solving and interpersonal effectiveness). Responses to the Dental Ethical Sensitivity Test (DEST) are tape-recorded, transcribed, and analyzed. The Defining Issues Test (DIT) and the Dental Ethical Reasoning and Judgment Test (DERJT) are sent to the Center for the Study of Ethical Development for scoring. The Professional Role Orientation Inventory (PROI) and Role Concept Essay (RCE) are evaluated and an interpretive report is prepared. The report (a sample of which is available on request) describes each of the measures for the referral and provides a basis for understanding the interpretive report.

Feedback Session

A two-hour session is scheduled with the professional to provide feedback on the diagnostic assessment. The session begins with a brief review of the theoretical reasons for moral failings and a reminder of each of the measures the individual completed. I usually begin by asking which of the measures the individual felt was most challenging, which seemed easiest, and so on. I begin with the person's strengths as indicated by the assessments and work toward an unfolding of any shortcomings. If it appears, based on the assessment, that there are areas of competence for which instruction is warranted, the professional is involved in the development of a learning plan, assignments, and a timeline for course completion. The forthcoming article describes reactions to the process.

At the end of the two-hour session, the professional is given a copy of the diagnostic report and is asked to spend some days reviewing it. The professional is encouraged to challenge interpretations or judgments that seem unfair or not supported by the assessment data. A follow-up discussion is scheduled, as needed, and a corrected report is prepared for submission to the Board of Dentistry. In my judgment, encouraging challenge to interpretations is a critical step, as the individual must feel that the assessments are sufficiently valid and reliable, and that his or her performance on a particular measure is a reasonable estimate of competence on that particular capacity.

Because the measures are performance-based and present realistic, though complex, situations (i.e., have face validity), it is usually not too difficult to convince the professional that there are better choices than the ones he or she selected. On occasion, an individual has questioned the validity of one or more of the measures, or felt that on that particular day, he or she was not performing at his or her best. In the first instance, I provide references so the individual can review for himself or herself the data on the measure's properties. In the second instance, I encourage the person to retake a measure. Allowing the person to do so, in addition to demonstrating one's openness to rethinking an estimate of an assessed ability, presents an opportunity to discuss such concepts as "standard error of measurement" or "test-retest reliability." Providing references to the extensive literature on a measure honors the fact that board referrals are themselves accomplished scholars who are capable of reviewing scientific literature. With respect to the DEST, it is also possible to have the individual assess his or her own performance using the extensive scoring manual that has been devised.

Diagnostic Assessment and Learning Plan

A summary of the diagnostic assessment and a plan for study are submitted to the Board of Dentistry for their approval. At this point, the Complaint Review Committee that initially interacted with the professional has an opportunity to review the assessment and require modifications to the educational plan. It is not uncommon for the board to express concern that particular issues should be stressed in the educational plan.

Implementing Instruction

The specially designed course is implemented as approved (or modified) by the board. Again, the professional is assured confidentiality of conversations during the instructional process and, once

more, assured that no written assignments prepared for the course will be submitted to the board without the professional's approval. A typical course consists of 25 to 30 contact hours of instruction spread over several months. A course may be given to a single individual, or if there are several referrals in need of instruction, a course may involve as many as five participants. In the event of a joint course, all potential participants must agree to participate in all the instruction, rather than only the part the individual needs. There is heavy emphasis on performance and personalized feedback. For each session, participants engage in reading assignments and case analysis and write-ups, for which they receive personalized feedback. When conducted in a group setting, participants are required to disclose to others the reasons for which disciplinary action was taken. In addition to the benefits of learning from others, costs for the course can be shared. The course is costly, not only financially, but in terms of study time, and travel time—some must travel long distances to attend the sessions.

Final Assessment

At course completion, a final assessment (similar to the pretest) is scheduled to assess progress. If ethical sensitivity and moral judgment were addressed in the course, alternative forms of the DEST and DIT are used. In addition to repeating the Role Concept Essay, the PROI, and the DERJT (if indicated), each participant also completes a self-assessment of learning that includes a description of the changes he or she has made in practice as a result of the course. Prior to scheduling the final assessment, participants are required to turn in the final draft of essays required of the course. For most referrals, an essay, "What does it mean to be a professional?" which participants work on during the course, is required. Similarly, at the end of the course, each participant must develop an ethics case reflecting the set of circumstances for which he or she was disciplined. For many, this is a challenging task that can take several weeks. After the case is refined and approved, the participant develops a well-reasoned argument in support of an ethically justified position.

Final Report

A final report, including analysis of pretest to post-test progress and sample work products, is prepared and submitted to the Board of Dentistry for final approval. This report is not shared with the participant before it is sent to the Board of Dentistry, but participants are aware that no work products are included that they have not approved. The board typically engages the Complaint Review Committee members who initially interacted with the referred professional in a review of the final report. Of particular interest for this committee is the participant's final assignment—the dilemma developed that describes the circumstances for which the individual was disciplined and his or her ethical analysis of the case. Similarly, the self-assessment of learning and plans for change are of interest.

Feedback and Licensure Reinstatement

If the board is satisfied with the participant's progress, a copy of the final report is sent to the participant and, if warranted, a follow-up meeting is scheduled. Licensure reinstatement is a separate action taken by the board, when the licensee has completed all requirements specified by the board. Most licensees simultaneously complete other educational and testing requirements and submit to one or more in-office inspections before their license is reinstated.

If it appears, based on the assessment, that there are areas of competence for which instruction is warranted, the professional is involved in the development of a learning plan, assignments, and a timeline for course completion.

The Measures

For each of the four capacities, one or more measurement strategies is used to estimate the individual's competence on the particular capacity. Obviously, other strategies could be devised, but the following have been well-validated for use in a dental ethics curriculum. The four capacities being assessed are distinct from one another. In other words, competence on one does not predict competence on the others. In addition to construct validity, each measure has good face validity, good test-retest reliability, and sensitivity to the effects of instruction. For the reader concerned with the full spectrum of questions related to construct validity and measurement reliability, references are included to the literature to the manuals for the tests and to the available scoring services. The following descriptions are not intended as an interpretive guide for the dental professional who is being evaluated or for the Board of Dentistry that is attempting to understand and interpret a performance report. Interpretive guides have been prepared and are available upon request from the author.

Ethical Sensitivity

The Dental Ethical Sensitivity Test (DEST) (Bebeau, Rest, & Yamoor, 1985) measures a person's ability to interpret the ethical dimensions of problems that occur in the practice of dentistry. It exists in two forms, one of which is used as a pretest, the other as a posttest. Each form presents four tape-recorded radio dramas. The respondent listens to each drama, and then verbally responds to the hypothetical patient as he or she thinks would be best in such a situation. Responses to the hypothetical patient and to a number of probe questions are tape-recorded, transcribed, and later scored by me using an extensive scoring manual. The manual directs the evaluator to use information from any part of the transcript (typically two to three single-spaced typed pages per case) to judge the extent to which the participant interpreted what was happening and recognized his or her ethical responsibilities. In judging ethical sensitivity, the evaluator is not attending to how effectively the participant responded to the patient or dilemma character, but rather the extent to which the participant interpreted the clues to the moral problem and recognized a responsibility to act. For example, a participant might recognize that an empathic response is required, but then choose words to convey his or her intentions that would be highly ineffectual. The participant would be judged high on ethical sensitivity, but low on ethical implementation (the fourth capacity described next).

Since the cases present different ethical problems that are likely to confront a professional, the total score for each case is computed and compared to a random sample of fourth year dental students. An analysis of case scores and item scores across cases permits a diagnostic assessment of specific strengths and shortcomings in identifying ethical issues, while a computation of the total score (sum of scores across cases) enables a comparison with two reference groups: fourth year dental students who have had an ethics curriculum and all previous referrals from the Board of Dentistry. For a comprehensive discussion of the measurement of ethical sensitivity, including a summary of the validity and reliability of the DEST, see Bebeau (2006).

Ethical Implementation

Because the DEST presents situations that simulate real life performance and asks the respondent to respond in dialog to the hypothetical patient or a dental colleague, it is possible to make a number of judgments about the professional's ability to implement effective action plans. A review of the recording and the transcript enables the evaluator to make professional judgments about problem solving and interpersonal communication competencies. The evaluator prepares a narrative summary for each case describing strengths and weaknesses in the way the respondent handled the issues presented. Because I have a large database of responses, including some devised by ACD Fellows who participate in the dental ethics curriculum, it is not difficult to convince the respondent that more effective responses to the cases are possible. Also, a summary across cases often identifies patterns of responding that suggest a need for remediation. This assessment requires expert judgment.

The reader will likely recognize that referrals to the Board of Dentistry often result from ineffective interpersonal communication and problem solving. Sometimes respondents are aware of their own shortcomings in interpersonal interaction, such as their lack of assertiveness or their ineffectiveness in addressing particular kinds of patient issues. With this awareness in mind, a reexamination of the circumstances that led up to the complaint may be helpful in identifying shortcomings in ethical implementation.

Moral Reasoning and Judgment

There are two measures used to assess moral reasoning and judgment. The first is a standardized test, the Defining Issues Test (DIT), with a long validation history. The second, the Dental Ethical Reasoning and Judgment Test (DERJT), is a more recently developed test designed specifically to assess reasoning and judgment

in the context of dental practice. Recent research (Thoma et al, 2008) from nine cohorts of dental graduates illustrates a relationship between the two measures. Graduates who demonstrate competence on the DIT, which is a measure of life-span moral judgment development, have enhanced ability to distinguish better and worse action choices on the profession-specific measure of reasoning and judgment, the DERJT (described below).

The DIT (Rest, 1979; Rest et al, 1999) measures the relative importance of reasoning strategies (moral schemas) used by an individual when confronted with complex moral problems and also whether the individual uses his or her preferred moral schema when making moral judgments. The primary version of the test (DIT-1) presents six moral dilemmas that cannot be fairly resolved by applying existing norms, rules, or laws. Respondents rate and rank arguments (12 for each problem) they considered important in coming to their selected decision as to what they would do. The arguments reflect three moral schemas used by adults to justify their actions: a Personal Interests Moral Schema; a Maintaining Norms Moral Schema; and a Postconventional Moral Schema. Scores reflect the proportion of times a person selects arguments that appeal to each. The most widely used score, the P Index (for postconventional moral thinking), reflects the proportion of times a respondent selects arguments that appeal to a coherent theoretical approach for resolving problems. The test does not discriminate which theoretical approach an individual uses to ground his or her moral judgments (e.g., casuistry, utilitarian, virtue theory, or other approaches), but rather whether the individual selects arguments that are grounded in a coherent moral theory. (See Beauchamp & Childress, 1994.)

Research indicates that mature thinkers appeal to moral ideals much more frequently than do immature thinkers. Because professionals are often required to apply ethical principles or ideals to new problems that emerge in their profession, this skill is necessary for effective moral functioning. Research indicates a strong relationship between postconventional thinking (P Index) and a wide-range of prosocial actions (including clinical performance for healthcare professionals). For an updated summary, see Bebeau and Monson (2008). In addition to the P Index, the test also determines the proportion of times an individual selects arguments based on two other problem-solving strategies: The PI Index (for Personal Interests) describes the proportion of times a respondent selects arguments that appeal to personal interests and loyalty to friends and family—when doing so compromises the interests of persons outside one's immediate circle of friends; and the MN Index (for Maintaining Norms) describes the proportion of times a respondent selects arguments that appeal to maintaining law and order—irrespective of whether applying the law in the case results in an injustice. In addition to the three main indices, the program calculates two information processing indices: a U score (for Utilizer), which describes the degree of consistency between reasoning and judgment; and an N2 Score, which takes into account how well the respondent discriminates among the various arguments. This is often a better indicator of change than the P Index. If the N2 score is higher than the P score, it indicates that the respondent is better at discriminating among arguments than at recognizing postconventional arguments.

The DIT is an extensively validated and widely used measure of moral reasoning development. Norms are available for many groups that have taken the test. See Rest, Narvaez, Bebeau,

The ability to clearly articulate the full range of professional expectations distinguishes the moral exemplar from the entering student.

& Thoma (1999), a book detailing the validation of the Personal Interest Schema, Maintaining Norms Schema, and Postconventional Schema for adult development. For a comprehensive interpretation of test results and for the most recent update on validity and reliability of the test, see Thoma (2006). For information on the availability of the DIT-1 or the DIT-2, see http://centerforthestudyofethicaldevelopment.net/index.html.

The Dental Ethical Reasoning and Judgment Test (DERJT) (Bebeau & Thoma, 1999; Thoma et al, 2008) consists of five dental ethical problems followed by action choices and justification choices. The action choices and justifications for each problem were generated by a group of Minnesota dental faculty and residents. When taking the test, a respondent rates each action or justification, then selects the two best and two worst action choices and the three best and two worst justifications. To assure that the test is a test of "dental ethical expertise," dental ethics teachers from around the country took the test and commented on the appropriateness (or inappropriateness) of each action choice or justification. Judgments of these experts were used to construct a ranking of the action choices and justifications. There was good agreement among experts as to better and worse choices, and good agreement between the experts and a group of Minnesota dental faculty. (Incidentally, there was good consistency between the judgments of dental ethics teachers who had degrees as dentists or dental hygienists, and those who did not.)

Scores are determined by calculating the proportion of times a respondent selects action choices and justifications consistent with "expert judgment." Three scores are reported: (a) percent of good action choices that agree with expert judgment; (b) percent of good justification choices that agree with expert judgment; and (c) overall score which combines recognition of both good and bad actions and justifications. The validity and reliability of the measure are reported by Bebeau and Thoma (1999) and Thoma and colleagues (2008). Mean differences for groups expected to differ in dental ethics expertise (college freshmen, dental freshmen, and dental seniors) are used to compare an individual with his or her peer group.

Moral Motivation and Identity Formation

Two measures are used to assess the professional's understanding of and commitment to professional expectations and roles.

The Role Concept Essay (RCE) is an essay that presents a series of open-ended questions designed to elicit a participant's perception of his or her role as a professional. Essays are read and scored for six concepts derived from the literature (Rule & Bebeau, 2005) that describe professional obligations: (a) to acquire the knowledge of the profession to the standards set by the profession; (b) to keep abreast of changing knowledge through continuing education: (c) to make a commitment to the basic ethic of the profession–that is, to place the oral health interests of the patient above the interests of the professional, and to place the oral health interests of society above the interests of the profession; (d) to abide by the profession's code of ethics, or to work to change it, if it is inconsistent with the underlying ethic of the profession; (e) to serve society (i.e., the public as a whole)–not just those who can pay for services; and (f) to participate in the monitoring and self-regulation of the profession. There are at least three dimensions to the last expectation: to monitor one's own practice to assure that processes and procedures meet ever-evolving professional standards, to report incompetent or impaired professionals; and to join one's professional associations, in order to participate in the setting of standards for the continuation of the profession. The latter is an ethical, rather than a legal responsibility.

Failure to describe one or more of the six concepts does not necessarily mean the dentist is unaware of the obligation. Rather, the obligation does not readily come to mind when prompted by a number of probe questions. The ability to clearly articulate the full range of professional expectations distinguishes the moral exemplar (Rule & Bebeau, 2005) from the entering student (Bebeau, 1994).

The Professional Role Orientation Inventory (PROI) (Bebeau, Born, & Ozar, 1993) attempts to overcome some of the shortcomings of the essay and interview methods. It consists of four ten-item scales designed to assess commitment to professional values over personal values. For example, studies have shown that groups of Minnesota graduates show a significantly greater sense of responsibility to others than do entering students (Bebeau, 2006). Additionally, the graduates' mean score was not significantly different from that of a group of 48 dentists, who demonstrated special commitment to professionalism by volunteering to participate in a national seminar to train ethics seminar leaders. Participant responses to the items are useful in corroborating the statements made in the essay. Later, the items can be used to stimulate discussion of the professional's role. For a summary of validity and reliability studies for the PROI, see Bebeau (2006).

The Educational Intervention

The educational intervention attempts to provide very practical and engaging instruction, practice, and feedback for each area in which a shortcoming in ethical abilities was identified. A typical course involves from 20 to 30 contact hours—usually in two-hour face-to-face seminars—distributed over several months. Seminars are spaced to allow adequate time for reading, writing, self-assessment, and reflection. Opportunities for self-assessment of responses given to the cases presented in the initial assessment are also included. Writing assignments are submitted by e-mail or fax at least a day before the seminar, so there is time for the course instructor to use the written work as the basis for discussion. Each course begins with a focus on the role of the professional in contemporary society and ends with a capstone activity in which the professional creates an ethical dilemma that encapsulates the issues for which disciplinary action was taken and then creates a well-reasoned argument to support a decision. Following is a rather general description of the learning activities, readings, and course assignments developed for the four capacities.

Moral Motivation: Role Concept Development

The course begins with a lecture and discussion session that poses this question: What distinguishes a profession from an occupation? A list of occupations and professions is presented, and participants are encouraged to think about the features that distinguish between them. Usually, participants are able, with guided questions, to identify most of the features sociologists and ethicists (Hall, 1975; May, 1999; Welie, 2004a; 2004b; 2004c) articulate. See Bebeau and Kahn (2003: pp. 425-427) for a synthesis of the characteristics of a profession, and the discussions by Welie (2004a; 2004b; 2004c) to hone one's understanding of these distinguishing features. After eliciting features that distinguish among occupational groups, it is possible to engage participants in a discussion of the expectations that society and the profession have for those who are or wish to become members. At this point, it is helpful to affirm the responsibilities the referred dentist articulated in his or her role concept essay, and suggest these as a starting point for the reflective essay the individual will be asked to write, rewrite, and refine as the course proceeds, and as greater clarity about the professional's responsibilities and society's expectations is achieved. The essay is critiqued and rewritten until each professional responsibility is expressed with clarity and with illustrative examples, reflective of the way the professional implements or intends to implement, these responsibilities. The essay also forms the basis for changes the professional expects to make in his or her practice as a result, not just of the disciplinary action, but of a renewed commitment to professionalism. At the end of the first seminar, participants are sent home with an inspirational videotaped lecture (and study guide) by William F. May entitled: "The Intellectual and Moral Marks of a Profession." The completed study guide serves as a stimulus for discussion at the subsequent session and the concepts of professionalism serve as a basis for feedback that is provided on subsequent iterations of the essay.

The activities just described are designed to clarify the role of the profession, to engage in active reflection upon professional responsibilities, and to engage the individual in a general reflection on his or her past action. The aim is to have the person set aspirational goals that may, in turn, become an action

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plan. Because disciplinary action often results from a lack of self-regulation and monitoring, it is particularly important to begin with a discussion of the role of the profession in society and the expectations that accompany the implicit social contract (which isn't written down anywhere), but is the basis of society and patient expectations. A secondary purpose is to gain consensus on professional responsibilities. Without such consensus, it is difficult to make much progress in dilemma discussion.

Moral Judgment Development

Moral judgment development begins with a discussion of the moral schemas that guide decision making. Participants are helped to reflect on the moral schema that is most predominant for the individual (DIT scores reflect preferences for a personal interest, maintaining norms, or postconventional moral schema) and to identify moral arguments that appeal to each. Individuals whose shortcomings are in moral reasoning usually are unfamiliar with basic theoretical approaches to resolving moral problems and may not be able to articulate the ethical principles that are used as an organizing framework for the ADA Code of Ethics. Participants are asked to read Rule and Veatch (2005) Chapters 3 (Basic Ethical Theory) and 4 (Ethical Principles), and a course handout (Bebeau, Pimple, Muskavitch et al, 1995) that articulate criteria for developing a well-reasoned argument for a moral dilemma. These criteria then form the basis for judging the adequacy of moral arguments that participants will develop in response to a series of five dental cases presented for discussion and case write-ups. These complex cases have been extensively tested in the dental ethics curriculum. Facilitator notes and criterion checklists have been developed and extensively tested over a 20-year period. These cases, notes, and checklists often serve as models for practitioners as they prepare for the capstone assignment (described below).

In addition to the dilemma discussions, for each seminar, practitioners read a chapter from the Rule and Veatch (2005) text and select one or more cases to write about. Journaling (handwritten or typed) engages the participant with the instructor in discussion of issues each chapter presents. Typically, the participant picks one or two cases per chapter for written commentary and (as time permits) follow-up discussion in class. Since the cases are real cases from dental practice, the participant is often reminded of challenging cases he or she has personally experienced. Journal entries describing such cases and how the participant resolved them give the instructor an opportunity to challenge participants' thinking and decision making. Many rich discussions have ensued.

As a capstone assignment, the participant is asked to develop a dilemma based on issues for which he or she was disciplined. The dilemma is critiqued and rewritten until it meets criteria for a well-written dilemma. When the dilemma meets this standard, the participant develops a justification that meets the criteria for a well-reasoned moral argument. This challenging assignment is not undertaken until the participant has concluded the activities above and those related to the Rule and Veatch text *Ethical Questions in Dentistry*. Normally, this assignment requires several discussions and rewrites, both to develop the case and to develop the well-reasoned response.

Ethical Sensitivity Development

Ethical sensitivity begins with an exercise in which participants are asked to reflect on their practice experience and make a list of characteristics of people that interfere with acceptance of treatment recommendations. Sometimes, thinking of the most difficult patients one has encountered in professional practice facilitates the development of this list. When done as a group activity, participants are asked to describe each characteristic and I group the characteristics in two columns following a framework (Bebeau, 1996) I devised after conducting this activity with many groups of practitioners. The framework then serves as a template for interpreting the ethical dimensions of cases. After working through the template with practice cases, the template is used as the practitioner engages in a self-assessment of the DEST cases that were completed as a pretest. In a later exercise, I ask practitioners to use the template as they conduct an intake interview with a new patient. Identifying ethical issues often entails working through why the dentist might have a duty to intervene in a particular situation. Examples of such a situation include: child, elder, or various forms of substance abuse; boundary issues of all sorts—including misuse of auxiliary personnel, cognitive deficiencies, personality disorders, and so forth. Identifying ethical issues and recognizing that the practitioner is responsible to take action, when such factors present, naturally leads to strategies for effective implementation.

Ethical Implementation Development

Ethical implementation requires skill in working out exactly what to say and do in order to effectively resolve an ethical problem. Not only is it important to have a clear conception of an ethically defensible process (e.g., for achieving consent for treatment), but it is also essential

that the practitioner is able to work out what to say and how to say it. As will be evident in the subsequent paper in this series, this is the area of ethics instruction practitioners have most valued, and an area that, in my experience with ethics education, is often neglected. Once a practitioner has actually practiced what to say and how to say it in a challenging situation–like talking to a previously treating dentist about work that seems not to meet professional standards, or speaking with a parent you suspect of abusing or neglecting a child, or respectfully declining to perform a patient's requested services–the probability of engaging in such conversations in the future is enhanced. Two references (Fisher & Ury, 1981; Wright, 1997) have been particularly helpful resources for practitioners struggling with effective communication. Helping practitioners recognize that interpersonally effective communicators often have little formulas they rely upon in challenging situations and then practicing the use of these does effect a greater sense of professional satisfaction and well-being. After the DEST transcript has been used to assess ethical sensitivity, it also can be used to examine communication strategies. Because each of the cases presents a challenging ethical issue, participants can rethink how to handle the problem and then create a dialog to achieve their good intentions.

Summary and Adaptability to Other Settings

In this paper, I describe a process, together with measures and educational intervention strategies, that the Minnesota Board of Dentistry and I devised to provide an opportunity for professionals–following an adjudication of complaints about their professional competence or conduct–to engage in a reflection on their ethical competencies, and to remediate any identified deficiencies. In the second part of this series of articles, I will summarize the evidence, from multiple data sources, that supports the effectiveness of the program.

My purpose in presenting the process and describing evidence of effectiveness is to provide others, both licensing boards and ethics educators, with a detailed description of what has worked for us in our context. As I have described our process and measures to other interested parties, several questions emerge about the administration of the measures: Who actually administers the measures? What kind of background should such a person have? Are there areas for which training is necessary, and if so, how could it be acquired? Is collaboration with an expert possible, and if so, how?

As I tried to indicate, all the measures are available for use by others. None require special expertise to administer, though anyone using a particular measure needs to become familiar with the measure and its directions for administration and interpretation of findings. Except for the DIT, and the RCE, the measures are specific to the profession of dentistry–though each has been adapted in at least one other profession. (See Bebeau & Monson [2008] for more details about the most recent adaptations of the measures to other settings.) All measures have been used by other dental ethics educators without special training, though such training would likely be helpful. Collaboration with persons with expertise is possible, and the American Society for Dental Ethics (ASDE) sponsored a workshop on the use of the outcome measures at the 2009 annual meeting of the American Dental Education Association. Both the ACD and ASDE could assist interested parties to arrange for future workshops. ■

Helping practitioners recognize that interpersonally effective communicators often have little formulas they rely upon in challenging situations and then practicing the use of these does effect a greater sense of professional satisfaction and well-being.

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Assertiveness

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Abstract

Assertiveness means speaking up for one's interpersonal freedoms or as required by one's role responsibilities to engage others in finding viable, stable solutions. Assertiveness is a learnable skill rather than a personality characteristic. The first step in assertiveness is recognizing the nature of one's problem in order to avoid the objectionable and usually ineffective practice of trying to solve other people's problems. A simple assertive approach is to suggest a solution. A more structured technique involves identifying the behavior that is causing a problem and expressing one's feelings about the problem (I-messages). The most powerful technique combines portions of suggested solutions and I-messages with a clear statement of consequences (DESC scripts). Although there may be a small number of circumstances where they are appropriate, acquiescence (temporarily forgoing one's interpersonal freedoms or role responsibilities) or aggression (insisting on one's own solution to the detriment of others) have several disadvantages. An example of justifiable criticism in the case of recognized gross or continuous faulty work by another dentist is presented.

Some people talk too much. Seemingly spontaneously, they have an opinion on every topic under discussion. It is usually a control thing; someone should tell them to be more considerate of others. But the reason that does not happen is there are people who talk too little. As the French say, one should never waste a good opportunity to remain silent. On the other hand, when it is time to speak up, taking a pass is regrettable.

Assertiveness means doing your job without interference and protecting yourself from abuse, but doing so without insisting that you get your own way by manipulating others. It means asking for consideration of a better relationship. Assertiveness is not a personality characteristic; it is a learnable skill. The major components of the assertiveness skill are (a) recognizing when it is appropriate to speak up, (b) speaking up in the right way, and (c) managing the consequences of not speaking up. Each will be discussed below.

Knowing When to Speak Up

The key to assertiveness is the concept of problem ownership. Any unmet need is a problem. Assertiveness is the means for managing one's own problems; managing others' problems is being pushy; avoiding one's problems is acquiescence. A patient who is chatting with the receptionist to pass the time while waiting to see the dentist has no problem (with the receptionist). But the receptionist who needs to catch up on billing has a time problem. A patient who needs privacy is embarrassed by the inadvisable practice of having to discuss financial matters at the front desk, within earshot of other patients. In this case the patient owns the problem and the receptionist does not.

Until problem ownership is worked out correctly one is likely to say either too much or too little. "What's the matter?" your spouse asks. "Nothing, I don't want to talk about it." This is a negotiation over which spouse owns the problem. Sometimes we can be pretty clever at not recognizing those problems we would prefer to avoid, often by transferring them to others: "Too many patients fail to appreciate the value of comprehensive care" or "The office down the street has some pretty questionable standards." These statements of fact may be 100% correct, but the way they are phrased, there is nothing that the dentist can or should do about it because the dentist himself or herself does not own the problem; it has been passed off.

The opposite mistake is to give unsolicited advice. Telling the dentist down the street what is wrong with his or her practice or rearranging the front office work routine to suit one's personal preferences is making someone else's problem your own. Usually, such unsolicited advice is seen as intrusive and is rejected. Anyone who has approached a conversation with an addict by saying "You should not..." will understand this.

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In order to be effective, assertiveness must be clearly grounded in one's own problems. It is right for us to work on solving our problems. But that begins with clearly identifying what part of the situation that is annoying us is really our problem. When a patient expresses lack of confidence in a hygienist who looks young, the hygienists' problem is establishing trust, not straightening out the patient's hang-ups.

Personal Freedoms

One reliable clue for finding the problem we really own is to notice whether any of our interpersonal freedoms have been violated. This does not refer to First Amendment freedom of speech, but to being who we are. Human dignity allows that each of us is free to do whatever we wish, provided we are willing to accept the consequences. It is not wrong to refuse a Breathalyzer test if pulled over on the highway under suspicious driving circumstances; it is wrong to refuse the test and expect not to surrender one's license. It is not wrong to experiment with new dental procedures, such as performing one's first implant after a training course, provided that one is willing to accept the consequences of any outcome. Similarly, we are free to embrace our own feelings. We get to decide about that. No one should say to us, "It's silly to cry over such small things" or "You should be glad it's not worse."

There are two additional interpersonal freedoms that particularly bear on assertiveness. Being part of a civil group carries an obligation to present reasons when asked to do so. But we are under no obligation to justify our actions or feelings. Admittedly, this is a fine distinction, but it matters. A reason demonstrates that one is committed to belonging to the group—"I placed the base because I thought the preparation was deep." A justification is a claim that one did the right thing—"I was correct in placing the base." It is enough that society be based on reasonableness; demanding that everything be justified leads to repression. On the other hand, each of us has a freedom to speak up for what we feel is right. It is intrinsically offensive to hear "I don't want to hear about your problems" or "My decision is nonnegotiable." The opportunity to be assertive cannot be abridged without demonstrating disrespect. Interpersonal freedoms are found in good society and often in the constitutions of democratic countries. It is appropriate to speak up when others step on these freedoms—generally or specifically.

Role Responsibilities

Everyone has the interpersonal freedoms just mentioned (children and those with certain incapacities being an arguable case). But many of us have special "speak up responsibilities" that are given to us under certain circumstances. This is "role assertiveness." The captain of the hockey team has an obligation to intervene to maintain team morale in a sense that other players do not have, and family members in the stands are excluded from. If the captain fails to take action, he or she would be derelict. If I carpool with a physician, an accountant, and a software designer and happen to mention a tax shelter move I am contemplating or a nevus that seems to be on the move, the accountant and the physician had better say something. Of course this is strictly true only if they are my accountant or my physician. A dentist does not have the choice of reporting or not reporting reasonable suspicion of child or elder abuse. It is a professional responsibility given to the dentist and other members of society

(but not to everyone) as part of the social contract. Assertiveness is required in many cases just because of the special status society has given some of its members. Normally, the courts will enforce this obligation, at least as far as financial resources warrant.

Assertiveness, speaking up when one has a problem with what others are doing, is grounded in problem ownership. Often this requires careful analysis to determine which part of a problem one actually owns. Not every patient issue is the dentist's problem—it would be unusual for the dentist to be concerned with the patient's flu, broken-down car, or forgetfulness. Unfilled chair time is a problem for dentists. Colleagues who publicly advocate questionable patient care are not a dentist's problem (at least not to the extent of wanting to contribute to the colleague's legal defense fund). The possibility of the public's coming to believe that these questionable practices are the standard of care is a real problem. If a staff member complains that the new associate is causing a hostile environment through inappropriate remarks and gestures, the senior dentist's problem is not directly with the associate. The correct problem is to maintain a safe office environment. (If this distinction is too fine, imagine how each framing would lead to a different opening remark from the senior dentist: "You need to change the way you act..." versus "I am responsible for and will act to guarantee the right kind of environment in the office..." In all three examples, a dentist would be justified in acting assertively because it is a personal matter (it is permissible). In the final case, and arguably in the second, the dentist must act assertively because it is a role responsibility (it is obligatory).

Assertiveness Skills

Assertiveness means that one person is opening a conversation with another for the sake of exploring sustainable solutions to his or her problems. The conversation is started because the first person has a problem that is caused, at least in part, by the second person and the first person chooses to work toward a solution because his or her interpersonal freedoms have been infringed or must respond because it is part of one's role responsibility. Although there are some powerful assertiveness techniques, because part of the solution is in each person's hands, there are no guarantees that assertiveness will resolve the problem. Later we will look at alternatives such as lumping it, justifiable coercion, and splitting the difference.

Three alternative approaches to assertiveness will be presented here. Solution suggestion is natural and unobtrusive, and it works well in many small cases. I-messages is a funny name for a technique that is effective in many, more difficult cases. The really tough ones or ones of long standing call for a scripted, perhaps even a rehearsed, response with carefully thought-out elements. All three are communication skills that can be improved through careful practice.

Solution Suggestion

A simple response when others' behavior is creating a problem is to ask for what is needed. "Turn a little more toward me please." "Let's focus on your dental issues" (to the patient who is making a pass at you). "I like it when everyone is ready for work on time."

Some people are surprised to learn that this is a staple of assertiveness, and it works wonderfully well. It is especially effective in cases where the other person is unaware that he or she is causing a problem and when the necessary behavioral correction is easy. Solution suggestion does not interrupt the flow of conversation or activities and has an air of naturalness about it. But do not be misled; solution suggestion only appears to be simple because it has been well-practiced by those who use it effectively. Some bad habits may need to be broken to get the most out of the technique.

First, problem ownership is a prerequisite. The solution suggested is what allows the person with the problem, the one being assertive, to go on. In the examples above, the speaker needs better vision, an exclusive focus on dentistry, or all staff members present and working at the start of the day. Second, the assertive statement is framed as a positive action. "I can't see very well" may be a correct statement, but it is ambiguous as a guide to how others can help fix the problem. "This office is not effective" is similarly vague when compared with the suggested solution that everyone needs to be on deck when the office opens. Third, solution suggestion scrupulously avoids blame or attribution of motives to others. "A little more cooperation here would be fine" is not assertive: it is accusatory. Anyone who has ever tried to deflect inappropriate personal remarks will confirm that it is useless to talk about motives in such cases.

Solution suggestion works because it is a minimal intervention, usually at the beginning of a potential problem and because it is placed exactly where it needs to be. If others care about their relationship with you and have overlooked the fact that something they are doing creates a problem for you, a light nudge toward what you would prefer will be exactly what is needed, especially when you are on firm ground because assertiveness is part of your interpersonal freedom or your professional role responsibility. This approach relies on surgical precision and early application. The more that is made of the matter, the worse.

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I-messages

"I-messages" is an impossible name for a surprisingly powerful but counter-intuitive assertive approach. Here are some examples. "I find it uncomfortable to talk about rumors when discussing a colleague's qualifications because it is too easy to get misled." "We all have to work too hard when everyone is not here when the office opens, and I don't like that." "I find it distracting to talk about personal matters as part of a dental examination because I cannot provide the professional care you need."

There are three parts to an I-message. The behavior that is causing the problem is specified (rumors, lateness, unprofessional comments). The effect of that behavior is also identified (being misled, others working too hard, providing proper care). Finally, the speaker names an emotion associated with the problem they own (uncomfortable, I don't like that, distracted). The parts of the message can be arranged to suit a natural form of expression, but none of the parts should be omitted or merely implied. Ambiguity is the enemy of effective assertiveness.

The behavior causing the problem and the consequences should be described as concretely as possible and should not be exaggerated. "I hate big come-ons" and "Office efficiency has gone to pot" will backfire. They are so easy to deny in their extreme form that the entire message is thrown out of court on a technicality. Usually, an exaggeration in an I-message is a tip off that the problem has gone on too long and the attempt at assertiveness is an overreaction.

Now for the really hard part. I-messages are so called because they require that the person making the assertive statement reveal some of his or her true feelings. Some folks have no particular difficulty impugning other's feelings, but are largely incapable of putting their own on the table. Expressing one's feelings is essential to assertiveness. In the first place, this is an excellent check on whether a true case of problem ownership exists. If people attempting assertiveness cannot identify clearly the feelings associated with their problem they either have not owned their problem or they are being deceptive about presenting it. Unless an "I" is part of assertiveness, it is very likely to be a disguised case of attempted coercion. In the second place, I-messages get a great deal of their power from an individual's willingness to reveal personal feelings. If a dentist says "I don't like it when everyone is not ready to go when the office opens" the staff can't very well reply, "That isn't exactly true" or "That isn't your problem." If one does not bring themselves to an attempt to solve their own problems, it is unlikely that the attempt will be successful. Those who have habitual difficulties getting in touch with their true feelings should not attempt assertiveness; there are other, deeper issues. Watch for the trap of using the phrase "I feel that": it normally introduces a judgment, such as "I feel that you are not taking this seriously."

DESC Scripts

Sometimes a solution suggestion or I-message fails to get the work done. The problem may persist or it may be a large problem that has to be handled well from the beginning. Examples might include intervention with an addict, disciplining an employee, or a complaint to the peer review committee. In such cases, a strong form of assertiveness, called the DESC script, is appropriate.

The letters in DESC (pronounced desk) stand for the four parts of this approach: Describe the problem, Express how it makes you feel, Suggest a solution behavior, and name the Consequences. The first three parts of this approach (describing, expressing, and suggesting)

should be familiar; they are part of solution suggestion and I-messages. The new element in the strong technique involves attaching consequences to nonconformance, or perhaps attaching rewards to conformance. "I am uncomfortable with your continuing to introduce personal elements in our conversations. I will have to refer you to another dentist if we cannot keep our conversations on a strictly professional basis." "I am required by law to give you a formal notice in writing that documents your pattern of tardiness and states that any further lateness will lead to your termination. This is distressing to me, but is part of my responsibility for running an effective practice."

Just as knowing exactly what one wants is a key to a good solution suggestion and getting clear on one's feelings is a key to framing an effective I-message, thinking through the consequences helps construct an effective DESC script. First rule: the consequences have to be concrete: "Or else" is a dead giveaway that one does not really know where one stands on the matter. Second, an exaggeration is a tip off that the other person need not really pay much attention: "If you don't stop bad-mouthing our colleagues, I'm going to turn you into the judicial committee or get a lawyer." Neither will happen: you will not hire a lawyer and the person you are talking with will not stop running down your friends. Third, one must be prepared to go through with the threatened consequences. Being perfectly honest about this can help a lot. If one cannot really think of consequences that one is prepared to place in train, it is likely that this is only a case of minor annoyance and that there is no problem worth the name to be addressed through assertiveness. Surely, if we are not willing to invest anything to solve a problem, it cannot be a big problem.

We should also pay attention to the fact that DESC is referred to as a "script." (The technique was developed by a husband and wife team of a clinical psychologist and an actress.) It is worth writing down at least the four main phrases of a script before attempting to be assertive. This helps ensure that the key words are carefully chosen and the four elements are in harmony. It may help to discuss your DESC script with a close colleague or confidant and even to rehearse it. Fortunately, the circumstances where DESC scripts are necessary are rare. A few of them can be created for commonly recurring situations—such as uncooperative patients, staff who need disciplining, or colleagues who abuse the common trust of the profession—and then modified to fit specific circumstances.

Assertive messages—solution suggestions, I-messages, and DESC scripts—are skills that can be learned with practice. Just remember how unnatural any skill seems at first and how automatic it becomes through use. What makes assertive skills appear more daunting than, for example, acquiring indirect vision, is the presence of others. No one can know for certain that others will respond as we expect when we venture an assertive message. There is a virtual certainty, however, that the problem others' behavior is causing for us will continue unless we speak up. The three methods suggested here have been demonstrated to be the best bets for improvement. Even if they seem awkward at the beginning, it is surprising that they will seem anything but unnatural to those who are causing problems for you.

Alternatives to Assertiveness

It is difficult to be appropriately assertive. And there are alternatives. The easiest thing to do in tough cases is to let it slide. After all, most problems have a way of working out without our involvement. Besides, somebody else may take care of it. There are even times when things get worse for being addressed. On the other hand, this shilly-shallying around, offering suggestions and trying to negotiate a mutually satisfactory solution, is just plainly unnecessary in many cases. It may not work, and it is a waste of time when it is clear what needs to be done. The two alternatives to assertiveness are called acquiescence and aggression. And it is, in fact, true that there are situations where either alternative might be preferable to assertiveness.

Acquiescence

Acquiescence means temporarily waiving one's interpersonal freedom in appropriate situations. Someone cuts in line or a colleague is late for a meeting. It would be within one's interpersonal freedoms to comment on this breach of etiquette, but most people will ignore it, realizing that to comment might be in questionable taste. A little more seriously, a colleague has a habit of spreading rumors and running down the motives of other practitioners or the senior dentist brow beats the associate. Now the person whose interpersonal freedoms are under attack has to make a conscious decision. Perhaps a friend has suggested participation in scheme of care that is questionable or even illegal.

At some point, a line is crossed and a choice must be made about being assertive. With one clear exception, this line is not objective and the correct choice of action depends on personal preferences and particular circumstances. Fatigue, the pressure of other matters, multiple relationships (the offending party may be your boss), the presence of bystanders, and being unskilled in the techniques of assertiveness must all be taken into account.

Sometimes it is wise to forego assertiveness; certainly those who insist on speaking up over every imagined slight become known as pains in the anatomy.

But it is critical to remember that acquiescence is a temporary suspension of one's interpersonal freedoms. When it becomes a habit or the default position, there is a terrible price to pay. An acquiescent personality can be readily detected by others and it invites a cycle of abuse. Further damage is caused by the fact that acquiescent responses are usually ambiguous. No comment, where one would be expected, or mumbled noncommittal answers, leave others guessing about where they stand and create distance among people. Finally, there are the problems of displaced and overreactive correction. Individuals who are unskilled in assertive techniques or have succumbed to acquiescent habits sometimes balance accounts at the expense of innocent others or build up so much resentment that they lash out in unprovoked overreactions. A dentist or staff member may put up with abusive patients, incompetent industry or insurance representatives, or manipulative colleagues for some period of time and pass their frustration on to a spouse or other office member. They may also blow up over some seemingly trivial matter.

A practical way for handling unfair criticism when full-on assertiveness seems out of place is to "fog." This technique consists of acknowledging the factual components of the criticism without committing to the judgmental overtones that seem to be implied. A very important other scolds, "What kind of irresponsible person would fail to deposit a check for this amount in a timely fashion?" A fogging response would be to reply, "You are right, I did not make the deposit until Thursday." Recall that we are not required to offer justification. It is surprising how this simple technique guides the issue toward a factual solution rather than unproductively escalating blame.

There is one expectation to prudent judgment about when to temporarily waive assertiveness. When the nature of one's problem is a matter of professional role rather than interpersonal freedom, acquiescence is not an option. If the dentist sees that a staff member is unprofessionally dressed, that the front desk is billing inappropriately, or that a colleague is a clear and immediate danger to self or others (has made threats and brought a gun to the office), it is necessary to speak up. Assertiveness is optional, with prudent consideration, in the case of interpersonal freedoms; it is mandatory in the case of professional roles.

Aggression

At the other extreme from acquiescence is aggression. Attempting to cut others off from their interpersonal freedoms or professional roles constitutes aggression. It differs from assertiveness (which also seeks to bring about changes in behavior) by virtue of insisting on one's own outcome to the matter rather than allowing an outcome to emerge that both parties can live with. Here are some examples of aggression: "You have been late three times; you're fired." "If you don't like the way things are done around here, perhaps you are not welcome." "I have looked at your films, the study models, and your mouth, and here is what we are going to do for you."

There certainly are circumstances where aggression is an appropriate and even necessary action. When assertiveness has failed and the problem matters, aggression may be a last resort. There may also be circumstances that warrant its use, as in yanking a child back from absentmindedly entering a busy street, when dealing with people of diminished capacity, or under emergency time pressures.

There is a special form of aggression that is often overlooked. Placing another on trial in the court of public opinion without allowing them to defend themselves is clearly aggressive. This can take the form of a subtle remark, such as "I sometimes wonder what Smith is thinking of" to the very obvious attack like "If Smith were here, I would demand to know why his license should not be pulled." This form of cowardly aggression is a predictable consequence of weak assertiveness skills. Rather than confronting one's own problem directly (including the chance of learning that one is mistaken), indirect aggression seeks to get even without allowing the other a chance to respond. It is a good rule of personal integrity and professional responsibility that when one makes a decision to forego an open assertive response to ones' problems, one also surrenders the opportunity for cowardly aggression.

Justifiable Criticism

One of the problems that bedevil dentistry is poor work performed by a few practitioners. This is addressed in several places in the ADA Code of Professional Conduct. Three things can be said right off the bat about this. First, it is an unfortunate situation that really should not exist. Second, it is not always clear what circumstances contributed to the poor work. Third, there are other people in the profession who are supposed to be dealing with this as part of their roles on boards or peer review committees and patients always have recourse to the courts. Those things having been said, dentists still see occasional cases of "gross or continuous faulty treatment"

and these represent real problems owned by the dentist who recognizes them.

These real problems can be analyzed from the perspective of assertiveness. They do, after all, represent cases where the behavior of others is causing a problem.

The place to begin is to analyze problem ownership. The trick is to make certain that the correct problems are being addressed. What matters are the problems that are owned by the dentist who recognizes the gross or continuous faulty treatment. If the problem is recognized by a state board member, the matter is straightforward; for practitioner colleagues, the case is more complicated. Typically, these are some of the ways in which the dentist who recognizes gross or continuous faulty treatment might chose to own the problem:

1. What, if anything, is *my* obligation to the patient?
2. What, if anything, is *my* obligation to my colleague?
3. What, if anything, is *my* obligation to other patients?

The first obligation is to the patient, and there is no way to evade this problem. It is part of the Hippocratic tradition that professionals owe their first allegiance to the health of the patient. This is a professional role problem, and the ADA Code of Professional Conduct is clear: "Patients should be informed of their present oral health status" (4C). It would be difficult to think of a situation where a dentist would decline telling a patient about an unhealthy situation in his or her mouth for any reason. The best way to accomplish this in most cases is through the assertiveness technique of solution suggestion. "I see some restorations that are not serving you well and should be replaced." Because the dentist who recognizes gross or faulty treatment does not own the problem of the relationships between the patient and the dentist who performed the work, there is no call for blame or judgment. It is correct to note that one does not know all the circumstances that might have led to the present condition and should be silent about them; but one cannot be silent about patients' oral health needs. The latter take priority over the former.

Does a dentist have a problem with regard to other patients or to the reputation of the profession when gross or continuous faulty treatment is suspected? Some practitioners can answer this question with a clean conscious by saying, "No, that is not my problem; there is no need for me to stick my nose in other people's business." They see no need to own that problem too. The ADA Code of Professional Conduct takes a contrary view. "Dentists shall be obliged to report to the appropriate reviewing agency as determined by the local component or constituent society instances of gross or continual faulty treatment by other dentists" (4C). Patterns of faulty treatment damage patients other than the ones upon which the impression of mistreatment is based and they damage the reputation of all dentists. It is generally believed among professionals that the problem of protecting patients and colleagues is owned equally by all members of the profession.

In this case, the appropriate assertive message is a DESC script. The problem must be described factually and without exaggeration. The complaint cannot be anonymous and the concern of the complaining dentist should be clear. The solution sought should be outlined, again without exaggeration, and the consequences should be clear. The consequences in this case would be what the complaining dentist is willing to do if the appropriate body refuses to act, not what sanctions the complaining dentist

Assertiveness means that one person is opening a conversation with another for the sake of exploring sustainable solutions to his or her problems.

wants to see imposed on the dentist who is suspected of gross or continuous faulty treatment. Usually the suggested action and consequences can be simply stated because there are legal or regulatory practices in place: "I would appreciate your investigating this matter and taking the action your inquiry indicates." Remember, the power of an assertive statement comes from the nouns and verbs; the adjectives generally detract from assertiveness. If a convincing DESC script cannot be crafted, that is a good recommendation for keeping one's mouth shut.

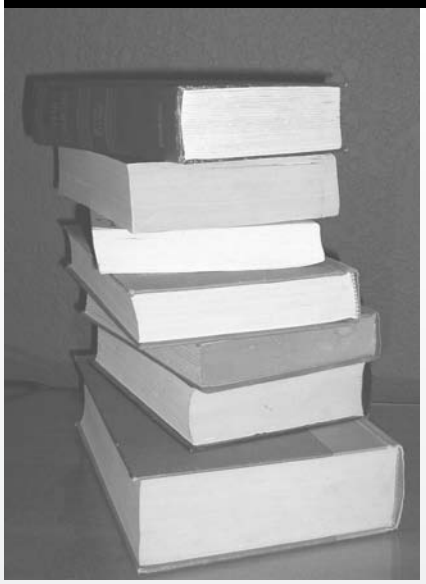
Ambiguity is the enemy of effective assertiveness.

The most difficult problem when seeing something questionable done by a colleague is framing true ownership. Professional autonomy is important, and there is no call for seeking to influence the way others practice–short of cases where colleagues damage actual patients, potential patients, or the reputation of the profession. The two cases already considered clearly fall into the professional role sense of problem ownership. Becoming involved in why a colleague's work is declining in quality (4C1) or becoming engaged in matters of substance abuse (2D) or addressing false and misleading representations to the public and other forms of aggressive commercialism (5F) begin to shade into problem ownership of the interpersonal freedom sort. These are the difficult cases.

But this is exactly where good assertiveness skills come into play. In the borderline cases, one could wait until matters progress to the point where a great deal of damage has been done and the evidence is clear. Alternatively, a dentist might choose to intervene at the early or ambiguous stages. But getting involved is likely to be effective only if the true nature of the problem is understood. In such cases, it is the dentist who chooses to speak up who owns the problem. In such cases the most appropriate assertive response is an I-message. A phone call to a colleague might begin like this, "I have a problem, I have seen a few patients recently that do not come up to the standard that I have always associated with your dentistry. Could we talk about that so I can better understand?" Assertive scripts for commercialism and for the impaired practitioner would sound like this: "I would like to understand your views on coupons for free screening because I am worried about the expectation that it creates in the mind of the public" and "I am troubled by what I see as increasingly erratic behavior on your part. This creates a problem for me in managing my part of the practice." A well-crafted I-message precludes others from answering "That's none of your business." The built-in validity detector in assertive statements, especially the part about stating personal responsibility for one's own part of the problem, is valuable. When the message cannot be framed without crossing over into making the problem somebody else's besides one's own, an alarm bell should go off, indicating it is time to keep quiet.

Of course, if one decides that there is no personal problem with the presenting patient, future patients and the profession, or one's colleagues, then nothing should be said at all. That includes maintaining absolute silence with third parties, even to the extent of scrupulously avoiding innuendo. That is not in the ADA Code of Professional Conduct: that is just common decency. ■

Recommended Reading



Summaries are available for the four recommended readings with asterisks. Each is about six 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 twenty 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 assertiveness; a donation of $50 will bring you summaries for all the 2009 leadership topics.

Bower, S. A., & and Bower, G. H. (1976).
Asserting Yourself: A Practical Guide for Positive Change.*
Reading, MA: Addison-Wesley,
ISBN 0-201-00838-6; 244 pages; about $7.

This is a workshop in a book designed to increase skills in self-confidence and speaking up from one's rights. The premise is that each of us has a responsibility for the quality of our relationships, and each can learn to do better. The central skill is the DESC script, where one Describes the behavior of others that is causing a problem, Expresses how that makes one feel, Specifies a desired alternative behavior, and attaches Consequences to conformance or nonconformance. The authors are a psychologist husband and an actress wife.

Clark, Carolyn C. (1978).
Assertive Skills for Nurses.*
Wakefield, MA: Contemporary Publishing. ISBN 0-913654-46-9; 236 pages; about $10.

Described as a "workbook," the book contains seven modules, each with a pretest; text that provides information; learning activities, exercises, and problems; and a post-learning evaluation. The modules are (a) assertiveness, acquiescence, and aggression; (b) hindrances and necessities for assertiveness; (c) assessing the assertive context; (d) procedures and strategies; (e) work orientation and habits; (f) giving and taking advice; and (g) controlling emotions.

Gordon, Thomas (1977).
Leader Effectiveness Training. LET. The No-Lose Way to Release the Productive Potential of People.*
New York, NY: Bantam Books.
ISBN 0-553-34403-X; 278 pages; about $16.

Leadership means getting problems solved, but it doesn't mean solving them oneself. The effective leader is one who identifies both his or her own, the employees', and the organization's problems (unmet needs) and then uses listening and assertiveness skills to get group problem solving. Gordon was one of the pioneers of the "sensitivity" movement in management and an early proponent of I-messages. He has also applied these principals to parenting (PET for parent effectiveness training) and to education (TET).

Nierenberg, Gerard I. (1975).
How to Give and Receive Advice.*
New York, NY: Pocket Book.
ISBN 671-80204-6; 192 pages; price unknown.

Less a book about how to give advice than one that shares the personal wisdom of the author. Mostly stories and jokes that illustrate general points. Nierenberg is a lawyer and author.

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