Learning About Learning

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If I have seen further... it is by standing on the shoulders of giants.
—Sir Isaac Newton

Nearly ten years have passed since I retired from my position as Director of Business Systems Development at The Pankey Institute. It has been almost twenty years since I first wrote an article, which focused on learning about learning. I am delighted to offer a series of reflective experiences on learning for the many women and men who strive to provide mindful, quality oral healthcare. My goal is to inspire you to do so in a collaborative, simultaneous learning mode with each other and patients/clients.

Downloading, a Poor Substitute for Teaching

Many of us can remember formal education consisting of the transfer of information from one person to another through verbal presentation and printed text. If upon testing, we could repeat back the transferred information, we were judged to have learned it. In today's technology age, information can be rapidly transferred from one digital device to another for memorization. The "download" is still just a transfer. How much do we retain? And, is this real learning?

As a result of educators and psychologists working together to understand how various people learn, retain and apply new information, today's learning is not limited to downloads and memorization. Today, adult education is multi-faceted. The assessment of one's learning now includes whether one demonstrates application of the learning. And, in most healthcare roles, psychomotor competency is required and thus assessed—either by the "university" during formal education or by the learners themselves, during a lifetime process of continuing education.

Being Conscious in the Midst of Learning

In the continuing education venues, where real education is occurring, the educational experience is offered in an environment, which provides the space, pace, and freedom for participants to be *conscious* of their learning moment while in the process of learning. It is a delightful experience. Successful adult learning programs intentionally create an environment in which participants may be both a teacher and a student. Learning simultaneously occurs in all participants, teachers included—a two-way street!

The Impact of Mentors and Giants

Each of us experience "mentors" or "giants" who, in their own way, influence our life on a daily basis, both personally and professionally. Often, their pictures hang on the walls of our offices and their influence resides in our mind and can visit us from time to time, depending on our circumstances. When we learn something new, we tend to credit the individual who first demonstrated it to us or from whom we heard it first.

I remember in 1968, Dr. Bob Barkley was the all-day speaker at our dental society. He was attempting to share with the group, conceptual frameworks around learning. These conceptual frameworks became the philosophical foundations upon which his *Five Day Plaque Program* was successfully built. He was concerned those in the audience would simply take his program and use it with their own patients, without personal consideration of how people learn. He feared that his program would fail and they would blame him.

Barkley spoke most of the day using Peter Drucker's book *Age of Discontinuity*, published in 1968, as a reference. At a break, after I questioned him about a few of the concepts, he looked at me and said, "When you think about your dental office, think of it more as an educational institution than a purveyor of goods and services. Go study people and the way they learn."

Barkley suggested I read a dental newsletter, which featured a number of articles focused on the process of learning about learning. He suggested I spend some time with Carl R. Rogers and Donald O. Clifton. In that moment, he became one of those "giants" as he encouraged me to start my journey, focused on learning about learning. Other "ingredients" have been added along the way through experiences with L.D. Pankey, John Anderson, Carl Rogers, Karl Olson, Don Clifton, Chuck Sorenson, Henry Tanner, Avrom King, patients, friends, and… importantly, colleagues. The list could go on and on.

Self-Active Learning

The true wonder of learning is discovering for yourself.
—Carl R. Rogers

Starting out in my career, I felt well trained technically, yet I must have subtly believed I was a "hardware" sales person. Or, maybe it had to do with my tendency to be introverted. Whatever the reason, I found it easier to talk "hardware and technique" than to listen well and then help patients clarify their health objectives and the benefits they were seeking in their dental health care experience.

I went to a workshop led by Carl R. Rogers titled *Client-Centered Therapy.* This workshop was significantly different than any of my previous educational experiences—it was a *participatory* experience. It took some time for me to assimilate his educational concepts into my life and practice. I also noticed, I had retained more from a workshop experience and could more easily apply my understanding of what I had learned. When I returned to my office, I attempted to create a participatory learning experience for my patients. I learned more about learning from these early attempts and witnessed behavioral changes, in myself and my patients.

I sought out many other workshops at this time in my life. One was *Parent Effectiveness Training*, facilitated by a local devotee of Dr. Thomas Gordon. Then, I became reacquainted with Dr. Karl Olson, the retired President of North Park University where I had done my undergraduate schooling prior to going to Northwestern University Dental School.

Olson had joined forces with Bruce Larson and Heidi Frost of *Faith-At-Work* and created *The Leadership Training Institute*, which focused on discovering your leadership potential through three separate weeks of "experiential learning." The first week was focused on *Know Yourself*, the second week focus was *Know Yourself in a Small Group*, and the third week experience was focused on *Designing Small Group Experiences for Others*. Each of these three weeks was separated by six months of intentional application and reflection, which created a powerful learning period of discovering myself.

From my point of view, there is nothing more rewarding than a learning experience in which one can become aware of one's own learning in "the moment" or upon reflection. To me, this is why adult learning has so much potential for impacting a person's life.

Changed Behavior Demonstrated

A behaviorist's definition of learning is changed behavior demonstrated. As my personal growth allowed, I relaxed and thought more about creating an experience in which my patients had the opportunity to learn something, which would challenge them to change behaviors that had negative impact on their life and their health. The more I looked for those "learning moments" the more they appeared. The learning occurred as I helped patients clarify what was most important to them and what they wanted to learn. As I facilitated a learning process with my patients, they were able to discover for themselves those two things, and then they were able to take their own steps in personal growth.

Prelude to Conscious Learning

I wonder what it is like for you… People tend to support what they help to create. At those times when you identify for yourself just what it is you want to learn, do you begin to notice the right things come together for learning to occur?

It has been said, "When the pupil is ready, the teacher appears." In my case, it seems, the universe, learning moments, and learning theory have *conspired* to facilitate new awareness around conscious learning. With my patients and myself, I could see learning occurring in bits and pieces, particularly in the presence of "unconditional acceptance" as I allowed them and myself the freedom to fail and start again.

Has your operatory or that of your hygienist ever sounded like a confessional? Patients may be looking for unconditional acceptance, the opportunity to start again, and receive a "hand or leg up" from you and your team, when they have slipped or fallen off the health wagon.

Think about it. In "the confessional," you may have been presented with a conscious learning moment for your patient, which is a lot different than the teach-and-tell style most dentists and hygienists learned in dental school.

Barriers to Learning Moments

Prior to accepting my full-time position, in May 1994, with The Pankey Institute, I had been in private practice for twenty-five years. I had been associated with The Gallup Organization for fourteen years, studying individual practices. Once at The Pankey Institute, I partnered with Donald O. Clifton at The Gallup Organization in creating a *Patient Satisfaction Survey* and a *Team Satisfaction Survey*.

As we studied the uniqueness of individual private practices, one finding was the tendency of a dentist and team to unwittingly create barriers to the patient's progress when what they really wanted was to create pathways to greater health.

The barriers were typically caused by an impatient or judgmental attitude and the "teach-and-tell" method of attempting to change patient behavior. I have discovered that learning is a two-way street. I know it now, and there was a time when it was not an awareness of mine. There were times in my early years in practice I thought I sat on the "smart side" of the desk or was at the "smart end" of the mirror and explorer. I thought my job was to inform my patients of their problems and shortcomings—which, of course, I thought I knew how to "fix" for them! Doctor Wonderful! Today I can list a whole bunch of possible issues. Principally, I was dealing with what it meant to be the doctor (wear a white coat, have the answers, be right, be perfect). And, I looked very young at twenty-four years of age. I even had a few patients who asked to see my diploma. That's probably a long enough list—you get the picture.

I met Dr. L. D. Pankey when I was twenty-six and he was sixty-eight. He shared his *Twenty-Two Questions* he used when getting to know the patient in his Initial or Pre-Clinical Interview. He suggested I use them between our first meeting and my next visit to South Florida. When I saw him about six months later, he remembered and asked me about how I was doing with the questions. He must have seen something on my face or in my eyes, because there was a question of his that I did not like. So I told him, I did not like his question, "Do you collect food between your teeth?" He did not get upset with me or tell me I was dumb for not liking his question. Rather, he asked me a question, "I'm interested in your response. Can you tell me what you see in that question that you do not like?" As I told him, he listened very carefully. I told him I was a good dentist, and if I did a thorough exam I could tell where the patient traps food by examining the health of the tissue, proximal marginal ridge heights, looking for potential plunger cusps, etc. And, if I asked the patient *that* question, the patient might wonder about the quality of my training. I wanted to be seen as a ***competent expert***.

He smiled a knowing smile, did not get angry with me or tell me I was wrong, and asked me another question. "Would there be a reason to ask the patient even though you already knew the answer?" There was a long silence while he allowed me time to think and then respond with "I could then discover the patient's awareness of a present condition in his or her own mouth." Another smile appeared on his face. I began to notice a pattern with all of my mentors; they did

a lot of smiling as we had sidebar conversations. Later in my relationship with Dr. Pankey and other mentors, I was able to ask them a question concerning their smiles. I had noticed the pattern of a smile just before I was about to discover something for myself. Their smiles became associated with my learning. They had a confidence, which came from the question(s) I was asking, that I was about to discover something for my self and therefore truly learn. As I shared this awareness with them, their smiles always increased in size.

Dr. Pankey and I had other conversations concerning the use of his *Twenty-two Questions*. One time, while attempting to respond to a "How's it going?" I was justifying my use of all of the questions on the list with one patient. And right in the midst of my *eloquent defense*, he asked me an obtuse question, from my point of view, "Did you play the piano?" I said yes. He then asked, "How many keys are there on the piano?" Since I had played the piano I responded with "eighty-eight, fifty-two ivory and thirty-six ebony." He smiled and asked, "How many do you need to play to hear the melody?" It was an "a-ha" moment, and we both smiled. It was time I ask myself about deeper ways of listening for the patient's melody, in his or her health stories, and the story behind the story.

Learning moments are often best shaped with an appropriate question, which may even sound obtuse, yet time is allowed for a pause, a reflection. When time is allowed for a connection to your own answer, it comes to you with a sharp awareness because you discovered it for yourself. When this happens to us, we marvel at how it was facilitated by the question. We experience the true wonder of learning.

Barriers to learning can be intentionally broken down, when and if the dentist and team develop an awareness of them happening. When new awareness appears within the *Behavioral Triangle* of patient, dentist and team, there is potential for intentional creation of *teachable moments of self-discovery*. *Systems Theory* offers us this insight; when we impact the relationship between any two points of the *Behavioral Triangle*, we impact the whole triangle, the whole system. Dentist and team can be encouraged to look at their individual practices and identify those points in the patient, dentist, team interface where it is possible to create a *learning moment* with another person. This is quite different than the typical teach-and-tell method many of us learned in our previous educational experiences.

The Doctor As Teacher

We have often heard the admonition that the Latin word *doctor* means teacher. Too often, we have interpreted this to mean we have permission to teach and tell others, as in "Oral Hygiene 101." I am sure you have heard yourself, your dental hygienist, or assistant being very eloquent on the subject. But, what do really great teachers do?

Great teachers truly educate. The Greek understanding of the word teacher is "the ability of a teacher to move someone else to another point of view; to educate." The strategy calls for influencing behavior through an experience as opposed to a download of information. It then follows that our role, as doctor/ teacher / influencer, is to create discovery experiences with and for others; our patients, our team and ourselves.

Apperception is the process of understanding in which new observations are related to past experience. We can create a strategy of intentional discovery and set the stage for uniquely personalized experiences in which awareness and then apperceptions occur.

While certainly possible, I have come to understand this is often easier said than done. Some spend a lifetime improving their ability to do this. And, I believe this process can be facilitated and learned when and if continuing education embraces the process by setting up courses, which practice this process and demonstrate this process regardless of the subject being "taught" and experienced in the educational setting.

Role Confusion

I remember an internal struggle of role confusion appeared after my conversation with Dr. Bob Barkley. Who am I? As a dentist, am I a fixer of teeth? A fixer of what is broken? Or, am I a facilitator of health? Role confusion frequently occurs throughout our careers. In dentistry, the number of "hats" we are invited to wear and subsequently learn about are numerous. Have you ever tried to make a list? My list includes:

- CEO (Chief Executive Officer)…responsible for the vision, values, standards, and mission of the practice
- Owner or Principal Investor…motivated to create a profitable business
- COO (Chief Operating Officer)…establishing, improving and overseeing clinical and administrative systems
- HRO (Human Resources Officer)…interviewing, hiring, training, counseling, developing, firing
- CFO (Chief Financial Officer)…understanding financial management of a business (balance sheets, profit and loss statements, cash flow statements, etc.), and more.
- Director of Marketing and Communications…building the branding reputation of the practice, attracting new clients, facilitating and sustaining client engagement, and accelerating referrals
- Director of Education…fostering self and team development and creating learning moments for patients, team members, local community, wider public, colleagues and vendors

It would be fun to see what you add to your list—perhaps, entertainer, psychologist, and coach! We had no clue when we started out in our career that we would be wearing all of these hats. No wonder role confusion can enter the picture.

The same holds true as you consider your emerging leadership responsibilities. Questions often appear.

- Am I a leader who is supposed to tell others what to do?

- Am I trapped in a "tell, tell again cycle." Or, am I a leader who is *willing* and *able* to influence behavior—my own first, then others, toward a preferred future, even in the face of resistance?

- Can I become a leader who creates individualized learning moments, which facilitate simultaneous growth in team members, clients, and myself?

Creating Learning Moments

A primary task in teaching is training your eyes and ears to listen for potentially relevant connection points with those whom you hope to influence. When your talk/listen ratio is in the range of 50/50, or better yet 40/60, or even at times 20/80, you create opportunities to hear relevant connective thoughts, which you do not hear when your talk/listen ratio is reversed. A setup for a learning moment originates in and is demonstrated by *listening* and is restricted by *telling*. Learning moments can begin by simply getting someone's attention, cleverly arousing curiosity, gently developing ownership of a present condition, tactfully refocusing attention to the pertinent subject, intentionally inviting a response, while skillfully negotiating an action plan.

Dr. L. D. Pankey's conceptual framework of dentistry—his *Cross of Dentistry,* has four major headings or "arms." They are: Know Yourself, Know Your Patient, Know Your Work, and Apply Your Knowledge. Certainly one can dive deep into each one of the four. I ask you to be mindful of the connectedness of the whole framework. Each arm is related to the others. There are three broad areas of learning within Know Your Work (KYW). Often KYW is interpreted as know your work technically, yet Dr. Pankey listed three important areas for development: technical skills, psychological skills, and communication skills.

I began to talk about these concepts during my full-time tenure at The Pankey Institute. I found participants became engaged around words, which seemed to hold meaning for them. One word that seemed to immediately engage everyone was the word "riddle," so I rephrased KYW to *Know the Technical, Behavioral, and Communication Riddles.* I described the riddles this way. Each patient who sits in your chair has at least three "riddles" which you can begin to understand and address. If the patient would like to have the greatest potential for keeping his or her teeth for a lifetime and to optimize health, function, and aesthetics, you can begin to learn, understand, and address all three.

1. The Technical Riddle can be solved through a comprehensive approach to co-discovery, diagnosis, and appropriate treatment planning, with and for the patient.

2. The Behavioral Riddle can be solved through progressive engagement with the patient, to understand the individual's unique dental health stories and past experiences, which shaped his or her opinions of dentistry. Often *deep listening* is required to hear a patient's story—and the story behind the story.

3. The Communication Riddle can be solved by learning how to communicate best with patients as unique individuals with the goal of facilitating self-discovery and the understanding of what they value; the "why" of what they really want to achieve.

A collaborative process of solving the riddles opens the way for simultaneous doctor-patient (often, doctor-patient-team) awareness and apperception.

Even though the Technical Riddle is full of opportunities for life-long learning, there are times when we think we might be done—if and when we do *just one more* course, seminar or workshop. The Behavioral and Communication Riddles, *on the other hand,* have a way of eluding us. At first, we might think we have solved these riddles when the patient says *yes* to treatment, yet the *first yes,* is really just a beginning and often filled with unhealthy assumptions or blind spots for the dentist, team, and patient.

One of my blind spots early on was telling my patients what was best for them while not listening deeply and learning their story. As a matter of fact, I had not engaged them. Engaging patients takes different forms based on the circumstances, objectives, and temperaments of the patient, dentist, and team. Getting someone's attention is not simple, and one phrase or script does not work for all patients; it depends! It depends on their unique circumstances, objectives, and temperament—their story behind the story.

I remember a patient who was an owner of five manufacturing businesses. A Periodontist referred him to me for his restorative work. As he presented, he had some mobile teeth as well as generalized tooth sensitivity. At our first visit he told me that I had been highly recommended, he wanted to have me do his restorative work, and he wanted to know how much it was going to cost. I was a bit taken back, since I had just met him and had not looked into his mouth yet. By self-report he had a couple of mobile teeth and generalized temperature sensitivity, in his mouth. I decided to engage him on a subject he brought up, money. I asked him if money would be the determiner of whether he did his restorative work? He said no, and then told me the story of his private jet, his four houses and their locations as well as his wife's most recent project, a new master bathroom in their home in a neighboring town. I asked him a second question, "Can you tell me more about your interest in cost?" And then he told me about his businesses and why he was so successful. He felt part of the answer to his success was he, most often, was the first to know the cost of a project. I then asked him how he would feel if he was the second to know? And he responded, who will be the first? I finally had his attention for the moment and thanked him for asking. Then I could answer his question by saying, "I will be the first to know." He smiled and said that would be okay.

Since he had mentioned his private jet, I decided to use an airplane analogy. I asked if we could talk about his dental work, with a 30,000-foot fly-over? He again said yes. We talked about not being in a big hurry because it would be in his best interest if we could do some things in stages and measure the response of his gingival tissues, bone, mobile teeth, and muscles. He smiled. I continued, because being able to take time to measure and monitor the bodies' response to the first stage of treatment would be in his best interest and allow the investment in the second stage of treatment to pay him dividends over a long period of time. If he wanted to know the cost of the beginning stages, I would be happy to put together a "not to exceed estimate" for

the first stage of work. I also asked him, if he could give me three to six months to evaluate the viability of those mobile teeth and get the sensitive teeth comfortable? Another yes followed. I then suggested, by allowing time for assessment, I would be able to let him be the *second to know* a "not to exceed number" on the his second phase, the total cost of his restorative work.

I realized during this conversation and many future appointments, I was learning to get his attention, arousing curiosity about what we were doing and why, gently developing his ownership of his present condition and the future work we were going to do together, tactfully refocusing his attention to a pertinent decision point conversation, inviting responses from him, and negotiating an action plan. His first "yes" was only the beginning of developing heightened dental health awareness, built through multiple learning moment opportunities.

Another "gift" of dentistry is your conversations can be continued over time. To me this was a big help in my learning to communicate while uncovering the Behavioral and Communication Riddles. Often I would finish an appointment and reflect on all that happened in our conversation, only to say to myself, "I wish I had said…" in response to a question or comment made by the patient. Eventually, I discovered an easy way to begin the conversation again the next time I saw the patient. I'd start by saying, "I have been thinking about you and the conversation we had last time." Most often, the patient would smile and ask, "What have you been thinking about?" Then, I would say, "Thank you for asking!" And the conversation would become a continuous one. What a gift—I had achieved a learning moment.

Leadership Challenges and Opportunities

Taking initiative to engage in conversations around these issues and many others can be a leadership challenge and opportunity. Realize your questions and responses will vary based on a person's stories of his or her previous dental experiences, as well as the circumstances, objectives, and temperament of the individual. You can learn to listen from an *inside-out* perspective and find opportunities to engage around *relevant connections*.

Many times, I began a conversation with what the patient had shared with me previously, as I listened for "their melody." My learning about communication came through my relationship with the patient and my desire to find a *relevant connection* between something they knew a lot about and a dental subject I was trying to help them connect with and understand. Part of the "*Riddle"* is identified through *"deep listening"* and another part comes from your integrity, ethics, and beliefs concerning what is truly in the best interest of the patient's short and long-term goals and objectives around health; even in the midst of experiencing a resistance from the patient. When we think about how we interact with our patients, do we operate in response to *crisis*, or are we *pro-active* in leading patients in a choice-making process? This is a process that can promote positive health choices and in which time is allowed to help patients clarify their choice while connecting their choice to their expressed value**s.** There are subtle ways, in which crisis bleeds into our operations. It seems most patients have experienced crisis-style dentistry and through a reoccurring pattern, it is reinforced. In fact, by many, it is considered the norm in dentistry as opposed to the exception.

It is funny how when I begin to focus on a topic, events in my life lead to examples and experiences to talk about. Isn't that interesting? At a dinner party, a new acquaintance was seated at my end of the table. As we began our "Pre-Clinical," I found out that Bob was a retired Chief Financial Officer (CFO) of a medium-size manufacturing company with $250 million in sales. He had traveled extensively in his career and had many experiences in dental offices. The conversation felt a bit like a confessional! Within minutes I felt as if I could fill in the past history tooth chart in a dental record with only some of the accuracy of the periodontal charting being off because I hadn't been allowed to probe the tissue!

In our conversation, Bob discovered I was a dentist and a teacher. When he asked, "What do you teach?" I thought I would move the conversation off of dentistry by responding, "I teach Finance." He looked surprised and a bit disinterested, though I thought it would be an opportunity for me to climb into the mind of a CFO of a $250 million dollar company.

He responded with, "You know, the thing that impresses me most, about dentists, is how quickly they make decisions."

Trying to find the compliment in the statement, he had just made and hoping he thought dentists to be of high intelligence, I queried, "Quick decisions?"

He went on to tell me, and sometimes show me between bites of food, the crowns I had already noticed as he expressed himself. He said, "It always impressed me, when I went into the dental office with a broken tooth, how the dentist would have a quick look around and then tell me I needed a crown. Sometimes he was ready to do it on the spot!"

Reeling from the events of this mealtime discussion, I responded, "Sounds like you have had quite a bit of dentistry done in your mouth." Bob replied, "Well, yes I have."

Other things had come out in our conversation. He was an accomplished golfer with a six handicap. He had three homes, and each home had the identical set of golf clubs ready for his rounds of golf at that location. All were recently updated, matched, swing-weighted custom sets. He was a serious golfer to say the least! My mind was spinning thinking about the gap between those matched sets of clubs and his unmatched set of teeth! How could I get his attention?

Doctor Pankey would often say to me, "Communicate with others by making your examples relevant to the other person's experience or frame of reference." The light bulb came on, as my mind returned to Bob sitting next to me at the table. "Tell me about how you made decisions as a CFO in your business," I said, trying to refocus myself.

"Decisions," Bob went on. "Well, I take a good look at the short and long term impact of the decisions, the cost of capital necessary – both short and long term, and the risk/reward potential to the bottom line of the company."

"Sounds like you study the problem and/or opportunity with reflection and quite a bit of detail. You slow down and take the necessary time to uncover the best decision," I responded.

"Well, yes, of course, they would be important decisions, and they would take time!" Bob replied.

"Quite honestly, Bob, that is exactly what I and others are attempting to teach dentists at The Pankey Institute. We are asking dentists to intentionally slow down and become more reflective, affective, and effective with their patients," I said.

I could see he was thinking about this. I thought I could bring conversation back around to his dental condition. Maybe it was easier for me because I was not selling my dental expertise, and be that as it may, I started in with another story.

"Bob, let's compare you and your teeth to your sets of golf clubs." He was listening. "It's as if, when you were a young man, God gave you a set of new golf clubs. We, as dentists, call them teeth. You used them through the years as you refined your golf game and in time you broke the 9-iron. You went to the *"Pro Shop"* and tried to get a new one. It was a 9-iron, of course, but the grip, the shaft and the swing weight were not quite the same as your original set. It was okay; you knew how to adjust, if you remembered to accommodate for the differences. As time went on, you had the same experience with your 7-iron, the 4-iron, the pitching wedge, and your favorite wood. Your teeth, which broke are identified with names and numbers, too. In time, you were adjusting your swing/bite and stance/muscles, every time you swung a club or chewed some food.

You noticed there were times, when certain muscles would get sore and even the soreness would get in the way of your swing/your chewing. Finally you decided to get refitted with a whole new set of clubs." I continued, "You went to a professional who put you through a whole series of tests and thorough evaluations to diagnose and plan the best solution, which fit your uniqueness. And, you not only got one completely new set of golf clubs, you got three."

Bob's face lit up, "So that's what you teach?" "That's what I teach," I responded. "You see, there are so many dentists who believe that you are a very busy man – a *Driver* personality type, or so they think, and they want to get you into and out of the dental office with dispatch. They respond in a crisis mode to your crisis events. What we are encouraging our participants to consider, for the best interest of their patient, is to slow down, be as thorough as you would be in your decision-making in your business. In the short range and long range, it will be better for all concerned," I concluded.

I believed he had finally understood his present dental condition and what I teach. As we said good night and shook hands, Bob said, "Would you be so kind as to give me your business card with the name of a dentist who thinks like you do? In fact, I'd like three – one for each of the locations of my golf clubs!"

From my point of view, there are too many dentists, too many writers of articles in dental publications, and too many podium speakers of practice management, who in their attempt to help a dentist get busy and do more dentistry encourage him/her to adopt crisis systems in their daily routine. There can be times, in our careers, when we may not even be aware that a *"Crisis Orientation"* is being promoted. I would encourage all to wonder about the systems, which are

in place at the patient/dentist/team interface and reframe our experiences toward a “Pro-Active Orientation” in health care.

After my conversation with Bob, I found I had a ready reference for golfers who understand the possibilities of a well functioning dentition whenever I relate it to their desire to have a set of swing-weighted golf clubs.

Another story of a patient and a dentist comes to mind as I reflect on relevant connections. I had been asked by a young dentist to come to his office and help him with the implementation of his new learning with occlusion applied to bite splints and equilibration. I suggested he line up a few patients for us to work on together during my visit. When we arrived at his office early in the morning to talk about the patients we were going to see together over the next two days, I asked him to bring me up to speed on where he was in treatment with the patients and the conversations he had had with them. We also looked at full mouth models, models of bite splints, and radiographs. I asked him what he wanted me to do with the first patient who was coming in that morning.

He said, “I want to watch you sell him a bite splint!” A little surprised, I asked him to tell me about the patient. He said he was a new acquaintance. They played golf together and occasionally gambled as they played to keep their interest up in the game. They also gave each other a hard time about handicap ratings. He mentioned he felt a bit embarrassed because he thought he knew what was best for his new friend and had kind of hustled his friend on the golf course to be a patient. He had noticed his friend was having some orthodontic treatment done, which the dentist felt was not in his friend’s best interest. This young dentist also shared with me that he was feeling a bit guilty about having his new friend come in as a patient, and he could not bring himself to have a conversation concerning the benefits of a bite splint.

Charlie (the friend/patient) appeared at the door of private office, and the dentist jumped up from behind his desk and introduced me. He then retreated behind his desk and began to take notes. Charlie and I stood about the same height. We looked each other in the eye, extended our right hands and felt the grip of a firm handshake, while smiling at each other – a good beginning.

In my mind, I was repeating slowly to myself, “Find a relevant connection.” I said, “Thanks for taking the time to come in and meet me on such a beautiful Spring day, as I pointed to a comfortable chair for him to sit in.”

He offered something about how golf could be a bit boring if you played it too much. Still looking for a relevant connection, since my “stated task” was to sell him a bite splint, I asked him about his work, and he said he was retired from directing filmed commercials. I was a bit surprised since he did not look much more than 45 years of age. He was in very good physical shape, so I asked him what he did with his new found time since he was retired and he did not want to get bored playing golf, nor lower his handicap too much because it would make it harder to win money from his dentist friend? He smiled a big smile and said he ran about five to seven miles a day. I smiled as I remembered the years when I ran three to five miles a day during

the week and seven to ten miles on weekends. A light bulb went on, in my head, and I knew a question I could ask to engage him and tweak his curiosity.

I said, “How often do you buy new running shoes?”

Without a hesitation, he said, “Every four hundred miles.”

I then asked, “How did you discover that interval?”

As I watched him and listened, he reached down with his right hand and rubbed the lateral surface of his right leg from the mid-thigh, across the lateral surface of his knee, to the lateral surface of his calf, while telling me of the discomfort he would experience in his muscles when the bottoms of his running shoes became worn.

I made the statement, “You must run with the traffic!”

He asked, “How do you know that?”

I responded with, I too experienced the same thing, when I ran on a road with the traffic, especially when the road had a bit of a “crown” on its surface to shed the water when it rains. I thought I had found a relevant connection, and I let it sink in a bit. Then, I told him his dentist friend wanted to offer him a new pair of shoes for the top of his teeth in the form of a removable bite splint. It would be like getting a new pair of running shoes and it would be professionally custom fitted to discover the appropriate shape of the tops of the teeth, which would please chewing muscles and create greater comfort, just like a new pair of sunning shoes affected his leg muscles and knee joint.

Charlie looked at his dentist friend and then at me before standing up. I stood up. He extended his hand and we shook hands. With a big smile he said, “I will make an appointment with the receptionist. I get it! Thank you!”

“You are very welcome, Charlie.” I continued, “You will do very well with Dr. young dentist’s guidance (the name is withheld to protect the innocent).

After my conversation with Charlie, I discovered that other runners always grasped the importance of a bite splint when asked if they were aware of how often they needed to buy new running shoes and what they had become aware of which led them to buy a new pair of shoes. When people became *aware* of the relative connection between something they know a lot about and a dental subject they are trying to understand, a smile appears on their face. I was able to customize the learning opportunity, one patient at a time—another example of “The true wonder of learning is discovering for yourself.”

I could share some more stories about other sports, like a very competitive woman tennis player or small boat sailor, and the list goes on. Learning leadership is about finding a *relevant connection.* My world is filled with people who are willing to open up and share what is most important to them. I then can speculate on their values and ask clarifying questions, which allow me to get to know them on a deep level; at a feeling level, empathically.

In a uniquely individualized, relationship-based, values-driven, fee-for-service, private practice, which promotes positive health choices, time is allowed to help the patient clarify his or her best choice while connecting the choice to his or her expressed values. Active collaboration, with the patient, from the dentist and team becomes an issue of leadership. When the invitation and response to the patient are experienced positively, with *willing* and *able* influencing behaviors, which are witnessed first in the behaviors of the dentist and team, the patient can respond positively toward a preferred future, even in the midst of wrestling with his or her own resistance.

In these uniquely individualized collaborations, we can learn to facilitate new awareness, health, and develop an awareness of transferring the locus of control back to the patient. When we can accomplish this ownership transfer back to the patient, all stakeholders increase their *own awareness* and *health* through *healthier behaviors and boundaries*.

Realizing You Can Become a Learning Organization

I will say it again because this can be immensely rewarding. When your team responds positively to the concept of learning through the creation of self-discovery learning moments and your team is *willing* and *able* to influence behavior (their own first, then others, toward a preferred future)—even in the face of resistance, the collaborative influence can be amazing. As a team learning together, you can learn to facilitate health and transfer ownership to the patient through the creation of learning moments. And, as a team working together as teachers in the true sense of the word, you can provide all patients with life transforming learning moments.

It is now clearer than ever to me that the best learning occurs when we make discoveries for ourselves, and the process of discovery can be a strategy in a learning organization. A dental office, which is striving to be a learning organization, functions best when all the stakeholders in relationship experience discovery and learning, regardless of role.

The Issue of Ownership

Elisabeth Kubler-Ross, in her 1969 groundbreaking book *ON DEATH AND DYING*, revealed many lessons from her work with cancer patients. Her work on *ownership* walked through my mind over and over. It began to change the conversations I had with patients and also the sequence of the treatments we offered. In her work with patients, she noticed they made healthy choices even in the face of their terminal diagnosis. She also observed that when patients owned their own health choices, health improved. These patients demonstrated healthier behaviors, and in many cases, while their longevity varied in duration, their choices added to the quality of their remaining life.

Her writing was a “gift” to me. Because of her writing I began to notice a pattern in my dental patients. Those with whom I could engage in a conversation around health choices and help experience the “locus of control” coming from within themselves, tended to make healthier choices, and the healthier they became, the healthier their choices became. Health became a collaborative adventure.

On reflection, I became aware that when I first started practice I inadvertently took the ownership of gingival tissue health away from the patient (the *locus of control* was in my hands). I would thoroughly debride and clean the patient's teeth and reappoint for an exam three weeks later. At the recall appointment, I would probe the tissue and praise the patient for how healthy the mouth looked.

Typically, there was a lack of bleeding tissue at the second appointment. Sometimes the patient would compliment me for my work, which of course felt good to me. I would reappoint them for a hygiene appointment four to six months out. Then, four to six months later, many of these patients would come back with the same bleeding gingival tissue we had worked to resolve. Eventually, I understood the patients had not taken ownership of their gingival health. If I continued to care more about a person's health than she or he did, their long-term health would be at risk.

I intentionally worked to change the patient's experience with the *locus of control* and would talk with patients about Kubler-Ross's work and how it related to their oral health. In this example of gingival tissue health, I began to switch the sequence of the patient's experience. I began by giving them a toothbrush and allowed them to demonstrate for me just how they brushed their teeth (a gentle yet significant change in the *locus of control*). Instead of telling them they were doing the tooth brushing wrong, I would ask for permission to share my observations with them. I would ask them if I could make a suggestion, based on what I was observing.

My job then was to create another experience from which they could discover something for themselves. ***This process of requesting permission to speak, then asking again and waiting to be invited can engender greater ownership within the person being facilitated in this process***. The experience of this simple process can create a learning moment and then learning becomes a given and can be replicated again and again. It can happen, just as change can happen, when the *locus of control* is appropriately placed in the correct hands.

For each of us, a question can arise: Can we facilitate learning and create change proactively? Can we take ownership of the process of facilitation and allow the patient to step up to own his or her health? I believe we can, and there is more to consider. We can also earn the right to be heard.

Earning the Right to Be Heard

In the midst of every thing we have been talking about, there is a very important influencing factor, and it is *relationship*. Donald O. Clifton, PhD has referenced relationship in all the areas of his studies of what he calls the "helping professions"—Developmental Management, Teaching, Coaching, Sales, Dentistry, Medicine, Dental Auxiliaries, Nursing, Other Health Professionals, Ministry, the Service Industries, especially the one-on-one Service Industries, and more. One of Dr. Clifton's greatest missions was to help place an outstanding teacher in every classroom because "learning happens best in relationship with another person." The same is true in all the helping professions, especially those where discovery and learning are a part of the process.

One of the gifts of dentistry is the one-on-one nature of our work. Relationship typically develops in two ways: in small groups and individually. In the small group you attain a sense of belonging, and in a one-on-one relationship intimacy and trust can flourish. Our best relationships have developed only on a one-on-one basis, which means giving complete attention to another person.

I consider it a gift of dentistry that the nature of our work is one-on-one. Quality relationship development can be greatly enhanced in an appropriate environment. Relationship-based dentistry can be intimacy magnified. Being with and for another person, even in the face of resistance occurs at the "feeling level" and, therefore, invites an integrity of connection through the deep sharing of and deep listening for feelings. Another way of saying this is the relationship is enhanced through the Affective Domain. Affect is a powerful force in the helping relationship. An Affective Orientation, along with an Effective Orientation, can mark the dawning of a new day, for it restores the helping relationship. It is another invitation to a both "with" and "for" world. Even though much of our professional training has been in the Effective Domain, we are being invited to merge the Affective and Effective Domains in our work with and for others, even in the face of resistance and with a preferred future in mind, for all stakeholders.

Understanding How the Mind Works and Matures

I have noticed my enjoyment in reading has increased in the second half of my life. Many of the "outlier musings" that *worked* at me throughout my early years are being validated in research and writing. Many of my thoughts found their genesis in the foundations of my family of origin, reflective thought, and conversations with mentors. I am more of an "it depends" type person; based on a person's "Circumstances, Objectives, and Temperament" (COT). In a more modern lexicon, you may hear the words "Context Oriented" or "Context Dependent." From a behavioral point of view, this foundational concept enters all the *venues* of our lives; with each individual with whom we interact, the *message* is shaped by the context; no two are alike, no *cookbook*, or *Quick-Fix*!

There has been advancing research concerning the brain and its function, over the last twenty-five years. Much has been written concerning the left and right hemispheres of the brain. The *Affective Domain* is understood as the *Right-Brain* and the *Effective Domain* is understood as the *Left-Brain*. Steven Pinkner, PhD., in his book *How the Mind Works*, First Edition 1997 examines the intimate connections, which link the Left and Right Brain, for it is proven fact, we are all given two hemispheres The connections of the left and right hemispheres are dynamic throughout life and have been described as "highways" by Pinkner, with a phrase describing an interesting developmental dynamic, "Busy highways get wider."

Developmental Psychology suggests when we are young, we see and there is a need to see, the world in *Black and White, right or wrong*, *just give me the answer*; it is often expressed in a type of impatience, which can invade much of what we do. In the second half of life, sometimes stimulated by one of life's *whacks upside the head,* an awakening occurs; there is a high potential for it to occur if you are open to it and discover it for yourself!

A few years ago a visitor came to the Sanibel Island and spoke to our Science and Medicine Forum series—Dr. Gene Cohen, MD, PhD., a recognized psychiatrist, researcher, and writer. In telling his history, he revealed he was a student of Dr. Erik Erikson at Harvard in the early 1960s. He felt challenged by Erikson to expand Erikson's thesis concerning Developmental Psychology or Developmental Stages, which at that time was covered in less than six pages on Erikson's profound concepts in a book written by Dr. Erikson.

Dr. Cohen's work and that of many others from 1990 to 2010 focused on the biological mechanisms behind thought and emotion, a study often referred to as "mapping the mind." Their work resulted in great insights about developmental influences on the adult mind. I connected much of Dr. Cohen's work with Dr. Pankey's Philosophy, as well as with the reflections of other mentors too numerous to mention in this article. I have noticed a pattern in all of their *work* and *learning,* and that is that they were able to connect ideas and understand relationships (make connections) to a much greater depth in the second half of their lives. It was in the second half of their lives that they "found their voice." For example, Dr. Pankey was 47 when he first spoke on the subject of "A Philosophy of Dental Practice."

When Dr. Cohn made his presentation to us that evening, we learned:

- Dozens of new findings are overturning the notion that "you can't teach old dogs new tricks." It turns out that not only can old dogs learn well, they are actually better at many types of intellectual tasks than young dogs. The big news is that the brain is far more flexible and adaptable than once thought; new memories mean new connections.

- The brain also has the ability to grow entirely new brain cells—a stunning finding filled with potential.

- We learned older brains process information in a dramatically different way than younger brains—older people can use both sides of the brains for tasks, while younger people use only one side of their brain to accomplish a task.

- A great deal of scientific work has also confirmed the *use it or lose it* adage; the mind grows stronger from use and from being challenged in the same way muscles grow stronger from exercise.

- The brain is not the only part of us continuing development—our personalities, creativity, and psychological "selves" continue to develop throughout life.

In Dr. Cohen's book *The Mature Mind,* he presents a new account of psychological development in the second half of life. He explains many things about older age and is fundamentally forward thinking and optimistic about our potential for lifelong growth, creativity, and emotional fulfillment. He identifies four distinct developmental phases of late life. These phases are not as distinct as Erikson's and may vary widely. People enter and pass through these phases under the impelling force of inner drives, desires, and urges that wax and wane throughout life, which comes from an *Inner Push* or *Inside-Out* work in *Knowing Yourself*!

If you haven't reached the age of 40 yet, you can look forward with optimism to great developments occurring:

- *Midlife Reevaluation*—a time for exploration and transition. Roughly during the years 40 – 65, we begin to ask the questions: Where have I been? Where am I now? Where am I going? This period is most times experienced not as a crisis but as a "quest" a—a desire to break new ground, answer deep questions, and search for what is true and meaningful in our lives.

- *Liberation*—a time when we feel a desire to experiment, innovate, and free ourselves from earlier inhibitions and limitations. Typically this time overlaps with Midlife Reevaluation and is strong throughout the late fifties, sixties and into the seventies. During this time our brains undergo significant physiological changes, including the routing of new connections between brain cells and a more balanced use of the two brain hemispheres. Often people express a sense of urgency at this time of life and express this with ***"If not now, when?"***

- *Summing Up*—a time of recapitulation, resolution, and review. This occurs from the late sixties, through the seventies, and eighties. A common outcome of this autobiographical summing up process is a desire to give back to family, friends, and society; volunteerism and philanthropy are prominent manifestations of this period.

- *Encore*—a time of desire to continue and to do it "again" or "still." This phase is not a swan song but a desire to go on, even in the face of resistance, adversity or loss. This inherent desire to remain vital can lead to new manifestations of creativity and social engagement, which make this phase full of surprises.

Dr. Cohen explained that understanding these phases of later life and the mechanisms at work behind them, heightens our awareness of a natural internal drive and enables us to become powerfully motivated and energized. We are released from earlier negative illusions about aging. We are stirred by new energy, direction, and purpose.

Developmental Intelligence is the greatest benefit of the aging brain/mind. This is the degree to which we have manifested our unique neurological, emotional, intellectual, and psychological capacities—the process by which these elements become optimally integrated in the mature mind. Emotional Intelligence is just one of the six intelligences, which are developing in each one of us and can add to the *flexibility of our responses*. Specifically, developmental intelligence reflects the maturing synergy of cognition, emotional intelligence, judgment, social skills, life experience, and consciousness.

As we mature, developmental intelligence is expressed in deepening wisdom, judgment, perspective, and vision. *Advanced* developmental intelligence is characterized by three types of thinking and reasoning, which develop later than Piaget's *formal operations* and hence are referred to as *post-formal operations*.

- *Relativistic Thinking*—recognizing that knowledge may be relative and not absolute.

- *Dialectic Thinking*—the ability to uncover and resolve contradictions in opposing and seemingly incompatible views.

- *Systemic Thinking*—being able to see the larger picture, to distinguish between the forest and the trees.

These three types of thinking are *advanced* in the sense that they do not come naturally in youth, who prefer answers black or white, right or wrong. And they usually prefer any answer to none at all. It takes time, experience, and effort to develop more flexible and subtle thinking. Our capacity to accept uncertainty (a *Tolerance for Ambiguity* or *Ambiguity Tolerance*—my words), to admit that answers are often relative, and to suspend judgment for a more careful evaluation of opposing claims is a true measure of our developmental intelligence.

The power of older minds, according to Dr. Gene Cohen comes from *Pragmatic Creativity.* The years of experience and a certain agility of thought can often illustrate, a mature psychological development, which is prevalent among people in their sixties and seventies. With age can come a new feeling of inner freedom, self-confidence, and liberation from social constraints that allows for novel and bold behavior. The mind is what the brain does; the mind equals *"software"* that runs the *"hardware"* which equals the brain.

The learning from the latest research concludes, the brain is more resilient, adaptable, and capable than we long thought. There are four key attributes of the Brain which provide optimism for the second half of life:

- The brain is continually reshaping itself in response to experience and learning.

- New brain cells DO form throughout life.

- The brain's emotional circuitry matures and becomes more balanced with age.

- The brain's two hemisphere's are more equally used by older adults.

There is a potential for older brains:

- The most important difference between older brains and younger brains is the easiest to overlook; older brains have learned more than young brains. Many aspects of life are simply too complicated and subtle to learn quickly—experience comes in many spheres of life.

- Human relations are notoriously complicated and can take decades to acquire the deep knowledge and understanding it takes to become a truly effective/affective therapist, pastor, manager, leader, professional, or politician. There is simply no substitute of acquired learning in such fields as editing, law, medicine, dentistry, coaching, and many other areas of science. In these and many other fields, age generally trumps youth. Age alone is no guarantee of excellence, but excellence in many fields can be achieved only after many years of hard work and experience.

- Learning actually causes physical changes in the brain. The brain cells in parts of the brain that an older person has used continuously would look like a dense forest of thickly branched trees, compared with the thinner and less dense forest of the young brain. This neural density is the physical base for the skills of accomplished older adults. In short, the brain actively grows and rewrites itself in response to stimulation and learning.

- Researchers are honing in on what triggers new neuronal growth, although much of the process remains unknown; challenging mental activity as well as vigorous physical activity which "juices" the brain, stimulating the production of chemicals called "growth factors."

- As adults age, they experience less intense negative emotions and pay more attention to positive emotional stimuli.

- Healthy men and women use both sides of their brain throughout their life.

- Autobiographical expression in the second half of life appears to be an example of bilateral involvement of both brain hemispheres.

Your brain never stops developing and changing,
It's been doing it from the time you were an embryo,
And it will keep on doing it all of your life.
And this ability, perhaps, represents its' greatest strength.
—James Trefil, physicist and author

Developing Trust, an Important Aspect of Communication

We can create and deepen trust through trustworthy actions repeated again and again over time—such actions as:

- Doing *with* rather than *for*,
- To listen, know, and understand a person's story –and the story behind their story
- Risking commitments with another person
- Doing what you said you would do.

It is all a part of earning the right to be heard, which in itself can be important learning for the health professional and the helping professions. There can be a way for each of us to learn to be present with and for another person ***while leaving our expert white-coat authority outside the room and instead bringing all of our humanity into the room***.

There is within each one of us a potential for goodness beyond our imagining; for giving, which seeks no reward; for listening without judgment; for loving unconditionally. —Elisabeth Kubler-Ross

There is another health professional who speaks and writes with the wisdom of years. Her name is Rachel Naomi Remen, MD, and she adds this to our conversation:

Even on the most stressful and pressured of days there are moments in which we can experience something else, moments in which we connect to people on a very intimate level and make a difference to them and they to us. Times when, despite everything, we experience compassion, give and receive love, ease suffering and fear and are profoundly trusted. Instances when the greatness and courage of an ordinary person is suddenly revealed and we know ourselves to be in the presence of a hero. Or we recognize that we ourselves are heroes. No question that these experiences are brief, but they happen daily. And often they are life-giving…like taking single breaths of pure oxygen in the middle of a deep-water dive.

Transferring and Extending Learning

The conceptual framework, which supports the transfer of locus of control, ownership, and trust, can be extended into all areas of your practice and your life. Leadership Development is not an intellectual "download." Rather, it is a continual experiential exercise. Leading can invite learning, and learning can invite doing; therefore, leading has never been a spectator sport. Our effectiveness and affectiveness in leading and learning comes from doing "it," experiencing "it," and then reflecting on what happened, as a way of refining the process. Sounds complicated? It isn't.

It is called "intentional living," a "proactive lifestyle," or "future focus." It is life itself that can provide the foundation for us to learn to do leadership learning. By doing it for ourselves, we can discover this leadership emerging from the "*inside-out,"* based on our deeply held values and beliefs. We become better equipped to learn and to facilitate discovery for others through our personal experiential learning process.

It takes time to develop this from the *"inside out,"* and it is sustained by an intrinsic motivation. The locus of control and ownership for ourselves has been internalized (recognized and thought about), so as we work with others, we can see the transfer and extension occur in the learning moment of others. Eureka!

Experiential Learning Can Be a Strategic Choice

Can you harness the process and make it work for your organization? Experiential learning can become a strategic choice. You can decide experiential learning is a strategic response, and it is connected to "doing dentistry" and learning about learning. It is both an individual experience and a collective experience with patients, team and self. It can be helpful to reflect on your ability to create an educational environment with and for your patient, your team and yourself.

As we face the challenges of 2014, reflect on the admonition of a behaviorist: "You cannot take another person where you yourself have not been." Where is it that you want to invite yourself? Do it and discover something about yourself. Then, instead of telling your team about your discoveries, create a series of experiential exercises, which allow them to make discoveries for

themselves. Now, your task, if you accept it, is for you to invite your team to join you in creating a different kind of learning environment with and for your patients.

Aristotle said, “Happiness is in the doing.” Well then, let’s just do it! We can learn to create moments, which allow others to experience the true wonder of learning through their own discovery. As a first step, you can learn to bring yourself to a “learning moment” in a different way, and in so doing, you can learn to invite others to discover these moments for themselves. It can be a lot more fun and create more profound learning than the old *teach and tell*. As we continue to develop a practice, those who choose a uniquely individualized, relationship-based, fee-for-service style, will find it helpful to be values-driven and choice-driven when it comes to their strategy for discovery, while creating individualized learning experiences with and for patients, team and self. Have fun “experiencing” rather than just thinking about these *stepping-stones*. You can proactively shape your desired future practice and life.

Life is a **verb**! It is not a **noun**!
You are not placed on this earth to describe life!
Rather, you are placed on this earth to ***experience*** life yourself!
Experiencing life can be the best way to learn!
Dream and plan as if you are going to live a long time!
Live as if all you have is the present moment!