



What Do You Get Paid to Do?

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What do you get paid to do? It is an interesting question – one that I have reflected on from time to time on my journey in dentistry. Often our first response is to say we “do” dentistry (fix teeth, remove decay, “whack” plaque, re-contour soft tissue and bone, place implants or splints, restore occlusion, relax muscles, treat the TMJ, do crowns, and the list goes on). The question still remains. Is that really what you get paid to do? It is a question that comes back to us as we revision our preferred future, work with our team concerning the mission of our practice, and one that we can look at differently as we learn and grow to higher levels of competence and confidence – technically and behaviorally.

As I observe participants in the Continuum and reflect on my own growth and development, I realize that, for many at the beginning of their journey, the burning issue is being able to solve the technical riddle of their work. At some level of competence and confidence, the horizon

broadens and they realize the technical riddle needs to be uniquely applied for each and every patient. And, in order to do that, the behavioral riddle needs to be discovered for each unique patient. Sometimes the probing conversations are difficult, even those about the obvious conditions easily observed by the patient.

Then enters Dr. Pankey’s third item in the Know Your Work arm of the Cross of Dentistry, learn to communicate. Most of us think, at first, this means talking with real smooth, silver-tongued, memorized statements. We want to use scripts. Then, we come to realize that it is all about listening, staying curious, staying present with and for the patient, probing the patient’s understanding of the present oral condition for the patient’s awareness and ownership, and helping the patient clarify what is important to him or her – what he or she values.

The question of what we get paid to do was brought home recently as I reflected on a very nice letter I received from a participant who had just finished all the courses in the Continuum. He was remembering exact conversations we had, in and out of class during his first five levels of his Continuum experiences. It was, at first, a bit scary to think that what I had said had that kind of impact.

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A poem appears on the wall of the first floor student lounge, at the Institute, that is titled “Remember” and speaks to this issue. It follows:

REMEMBER

You may not remember my face or when exactly I was here.

You may not remember where I’m from or listening when I needed an ear.

You may not remember encouraging me when I was confused, saying what I needed to hear.

You may not remember helping me in the lab, making that concept clear.

You may not remember most of what you gave me,

But I am every student you have touched, and I remember.

What I remember about our exchange and relationship is that he had listened. By the insight that he shared, I knew he had reflected on the subject. From his questions, I knew he had acted on his beginning understanding. And from the smile on his face, I knew he was learning through his experience of application and implementation.

He went on, in his letter, to share the moments of discovery and angst from new information, the good feelings of

support during his discovery and insight, and his times of anger, with me, when I confronted him about issues I felt he should consider in his growth and development. He went on to say that as he processed all the stuff that was coming to him, a comment I had made would come back to him, “Yes, isn’t that interesting?”

He came to understand this as if I had placed a small, smooth pebble in his shoe that would continually be there and remind him that he had some more things to work out. Wow! That’s it, I thought, that’s what I, Rich Green, get paid to do! I get paid to figure out what pebble to place in an individual participant’s shoe. What special something will engender unease that will lead to growth?

Now, transfer this to your doctor/patient relationship – could it be that part of your job as a facilitator of health is to create a tension, a feeling of being disquieted? Maybe you get paid to uniquely influence the patient in the manner that L.D. Pankey talked about as “appropriately based on the person’s circumstances, objectives and temperament.” Then, the next question might be “How long are you willing to hold out, even in the face of resistance, for what is in the best interest of the patient?”

Maybe that is what we get paid to do. After doing the discipline and discovering

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the answers to an individual patient’s technical riddle, we figure out the behavioral riddle and how to communicate it through new and inventive ways, facilitating unique choice-making on the part of the patient. Those new and inventive ways are oftentimes placing some “smooth little stones” in their shoes!

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