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THE EDITOR'S CORNER

Two-Way Communication

As I write this Editor's Corner, I have just dealt with an uncomfortable situation involving the pediatric dentist who sees Roger, one of my Phase I patients. It seems this gentleman had never seen a bonded rapid palatal expander and had no idea about its temporary posterior open-bite sequelum. He was also completely unfamiliar with the use of occlusal composite to accomplish temporary disclusion. When my patient's father took the boy in for his semiannual prophylaxis appointment, the pedodontist went ballistic. He saw what he thought was "excess cement" left on the occlusal surface of the upper molars, and in his zeal for protecting "his" patient, he saw fit to tell the father what a horrible person I must be. Then he called me and continued his tirade. One thing led to another, and given my ancestral predilection for a hot temper, I wasn't about to sit back and let someone I perceived to be a complete fool tell me what was best for one of "my" patients.

After we swapped snide comments and various insults over the phone for about 20 minutes, I eventually cajoled this guy into a face-to-face meeting, where neither one of us could take advantage of the safety provided by long-distance telephone communication. I am quite sure that my Texas great-grandfather would have challenged the pedodontist to a gunfight, and that any of my Highlander ancestors would have proposed to resolve the situation with broadswords. As it turned out, we dealt with the situation in a manner more befitting modern-day California: I took him out to lunch at a trendy Italian place. As we faced each other down over *zuppa toscana*, Caesar salads, and Arnold Palmers, we eventually came to realize that we both had Roger's best interests in mind, and that if I had provided the pediatric dentist with just a brief letter of explanation regarding my treatment plan in the first place, I could have saved both of us a great deal of stress and negative emotion. In the end, I learned from him, he learned from me, and we both came away from the episode with a new regard for each other's background and training—and a new favorite place for *zuppa toscana*.

Also at this writing, I am preparing to leave for the AAO annual session in Las Vegas. I've noted before how much I enjoy this yearly opportunity to get together with friends and colleagues, both old and not-so-old. The meeting allows us not to only catch up on what has been going on in our personal lives, but also to find out what has been going on in our professional lives. I learn from them, they learn from me. Of course, chatting with friends is only part of the attraction of the annual session. The presentations by the world's leading authorities on everything from office management to biomechanics to 3D imaging ensure that genuinely attentive attendees are brought up to date on (to borrow an old academic phrase) "what is taught, what is thought, and what is practiced" in the contemporary clinical science of orthodontics. In addition, manufacturers always play a prominent role at the convention, and the exhibit hall is one of the most popular gathering places. My conversations with the manufacturers are like those with my colleagues: two-way interactions. They show me their new developments and what they have to offer; I tell them what I think of their current products, what I expect from their new ones, and what I would like to see explored in the future. I learn from them, they learn from me.

If the past is any indication, I expect that this year's meeting will be about as positive an experience as my initial encounter with the pediatric dentist was negative. What does one situation have to do with the other? Simple: the main

lesson to be learned from both is *communication*. Communicating with my friends and colleagues at the annual session (or at any other time, for that matter) is a source of joy and pleasure. Failure to communicate in an appropriate and timely manner with someone I now also regard as a friend and colleague resulted in an unpleasant and unnecessary experience. It would have taken me less than five minutes to provide the pedodontist with everything he needed to understand what I was doing and, more important, why I was doing it. Since all my records—models, radiographs, treatment plans—are now digital, appropriate and productive communication was only a few mouse clicks and one e-mail away.

Ultimately, our success in practice depends on our ability and willingness to make the effort to communicate openly, efficiently, and frequently with our patients, our referring doctors, and our staffs. We must not take for granted that our patients understand what we are doing and why. We cannot take for granted that other practitioners who have our patients' best interests in mind understand that as well. Likewise, we cannot take for granted that we know all there is to know about clinical orthodontics.

I hope to see—and communicate with—as many JCO readers, authors, and editors as possible in Las Vegas. If I missed you, please feel free to drop me an e-mail or give me call any time you would like to bring anything to our attention at JCO. I look forward to our communication.

RGK