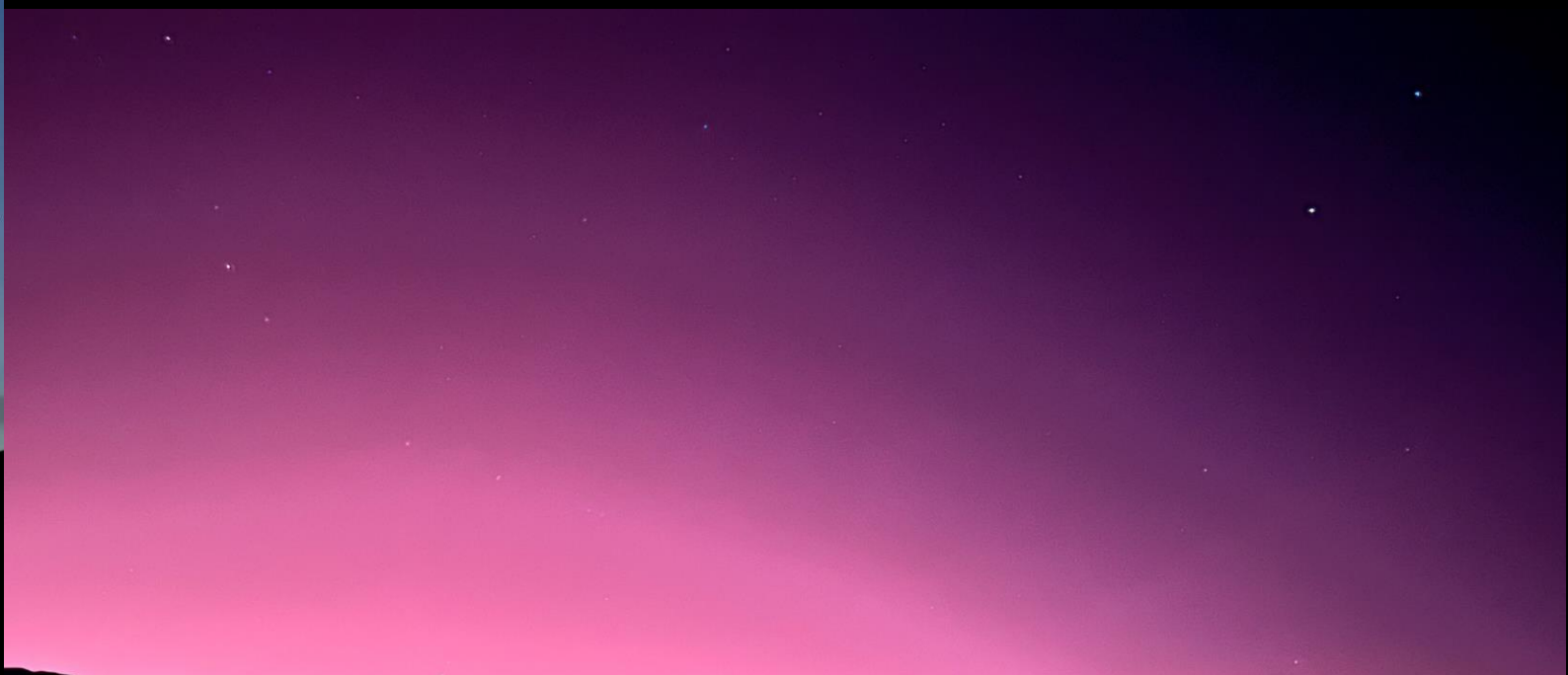


Effective Assisting

Timothy M. Bizga, DDS, FAGD







THANK YOU FOR YOUR ATTENDANCE*

Complete the form below to gain access to
FREE handouts, special offers & exclusive information.



First Name

First Name

www.2thLectures.com

ABOUT ME



Objectives

- Share my experience and tell stories
- Be authentic
- Have fun





Perspective Principle

- How we VIEW things determines how we DO things
- What you SEE is who you will BE
- When we CHANGE the way we look at things-the things we look at CHANGE
- What I BELIEVE, determines how I PERCEIVE (your subjective construct)

EXPANDED ANNIVERSARY EDITION



DON CLIFTON

*Father of Strengths Psychology and
Inventor of the Clifton StrengthsFinder*

HOW
FULL
IS YOUR
BUCKET?

FROM GALLUP

Tom Rath and Donald O. Clifton, Ph.D.





Everyone has an invisible bucket. We are at our best when our buckets are overflowing – and at our worst when they are empty.



Everyone also has an invisible dipper. In each interaction, we can use our dipper either to fill or to dip from others' buckets.



Whenever we choose to fill others' buckets, we in turn fill our own.

Have you
filled a
bucket
today?



According to the US Department of Labor:



The #1 reason
people leave
their jobs:
They don't feel
appreciated.



DALE CARNAGIE STUDY REVEALED 75% OF
PEOPLE LEAVE AN ORGANIZATION BECAUSE
OF THEIR BOSS



GALLUP SHOWED 87% OF WORKERS
WORLDWIDE SORT THEIR JOB AS MORE
FRUSTRATION THAN FULFILLMENT

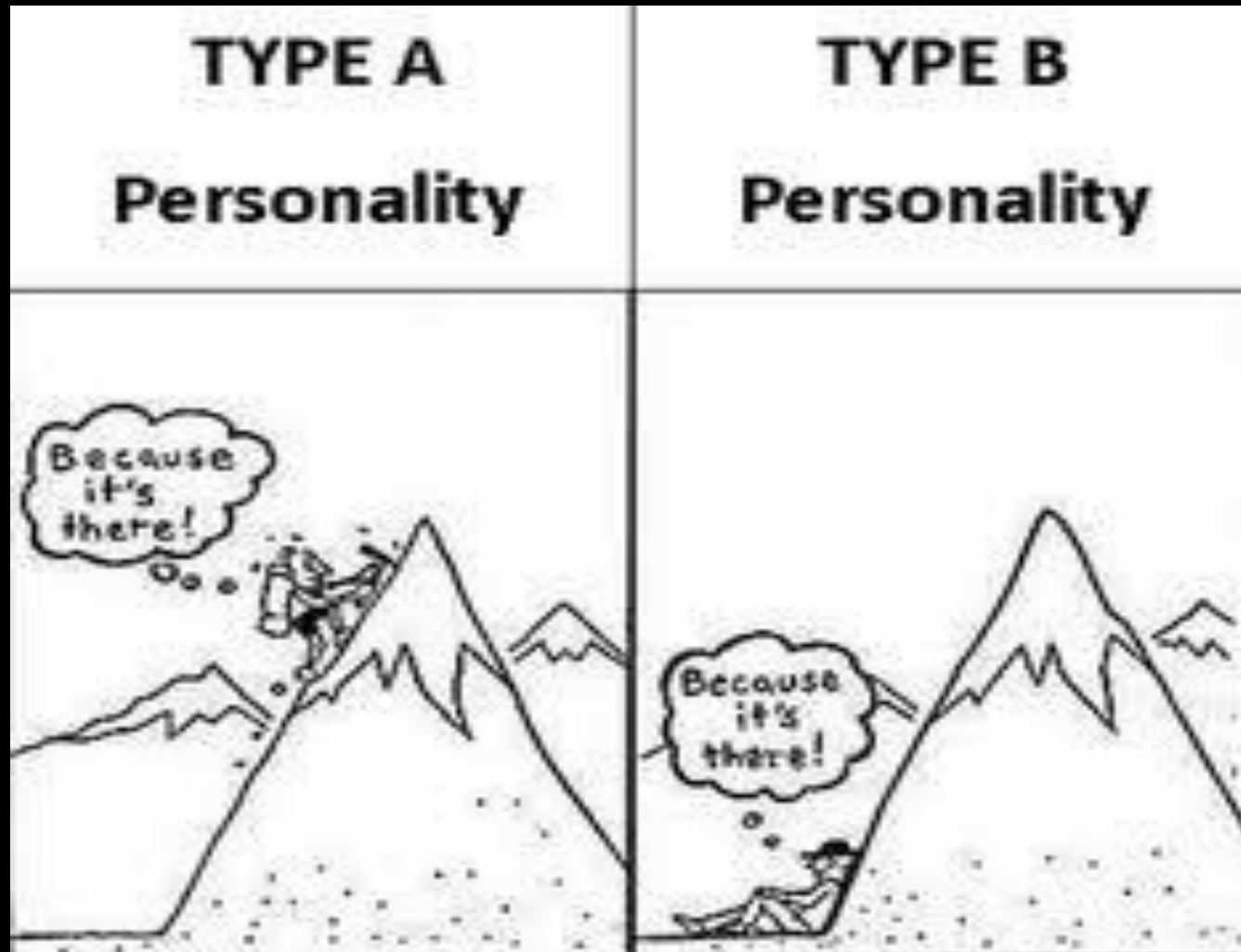


- 60% of our life is spent WORKING or PREPARING for WORK

What makes an Effective Assistant



Type A



Application



Attitude



Life is 10% what happens to me



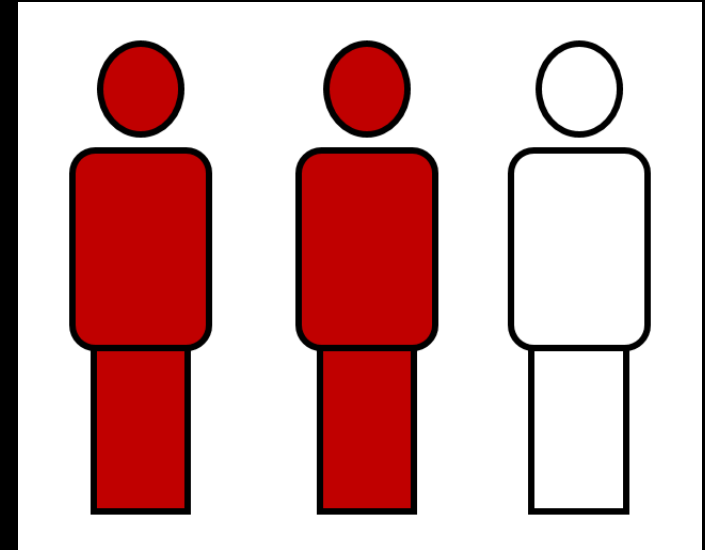
and 90% of how I react to it



ATTITUDE

Why Customers Leave

- 9% Leave because of competitors
- 10% Leave due to other reasons
- 14% Leave due to product dissatisfaction
- 67% Leave due to attitude or indifference (connection issue)





Where is your skill level?

3 Things Employers Look For

1. Loyalty/ Dependability
 2. Positive Attitude
 3. Desire to learn new things and keep growing
- Anything that is healthy, keeps growing!

30,000ft View of Today

- Beginning in 2010 and beyond...birth of the SUPER GP
 - Versed in bread and butter dentistry
 - Also does one of the following
 - Adult ortho (aligners or 6MS)
 - Endo
 - Sleep Apnea
 - OS/Implants
 - Lasers
- Teach TMT
 - Good Tools + Great Materials + Solid Technique = **Lasting Results**

A Fork in the Road...

- Treat Children
 - Totally fee for service
 - Guiding growth and development
 - 4-6months of habit correction
 - Custom appliance to facilitate eruption
 - Goal is to prevent long term negative effects
- Treat Adults
 - Possibility of Medical Billing
 - Sleep studies are required
 - Manage symptoms
 - Multiple appliance options
 - Studies show some remission and lack of long term efficacy

- Extended Bottle Feeding and Pacifier Use
- Causes Poor Tongue Position and Abnormal Swallowing
- Sugar/ Processed Foods can have an effect
- Poor Oral Habits (thumb / finger / lip sucking, tongue thrust, etc.)

Mouth Breathing / Snoring

- Restless Sleep / Arousals
- ADD / ADHD
- Bed Wetting
- Chronic Allergies
- Nightmares
- Daytime Drowsiness
- Aggression / Defiance / Anger
- Difficulty in School
- Frequent Infections

Sleep Disordered Breathing

Compromised Airway

- Reduces airway / Restricts Airflow
- Reduces Oxygen / Increases CO2
- Affects Brain Function / Immune & Endocrine Systems
- Swollen Adenoids / Tonsils
- Low Tongue Position / Tongue Thrust
- Underdeveloped Dental Arches
Overjet / Open Bite
- Cross Bite



SLEEP DEPRIVATION – PERCENTAGE OF INCIDENCE

- Mouth breathing during sleep -1/2 inch opening reduces airway by 6 mm – average airway in 7 year old is 7mm
- Most urgent for diagnosis are in bold type below
- 20 most important symptoms ≤4 – 13+ years

Mouth Breathing Nights	43.0%	Snores 1 Night/Week	24.7%
Snore at All	37.2%	Sweating During Sleep	19.0%
Difficulty Listening	34.7%	Snores 2-4 Nights/Week	18.9%
Often Interrupts	34.7%	Bed Wetting	18.1%
Tooth Grinding	32.0%	Hyperactive	17.5%
Talks in Sleep	31.7%	Attention Deficit	15.7%
Wakes Up at Night	29.0%	Falls Asleep Watching TV	13.4%
Allergies	28.7%	Speech Problems	12.9%
Restless Sleep	26.9%	Difficult, Labored Breathing	12.4%
Fidgets with Hands	26.6%	Snores 5-7 Nights/Week	8.2%
Mouth Breathes Days	25.4%	Throat Infections	6.8%
ADHD	25.2		
Incidence ≥ 1 Symptom	90%	N=501	
Incidence ≥ 4 Symptoms	60%	(from Stevens et al, 2016)	



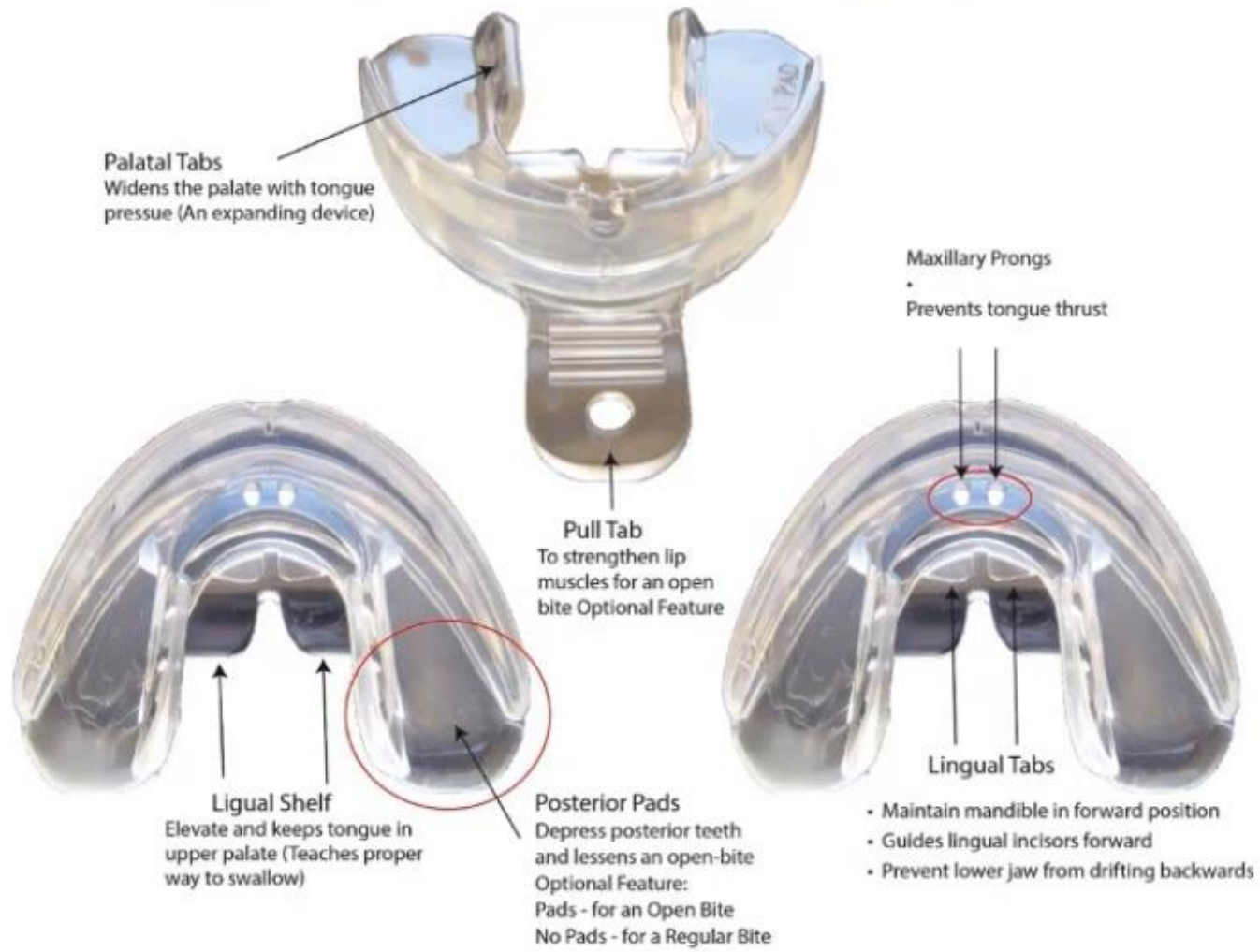
Findings

- Mouth breathing & snoring associated with more SDB symptoms than any of the other symptoms studied
- 90% had ≥ 1 SDB symptom
- 60% had ≥ 4 symptoms
- 20% experience bedwetting
- From 4 to 12 yo, 92.6% of symptoms **did not self correct**; 30% worsened with age

KIDS
AGES 5-7

healthystart™

HEALTHY START HABIT CORRECTOR® KIDS





The earliest signs of sleep disordered breathing can be found in the mouth



Class I



Class II



Class III



Class IV

- Our goal is Mallampati score improvement

Dental wear



Narrow palate



Scalloped tongue



Gum recession



Abfraction lesions



Signs to Look For



PHARMACOLOGY

Chlorhexidine allergy: raising awareness about rare but potentially life-threatening reactions

Mark Donaldson, BSP, ACPR, PHARM.D, FASHP, FACHE ■ Jason H. Goodchild, DMD

Chlorhexidine (CHX) is an antiseptic agent commonly used in many areas of clinical dentistry. Despite the ubiquity of CHX, dental products containing this agent can cause various hypersensitivity reactions that range in severity from type IV, delayed hypersensitivity (usually manifesting as urticaria and dermatitis or fixed drug eruptions), to type I, which has serious and life-threatening consequences (immediate hypersensitivity and anaphylaxis).¹⁻⁵ The prevalence of CHX hypersensitivity is unknown; it is considered rare, but case reports in recent years have highlighted the need for awareness, especially recognition that allergic contact dermatitis may predispose patients to more serious type I reactions on subsequent CHX exposure.^{2,5-8}

Given the number of dental products that contain CHX (such as mouthwashes, toothpastes, gels, periodontal chips, cavity cleansers, varnishes, and hand sanitizers), it is likely that hypersensitivity reactions following the use of CHX in the dental setting will continue to increase.^{5,9,10} In 2014, the UK Medicines and Healthcare Products Regulatory Agency updated an earlier warning to healthcare providers about the risk of anaphylactic reactions due to CHX allergy.^{11,12} More recently, the increased prevalence of CHX allergies was highlighted by a Drug Safety Communication published by the US Food and Drug Administration (FDA) in February 2017.¹³

In this alert, the FDA warned of rare but potentially serious allergic reactions from CHX-containing products, stating that “the number of reports of serious allergic reactions to these products has increased over the last several years.”¹³ The basis of the FDA Drug Safety Communication was several recent reports of anaphylaxis, including 2 deaths.

History of CHX in medicine and dentistry

CHX was developed in the 1940s by Imperial Chemical and was first approved for use in 1954 in the United Kingdom, soon becoming available in other countries.^{3,14,15} CHX mouthrinse was introduced in 1969 by L&L, and subsequent studies demonstrated that 2 daily mouthrinses with 0.2% CHX gluconate in conjunction with mechanical oral hygiene measures prevented plaque formation and the development of gingivitis.¹⁶⁻¹⁸ During a 2-year study by L&L et al, no adverse health effects were observed among users, and the only negative outcome was tooth staining.¹⁸

A CHX gluconate mouthrinse was approved for use in the United States by the FDA in 1986, and Procter & Gamble began selling the agent under the brand name Peridex.^{19,20} Although 0.2% CHX gluconate mouthrinse was available in Europe during this time, Peridex was approved at the 0.12% concentration, primarily to mitigate brown tooth staining. In 1986, Peridex also became the

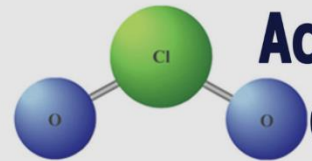
first oral healthcare product to receive the American Dental Association Council on Dental Therapeutics’ seal of acceptance for control of plaque and gingivitis.^{20,21} The studies by Procter & Gamble that helped to bring Peridex to market showed limited tooth staining at the reduced concentration but also listed other common side effects following oral use of this product, including increased calculus formation and alterations in taste.^{20,22} CHX is included in the World Health Organization’s *WHO Model List of Essential Medications*.²³

Currently in dentistry, CHX is used for the prevention of primary and secondary gingivitis, periodontal disease, and caries; surgical and endodontic irrigation; management of postoperative sensitivity; and cavity disinfection. In addition to the gluconate mouthrinse formulation, which became generic in 1994, CHX can now be found in gels, sprays, toothpastes, discs, chips, varnishes, sugar-free chewing gum, and hand sanitizers.^{15,24,25}

Pharmacology of CHX

CHX is a synthetic bisbiguanide topical antiseptic with a symmetric molecular formula consisting of 4 chlorophenyl rings and 2 biguanide groups connected by a central hexamethylene bridge (Figure).^{24,26} It is a broad-spectrum antimicrobial exhibiting concentration-dependent bactericidal and bacteriostatic effects. CHX is effective against gram-positive and gram-negative bacteria, fungi, and some

Go-To Product



Activated Chlorine Dioxide

OraCare's Main Ingredient!



Chlorhexidine Comparison

	Chlorhexidine	OraCare
Anti-Bacteria	Exceptional	Exceptional
Anti-Virus	Poor	Good
Anti-Fungal	Poor	Exceptional
Neutralize VSC's	Poor	Exceptional
Destruction of Biofilm	Poor	Exceptional
		<i>*Without Side Effects</i>

No Pre-Rinse, No High Volume Suction



Figure 7: Colony forming units without the use of both chlorhexidine

Pre-Rinse Alone Makes a Difference



Figure 3: Colony forming units without the use of chlorhexidine (0.12%) preprocedural rinse



Figure 4: Reduction of colony forming units after the use of chlorhexidine (0.12%) preprocedural rinse

High Volume Suction Matters!



Figure 5: Colony forming units without the use of high volume evacuator

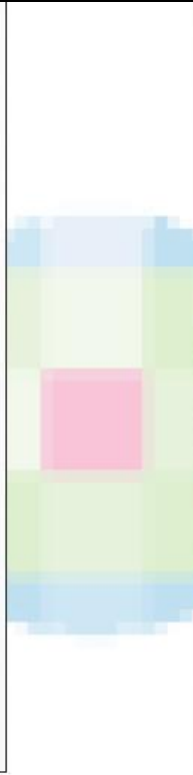


Figure 6: Reduction of colony forming units after the use of high volume evacuator



Figure 4: Reduction of colony forming units after the use of chlorhexidine (0.12%) preprocedural rinse



Figure 6: Reduction of colony forming units after the use of high volume evacuator

Summary



Figure 8: Significant reduction of colony forming units with the use of

- The most common reason reported by dental clinicians for missing work is respiratory infection
- Aerosol Contaminants can travel nearly 8 feet



Christensen , R. (2006); Milejczak CB, (2005)

Potential Persistence on Surfaces

HIV	Up to 1 week or more
HSV	Up to 1 week or more
Rhinovirus	14 hours
Ebola Virus	Up to 6 days
HBV	Up to 1 week
Herpes Simplex	Up to 1 week
HCV	Up to 6 weeks
MRSA	Up to 7 months
Candida Albicans	Up to 120 days
Mycobacterium tuberculosis (TB)	Up to 4 months

Kramer et al., (2014); Painsil E, et al., (2014); Sagripanti JL, et al., (2010)

Size Options

- 2 oz Travel Sets
- 16 oz Patient Sets
- 32 oz Operatory Sets



<https://thewonderspray.com/>

Use Code: **WONDERSALE** for 10% off



A promotional graphic for Wonder Spray. The background is dark blue with a subtle pattern of light blue dots. In the center is a white spray bottle of Wonder Spray. To the left of the bottle, the text reads: 'INTRODUCING YOUR ALL NATURAL MULTI-PURPOSE GERM KILLER IN A BOTTLE!'. To the right of the bottle, a white-bordered box contains the text: 'FORMULATED WITH PURE HOCL'. The bottle label is partially visible, showing 'WONDER SPRAY' and 'FIRST AID SOLUTION'.

Light Polymerization and Curing Lights



Seal!

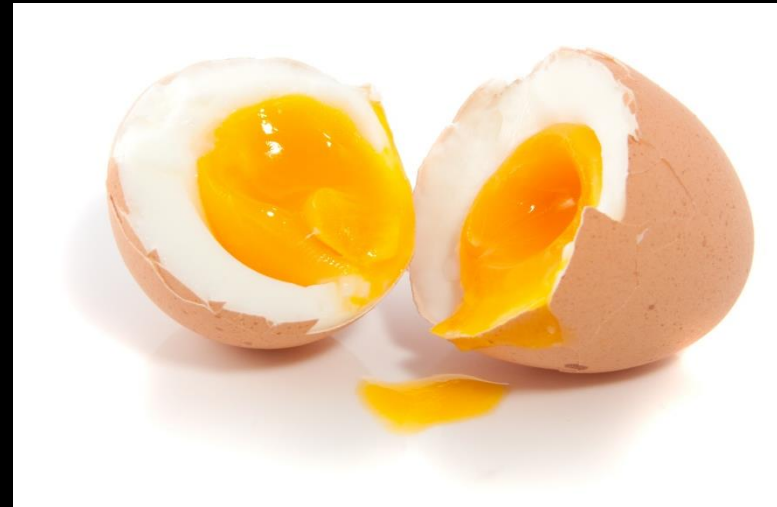
Insufficient cure continues to be an issue

37% of composite restorations are being insufficiently cured.

An insufficient cure can lead to adverse effects on physical properties, such as

- reduced bond strengths,
- breakdown at the margins & microleakage,
- and ultimately secondary caries.

Boksman, L., Santos GC., (2012). Principles of Light Curing. Inside Dentistry, Volume 8, Issue 3. d failure.





Proper Light Use

- **Light curing should be based on depth**
- Deeper preps require longer curing times

Beam Collimation and Performance Over Distance

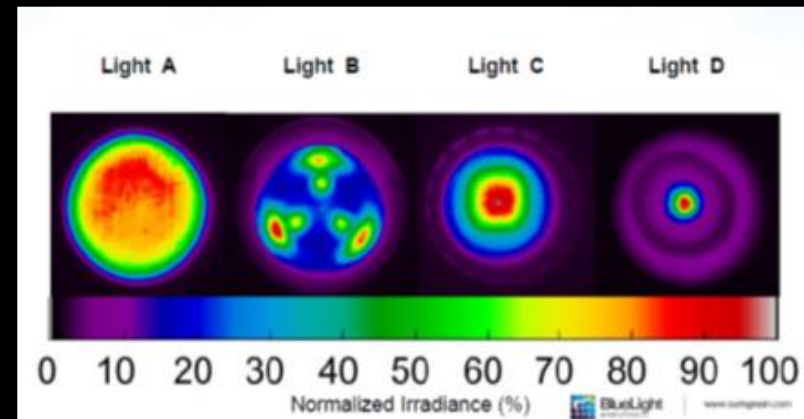


Beam Collimation and Performance Over Distance



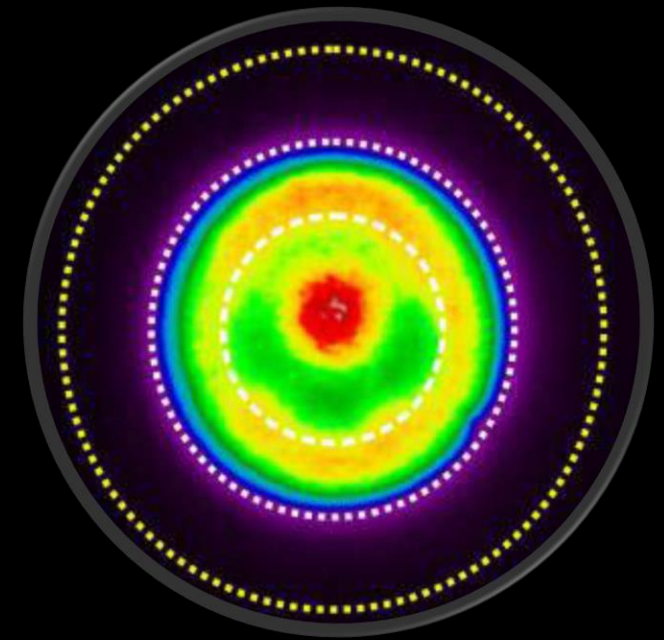
Distribution of LEDs

There are hot and cold spots within the curing light tip, and they vary with every light.

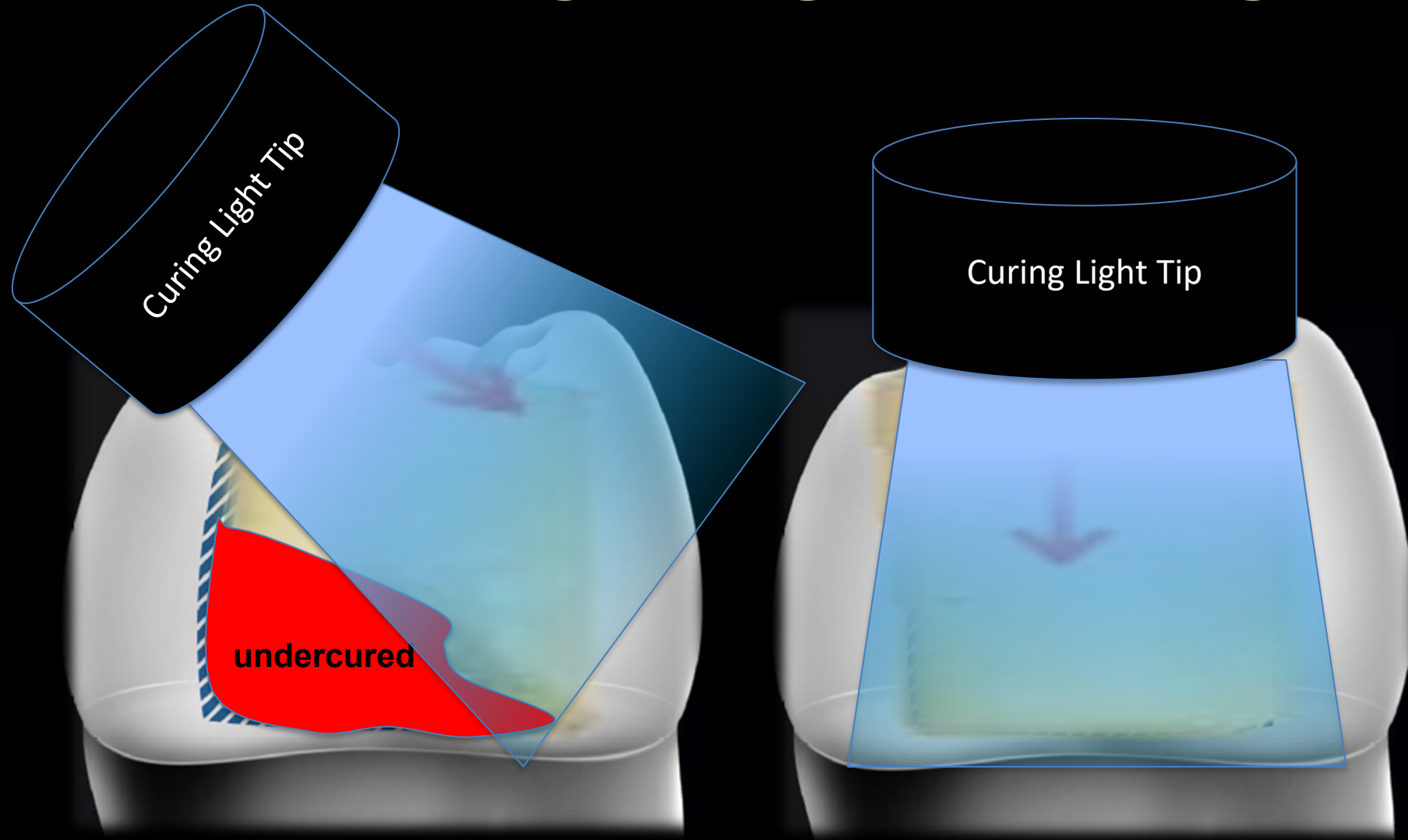


Beam Profile

The effective part of the light beam should be evenly distributed across the face of the light tip to maximize curing effectiveness and minimize the negative impact of operator technique.



Effect of Light Angle on Curing





Most lights only deliver 35% of stated output to
bottom of deep box

How does your light perform where it counts?






pinkwave™


VISTA | APCK

Patented

Goodbye Blue, Hello Pink

PinkWave was distinctly designed to enhance the efficacy of curing procedures. PinkWave is equipped with Apex's Patented QuadWave™ Technology which leverages four different wavelengths to ensure peak performance. Along with the standard blue light, PinkWave also employs red, near infrared (NIR) and UV light, which together, make up the only pink light on the market. This innovative approach to curing has never been achieved before and results in both doctor and patient benefits.

- Built in Transilluminator
- 3 curing modes — Boost, Standard, and Ramp
- 1640 mW/cm² on Standard mode and 1865 mW/cm² on Boost mode

PinkWave™ Compared to Standard Blue Light



Decrease in Shrinkage



Increase in Polymerization



Increase in Curing Area



Depth of Cure



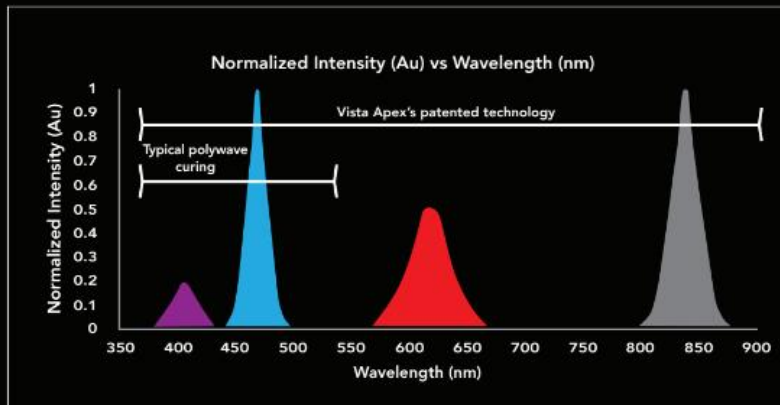
Lightweight

How you cure matters

quadwave™
●●●●● Technology

PinkWave™ QuadWave™ Technology leverages four different wavelengths to ensure peak performance:

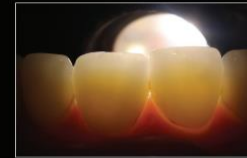
- UV-photo Initiators
- CQ Initiator
- Enhanced Polymerization
- NIR – Enhanced Polymerization



Largest Curing Area



Transilluminator



Easy posterior access



Ordering Information

- PinkWave™ Kit 90734
- (1) Cordless Curing Light
 - (1) Induction Charging Base
 - (1) Power Cord
 - (5) Autoclavable Light Shields
 - (100) Barrier Sleeves





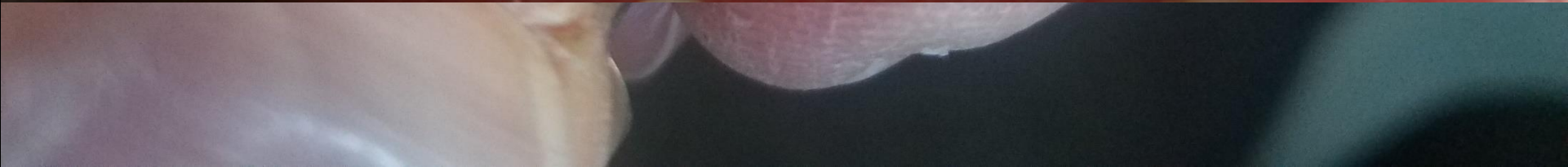
Composite Placement and Curing

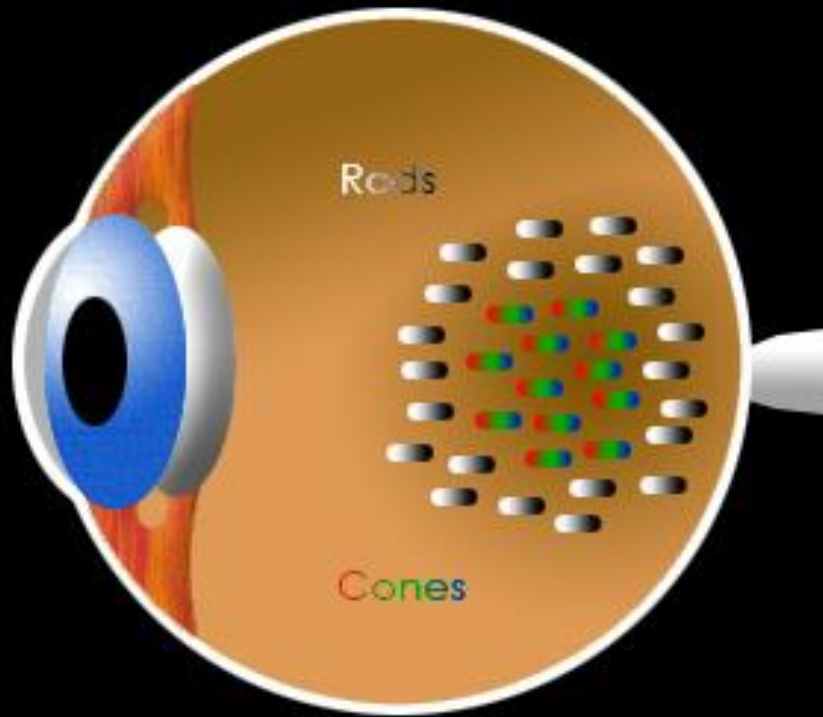
Tips for success with curing:

- Position the patient so you can access the tooth
- Stabilize with finger rests while curing
- Position as close to tooth as possible
- Position perpendicular to the tooth/restoration
- Increase curing time for deeper preparations
- Air cool or wait in between cycles
- Use orange shields so you can “look at the light”
- Keep light guide tip clean and free of debris

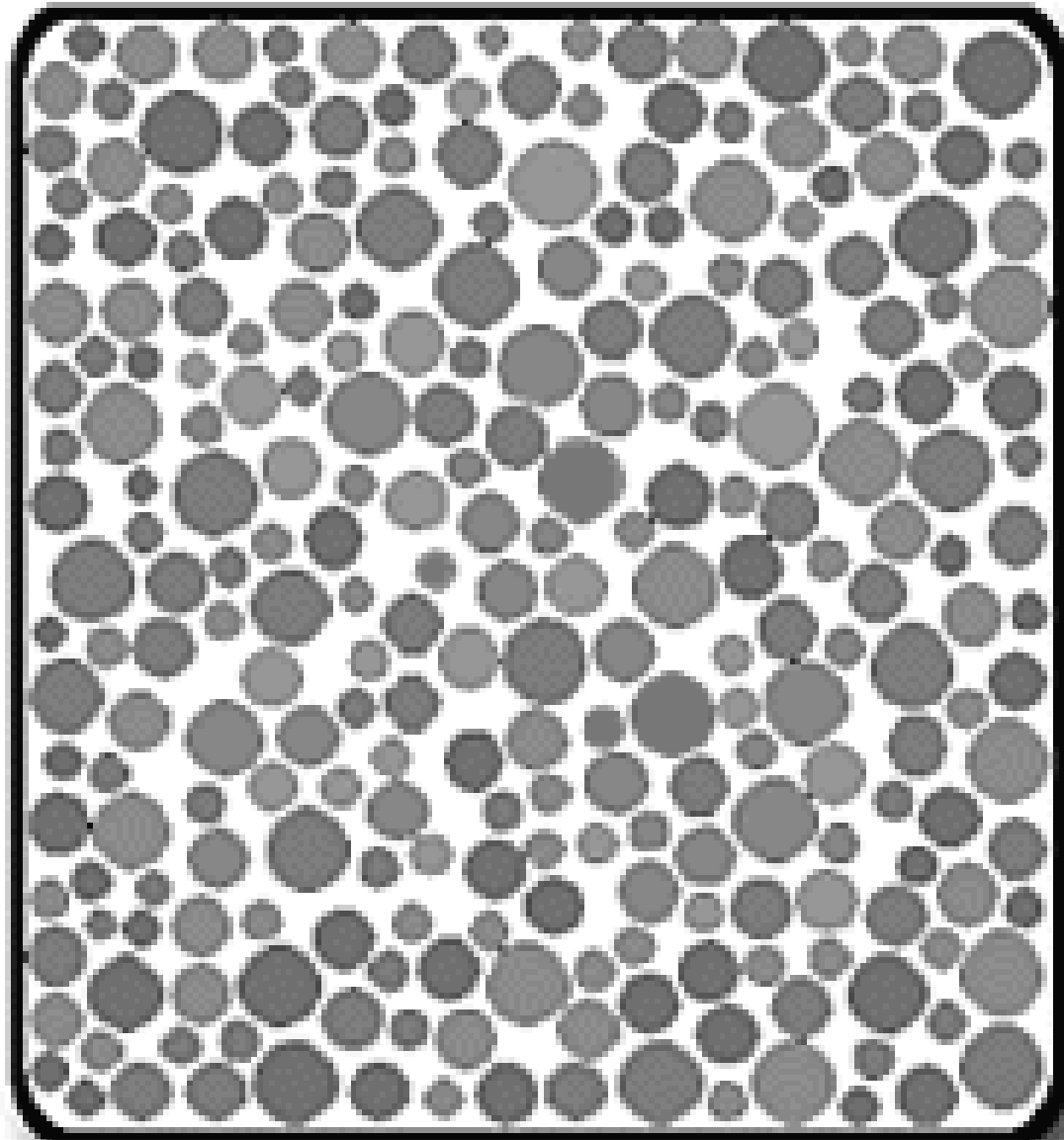
SHADE TAKING FACTS

1. 60% of remakes are blamed on poor color match
2. It takes 5 new crown cases to cover the cost of one remake
3. Improper color selection causes great frustration for the doctor, the laboratory and the patient, losing time and money for the dentist and laboratory.





Principles of Light



Shade Selection

CLINICAL TIP:

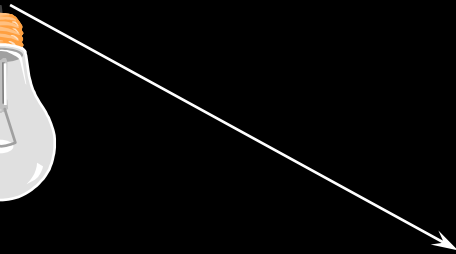
Determine the Shades Needed for the
Restoration Prior to Tooth Preparation

Shade Selection

- **A Desiccated Tooth Will Appear Lighter than Normal**
- **Select the Dentin Shade By Examining the Dentin**

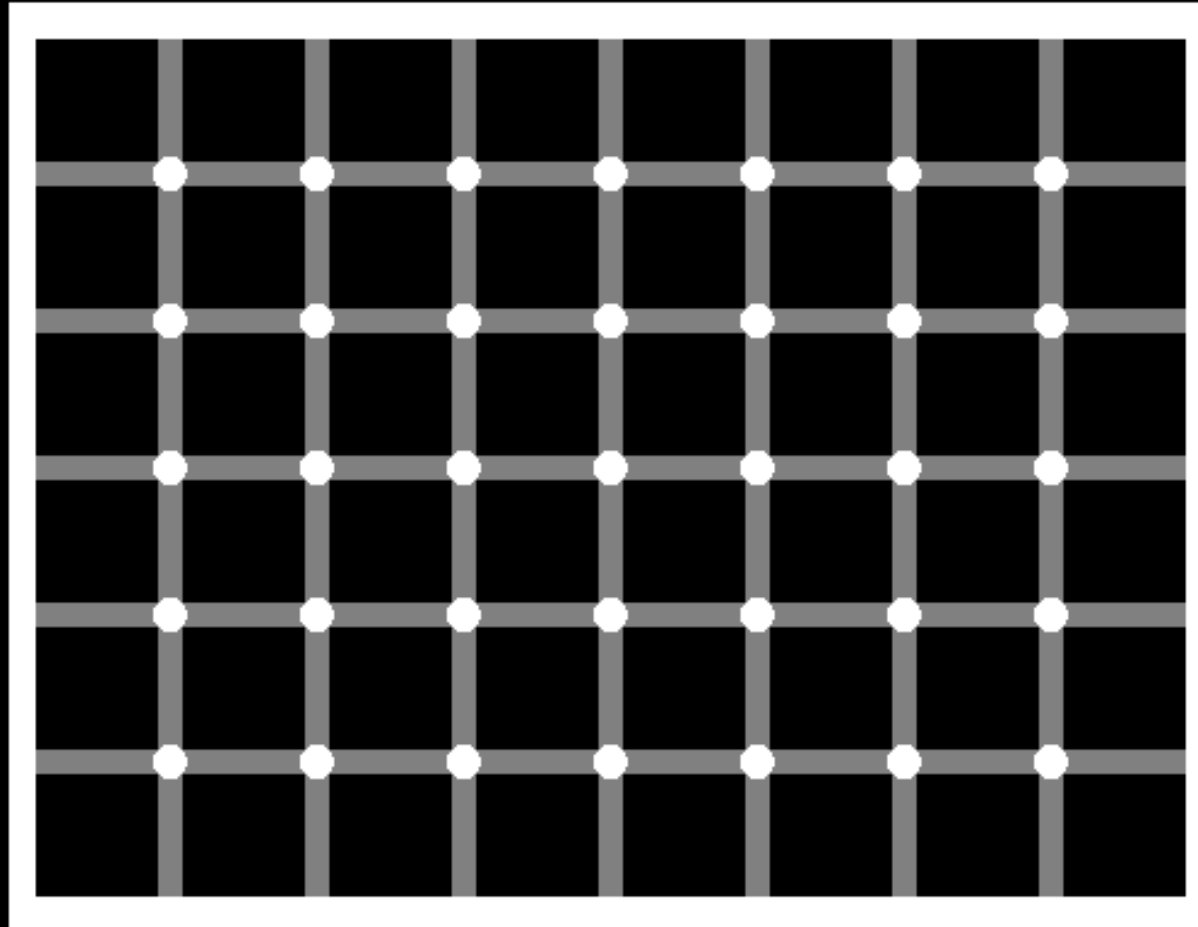
What is necessary to see color?

- **Light**
- **Object to interact with the light energy**





Limitations

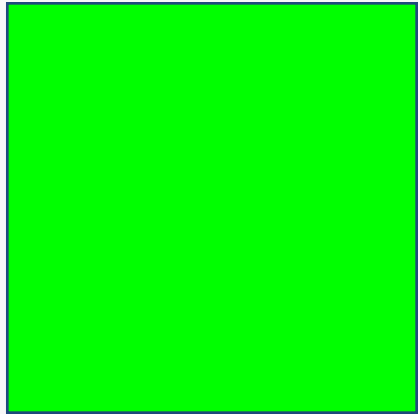


Look at the chart and say the COLOUR not the word

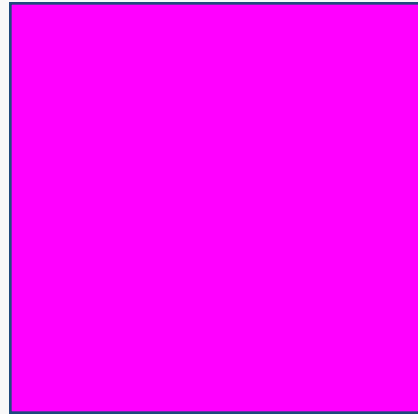
YELLOW	BLUE	ORANGE
BLACK	RED	GREEN
PURPLE	YELLOW	RED
ORANGE	GREEN	BLACK
BLUE	RED	PURPLE
GREEN	BLUE	ORANGE

Left – Right Conflict

Your right brain tries to say the colour but your left brain insists on reading the word.

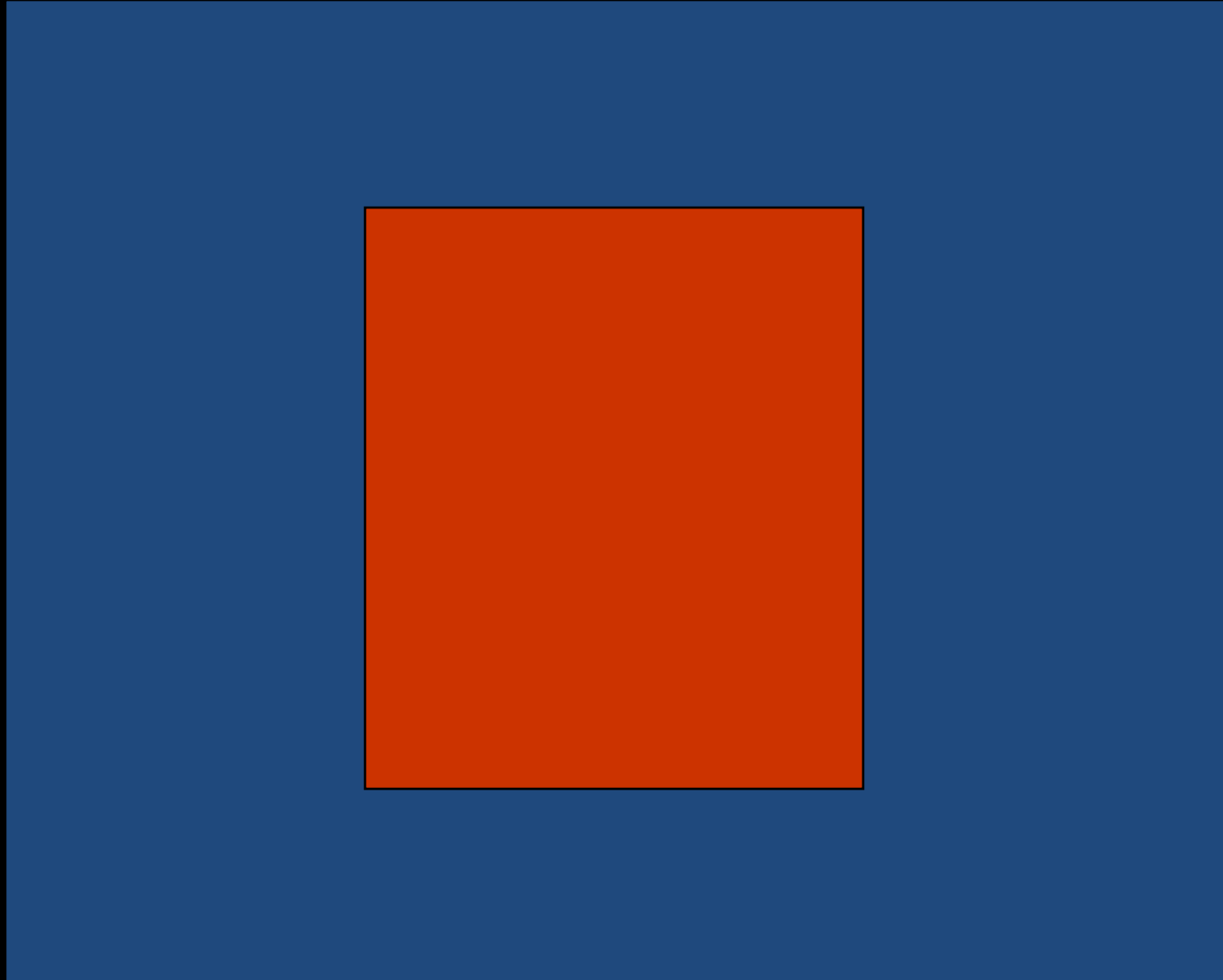


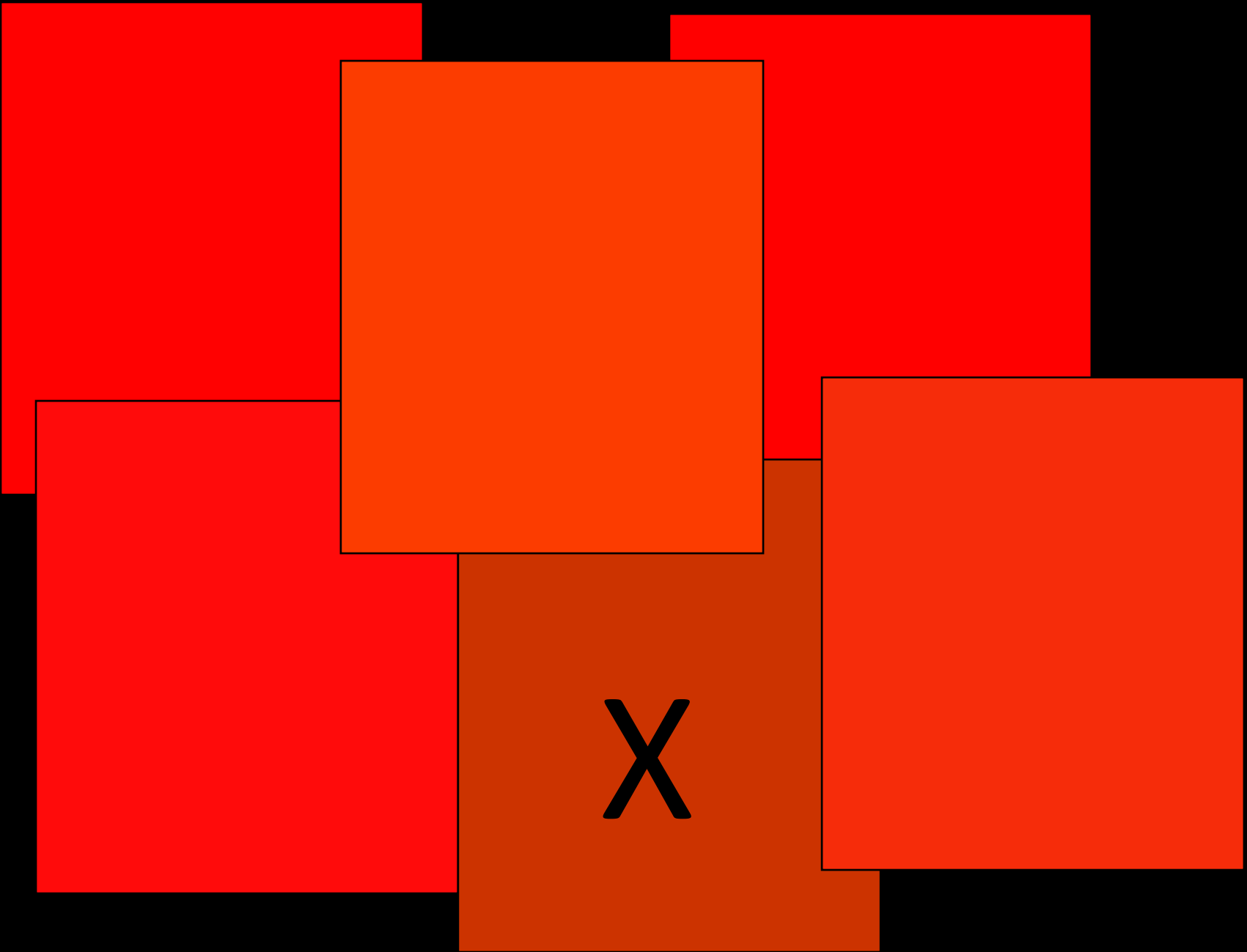
X



X

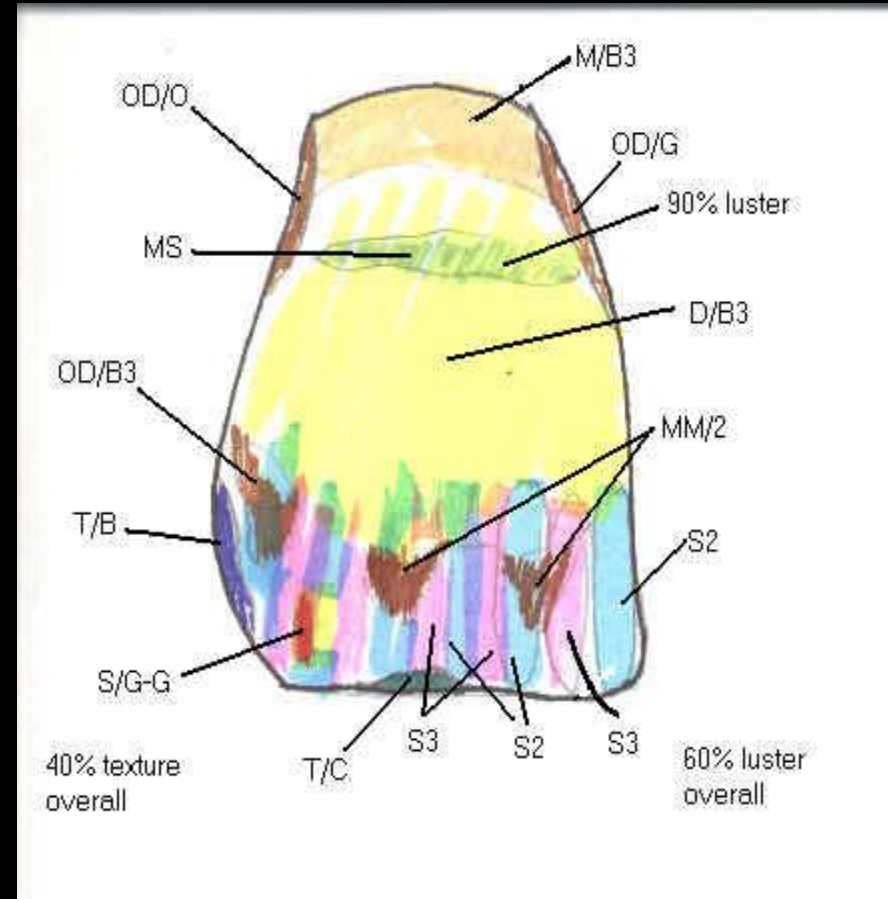
What Color is This?





Dental Shade Guides

1. **MOST CRUCIAL** component for shade taking in Dentistry in **VALUE**
2. Second most crucial component for shade taking is **TRANSLUCENCY**
3. Third most crucial component for shade taking is **CHROMA**
4. **LEAST CRUCIAL** component for shade taking is **HUE**






VITA Classical Shade guide



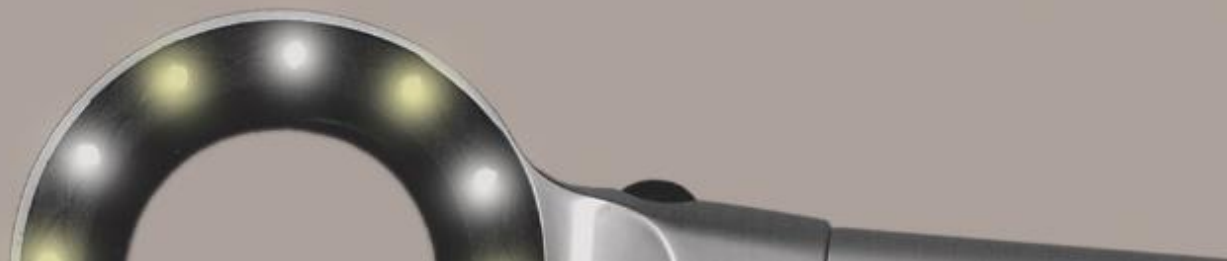


RULES FOR TAKING shade

1. Patient sitting UPRIGHT at an EYE-EYE conversation distance
2. WELL-ILLUMINATED area preferably with color-corrected lighting or Ott-Lites® (sold at Office-Max or Target) held 2 feet from patient
3. Take the shade before you start the procedure
4. Match **VALUE** first, then **CHROMA**, then HUE keeping in mind TRANSLUCENCY and its important for anteriors
5. Take a PHOTO
 - Be sure to place the shade tab IN THE SAME PLANE as the teeth, incisal edge to incisal edge
6. Recharge your RODS and CONES by looking at an Neutral Gray or Light Blue
7. Lightly wet the teeth and the shade tabs with a clear liquid glaze prior to evaluation



Rite Lite 2™
Tri-Spectra LED Shade
Matching Light



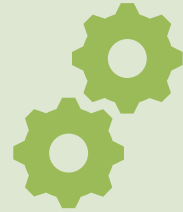
3 Pillars of Indirect Fabrication



ACQUISITION



DESIGN



FABRICATION



DIGITAL DESIGN







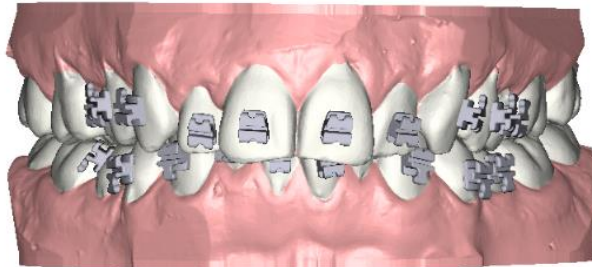


DIGITAL TREATMENT PLANNING



Photo View

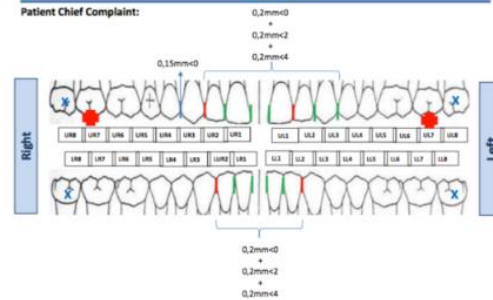
View Brackets



Treatment Plan

Patient's name: 95764	
Doctor's name:	
Clinic: Six Month Smile	
Case complexity: Hard	Date: 09/2015

<p>x,x mm x,x mm of Interproximal Reduction before y month</p> <p><y</p> <p>Bur Disc Strip</p>	<p>Lingual Buttons</p> <p>Missing tooth</p> <p>Bite Guards recommended</p> <p>Extraction</p> <p>Elastics</p>
---	--



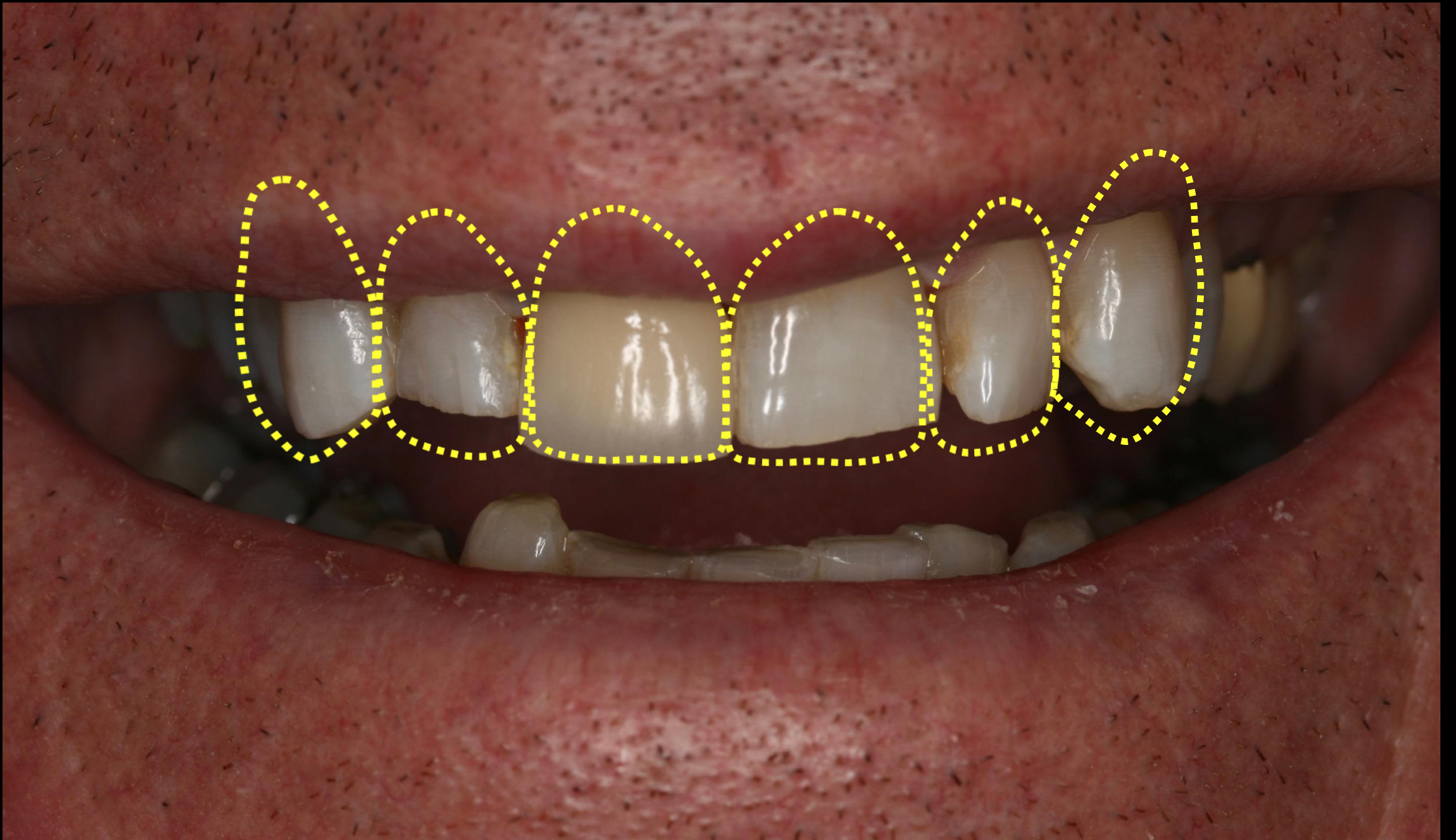
Treatment Sequence

- Braces On:** Braces on.
 Perform IPR on upper and lower as indicated
 Place biteguards as indicated so the patient is not biting on any brackets
 Use .014 arch wire and ensure the wire is fully engaged
- MONTH 1:** Continue using .014 arch wire and ensure the wire is fully engaged
 As the bite improves, slowly reduce biteguards at each month going forward until patient has tooth to tooth contact and is no longer biting on brackets
- MONTH 2:** Perform IPR on upper and lower as indicated
 Continue using .014 arch wire and ensure the wire is fully engaged
- MONTH 3:** Continue with more IPR to aid with rotational movements if needed.
 Use .016 arch wire and ensure the wire is fully engaged
- MONTH 4:** Continue using .016 arch wire and ensure the wire is fully engaged
 Assess the axio alignment of teeth UR2, UL1, UL2, UL3, LR3 and LL3 and reposition bracket if necessary. If the bracket needs to be repositioned, align the bracket to the long axis and incisal edges of the teeth.
 Perform IPR on upper and lower as indicated

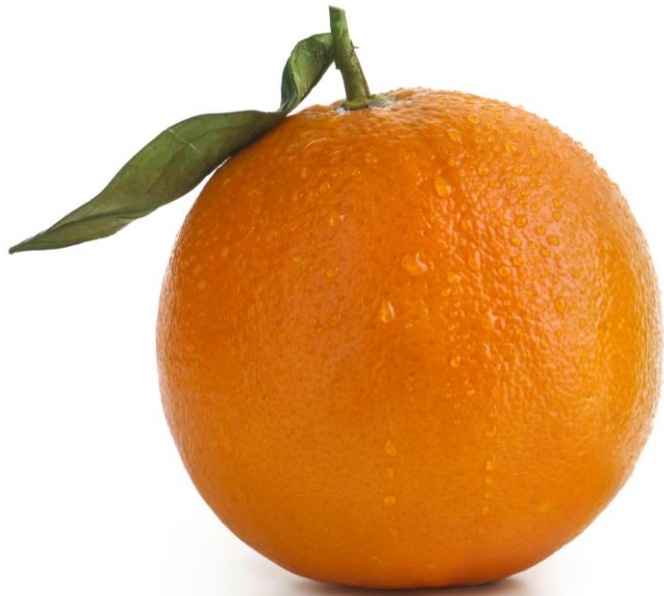












Workflow Comparison Takeaways

- Digital provides preview of final before you cut a tooth
- Digital offers you more control over design
- Digital offers greater consistency in final product
- Digital creates a time savings opportunity
- Digital reduces potential of cross-contamination

3 Most Common Complications with Zirconia

Restorations
debonding

Opposing
tooth wear

Restoration
Fracture

How do we treat this surface?



Zirconia:



Silica-free, acid-resistant, polycrystalline ceramic

Since Zirconia does not contain glass, etching is not possible. Hydrofluoric acid usually works by removing a portion of the glassy matrix in a ceramic, thus “etching” the restoration and creating micro-mechanical retention



GC Initial™ IQ POZ: Pressed



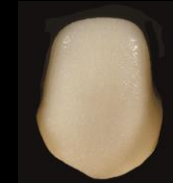
Zirconia Bridge
Substructure



GC Initial™ Zr: Layered



Zirconia Coping
Substructure



Solid Milled Zirconia Crown: No treatment except GC

Initial™ IQ Lustre Paste









From the January 2021 Issue of CR

Zirconia Primers and Cleaners: Are they necessary? If so, when? (Con

Summary of Testing

CR Scientists tested nine different zirconia primers and three different zirconia cleaners in order to compare the effect on 24-hour zirconia bond strength and the ability to clean contaminated restorations (*see charts below*). Longer dwell times and thermocycling are a must in future studies.

Zirconia Primers with MDP	Manufacturer	Cost/ml (Approx.)	Average Bond Strength	Strength Increase *	Application Time (sec)	Cost/use (Approx.)
AZ Primer	Shofu Dental	\$20.80	49.65	2.2×	80	\$1.70
Clearfil Ceramic Primer Plus	Kuraray Noritake	\$33.80	56.34	2.5×	160	\$2.70
Monobond Plus	Ivoclar Vivadent	\$35.10	51.97	2.3×	155	\$2.80
Peak-ZM Primer	Ultradent	\$17.80	62.56	2.8×	36	\$1.80
Premier Universal Primer CR Choice	Premier Dental	\$18.00	64.04	2.8×	120	\$1.50
Z-Bond CR Choice	Zest Dental	\$18.20	54.06	2.4×	70	\$1.50
Zirconia Prime	DenMat	\$20.00	56.85	2.5×	70	\$1.60
Z-Prime Plus	Bisco	\$25.80	40.49	1.8×	40	\$2.10
ZR-P Zirconia Primer	Apex Dental	\$20.00	45.84	2.0×	40+	\$1.60

* Average strength increase when compared to control (22.79 MPa SD 2.8)

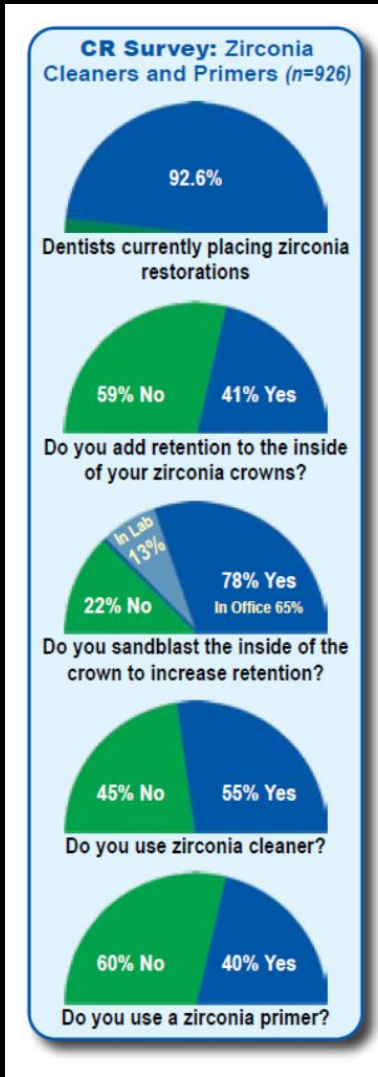
Control = Sandblasted at 30psi with 50µm alumina, rinsed, and cemented with RelyX Universal Plus (3M); no thermocycling.

Zirconia Cleaners	Manufacturer	Cost/ml (Approx.)	Average Bond Strength	Bond Restorative Value †	Application Time (sec)	Cost/use (Approx.)
Ivoclean	Ivoclar Vivadent	\$8.75	61.09	95%	60	\$0.88
KATANA Cleaner CR Choice	Kuraray Noritake	\$8.75	58.22	91%	30	\$0.87
ZirClean	Bisco	\$4.26	55.89	87%	60	\$0.44
Sandblast w/Alumina ‡	N/A	N/A	58.24	91%	15	N/A

† Bond Restorative Value is the bond value (bv) (contaminated, cleaned, primed, cemented), divided by the uncontaminated control bv of 64.04 MPa (primed, cemented), multiplied by 100.

Control Primer: Premier Universal Primer (Premier Dental); Control Resin Cement: RelyX Universal Plus (3M).

‡ Substrate contaminated with saliva, rinsed and dried, sandblasted with 50µm alumina, rinsed, primed with control primer, and cemented with control cement.



Easy to use: Premier Universal Primer

Apply a generous amount of **Premier Universal Primer** onto the clean surface with an applicator brush.

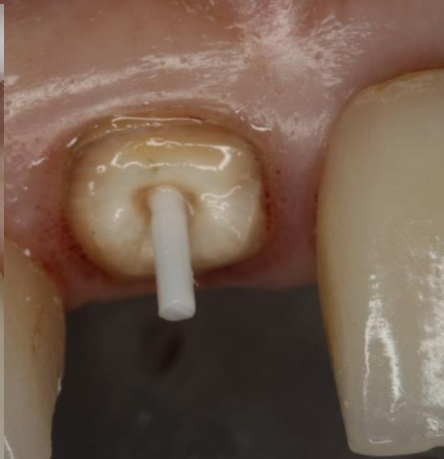
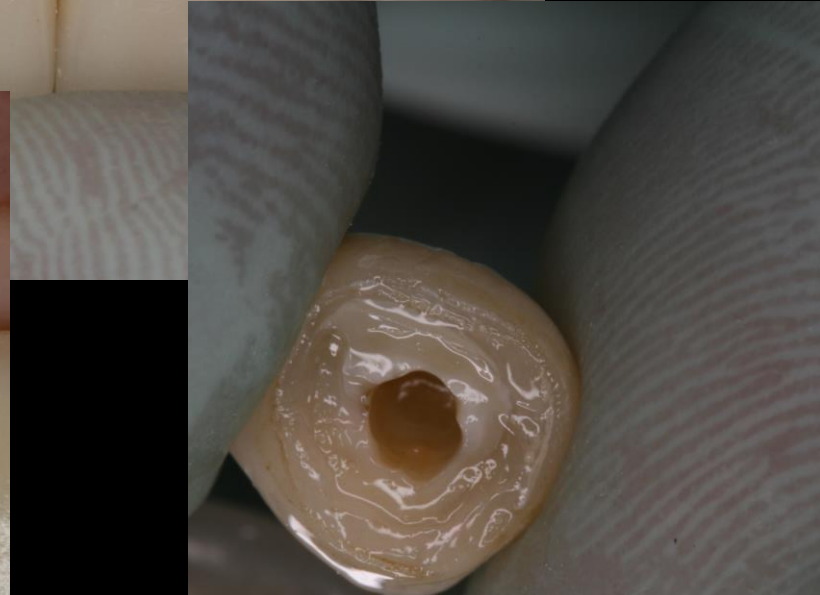
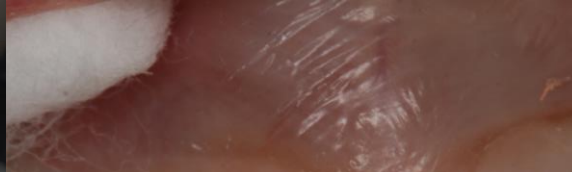
Wait one minute.

Dry gently for 20 seconds with oil-free air.

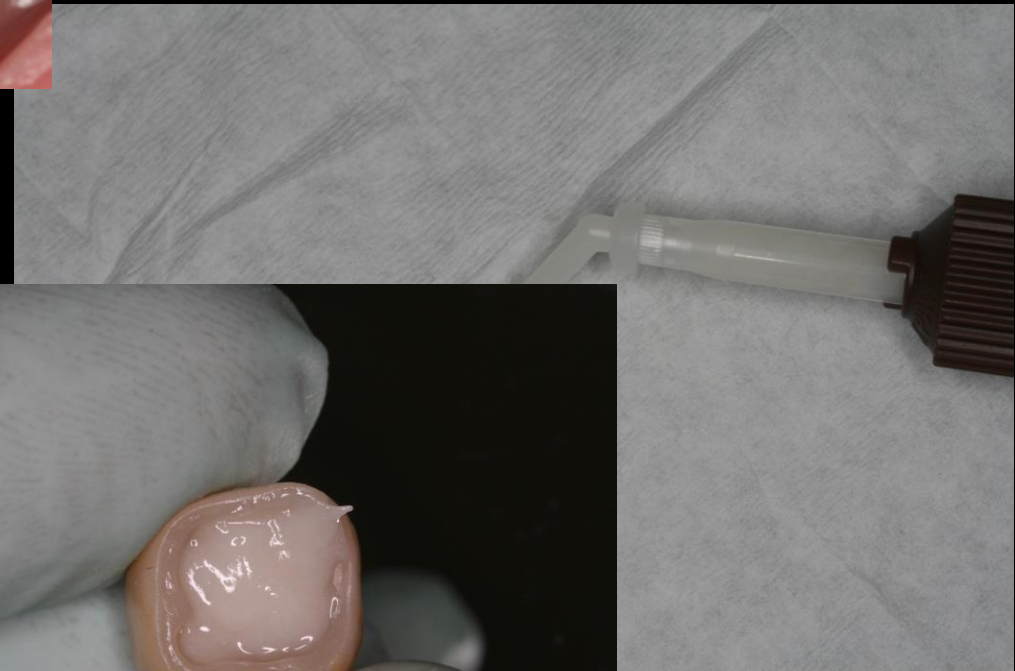
Cement the restoration











The art of selling...

V
A
L
U
E

What matters to the Patient

- Can I trust you?
- Are you committed to excellence?
- Do you care about me?



Challenges with Patients

- Time
- Patients don't tell the whole truth
- We have to marry NEEDS with WANTS



Question

- What are people most likely to remember when they leave your office?
 - Your technical explanations?
 - How they felt about the experience?

Rules of Business and Referrals

1. Know
2. Like
3. TRUST



Whole Body Listening!

Larry wants to remind you to
listen with your entire body



Eyes = Look at the person talking to you



Ears = Both ears ready to hear



Mouth = Quiet- no talking, humming or making sounds



Hands = Quiet in lap, pockets or by your side



Feet = Quiet on the floor



Body = Faces the speaker



Brain = Thinking about what is being said



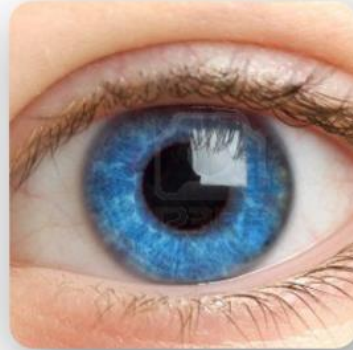
Heart = Caring about what the other person is saying

Which Impresses People More?



Cues to Human Behavior

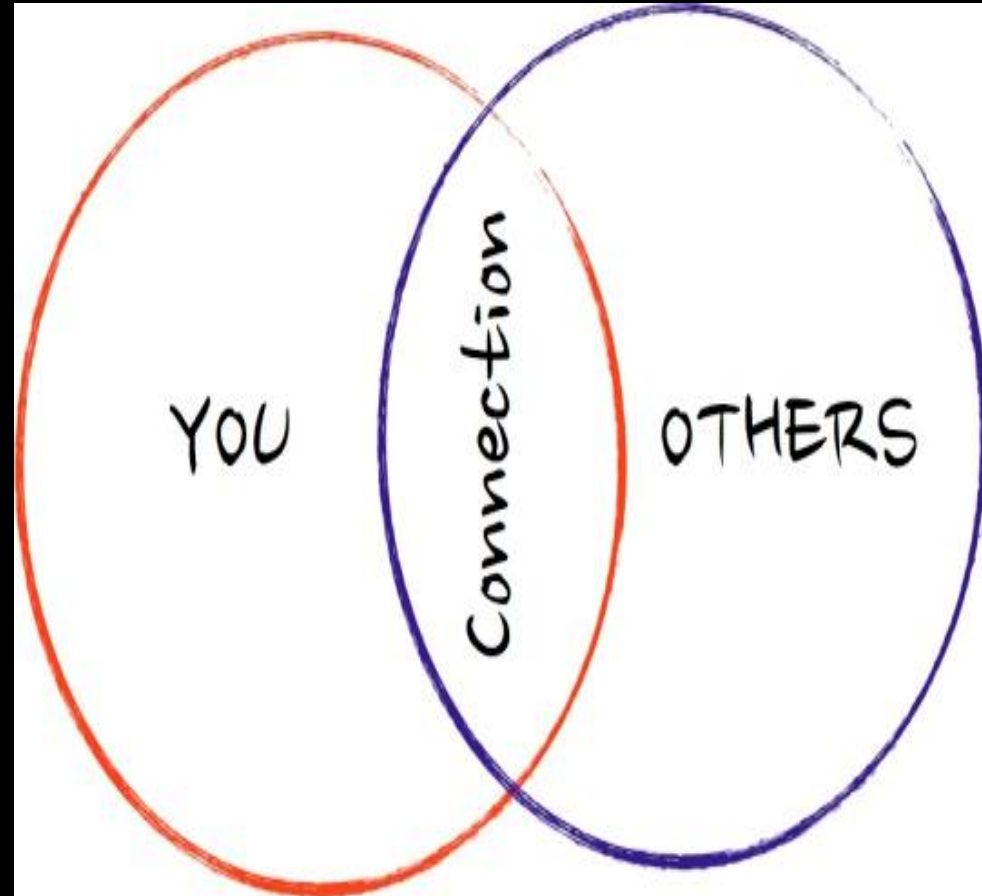
Three Channels



- Verbal (words that you choose)
- Visual (gestures, dress, eye contact etc.)
- Vocal (tone, inflection, loudness etc.)

Rapport is Power

- Total responsiveness between people



The Magic of Rapport

1. Rapport is created by feeling of commonality
2. Words are only 7% of communication
3. Matching and Mirroring
 - Milton Erickson, MD
 - People like people who are LIKE THEMSELVES; or how they would like to be
4. Style is more important than substance **INITIALLY**

Becoming More Likeable

1. Learn to remember names
2. Be a comfortable person, so there is no strain in being with you
3. Acquire the quality of relaxed, easy-going so that things do not ruffle you
4. Don't be egotistical. Guard against the impression of knowing it all.
5. Cultivate the quality of being interesting so people will get something of value from their association with you.
6. Study to get the "scratchy" elements OUT of your personality
7. Sincerely attempt to heal, on an honest basis, every misunderstanding you have had or now have. Drain off your grievances.
8. Practice liking people until you learn to do so genuinely.
9. Never miss an opportunity to say a word of congratulation upon anyone's achievement, or express sympathy in sorrow or disappointment.
10. Give spiritual strength to people, and they will give genuine affection to you.



Review of Today

- Think “AAA” approach to your work and find the joy in doing it
- Use the tools & techniques to get the job done faster and better
- Create an overwhelming positive experience for your patient
- Keep People FIRST

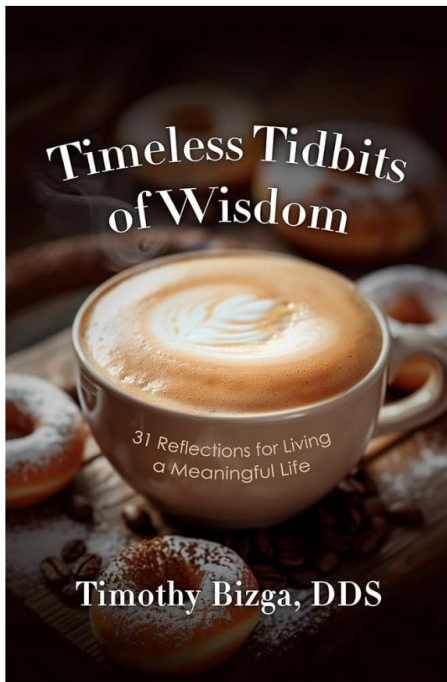


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