

JCO ROUNDTABLE

Women in Orthodontics

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JCO There has been a significant and growing increase in the number of women orthodontists over the past 20 years. To what do you attribute this trend?

DR. GLENN In the mid-'80s, the percentage of women orthodontists was approximately 3%. Currently, the AAO active membership is 16% women, and that percentage is increasing yearly.

One reason for the increasing number of women in orthodontics relates to the increase in the number of women entering dental school. The average dental school enrollment is approximately 40% female, and it has been at that level for several years. Females now compose approximately 32% of the graduate orthodontic students. I think that dentistry, and specifically orthodontics, is viewed by young women as a career choice that offers flexibility in schedule and work hours. This appeals to women who want both a

career and family.

DR. GREER I'd like to add that there are more women entering all professions and more women in the workplace in general. Specifically, orthodontic offices tend to employ several female assistants who come into close contact with patients, and young female patients may be influenced to consider it as a profession, even if the orthodontist is a male. A dental or orthodontic practice allows a female to be the boss of a small business, which is an opportunity that might not be available in other areas. It also allows more independence and flexibility in hours spent on the job.

JCO What is the most important problem women orthodontists face today?

DR. GREER The obvious answer is balancing home life and professional life, due primarily to the traditional role of the female in the home. Another major problem in some cases is that interaction between female employees and a female boss can be strained in a situation where the employee considers a male more of an authority figure.

DR. COHEN As an orthodontist, you are running a small-to-medium-size business and are expected to know about and be in charge of all financial planning, management, marketing, staff relationships, etc. At times this can be a daunting task that can quickly overwhelm us and swallow us up. Often as a professional, you get involved

The first organized luncheon for women in the AAO was held at the 2003 annual session in Hawaii. This Roundtable is a subsequent discussion among the six speakers at that event. Dr. Cohen is a Director of the Midwestern Society of Orthodontists and in the private practice of orthodontics in Winnipeg, Manitoba. Dr. Glenn is the Southwest Society of Orthodontists Trustee to the AAO Board of Trustees and in the private practice of orthodontics in Dallas. Dr. Greer is a past Speaker of the AAO House of Delegates and in the private practice of orthodontics in Oklahoma City, OK. Dr. Miller is an Instructor in the AAO Practice Alternatives Program, a Director of the Midwestern Society of Orthodontists, and in the private practice of orthodontics in Washington, MO. Dr. Parisi is a Director of the Mid-Atlantic Society of Orthodontists and in the private practice of orthodontics in Wyomissing, PA. Dr. Vig is Professor and Chairman, Orthodontic Department, Ohio State University; Section Head of Orthodontic Services, Children's Hospital, Columbus, OH; and Chairman, AAO Council on Orthodontic Education.

with professional and charitable organizations that are also demanding of your time. There must also be time for personal development and individual, nonprofessional interests and hobbies. It is important to learn early on to balance your personal and professional lives, or both may suffer. As Joseph O'Neil states, it is important not to lose sight of the ultimate goal—that the business of life is living. Being a professional does bring about certain responsibilities—but so does being a person and a spouse. It is important not to lose sight of what your priorities are and to take positive steps toward achieving your personal goals.

DR. VIG For a married orthodontist, without a doubt the biggest problem is finding a balance between one's professional career ambitions and one's personal family life—especially in two-career families.

JCO How can a woman strike a balance between practicing orthodontics and being a mother and wife?

DR. PARISI Balancing a professional career and a healthy home life is about making choices based on one's priorities. If one chooses to practice full-time, then one must find help at home. That help may be that a spouse stays home or works part-time, or it may mean hiring outside help. I think the biggest mistake that women make is thinking they can “do it all”. There is nothing wrong with having help in the home, and orthodontics is a field that financially offers the ability to do so.

DR. COHEN Your spouse is part of the same balancing act. You need to schedule time together on a regular basis. Whether it is weekly or a long-weekend getaway once a month, schedule it in! Also, share a passion in something—a sport, an activity, a game, the movies, cooking, whatever. Share the activity and spend time together nurturing the passion. Communicate with each other, openly and honestly and regularly. Remember, balance is the key to a happy and healthy life. If you are not happy and healthy, the rest just does not matter.



Dr. Cohen

DR. MILLER My husband and I desired to have one parent staying home with our five children. After trying in-home babysitters, and my husband traveling frequently during the week while I was establishing myself in practice, we jointly decided something had to give. My husband has been a stay-at-home dad for nine years now, which has allowed me to spend the time needed for seeing patients, to get my name out in the community, and to help build the practice.

JCO How do you and your husband balance your chosen roles?

DR. MILLER I like to think of a tightrope walker holding the balancing bar, with my practice on one end and my marriage and children on the other. If I spend too much time at the office and bring the office problems home, I am not walking the tightrope of life as efficiently as possible. If I am bringing my family or marital problems to the practice, I affect the staff and patients. First of all, everyone must be comfortable with their roles. Some men might have a problem staying home with the children; if this is the case, a nanny might be a better option. Keep lines of communication open. We spend at least one or two hours just talking about the issues of the day, our children, what is going on for the week, meetings we have, office and staff issues, the priorities for the week, how we are feeling about certain issues,

etc. Both of us hate doing the housework all the time, so we do not feel guilty about hiring help to clean twice a month to break up the housework monotony. Flexibility and communication are the keys. Make sure you are working toward common goals and interests. Also, do not feel guilty about taking time for yourself!

JCO How do you handle maternity leave and childcare?

DR. MILLER I had it easy because my father was still in practice with me and could cover my four weeks out of the office. Other female orthodontists have had fellow practitioners or associates cover their emergencies. The March 2003 issue of JCO has an outstanding article about locum tenens, or a substitute practitioner. What a great idea to keep the office running during the maternity leave! Someone, usually a retired or semiretired orthodontist, is then available for emergencies, the practice continues to earn income, and a relationship with a substitute practitioner can be established and used for future stress-free vacations and meetings.

JCO Are some women postponing marriage or children to establish or maintain an orthodontic practice?

DR. PARISI I think that some women are postponing marriage and children because they know they can't do it all and do it all well.

DR. GREER I can't be sure, but my opinion is that is not true. Young women tend to marry and have children and continue to put as many hours into their practice as do their male counterparts.

DR. GLENN I'm not sure there is any distinct pattern. Some women choose to have their children while they are in dental school or during their orthodontic training program. Others wait until they are out of school or are established in practice to start a family. Many of my female dental colleagues chose to delay having children. Unfortunately, some have experienced problems with infertility as a result of waiting too long. Others, like myself, experienced a change in mar-



Dr. Glenn

ital status prior to having children. These situations are not unique to dentistry. Business and professional women all face the same choice of whether to concentrate on career or family early in their work history.

DR. COHEN Orthodontics is a great profession for women because you have so many options available to you if you want to have a family. I think most women just try to work out a balance that they feel comfortable with. Hiring extra help at home or having a spouse stay at home are just two of the options.

JCO How does your staff fit into the equation?

DR. MILLER You need to hire a good staff at the office, treat them as the professionals they are, and train them to take a lot of the load off your shoulders. The smoother things run at the office, the less time you have to spend talking to your spouse about the office and the more time you can concentrate on your children and marriage. Don't feel guilty for wanting to be successful in orthodontics; the better you are at your job, the more you will be earning, and the less stress you will have at the office.

DR. PARISI I agree.

DR. COHEN Over the years, you realize what a tremendous asset the right staff can be. Good staff members need to be nurtured and treated

with respect. Also, hiring mature people with life experiences can really aid in maintaining a good balance. A good mix of personalities among the staff can help in dealing with the many different situations that can occur in an orthodontic setting.

JCO Is it more difficult for women orthodontists to manage female employees?

DR. PARISI I don't think so. I think initially it may be more difficult. Male orthodontists have the advantage that from the day they walk into the office, they take on a managing role, simply due to gender. Female orthodontists need to establish this managing role. If you focus on being the best orthodontist you can be and treat your staff professionally, the role as manager follows accordingly. If you lead by example, the staff will appreciate and respect that.

DR. GREER As I said earlier, my opinion is that women in the role of boss do have a significantly different relationship with their female employees than males do, and in fact there are certain female types who will not work for a female.

DR. COHEN I think that women orthodontists manage female employees better in some ways, and in some ways not. Women are more likely to be compassionate and empathetic than male orthodontists, but it can be more difficult for women to establish an air of authority.

DR. GLENN Women working for women does have unique challenges. It is likely neither more or less difficult, but different. The biggest challenge that I face is showing interest in my staff without becoming too personally involved. Personal friendships in the office can strain the employer-employee relationship and cause problems with the other employees. It can also be very difficult to discipline a "friend" if performance issues arise in the workplace. Women expect other women to understand and empathize with their personal issues. These may include marital problems, child care, family illness, etc. It



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is essential to have written office policies, and then to enforce the policies evenly and fairly. Making exceptions for one employee and not others can undermine the employer's credibility. This becomes increasingly important as the size of your staff increases.

DR. MILLER When I first started in practice, I think I found it much harder to manage my staff because I did not have any training or education in office management. At times it was much more difficult because I had a different management style, and in the first year of practicing with my father, who was a friend to the staff, one employee left because she could not handle answering to two bosses! My management style was more in maintaining a professional distance, yet drawing on my unique position as a female to keep a cohesive staff. I had very high expectations for myself and my staff, but I was not a parent yet and did not understand family obligations initially. I read a lot of management books and attended seminars to help in managing my staff. The most important thing I have learned in 11 years of practice is that it is not just the salary one is being paid, it is the expressions of appreciation and acknowledgment of success in doing a good job that goes a long way. My staff are all certified orthodontic assistants, and all require continuing education to maintain their certification; this comes in the form of traveling to meetings. They

are all professionals, and I treat them as the professionals they are.

JCO Do you delegate to the same extent as your male colleagues?

DR. GLENN Delegation is determined by individual state dental practice regulations, staff experience and training, and personal preference. I am very comfortable delegating most procedures allowed in my state, especially to my more experienced chairside assistants. I feel this is similar to my male orthodontic colleagues in my practice area.

DR. GREER I have no reason to believe that female orthodontists differ in their delegation of duties.

DR. PARISI I think the ability to delegate is not gender-specific. If you have a staff that has been trained to take on certain responsibilities, then delegation becomes a much simpler task. Taking the "non-patient" time to train the staff and then being able to delegate eases the stress of balancing office and home life.

DR. MILLER I worked chairside before I became an orthodontist and tend to handle the more difficult patients myself. Therefore, I tend to delegate the same amount or less to the staff than my colleagues do. My staff are all trained in expanded duties, but I do not delegate most chairside procedures that they have been certified in.

DR. VIG As my full- and part-time faculty for the past 10 years has been predominantly male, I have not discriminated based on gender. I assign tasks based on the faculty's individual strengths, seniority, and expertise.

JCO Dr. Vig, you have been in an academic environment for the majority of your professional career. What are some issues facing women in orthodontic education?

DR. VIG My orthodontic training at Eastman in London and subsequently at the universities of North Carolina, Michigan, Pittsburgh, and Ohio State in America has given me a perspective on

different educational programs over a 25-year period. A faculty position provides a unique perspective on orthodontics and also has remarkable opportunities for women. There needs to be a comfort level with those challenges consistent with teaching, research, and clinical practice in a bureaucratic environment, especially if you plan to be a full-time faculty member. As the number of women in academics has traditionally been very small in the United States, there are few women role models in senior academic positions.

Part of the reason why women fail to progress as full-time orthodontic faculty to senior positions has been the perception of a glass ceiling. Also, the rigorous early years as an assistant professor, with few mentors having the time to spend developing the junior academic, has been blamed for a lack of women in full-time faculty positions. The junior faculty has to develop teaching materials at the predoctoral and graduate levels while maintaining their clinical skills in a practice environment. This is an intimidating workload for junior faculty women who have already been in school for 11 years, with the accompanying debt and often a young family with unpredictable needs. The intellectual stimulation does not replace the financial constraints of low salaries and loan burdens. However, the benefits include insurance coverage, pension, health care, and opportunities for sabbatical and maternity-leave coverage.

Ideally, a structure that would allow a woman, during her child-bearing years, to transition from a full-time faculty position to a part-time position while she raises her family would ultimately provide a more mature midlevel full-time female academic. Currently, there is little attention given to providing the opportunity for women to transition back into full-time academics without a continuous track record. The part-time faculty positions are usually clinically oriented. Assignments to clinical supervision in the predoctoral clinic are typical in the first five years following graduation from an orthodontic program. Progress to the graduate orthodontic clinic typically occurs after the novice orthodontist has attained the magical five years of experience in

private practice. Being a part-time faculty member is very rewarding and provides important insights and role models for female orthodontic residents.

JCO For those of you in private practice, what are some ways to market yourself as a female orthodontist to the community and dental referrers?

DR. MILLER First of all, make sure you are the best orthodontist you can be. Make sure your cases are finished in detail. Always communicate with the dentists in your area. If you are having cooperation and brushing issues with a patient, call the dentist to discuss the problems and come to mutual solutions. Involve the referring dentist in the treatment planning. After you are finished with your orthodontics, the dentist may have that patient for a lifetime and will feel more comfortable with you and the outcome of the case, especially if the case involves restorations. Also, the more interaction you have, the more comfortable they will feel referring to you. If you are active with your local dental group, you may consider giving a short presentation about relevant topics in orthodontics.

Start early collecting your cases to get Board-certified. Make sure the dentists in your area realize what being Board-certified is all about. It was a long haul, but what a boost to my confidence level as a practicing orthodontist. Get your name out in your community by doing volunteer services. This only increases your name recognition by potential patients and makes you feel wonderful. I am active in my local Rotary Club, I visit and talk about dental health to over 1,500 children during National Health Month, I have served on the United Way board, and I help plan our local fair parade every year. These activities give me local recognition, but also give me a chance to meet many people in my community.

I also travel to Honduras every March to provide dental extractions to the indigent people in remote villages. This is my annual "reality check"; I am so appreciative of all aspects of my life after these missionary trips. If you ever have



Dr. Miller

a chance to offer your dental expertise in a volunteer fashion, it is wonderful for your outlook on life. Volunteer your services for your local, state, or national orthodontic societies. Not only do we need leaders willing to work for the betterment of orthodontics, but it is rewarding to be able to share stories and practical tips with other practitioners. We can become isolated as solo practitioners.

DR. GREER I could not describe it any better than Jackie has just done. Female orthodontists should market themselves in much the same way that a man would.

JCO Is there a difference in working with female general dentists as opposed to male general dentists?

DR. GREER I am not aware of any differences.

DR. MILLER I find it easier to work with female dentists just because I can talk to them more easily, not only about orthodontic cases, but also about family issues outside the dental practice that we may have in common.

DR. PARISI I think there are some female dentists who feel that male specialists tend not to recognize them (i.e., market to them) as they do with the male dentists. Some feel slighted by this, and that gives the female specialists an advantage in that they can more easily show recognition and

appreciation for these dentists' support of their orthodontic practices. It's important to remember that female dentists are also juggling home lives with their careers, so it may be more difficult for them to attend certain meetings or get as involved as their male counterparts may; but it doesn't mean that they care any less about their practice or their patients.

JCO Have you encountered any problems with case acceptance because you are female?

DR. PARISI I haven't.

DR. GLENN I am not aware of any specific incidents in case acceptance where gender played a significant role. Some fathers, especially engineers, request additional technical explanations before making a decision. If I sense that parents want a second opinion, I encourage that and make the patient records readily available. I feel that it is important for the parents and patients to have confidence in me as an orthodontist, regardless of my gender.

DR. VIG As the only female in the orthodontic intramural faculty practice, I have not perceived any discrimination because of my gender. This may also be counterbalanced by my being the chair and perceived differently because of my senior position.

DR. MILLER Early on in practice I can think of only one patient who wanted the "male Dr. Miller", but we treated all our patients together, and eventually he did not have a preference which doctor he saw. When I started in practice, I took all the new patient exams, and there was not an issue with my being a female; sometime it was due to my youth, in which case my father and I would treatment plan the case together.

DR. GREER Many years ago, when the percentage of female orthodontists was less than 1%, I did encounter more problems with patients' reluctance to accept a female in what they perceived to be a male profession. In recent times that has not been true, and in some instances parents have commented that they preferred a

female orthodontist as well as a female dentist.

JCO Have you encountered any diffidence or resistance on the part of male colleagues in your community?

DR. GREER Not in recent times.

DR. MILLER There will always be established referral patterns in a community, golfing buddies, dental school classmates, etc. I worked hard on going to the local dental meetings and talking to the local dentists, finding out their preferences and pet peeves with orthodontics. When a new patient came from their office, I would call them and send a letter, talk to them about my treatment plan, and ask if they had any questions or suggestions. Most of the time you have to prove yourself to them through the quality of your work.

DR. PARISI I would say that male colleagues will be open to you if you focus on giving *their* patients the best orthodontic care that you can provide. "The proof is in the pudding." Make sure your cases finish well-detailed, and keep communication open throughout treatment. Dentists want what's best for their patients, and if you are the one to provide that for them, whether you are male or female, they will show no hesitation to work with you.

DR. COHEN I think most referring dentists leave any judgment calls to the specialists they are referring to. In unusual cases that may require some explanation, it is prudent to be proactive in discussing the case with the referring dentist. Acceptance has never seemed to me to be a problem if a good explanation is available.

DR. GLENN When I entered practice 20 years ago, I did encounter some resistance from male dentists. Some of them declined my invitations for lunch; some failed to come to the front when I stopped by to meet them at their offices. Over time, however, I had the opportunity to meet many of them at dental meetings or community events. Gradually, this resistance seemed to decrease. I have found that some male dentists

feel more comfortable going to lunch when I invite one or two of their key staff members to go with me and my office manager or treatment coordinator. This allows for the staff members to become acquainted and prevents the lunch meeting from being misinterpreted by those in the community.

I remember an incident when an oral surgeon had invited me to lunch at a local country club. During our conversation about an orthognathic surgery case, we were interrupted by a woman who stormed up to our table. She announced loudly that she planned to call the surgeon's wife and report his behavior. Embarrassed, my colleague quickly stepped to the phone to inform his wife that he was having lunch with me. Since I was a friend of his wife's, we all had a good laugh afterward!

JCO What particular challenges face the young female orthodontist?

DR. PARISI Let's focus on the "young" aspect. The challenges begin with understanding management of business, finances, and investments, and then continue with proper knowledge of legal ramifications, practice transition, debt consolidation, and hiring and managing staff. The AAO has made tremendous strides in assisting young, new orthodontists and has recently established a new council solely for this purpose: the Council on New and Younger Members. All young members should utilize the AAO's website for its multitude of resource information, especially the New and Younger Members Online newsletter. One can discover that others are dealing with the same issues and find out how they are managing them.

JCO How do you make connections with your peer group?

DR. GREER I have always been involved in many aspects of the dental community, and have been in the same study club for over 30 years.

DR. PARISI One of the greatest benefits of the AAO annual session is discussing practice with



Dr. Parisi

colleagues and learning what others are doing about legal, accounting, and management issues. One does not have to make all the mistakes oneself. Learn about the mistakes that others made, and restructure your practice to avoid those pitfalls. Study clubs are also a fantastic way to learn and help the quality of your practice grow. If there is not one in your area, start one or search for colleagues around the country with whom you can meet once a year to discuss clinical techniques, practice management, marketing, and continuing education.

JCO What suggestions do you have for women who are interested in becoming involved in organized dentistry or orthodontics?

DR. GLENN Involvement in your local dental society or state orthodontic group is a great place to start. Find out who serves on the nominating committee of the group that interests you. Contact those individuals and volunteer to help where needed. Express your interest to current officers and board members. Then repeat as needed until you are asked to serve. Do not get discouraged, as it may take time to get plugged into a position that matches your interest or expertise.

DR. GREER All levels of the dental community need volunteers for various projects. Even a very busy young woman with a family can find some project or position that is not too time-con-



Dr. Vig

suming to become involved in organized dentistry. This has gotten even better as more groups are using conference calls, faxes, and e-mail to do board and committee work. But the bottom line is that the young female must participate.

A good starting point is with the local dental society, and the membership chair is usually the best first contact. Going to meetings is a good way to meet dentists in your area. Study clubs can be a stepping stone to some volunteer positions. The officers or membership committees are usually seeking volunteers for committee work. State orthodontic associations usually do not require much time to participate, and by meeting officers and other active members, you are able to express an interest in governance to those who appoint the committee and task force members. Many committee, council, or task force members eventually go on to become board members and officers, which can be very rewarding for those who choose to pursue those positions.

JCO Why is participation by women orthodontists in governance and leadership critical at this time?

DR. GLENN As the number of women orthodontists in the AAO increases, it is important that the needs and interests of this segment of the membership be addressed. Participation by women orthodontists on AAO councils and com-

mittees and within the House of Delegates provides a voice, which is an important step toward understanding those needs.

DR. GREER Decisions made by the leadership in dental and orthodontic organizations will have a direct or at least an indirect effect on all practices, including women's. We as female orthodontists should want to be a part of that decision-making process.

DR. COHEN I believe women sometimes think differently from men, and this may just help to shed a different light on certain issues. It forces the male orthodontists in governance to think outside the "male" box.

DR. VIG As the number of female residents in orthodontic programs continues to increase, so does the need for role models to provide women with the opportunity to experience success in leadership positions. The lack of a network is discouraging for a lone woman serving on a committee, and the perception of a glass ceiling should not exist in a contemporary society that accepts and promotes diversity.

JCO Do you have any final comments?

DR. VIG The initiative to have an inaugural women's luncheon in Hawaii at the AAO national meeting was the result of a collaboration between the AAO, which took a chance on a new venture, and the vision of Gayle Glenn and Jackie Miller, who correctly estimated that the time was right to build alliances and support women orthodontists in the profession. The success of this first luncheon has been reflected in repeat events at subsequent AAO constituent and national meetings. I hope this dialogue among six women with different experiences in the same profession has provided JCO readers with the opportunity to be exposed to the same dynamic interaction and to the diverse opinions and pathways we have discussed. □