



**PROFESSIONAL
INSURANCE EXCHANGE
MUTUAL, INC.**

NEWSLETTER

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Approaching 40 years serving the profession

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MANDATORY COURSE SCHEDULE

In 2010 and 2011 the PIE Board presented a series of mandatory risk management courses intended to help our insured prevent an increasing number of claims payouts and legal fees that the Company was beginning to experience. The courses turned out to be very successful and helped to dramatically cut the number of claims we had to deal with and decreased claims settlements & legal expenses.

Unfortunately, we are seeing claims numbers and expenses increase again so the PIE Board determined that it is time to present a new series of courses. In addition, since 2011 a number of new insured members are part of PIE and we want to give them the opportunity to learn some pointers on risk management.

The Board determined that the fee for non-attendance will be \$250.00 which will be payable at the time of renewal. Last time over 90% of our insured did attend the courses and those that did not attend paid the extra fee. Our hope is that very few dentists have to miss the course and end up paying the non-attendance fee, however.

We are now in the process of making arrangements for the series of courses to take place this fall and also during the early Spring of 2018. We will be sending out a letter to all PIE insured once the initial venues have been set but most of the courses will be presented on a Wednesday night starting at 7:00 and will go for two hours. We have to present the courses in this fashion since there will be a lot of sensitive and direct information that cannot be published in this Newsletter or provided through every other venue. Unfortunately copies of the Newsletter have gotten into the hands of plaintiffs' attorneys in an effort to use the

information contained therein against our insured. In addition, only you, our insured dentists, are invited to attend. The course is not designed for staff members, strictly dentists.

The tentative schedule is as follows:

- | | |
|---------------------|--------|
| 1. Wed. Sept. 27 | Logan |
| 2. Wed. October 11 | Ogden |
| 3. Wed. Nov. 1 | Provo |
| 4. Thursday, Nov. 9 | Vernal |
| 5. Friday, Nov. 10 | Moab |

Dates have been picked that will not conflict with the Oct. 19-23 ADA Meeting in Atlanta nor the Oct. 19-20 UEA Convention and school holiday. We are also avoiding the UDA CQI meetings which will be starting earlier this Fall.

Courses in locations such as Salt Lake City, Davis County, Richfield and St. George will be held starting in March and April 2018. These will be announced in the January 2018 PIE Newsletter.

The course will not simply be a repeat of what was presented earlier. There are a number of new issues that we are seeing repeatedly to cause problems that will be addressed. Although a lot of you were not happy initially to have to attend a mandatory course, once you heard the material prepared, we received a lot of compliments from most of you who were happy to realize that the information presented was timely and worthwhile.

--RCE

DREA COURSE ANNOUNCED

Every year during the first weekend in December the DREA group presents an excellent CE Course. Many of us have been attending this course since the program started 45 years ago. On page 8 is an official announcement and Course Description. The topic is Sleep Medicine for Dentistry and the presenter is Dr. James Metz. Dr. Metz is a general dentist and diplomate of the American Board of Dental Sleep Medicine. He is a 1973 graduate of The Ohio State University College of Dentistry. While serving in the US Army he attained the rank of Major.



Today, he maintains a restorative dental practice with an emphasis on dental sleep medicine and reconstructive dentistry, both of which are being utilized, along with the surgical orthodontics (Wilckodontics - Accelerated Osteogenic Orthodontics Procedure),

the goal of which is to address some major health issues of today such as hypertension and type II diabetes, to help restore and maintain the health of the individual.

Dr Metz is the affiliate director of The Ohio State University Medical Center Sleep Medicine Fellowship Program. He is member of the American Dental Association's Scientific Investigation Committee Workgroup, which is defining the role of the Oral Appliance for the control of Obstructive Sleep Apnea, as well as, the Scientific Investigation Committee of the American Academy of Restorative Dentistry for Sleep Dentistry for Sleep Dentistry. Dr. Metz is also a member of the American College of Dentists, American Dental Association, and served as president of the Muskingum Valley Dental Association.

More information will be presented about this course at the DREA website during the next few months and as a courtesy PIE will print the course brochure in the October PIE Newsletter to make it easier for our insured to attend.

FACILITATING THE RENEWAL PROCESS

As you are aware, Summer is a busy time for PIE and we handle a large amount of renewals. More and more of you are sending your renewal forms, etc. via e-mail which is fine with us! However, there are a few pointers we want to pass on to help facilitate the process and avoid delays.

1. Please do not simply send your renewal form, etc. as an attachment with no additional message or explanation. Unfortunately when we receive a message like that, it looks like what we see hackers try to send us to infiltrate our systems with a virus. Therefore we simply delete the message without opening them. So remember to send a little note that explains that you have attached your renewal form or something to that effect so we know that the message is legitimate.
2. We do not record credit card numbers anywhere but simply enter them into our card readers. Maralee and Lisa are your agents and are the ones authorized to accept credit card payments. Please never send your

credit card numbers via e-mail, nor leave them with a telephone message.

3. Some of you are part of corporate entities or other large group entities that take care of paying your premiums. Be sure they include your name and policy number on the check. Otherwise it is though they expect us to engage in detective work to figure out who made the payment! Instead of that, for the protection of the dentist for whom the payment was actually intended, we will send it back.
4. You, the dentist are our insured. The corporate office manager is not you and we will generally not make changes in your policy or change the address where billing statements, etc. should be sent unless we receive instructions or an authorization directly from you. Please inform the large group or corporate office managers or individuals that handle your payments about this policy.
--RCE

DENTISTS IN THE PUBLIC SPOTLIGHT

Dentists have earned the respect of the general population based on the extent of their education and status in the community. Recently a recent blog written by Dr. Larry Daugherty, a relatively young dentist, has generated some attention for the impact of his message. It is worth publishing in this PIE Newsletter for our members to read and contemplate, especially those of you that are recent graduates.

One day, I was searching my name on Google (don't act like I'm the only one that does that), and I saw some interesting things come up that made a few light bulbs go off in my head. The first thing was my name on some website about rating your doctor. I never filled out a profile on there, how did they get my name and practice address!? Are they allowed to do that? Apparently. I can't stop them. It's public record. The year I was born, where I went to school, the year I graduated, where I practice, if I've been disciplined by the board -that's all public knowledge that can be discovered on the Internet in a matter of seconds.

When you become a dentist, you step into the spotlight. While it's pretty cool to have that "Dr." in front of your name on your scrubs or your lab coat or your Spurs replica jersey, it comes with some rules and responsibilities that have to be followed. As a doctor, you're held to a higher standard than the Average Joe in many situations. More is expected of you from the public and your peers to be a leader and to be a professional. **This isn't a bad thing, this is a great thing.** If we can't count on doctors to be the leaders and standard bearers of good taste and professionalism in our communities, then who can we count on?

Are the wild party days over?

Who cares what I do during my free time, when I leave the office I take the doctor hat off and put the "me doing whatever I want" hat on! Right?

These are some things to think about.

Everyone that you meet as a professional is a potential **advocate** for you, a potential **resource** for you, and maybe a **potential patient**. How do you want others to perceive you as a professional? Do you want to be known as a loose cannon/weekend warrior or do you want to be known as a person that is worthy of trust and respect in any situation?

It's obvious by my tone where I stand on all of these matters, but these are all individual decisions we all must make in our lives, and it isn't easy. Dental school is a time of tremendous change in your life in many ways, and deciding where you stand on what I'm talking about will shape your professional reputation. **It's something that you should take very seriously**, especially in this day and age where **privacy is almost nonexistent**.

In closing I want to provide you with a few related tips/thoughts on managing your online reputation:

1. **Delete the Bloody Pics.** I used to not think anything of it, but I've become a huge proponent of leaving bloody teeth, surgery pics, and x-rays off of social media. It scares and grosses out your friends and potential patients, and it makes us look like insensitive jerks that get a kick out of making people bleed. Winning patient confidence and trust in us and in dentistry is what we do. Stop making it harder.
2. **Keep It Pro on Social Media.** In a more general sense, think twice before you post things, especially negative things about your struggles as a professional or as a health care provider. Outside of the profession, no one wants to hear it, so consider your audience. Have a private conversation with another student or doctor if you need to let off some steam. Those conversations and thoughts aren't for public consumption. It makes dentists look bad, and **we're not, we're awesome**.
3. **Make a LinkedIn Account and a Google+ profile.** Like I said, your reputation is open to the public, people are going to be looking for you. Recruiters. Sales reps. Other professionals. Potential patients. Make it easy for people to find you, and when they do find you online, you ensure that you immediately appear in a positive way on something of your own terms.

When you get out of school and start looking for career opportunities, it's great to have a **readily available mass of contacts** at your fingertips. The more people you know, the more opportunities open up. If you want important people to find you, if you want potential patients to find you, and if you want to be well known for what you do best, make yourself easy to find.

AND, SOMETHING FOR THE OLDER DENTISTS

Many veteran dentists reach a point in their practices where they wonder whether or not they should let someone else run their practice and simply show up to work. In other words, they think if they sell their practice and simply become and associate many of their hassles will be over.

WRONG!!

Unfortunately we are aware of many situations where the practice sale and perceived change in responsibilities has not worked out anywhere near as well as the older dentist anticipated. In extreme cases, the dentist has clashes with the new management and even gets fired from their own former practice!

Although many practice brokers or others interested in trying to sell your practices will not like this article at all, autonomy and freedom are often important concepts that get set aside when dentists start to contemplate a practice sale before they are really ready to do it. Dentists also need to think about the future of their practice in terms of who do they want to have take care of their patients. Do you want your patients to be handled by a single dentist who will show the same passion and care as you did, or will you be happy to see your patients simply assimilated into an entity where they will be treated differently? Do you want someone else, with less experience, telling you what to do and when you can go on vacation or do you want to continue to have the freedom to call the shots?

These matters may not be emphasized when the discussions ensue about your future but you need to determine your own fate and how you want to spend the last years of your practice. Some dentists simply want to stay connected with their old practice only to see family members and close relatives. Others want to walk away and not practice again in any way, shape or form. Ideally the decision should be yours and you should leave on your own terms. Unfortunately, for many of you, this may not happen unless you consider various ramifications before you sign on the dotted line.

--RCE

SOME SHORT SUBJECTS

1. DO-IT YOURSELF DENTISTRY IN UTAH

In early June a woman in Provo was charged with a second degree felony of child abuse for allegedly pulling out her 7-year old son's teeth with needle nose pliers at a Walmart store, according to an article published in the Desert News. The woman purchased hand sanitizer and the pliers and went to the bathroom to do the deed. An employee and the poor victim's older brother heard screams and yelling and the brother took the 7-year old out of the store. Of course no anesthetic was used and the mother claimed that one tooth was loose and the other was "a little loose."

Unfortunately, more education needs to be conveyed to prevent parents from trying such stunts. Dentists may also need to be ready to assess any damage that DIY extractions may have caused to the supporting tissues.

2. Patients who Call Just to Buy Bleaching Supplies

We recently heard of a person trying to call dentists to simply buy bleaching materials from dentists without being patients of record or without having the dentist make bleaching trays, etc. Should dentists go ahead and succumb to such wishes? Our position is that this is a bad idea. There is no dentist/patient relationship for starters and no benefit for the dentist to do this. As these supplies are generally much stronger than the over-the-counter products available in supermarkets or drugstores, there could be some ramifications or problems and if the person who obtained them

directly from the dentist develops any complications such as sore gums or sensitive teeth; who are they going to blame? This is simply a new wrinkle on the old mall kiosks where non-dentists tried to have patients take their own impressions to make their own bleaching trays.

--RCE

DO YOU LIKE PIE?? SPREAD THE WORD!

We appreciate our loyal PIE members who have referred new associates or other colleagues to us for insurance. But what about other members of your group practice that have either not heard about PIE or are insured with competitors? Have you ever had any discussions about PIE or encouraged them to switch?

PIE is doing very well financially and is in total compliance with all requirements as far as reserves, etc. that are implemented by the Utah Insurance Department. In fact, the Company is stronger than ever. But we can always grow and have more insured.

If you have discussions with other dentists about PIE, you can mention the following advantages:

1. Low premiums. Our competitors may try to give away the first few years with loss leader premiums, but then they jack up the rates and try to trap you with high tail coverage rates. We have reasonable prior acts rates to help deal with the tail issue as long as it applies to Utah.
2. Dentist-only management. PIE has no non-dentist corporate overlords telling us what to do and has entire control by dentists over our destiny.
3. In-house advice and efficient service.
4. A local presence and experience.
5. Excellent, experienced and committed lawyers who like working with us.
6. Accessibility to expertise offered by the local dental schools and residency programs.

We appreciate your support and encourage you to send colleagues our way, especially if they are excellent dentists that are not happy with their current malpractice insurance carrier.

--RCE

DATA PROTECTION

Recently we have been made aware of two instances where Utah dentists were victimized by ransomware and thought they were protected but ended up having major problems. At the most recent UDA convention one of these dentists introduced us to Giles Witherspoon-Boyd, the founder of Protocol, a company designed to both protect dentists from malware situations and to also help dentists recover lost data. Giles has agreed to furnish a series of articles as a resource to PIE insured. Following is the first article:

Episode 4 A New Understanding

BY GILES WITHERSPOON-BOYD

To know me is to know that I LOVE sci-fi! Give me Trek, Star Wars, Marvel or anything in between; I love it all! I guess it's no coincidence that many in the IT industry also share this passion, it's definitely what got me started on my path to my career today in data security.

I think the real allure for Sci-Fi lovers is seeking The Vision of Infinite Dimensions ☺, "to boldly go where no man has gone before". Kind of like R2-D2's guest appearances in the previous Star Trek movies (Rest in Peace Kenny Baker)! It's the curiosity to ask new questions and to seek alternative answers that intrigues us. It's the discovery of how something works and the drive to then find a better way to the job. These are qualities that you find in most any organization at some level.

One important aspect of sci-fi movies is the use of stock characters. You know who they are; it's the Star Trek security officers (redshirts) that always face a grizzly demise at some point in the movie.



It's the hundreds of Stormtroopers who can't seem to hit any of their targets. Let's face it, we rarely pay attention or care when these characters are killed because our eyes are focused on the main storyline characters and ensuring that the good guys get away from the villain.

I'm sure if we were to take the time to get to know these characters better we would find that they are just as important and complex as their more famous counterparts. They put on their pants one leg at time, and each has dreams and aspirations. They trained hard and sacrificed time and resources to get fill their roles of responsibility. Without their support their leaders good or bad, would be less powerful.

Back on planet Earth SMB (small business) organizations are the redshirts and Stormtroopers of our economy (in a good way). They work hard, and sacrifice time and resources to make their dreams a reality. With over 75% of The US workforce coming from SMB organizations, it is truly SMB organizations that drive the economy.

Just like our favorite Sci-Fi movies, when data breaches occur you usually only hear and care about the "USS Enterprise" sized organizations that are affected. This can cause SMB's to feel a false sense of security that the hackers are only after the big ships. The reality is that the Kahn's and Emperor Palpatine's of the

universe attack any ship that crosses their path, no exceptions! Your reality is that hackers attack anyone, with little to no exceptions!

The fact is over 90% of data breaches involve SMB's; but unlike the majority of their Enterprise counterparts, SMB's rarely survive the event due to associated costs, and damage to reputation and brand. When faced with a data breach most of these SMB businesses simply fail and die without much fanfare or reaction from society as well just like our sci-fi friends.

But there is (a new) hope and help available ☺, by following these steps:

- Be aware of data breaches and how they happen
- Higher Certified and Experienced Third Parties
- Create and follow a Security Policy
- Get a professional with proper credentials to assist you!

In the next episodes, we will take a deep dive into these very important steps. If you have questions you can contact us at giles@protocolpci.com.

You are not alone; awareness is the key to thriving! May the force be with you as you live long and prosper.

<https://usa.visa.com/support/merchant/library.html>

<https://usa.visa.com/dam/VCOM/download/merchants/bulletin-small-merchant-security.pdf>

<https://usa.visa.com/dam/VCOM/download/merchants/bulletin-small-merchant-security-faq.pdf>

<https://usa.visa.com/dam/VCOM/global/partner-with-us/documents/pci-smtf-security-materials-final.pdf>

<http://www.idtheftcenter.org/Data-Breaches/data-breaches.html>

NEW DENTISTS: ARE YOU PREPARING FOR RETIREMENT??

Although this is not a malpractice subject per se, many dentists get in trouble or over their heads financially and thus start to feel pressure to stray from their comfort zone and do procedures that they are not well trained to accomplish. Things go from bad to worse when they now have an angry patient who demands a substantial refund or obtains a lawyer and files a malpractice claim.

Recently I read an article in DentalTown with a stream of messages having to do with suggestions for young (and older dentists) to prepare for retirement. A lot of ideas are worth reprinting here.

1. New dentists should try to save as much as they can initially but should also try to use extra money to go toward student loans.
2. Student loans should be refinanced as soon as possible so more money can start going toward principle rather

than interest. The ADA and others offer programs with lower rates that should be researched.

3. Live below your means initially; have money to cover 3 months of expenses readily available; set aside what you can for retirement, even though you must pay your loans.
 4. Look long and hard at expensive items such as CBCT units when they are available elsewhere to send patients to for the time being. Don't be the first to buy new technology; wait long enough to see that it works first!
 5. Getting involved with the military is another way to lower the debt, but this may be most applicable to pass on to friends who are just starting dental school.
- RCE

EMPLOYEE ACCOUNTABILITY: LOOK FOR EMBEZZLEMENT!

We have covered this topic before but there are still plenty of situations out there where Utah dentists get burned through various forms of embezzlement. An article written recently by Jeanne Giovenco had some worthwhile tips to pass on:

1. Verify previous work history. Don't just call the references. Call former employers, especially dentists!
2. Consider personality when filling a position. A very shy or timid person will not do well as a treatment coordinator or person responsible for promoting a treatment plan or collecting money.
3. Complete background checks. Services can be purchased to do this or you can often check social media sites such as Facebook, LinkedIn and Google.
4. Have an office procedure manual or job description in place and see that employees adhere.
5. Make sure that insurance statements are sent out frequently and that the person who is supposed to do it is really doing it. Have the insurance person begin to call and check up on outstanding claims.
6. Ensure that cash, checks and credit card transactions and QuickBooks accounting should match for every day.
7. Watch out for any large discrepancies between the amount that practice management reports show and what is actually deposited into the bank and collected via credit card payments.
8. If an employee becomes agitated or upset by changes in protocol where their work results or efforts are being scrutinized more carefully, they are probably trying to hide something.
9. A common trick is for a dishonest employee to forge the dentist's signature and cash insurance checks, make adjustments and then enter phony payments into the patient ledger.
10. Motives can include the spouse losing their job so money becomes tight, a gambling or drug addiction or financial burden such as medical expenses, college tuition for a child, or wedding expenses.

HOW LONG DO YOU PUT UP WITH POOR TEAM MEMBERS?

We call several dental offices a day and run into a variety of responses by those answering the telephone. Most of you have excellent receptionists, etc. but there are a few times we wonder how someone got the job! We also hear stories about great and not-so-great clinical staff. Recently I read an article by Jay Geier, a practice management consultant, who had some interesting comments on the consequences of keeping what he called toxic team members.

1. Hiring the right people is not always easy. Dentists will tend to avoid issues and soon find themselves surrounded by bad employees, poor control, and a stagnant or even declining bottom line. The dentists come up with too many excuses about why these toxic employees need to stay.
2. Identifying characteristics of these bad employees include:
 - A. Low performance. It is nothing but the minimum for these people. They reject training and incentive plans and complain about anything they can.
 - B. Bad attitudes and eye rolling, consistent negative body language.
 - C. Low engagement, little interest in success of the practice, complacency, efforts to avoid responsibility, no energy or enthusiasm.
 - D. Dishonesty. If they lie to you now, they will steal from you later!
3. What you lose by keeping these toxic employees:
 - A. Loss of revenue as these people will resist appropriate changes in your practice.
 - B. Loss of new patients as patients pick up the negative vibes and decide to go elsewhere and take the future business of possible referrals away from you.
 - C. Loss of the good employees as the high performers get tired of dealing with chronic complainers, laziness and a boss who won't do anything about it.

So, if your practice is not doing as well as you would like it to, or you have more unhappy patients than you think you should have, consider those team members that are essentially throwing your money away so quit compromising and replace the losers with high performing, talented and energized people and see how your practice then responds. --RCE

WHAT IS A "PATIENT OF RECORD?"

Occasionally we get questions from dental offices about a definition of a "patient of record." For example, if someone calls your office claiming to have an emergency at 4:55PM right before you are leaving for an exciting event with your family, yet has not been seen since 2009? Are you obligated to see that patient?

There are several possible definitions of what constitutes a patient of record, but you can create your own standards and consider:

1. A patient who presents to your office on a regular basis and comes in for cleanings or exams. Many offices call such a patient an "active patient."
2. A patient who only presents to the office on an emergency basis and does not come in for cleanings or exams or regular maintenance. Nevertheless, you usually see this patient two or three times a year. Many offices call such a patient an "emergency only patient."
3. A patient who has only come in once or not for several years can be classified as an "inactive patient."

So, what are your alternatives if such an inactive patient calls and demands to be seen? True abandonment happens when you:

1. Take a patient's money and then disappear in the middle of the night so they don't get what they paid for. (We can cite cases where this has happened! We have seen dentists go on the lam to avoid the IRS or dentists take money prior to losing their license due to a DOPL mandated suspension, etc.!))
2. Stop treatment in the middle of a procedure because the patient has not paid you but there have been no arrangements made in advance such that the patient has signed a statement agreeing that you can do that if payment is not made.
3. Are in the middle of a procedure such as root canal therapy and the patient has pain or discomfort and you will not see them or make arrangements for another practitioner to see them.

In the case of an inactive patient who calls at the end of the day and expects treatment, you can refer them to another colleague in your area, especially a younger dentist who is eager to build his/her practice. You should not simply tell the patient to call the hospital or leave them in the lurch. All of you should make arrangements to have a colleague see your patients when you are unavailable and vice versa. This protocol worked very well for me for the ten years I was in practice in Sugar House with the other two dentists in my building. We helped each other out and were able to have the freedom to have a life as well even though patients had problems develop on rare occasions right before we had to leave the office for the day or go on vacation, etc.

--RCE

A SHORT REMINDER ABOUT PIE CLASS II COVERAGE

If you have another professional come to your office to provide IV sedation to your patients or obtain hospital privileges to see patients under any form of sedation, you must carry PIE Class II coverage. This can be purchased on a quarterly basis and remains at a quarterly rate of \$50.00 or \$200.00 per year. This coverage must also be in place if you perform oral sedation. Of course you must follow PIE's parameters which include taking appropriate coursework and having proper monitoring equipment in place.

--RCE

GUEST COMMENTARY

- **By Norman K. Rounds, DDS**
- **Member, PIE Board of Directors**

"All I Really Need to Know..."

A number of years ago I read a newspaper article about Harvard University instituting an Ethics class in the senior year of their MBA program. I remember thinking that it seemed to be a little bit late in the "schedule" to be finally talking about ethics. But then, better some than none.

I have always been in awe of the level of ethics, kindness, and generosity exhibited by my dental colleagues. When I read in the UDA Action that the average Utah dentist donated" about \$38,000.00 yearly, I was thunderstruck. I usually chose not to be overly cognizant of my donations to Central City, Welfare, Missionaries, etc., etc., but I reviewed my records and found that I too, was in that group. It was with a calm heart that I measured my feelings on the subject.

I have the privilege of teaching the ten residents in the University of Utah's RDEP program, and I am continually intrigued by the variance of the techniques taught about the same subject by their various schools. I am a graduate of Northwestern University and was imbued with Dr. G.V. Black's Principles of Cavity Preparation. While some of them have some "entertaining words," I have found that the over-riding principles have a universal application. Whenever I am discussing treatment options, I will frequently begin by asking, "How do you get to Evanston, Wyoming?" In other words, there is more than one way to get there.

So where did we/I acquire the ethics, principles, and feelings that serve as guidelines in our lives. Certainly parents, family, and friends are a major influence. I read a book in the early 1990's by a philosopher that piqued my mind and funny bone simultaneously. Titled, "Uncommon Thoughts on Common Things" by Robert Fulghum, I would choose to share its signature quote, and see if it fits you:

"ALL I REALLY NEED TO KNOW about how to live and what to do and how to be I learned in kindergarten. Wisdom was not at the top of the graduate-school mountain but there in the sand-pile at Sunday School. These are the things I learned:

Share everything.
Play fair.
Don't hit people.
Put things back where you found them.
Clean up your own mess.
Don't take things that aren't yours.
Say you're sorry when you hurt somebody.
Wash your hands before you eat.
Flush.
Warm cookies and cold milk are good for you.
Live a balanced life -- learn some and think
some and draw and paint and sing and dance
and play and work every day some.
Take a nap every afternoon.
When you go out into the world, watch out for
traffic, hold hands, and stick together.
Be aware of wonder. Remember the little seed in the
Styrofoam cup: The roots go down and the
plant goes up and nobody really knows how or
why, but we are all like that.
And then remember the Dick-and-Jane books and the
first word you learned--the biggest word of all-
- LOOK."

There it is; ethics 101 began Day One and was re-inforced everyday thereafter.

I would add a couple of sentences of my own learned over the past few years:

"Listen to the sounds of the birds and the crickets and the grass growing in the early morning. "Enjoy something everyday, some."

Thank you Mister Fulghum.

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