# Dental Health Educators' Newsletter

DH Methods of Education, Inc.

Communicating With Our Colleagues

Are You A Charismatic Leader? By Professor MS Rao

Volume III, Issue 1 January 2012

"Charisma is the result of effective leadership, not the other way around." - Warren Bennis and Burt Nanus

When you look at leaders like Alexander the Great, Winston Churchill, Adolf Hitler, John F. Kennedy, Vladimir Lenin and Barrack Obama they all have one common style of leadership - charismatic leadership. They stand out from the pack of leaders because of their extraordinary qualities that are rarely found among leaders. For instance, the soldiers of Alexander blindly followed him because of his charismatic leadership. The soldiers marched towards victory during Second World War under the charismatic leadership of Winston Churchill. Similarly the Germans were inspired with the vision of Adolf Hitler. The Americans were influenced with the charismatic leadership of John F. Kennedy who gave a clarion call 'don't ask what the nation gave you; rather ask yourself what you will give back to your nation'. Although Barrack Obama is relatively young, people trusted and voted him as the President of America because of his charismatic leadership.

#### What is Charismatic Leadership?

In 1947 Max Weber came out with three leadership styles such as bureaucratic, traditional and charismatic leadership.

Weber defines charismatic authority as: "resting on devotion to the exceptional sanctity, heroism or exemplary character of an individual person, and of the normative patterns or order revealed or ordained by him." (Reference) Charisma is something related to extraordinary powers bestowed through divine means. It is the rarest of the rare qualities which are usually acquired through birth. However the research reveals that charisma is a skill that can be honed by training, experience and practice.

Charismatic leaders are treated by having supernatural powers and abilities admired by their followers. They are good at body language and communication skills as well. They impress people through usage of eve contact and hand shake.

Robert J. House contributed for the theory of charismatic leadership. Charisma is a Greek word meaning "divinely inspired gift." Charismatic personalities are charming and colorful. They have magnetic personality and appeal to their people. They know the pulse of their people. It is basically a trait supported by certain skills that can be honed. For instance, communication skills and the knowledge of the domain they can acquire. Both charismatic and transformational leadership appears to be similar. However they are different although charisma helps to transform average individuals as extraordinary

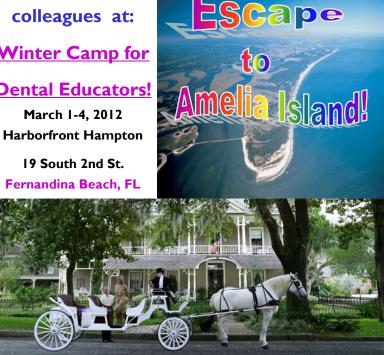
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individuals. Charismatic leaders are categorized into five types. They are briefly socialized, personalized, office -holder, personal and divine charismatic leaders. The socialized charismatic leaders utilize their powers for the benefit of others. The personalized charismatic leaders unitize their powers for the personal benefits. The office-holder charismatic leaders are powerful as along as they occupy the office. Once they resign, they lose their charisma. In contrast, the personal charismatic leaders are powerful forever Continued on Page 2

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### **Winter Camp for**

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#### From:

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To:

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#### Are You A Charismatic Leader?

whether they are in office or out of office because of their extraordinary qualities. Finally the divine charismatic leaders are the ones where people think that they are god sent.

Jane A. Halpert based charisma into referent power, expert power and job involvement. Referent power is the ability to influence others because of one's desirable traits and characteristics. Expert power is the ability to influence others because of one's specialized knowledge, competencies, skills or abilities. Therefore to excel as a charismatic leader, the leader must have expert and referent power and involve in job briskly.

Charismatic leaders help tackle crises effectively. Once the crisis is blown these leaders may not be required. These leaders energize their followers and excite them through their rhetoric and bring them close to organizational goals and objectives.

#### **Characteristics of Charismatic Leaders:**

"Charisma is a sparkle in people that money can't buy. It's an invisible energy with visible effects." - Marianne Williamson

- They are change agents and status quo ante.
- They are visionaries.
- They are magnetic personalities with a lot of energy and enthusiasm.
- They project an exciting and colorful picture to their followers.
- They are great communicators and good at emotional intelligence.
- They love to live on edge and they are risk takers and thrive in risk.
- They are self-promoters. They boost and boast about themselves without which they don't get excitement.
- They don't bother for fear of failure and fear of death.
- They are highly emotional but balance themselves.
- They are good at storytelling and believe in the concept of management by anecdote.
- They start their speeches with anecdotes to connect with their audience quickly and effectively.
- They follow their heart.
- They develop vision for others and are highly confident and optimistic
- They network with people and build bridges.
- They are honest and help others.
- Finally, they never give up.

#### How to Become a Charismatic Leader?

"Throw away those books and cassettes on inspirational leadership. Send those consultants packing. Know your job, set a good example for the people under you and put results over politics. That's all the charisma you'll really need to succeed." - Dyan Machan

- Smile cheerfully from your heart.
- Praise liberally and criticize sparingly.
- Maintain eye contact and shake hands firmly.
- Demonstrate positive body language.
- Treat others with respect.
- Remember the names.
- Improve your communication skills and acquire domain competency.

#### Criticism:

Although charismatic leaders drive others with their energy and enthusiasm, they believe more in themselves rather than others. They treat themselves as puppeteers and followers as puppets. Once the charismatic leaders depart, the work comes to a grinding halt, leading to leadership vacuum. They make their absence felt more. The charismatic leaders could not deliver the goods properly when viewed from historical leaders. They come, conquer and leave the world without any takeaways except showing a colorful and magical world to their followers.

There are few charismatic leaders who let down their followers and hit the rock bottom. They were forced to oblivion. They were thrown into the dustbins of history. For instance, Garry Winnick, the former chairman of Global Crossing Ltd is an example who let down his followers. Both Obama and Osama are charismatic leaders while the former is using for a great cause the latter was using for evil activities. Churchill was a charismatic leader with a complex personality. His leadership traits are a blend of intuition, invention, and emotion, hedonism, nationalism, humor, and reformist with strong internal locus of control. Charismatic leaders like Stalin and Hitler elevated themselves above criticism. It proved counter productive for them as well as for their people. Therefore, there is danger involved in charismatic leadership. However it all depends on the mindset of the leader.

#### Conclusion:

"How can you have charisma? Be more concerned about making others feel good about themselves than you are about making them feel good about you." - Dan Reiland

Charisma needs more substance than style. Have knowledge and be content to speak and connect with others. Charismatic leaders are known for walking the talk. They go to any extent to please their followers. They have passion to serve their people. Therefore, the world needs charismatic leaders to address several leadership challenges globally.

The End

References: Author's Blog: http://profmsr.blogspot.com Andrew J. DuBrin, "Leadership Research Findings, Practice and Skills", 2008 Edition. Posted in Leader Action Tips

**Professor M.S.Rao** is the Founder of MSR

Leadership Consultantsin India with 30 years of experience in leadership development. He is an experienced leadership educator, author, trainer, researcher, consultant and practitioner. He is a specialist in Leadership and Soft Skills Training. His areas of interest include Leadership, Learning and Development. He is the author of ten books on leadership and published more than 200 papers and articles in international publications including Emerald, Sage, Leadership Excellence, T + D Magazine (ASTD), Leader to Leader and Personal Excellence. He is the Editorial Advisory Board Member and reviewer for several international publications including Emerald and Taylor and Francis group. He presided as a panel judge for Global Leadership Awards – 2011 Malaysia.

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You may also visit his other blogs: <a href="http://profmsr.blogspot.com">http://profmsr.blogspot.com</a> and <a href="http://profmsr.blogspot.com">http://profmsr.blogspot.com</a>

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#### Accreditation: Standard 1-1

In the last issue of this newsletter, information on frequent citings of standards at accreditation site visit reports was provided; comparing and contrasting the frequent citings in both Dental Assisting and Dental Hygiene programs. Each newsletter provides details on accreditation concerns.

Since **Standard 1-1 Institutional Effectiveness** is frequently cited in both disciplines, this article will focus on methods of demonstrating compliance with this standard.

For both DA & DH: The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:

#### Dental Hygiene

- developing a plan addressing teaching, patient care, research and service which are
  consistent with the goals of the sponsoring institution and appropriate to dental hygiene
  education.
- implementing the plan;
- assessing the outcomes, including measures of student achievement;
- using the results for program improvement.

#### **Dental Assisting**

- A plan with program goals
- An implementation plan
- An assessment process with methods of assessment and data collection, including measures of student achievement
- Use of results for program improvement

While there is a difference in verbiage between the program standards, ultimately both disciplines have similar needs for demonstrating compliance with this standard. What then, are the reasons for frequent citings in this standard? First and foremost is understanding the extent of the requirements necessary to demonstrate compliance. CODA self-study guidelines sent to the program directors, include a template in the form of a matrix that gives a general idea of how to list program goals and under them each tool (survey, competencies, etc) that measure the achievement of goals. The results of all the tools provides the data and statistical evidence for demonstrating the outcomes.

#### How many good tools do you have?

Appropriateness for each tool relates to how comprehensively the tool measures performance. Tools should include pass/fail rates in all clinics and courses, competencies for individual clinical skills, exams that demonstrate critical thinking, evaluations of instructors, surveys of extramural sites, graduates, employers, patients, national and state board results and others. The more thoroughly you assess and evaluate all aspects of your program, the more likely you are to demonstrate compliance with this standard:

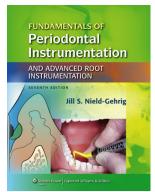
- You must stay on top of conducting the assessments, consistently gathering the data. It is very difficult to consistently store and count the findings. Even if you use Excel sheets, someone has to enter the information on a daily (clinical grading), monthly, etc. basis. One program director and/or one program secretary cannot do it all since both already have very full time jobs. It takes a team who is willing to share the load and take responsibility for the accuracy of their part of this enormous task.
- You must have an outcomes assessment meeting which includes full and part-time faculty and all persons involved in the program teaching and operations. Each faculty member must conduct their assessments and report on their findings. You must have detailed minutes of these meetings.

## The Sharpening Horse Kit

"An easy to teach and learn technique that allows students to obtain truly sharp instrument cutting edges!"

Jill S. Nield-Gehrig

Featured in the next (7th) edition to be released February 2012





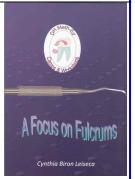


Allows you to sharpen along the length of the blade to produce the perfect cutting edge<sup>1</sup>

#### 1. J Contempt Dent Pact 2007

November; (8)7:070-077





Get the Sharpening Horse & both DVD's FREE (total value of \$284.95)

### by attending the workshop:

"How to Teach Periodontal Instrumentation"

March 3rd Winter Camp Amelia Island 2012.

## Volume III, Issue 1

### In the Spotlight



Rebecca Sroda, CDA, RDH, MS

Associate Dean of Allied Health and Director of Dental Education at South Florida Community College

Becky received her BS in Dental Hygiene from the University of Detroit in 1974 and worked in various clinical practices for six years before giving in to a strong yearning to teach. She continued her education, earning her MS in Dental Hygiene from the University of Michigan in 1980, and has been teaching in various capacities ever since. Her clinical practice has been varied and diverse; general and periodontal practices in Michigan and South Carolina, a Veteran's Hospital, and Rehabilitation Center. Educational affiliations; University of Detroit

Department of Periodontics, Oakland Community College, University of Texas Health Science Center at San Antonio, Asheville-Buncombe Technical College, and South Florida Community College

Becky has taught pre-clinic instrumentation for 20 years and advanced instrumentation for 15, using the methods in Jill Gehrig's "Instrumentation for the Dental Hygienist" textbook and those used at the DH Methods of Education, Inc. Boot Camp.

Becky is a published author and just completed the 2<sup>nd</sup> edition of her textbook titled "Nutrition for a Healthy Mouth", contributes three chapters to "Periodontics for the Dental Hygienist" by Jill S. Nield-Gehrig, and co-author (with Jill Gehrig) of the chapter on Instrumentation in the Mosby DH Review text.

You may recognize Becky as the clinician in the textbook <u>"Periodontal Instrumentation"</u> and Advance Root Instrumentation" and its accompanying DVD, both by Jill S. Nield-Gehrig. And she is also on the cover of the Textbook, "Patient Assessment Tutorials for Dental Hygienists" also written by Jill S. Nield-Gehrig.

Becky has taught "<u>The Complete Nutrition Course</u>" and "<u>Periodontal Instrumentation</u>" in Miami, Orlando, Jacksonville and Amelia Island Boot Camps for Dental Educators.

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Those who teach nutrition in dental hygiene

and dental assisting programs benefit greatly from attending Becky's "The Complete Nutrition Course" held at our annual Winter Camps.

The course includes a flash drive with all materials needed to teach nutrition in either of the disciplines. This methods course assists with accreditation requirements for **Standard 3-7.** It now includes a separate component just for teaching nutrition in dental assisting.

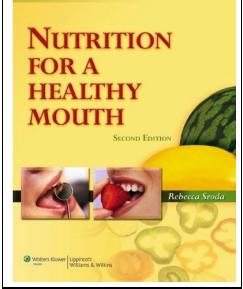
Having recently prepared accreditation selfstudy documents, Becky is current on changes to DA and DH standards and eager to share her materials in nutrition and DA & DH Program requirements in our <u>Accreditation Work-</u> <u>shops</u> in the camp.

As accomplished as Becky is, she is extremely down to earth and most interested in how she can help others. Just being around her gives you a sense of support and assurance. She is a treasure to those who have had the opportunity of working with her. As soon as you meet her you will know you are with a special person and soon after you will realize that in her role as Dean of Allied Health and Director of Dental Education, she has contributed a great deal to the many disciplines that she oversees in her day to day work at South Florida Community College. •

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#### **Accreditation** Continued from Page 3

- You must, as a group, analyze the findings and results and if need be, form subcommittees to develop solutions for resolving issues so that goals are met. After subcommittees meet and formulate solutions, all must come together in a joint meeting to finalize and determine how to implement changes. There must be documentation to show all the efforts made to use results from outcomes assessments to implement changes to meet goals.
- You must link Quality Assurance (Standard 6) to the planning and outcomes assessment of the program.
- When you write your self-study document, remember that a narrative alone, can not fully demonstrate compliance. You must include exhibits as evidence, i.e. minutes, surveys, competencies etc. to back up your narrative. The exhibits are a synopsis of the results. During the site visit you must have every single survey, and competency (at least, within the last 3 years) on file and readily available to your site team. Since reading an outcomes assessment report is dry and complicated, it would behoove you to have graphs and charts that sum up the findings so that the site team can easily see and understand the results. It may be more work for you initially, but it is a lot less work than filing extensive reports after being cited on Standard 1-1.
- Remember that the ADA Annual Survey that the program director completes every fall is kept on file at the ADA and your site team has a record of the last five years that you filed.
- Therefore, your self-study should be consistent with the findings you reported in the annual surveys. Pull up your annual surveys to make the comparison. If you do not have them on file, the ADA has them and may agree to send you a copies. Before contacting ADACODA about anything, please do your own research. Their website has a wealth of information. We need to lead by example. We tell the students to look things up, let's exhaust all limitations before calling for quick answers. Get the facts online www.ada.org



For information on clinical grading and surveys for outcomes assessments please contact Connie Harper of America's Software for a Free TalEval webinar www.americassoftware.com

## Fall Camp Collin College



Our biggest US camp yet was held at Collin College last November 11-13, 2011. The faculty and staff at Collin College in McKinney, TX did a superb job of hosting the camp and with 42 attendees from 15 schools in the hands-on workshop, "How to Teach Periodontal Instrumentation", we had 7 instructors providing one on one instruction all day. The Conference Center at Collin College had a huge ballroom so we were able to set up 42 Porta Sim Stands (www.kilgoreinternational.com) for the attendees and everyone enjoyed the day working together as a big group. The students from Collin College Dental Hygiene Program took part in a corroborative error practicum so that the course participants could grade students and assess their own faculty calibration. The students also loaned us their Porta Sim Stands. We are so grateful to them.

Due to the new CODA ethics requirements, <u>The Complete Ethics Course</u> taught by Robin Matloff, RDH, JD was well attended and extremely appreciated. Christine Dominick added more up to the minute material to her already jam packed <u>Accreditation Workshop</u> and attendees went away with a wealth of materials and information. 52 attendees participated in the <u>Allied Dental Educator's Teaching Methodology Workshop</u> in preparation for Standard 3-7 and their upcoming site visits.



### DH Methods of Education, Inc 2866 Park Square Place East Fernandina Beach, FL 32034

Winter Camp 2012 Amelia Island, FL March 1-4, 2012

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How to Teach Periodoni	tal Instrumentation "Hands-o	<u>n</u> (8 ceus)	\$450
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For Hotel Reservations contact Harbor Front Hampton Inn & Suites, 19 South 2nd Street, Fernandina Beach, FL, (904) 491-4911. Block of rooms under "Dental Camps" Deadline for \$129/ night rate is February 1, 2012.