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Dr. Gail Strahs, OMS

Daniel L. Orr II, DDS, MS, PhD, JD, MD



When regular *Communicator* contributor Mali Schantz-Feld asked what I thought about a historical article dedicated to pioneering female dentists, as a fan of women and dentists in general, I thought, of course! Then I determined to write a long-overdue piece about Dr. Gail Rita Strahs, a pioneering female Oral & Maxillofacial Surgeon (OMS) with whom I have had a professional relationship for nearly 50 years.

I first met Gail when we were sitting in plastic chairs outside Los Angeles County/University of Southern California/Medical Center (LAC/USC/MC) OMS applicant interview room, both hoping for a slot in the class of 1979. We were both somewhat odd duck prospects; I had previously completed an anesthesiology residency and Gail was both a

woman and had also earned her DDS across town at UCLA.

We struck up an immediate friendship and honestly wished each other well when we left. Against the odds, we soon learned that we would both matriculate into the new 4-person class at LAC/USC/MC.

Back in the 1970s, dentists in the hospital environment had to work twice as hard as their medical colleagues in order to avoid the “JAD” (just a dentist) appellation. Gail had to work twice as hard as even her dental colleagues because she had the temerity to think she could be competitive in a historically 100% male OMS resident paradigm. Fortunately, Gail studied so that she was more OMS savvy than any of her XY compatriots (Figure 1). Gail also had to overcome the perception that UCLA graduates were somehow lesser than USC’s. She



Figure 1. Gail Strahs, Brian Chung, and Tom Myatt.

started early on while still a UCLA dental student by cutting Friday classes in order to volunteer in LA County's facial fracture clinic, demonstrating that she could compete right away.

Finally, Gail had to overcome the reality of her diminutive stature. She always had to stand, and balance, on two or more lifts in the operating room in order to be tall enough to operate alongside, for instance, former USC National Champion football players and Olympic medalists that had become dentists. Yes, there was a lot of testosterone in the program.

Morning rounds are the very public proving grounds for residencies, wherein residents are put under a bright figurative spotlight and essentially interrogated about alleged shortcomings in knowledge. Thanks to my prior training, I was lucky that our staff never queried me about anesthesiology, generally a huge topic for attack. I was even more fortunate that Gail was almost always present, unless she was signed out to another service (surgery, internal medicine, anesthesiology, etc.) as we regularly were. Gail was the boys' buffer against all OMS staff questioning.

At County, we had our regular full-time staff and many part-time staff, probably close to 20 knowledgeable board-certified OMS in all, and every single one was male. Gail was the first lady ever accepted to our program and was a novelty for both her femaleness and her UCLA-ness. Naturally, every day at rounds, the staff would start off by zeroing in on Gail's uniqueness by aggressively quizzing her on any medical subject imaginable that had a face remotely related to it. I personally recall a question about treatment planning a young female emergency room patient with facial fractures and an ectopic pregnancy. The examiners didn't care about the fractures,

but wanted an explanation of how to navigate the pregnancy.

Back in those days, many thought that the optimal educational paradigm was not Socratic, but confrontational questioning, occasionally via controversial and even unanswerable queries such as: "Is the TMJ a stress-bearing joint?" The language was often colorful and would not traditionally be considered suitable for use in mixed company. It really wasn't a fair situation. I am somewhat ashamed to say, I was happy that I knew I would never be asked a question before Gail was. Those first questions were the real zingers and would often animatedly consume at least half the time available at rounds.

Adding fuel, some of those associated with our program were apparently actually a bit resentful that a female had taken the place of a worthy male. I did hear that thought expressed, the speaker evidently viewing the situation as a waste of resources or something.



Figure 2. Always positive Dr. Strahs.

Through the years of our residency, Gail did work harder than any of her male counterparts, and we all worked very hard, not infrequently much more than 24-hours straight. Years later, the federal government made that kind of load illegal, but it was commonplace when we were residents. LA County's Trauma Center was a hotspot for "knife and gun club," and we had to deal with major maxillofacial trauma

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Figure 3. UCLA and USC OMS Editors Alan Felsenfeld and Dan Orr, 2009 AADEJ Meeting, Honolulu, HI.

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virtually every night. Gail was constantly in the mix, successfully going toe-to-toe with anybody, yet always adding a calm demeanor to the fray. (Figure 2).

We all graduated, which wasn't always the case back in those days, although one of our classmates had his graduation delayed for a time. Gail went on to become a respected Professor of OMS back across town at UCLA. Yes, Gail made it harder for me to look askance at the Bruins in general, but as the son of a Trojan G.I. Bill hydraulic engineer, a general suspicion of UCLA is almost in my genes, with occasional exceptions (Figure 3).

I also ultimately entered academics, including Directing undergraduate Anesthesiology, Jurisprudence, and OMS at UNLV SDM. We were very successful positioning residents in both OMS and anesthesiology programs, earning public recognition from both AAOMS and CODA for our efforts. During our team's 12-year tenure, we placed about 80 OMS and anesthesiology residents, far and away the most in the nation. Of those, at least a dozen were females, and, like Gail, our UNLV SDM women could go toe to toe with anyone.

I enjoyed helping students matriculate into dozens of the finest training programs in the world, but had not been able to achieve that at LAC/USC/MC... until Kristi Agari came along. Despite Gail's stellar performance, it took 12 years for LA County to admit its second woman, the talented Dr. Kim Ebner. Kristi is a modern Gail, a brilliant and a talented clinician. Kristi earned a higher score on the CBSE, the exam all OMS candidates must take as part of their application evaluation, than anyone else ever had at UNLV SDM. And, she did that as a college undergraduate, before she ever entered UNLV

SDM in pursuit of her OMS goal. Kristi was indeed accepted to my OMS alma mater, as was her sister Kimiko who attended another dental school. They each say the other is the smartest, an intimidating thought in my opinion (Figure 4).

So, Mali Schantz-Feld, thank you for your historical article on pioneering female dentists (pages 8–9) and for reminding me that my mention of Dr. Gail Strahs, a pioneering OMS lady, was long overdue. And thank you to all the amazing women who have positively influenced me to be a better man and professional, people like Grandma Willie,¹ my Mom Leta,^{2,3} my daughters Kaitlin,⁴ Ivy,⁵ Holly,⁶ and Brighton, and of course, Kristi and Gail (Figure 5).

Fight On and Write On!

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Figure 4. Dan Orr and Dr. Kristi Agari. 2023 AAOMS Meeting, San Diego, CA.



Figure 5. Dr. Strahs, still smiling.

Wundy New Leader

Hugh Wunderlich, DDS, CDE



A series of decisions led us to choose our new leader. At one point, we even flipped a coin.

It was his decision to fly out that day. And since he was a pilot, and a gray-haired dentist familiar with this part of the world, we followed.

Our mission in Southern Africa had diverted us to Linkwasha. The obscuring fog and morning mist made the air heavy and wet. I could only hear the sputtery engine of the landing plane, in which we were to depart.

The African plains looked much different than the viny foliage in the Tarzan movies. The “runway”—anywhere there wasn’t a tree or a herd of wildebeests—was typical for this part of Zimbabwe. The “tarmac” was an area of flattened grass that a sleeping elephant had abandoned—a great natural crop circle. I finally made out the blue-gray shape of a Cessna 172. It likely was the exact plane I’d soloed in 50 years ago.

The ground was soft and muddy from a night of rain, so it was impossible to land hard and run



Wundy in Africa

out long. The well-named elephant grass quickly wrapped around the wheel struts, bringing the plane to a stop just inside our circle of trampled grass.

“Better get in before it gets worse,” our leader commanded.

We were in a muddy field in the middle of Zimbabwe, surrounded by unseen animals and termite mounds the size of sport utility vehicles. We were about to take off, with zero visibility, in a dubious, overloaded plane. What could be worse?

The pelting rain pointed the direction of the wind and our departure. I could hear the dim, sporadic buzz of the stall-warning horn as the grass released its tangled grip, and the airplane ached for altitude. The window was of no value—the view indicated we were wrapped in a bale of cotton—but the altimeter said our situation was improving. My new concern was flying into something, so I scanned the only thing I could see—the instrument panel.

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“Where’s the transponder? How do we keep from flying into other aircraft?” I quizzed.

“Don’t have one,” the pilot said, pointing to a cheese sandwich stuffed into a pigeonhole in the panel. “It’s no problem,” he continued. “Who else would be stupid enough to be flying around in this?”

This was our leader.

Wait... am I the “pilot” of the AADEJ in this story? I am very fortunate to have a skilled, dedicated Board that is the envy of other organizations.

The AADEJ Leadership is working to benefit dentistry and help you hone your editorial and leadership skills in your professional and personal lives. We hope to grow the mentoring programs of both our native dental schools and associate with the ACD in “leadership” whenever we can.

Wait... am I the “pilot” of the AADEJ for this story? I am very fortunate to have a skilled, dedicated Board that is the envy of other organizations.

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Gray hair no longer is a prerequisite. Experience always will be an asset. Come join us at our upcoming events.

Any of you could serve in a mentoring or leadership role. That way, the AADEJ won’t have to fly around with just a cheese sandwich in the fog, if it ever sets in.

Editor’s Note: President Wunderlich is pictured in Linkwasha, Zimbabwe during part of a dental mission trip that actually had a golf opportunity. Per Dr. Wundy: “When one thinks of golf, one naturally thinks of Zimbabwe...and the associated golf course literally in a jungle and with herds of wildebeests, elephants, and some puff adders. The main concern was if a 5 iron would clear the crocodile pit?”



In the Rear View Mirror

Denise Maihofer, CDE



L to R: Dr. Chris Smiley, President elect; Mali Schantz-Feld, Program committee; Dr. Kathy Gibson, Program chair; Dr. Stuart Segelnick, Past president; Dr. Jacqueline Plemons, Secretary/Treasurer; Dr. Hugh Wunderlich, President; Ann Marie Gothard, Immediate Past president; Mary Ellen Lukaswitz, Program committee; and Denise Maihofer, Executive director (Orlando Annual Meeting).

It has been a wonderful year for AADEJ, its board, and members! As I have just celebrated Thanksgiving with my family, I am reminded of many things to be thankful for both in my personal and professional life. So, I'd like to take this opportunity to look in the rear-view mirror of 2023. AADEJ started with several challenges in early 2023 including an interim executive director, on-going ACD-AADEJ affiliation transitions, declining membership, and many educational seminars and webinars needing great speakers. We had our tasks cut out for us!

So here's a look in that rear view mirror of 2023!

AADEJ and ACD continued to forge our affiliation, working through the bumps and hurdles we both faced. Suzan Pitman, our main contact for all things ACD, has been an integral, patient, and instrumental part of our ACD affiliation. I'm sure there were many times when my name crossed her phone or desk message, and she

would take pause, but we managed to get through 2023 on a very good note and with new resolutions and problem solving for 2023. We are fortunate to have a good relationship with immediate past president Dr. John Lamb and their new president, Dr. Terri Dolan. We are confident that things will move forward smoothly, allowing us to improve on the efficiency of our affiliation. All things considered, it was a very good year!

Our AADEJ program committee has worked diligently planning and researching our two webinars, our Orlando Meeting, and our seminar with the Greater New York Dental Society's Annual Meeting. Our March webinar gave our members their first introduction to the new ADACCommons digital archiving platform that

was initiated in 2023. We will be following up with another instructional webinar this spring on how to get started and the steps necessary to get your publications online with ADACCommons. Look for dates and info coming soon. Our summer webinar was our first interview venture that could lead to more in the future.

We had record numbers attend our Annual Meeting in Orlando. Anyone who attended will vouch for this great program's line-up of speakers. Each year is a challenge to top the last meeting's speakers, so we are already thinking ahead to New Orleans in 2024! Of course, we couldn't offer these great member benefits without ACD who has stepped in and helped us cover hotel and speaker costs, a daunting task, for a small organization like ours. Many

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thanks to the ACD who's affiliation and support has allowed us to continue our support for all dental communicators in their pursuit of excellence. Last, but not least, is our Greater New York Dental Meeting seminar. We had a fantastic line up of speakers with Dr. David McCarty showcasing his cartooning and how it can enhance media. Dr. Chance Bodini shared his podcast expertise along with helpful information on all things needed to get started. Kathryn Humphries, *Harper's Magazine* Art Director, shared a great presentation on all things visual and how she determines the art, photos, artists, and photographers.

Our new president, Dr. Hugh Wunderlich, has now taken the helm and is on a course for a successful 2024 as we celebrate the successes of 2023 with Ann Marie Gothard our immediate past president. Hugh took on the membership committee last year and set the path to a productive membership drive for 2024. Dr.



Full House at AADEJ 2023, Orlando, Florida

Chris Smiley has been added to the committee to aid in this year's campaign. Our organization is only as strong as the membership behind us, so help us spread the word of AADEJ benefits to fellow dental communicators. Together we are stronger and able to offer more support and education to our members.

The last item mentioned was the interim executive director. I took on that roll as needed at the beginning of 2023, having been secretary/treasurer for the prior three years and being familiar with the inner workings of the association. Prior to our October Annual Meeting, I was asked to

continue as executive director. I've accepted the challenge and have very high hopes that, with the help of a fabulous board and volunteers, we can continue the improvement and growth of AADEJ. I am privileged to work with such a dedicated group which only enhances my job going forward.

Watch for announcements of upcoming webinars, updates on our revival of Dental Editors University in Chicago, and our Annual Meeting in New Orleans! It's going to be a very good year!

Until then we wish all of our members a joyous holiday season!



Dr. Stuart Segelnick, AADEJ Past President; Dr. Hugh Wunderlich, AADEJ President; Dr. Robert Lamb, ACD Past President; Dr. Terri Dolan, ACD President; and Ann Marie Gothard, AADEJ Immediate Past President.

Glimpse into History

Emeline Roberts Jones and Lucy Hobbs Taylor—Female Firsts

Mali Schantz-Feld, MA, CDE



Figure 1. Emeline Roberts Jones



Figure 2. Lucy Hobbs Taylor

In 1997, Dentist Barbie donned her white coat to help little girls think outside of the (pink) box and into a dental career. Here's the description: "Barbie® Dentist doll is ready to brighten smiles! This dental clinic playset includes two dolls, an exam chair, a dental station, and smaller accessories like dental tools, toothbrush, and toothpaste so kids can help Barbie® doll take care of her adorable patient. Kids can dream big and imagine everything they can become with Barbie® Career dolls! Doll cannot stand alone."¹

"Doll cannot stand alone"—they got that right—all of the women who practice dentistry across the world today stand on the shoulders of the brave and tenacious trailblazers of female dental history.

Dr. George Baker, editor of *Dental Times* in 1865, opined, "The very form and structure of woman unfits her for its [dental surgery] duties."² Over the years, that limiting glass ceiling mindset has been smashed, and the shards of the limitations swept into the annals of history. Between 2010 and 2020, the percentage of female dentists in the workforce increased from 24.1 percent to 35.5 percent.³ This increase is expected to continue as the number of female dental school graduates continues to rise.

Many women have made remarkable accomplishments in the dental field over the years. Emeline Roberts Jones and Lucy Hobbs Taylor stand out as firsts in the expansion of traditional female roles.

Emeline Roberts Jones

(Figure 1)

Emeline Roberts was born in 1836, and married a dentist, Dr. Daniel Jones, when she was 18. At the time, there were only a few dental colleges in the United States. Dentists learned through apprenticeship or if their trade shared some skills needed to perform basic dental procedures. Emeline was interested in practicing dentistry, but her husband was not supportive of her aspiration, since he believed that women's "frail and clumsy fingers" rendered them unsuitable to practice dentistry.

True to her ambitious nature, Emeline started to improve her skills in secret. She watched her husband work, and using teeth

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from a jar in his office, she practiced filling the extracted teeth and other dental procedures. There was no denying her talent. After showing him her newly developed skills, Daniel allowed her to work on some patients in 1855 at his office in Danielsonville, Connecticut. They became partners four years later.

Daniel died in 1864, leaving Emeline to support two young children. She took to the road with a portable dentist's chair, traveling to Eastern Connecticut and Rhode Island, and finally settling in New Haven where she operated a successful practice until her retirement in 1915. As times continued to change, she began to receive the recognition she deserved, being elected to the Connecticut State Dental Society in 1883. She was nationally recognized as the first woman dentist at the 1893 World's Columbian Dental Congress, and that same year, she became the 18th dentist to be licensed in Connecticut.⁴ She was made an honorary member of the National Dental Association in 1914, two years before she died, at age 80.

Emeline's biography in the 1902 Commemorative Biographical Record, New Haven County, described her: "As the pioneer woman in her profession, she enjoys a distinction not lightly reckoned in these days, when women are receiving the recognition due them for their achievements." The biography adds that "so far as known, she is the first to open an office on her own account." On a personal note, she was also praised for being "the best of mothers and the most serviceable of friends."³

Lucy Hobbs Taylor

(Figure 2)

Lucy Beamon Hobbs, born in 1833, was the 7th of 10 siblings.

There's no doubt in our contemporary time that a woman's place is at the dental chair.

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When she was 12, her parents died, and she supported her siblings by becoming a seamstress. Later on, she moved to Michigan, and for the next decade was a teacher. Then, she decided to pursue a career in dentistry. She was denied admission to both the Eclectic Medical College and the Ohio College of Dentistry in Cincinnati, but undaunted in her pursuit of dental knowledge, she convinced Dr. Samuel Wardle to give her an apprenticeship. By 1861, she was skilled and popular enough to open her own practice.

After moving to northern Iowa in 1862, Lucy served as a member of the Iowa State Dental Society, even serving as a delegate to the American Dental Association Convention of 1865. By this time, opinions about admitting women to dental school were beginning to change, and she was admitted as a senior at the Ohio College of Dentistry, the second dental school in the nation. (She received credits from her experience as a practicing dentist.) In 1866, she became the first woman in the world to receive a doctorate in dentistry.

With her new degree, Lucy moved to Chicago, where she married Civil War veteran and railroad car painter for the Northwestern Railroad, James Myrtle Taylor. Since she already knew the drill, she taught her husband dentistry, and in 1867, they moved to Lawrence, Kansas and established a joint practice.

A year after James died in 1886, Lucy retired and devoted her time to charity, and not surprisingly, women's rights causes. But she missed the profession that she fought so hard to practice. In 1895, she reopened her office, which she operated until her death in 1910. The *Lawrence Daily Journal* wrote, "Dr. Lucy Taylor was one of the most striking figures in Lawrence; she occupied a position of honor and ability. For years, she occupied a place high in the ranks of her profession. Dr. Taylor was a great charitable worker and did much good in a quiet, unobtrusive manner."⁶

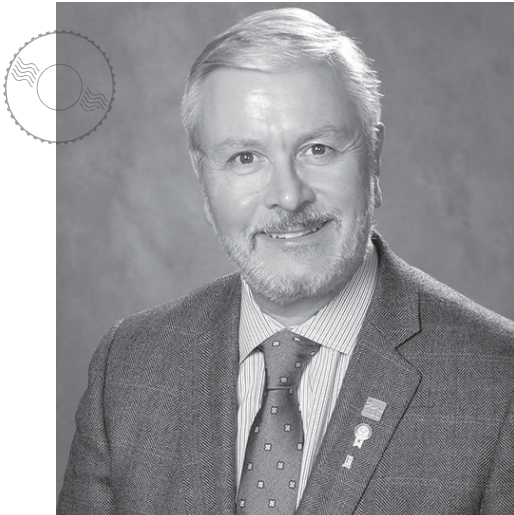
Today, their legacies continue to inspire. The Lucy Hobbs Taylor Award is the highest award given by the American Association of Women Dentists. And with both boys and girls unboxing those tiny dental tools for Dr. Barbie, there's no doubt in our contemporary time that a woman's place is at the dental chair.

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Overcoming The Implicit Bias Shortcut

Christopher Smiley, DDS



Recently, I found an old press clipping in a box of my parents' belongings stored in the basement of my building since my mother's passing more than 18 years ago. The yellowed paper featured a photo of my mom, identified in the caption as Mrs. Harold U. Smiley, alongside other accomplished and educated women similarly identified by their husbands' names. Despite their achievements, the journalistic style of the mid-1960s defined their identity and standing through their marital status. This practice wasn't surprising; after all, it was at a time when many banks refused to let women open a checking account without a signature from their husbands or fathers. I returned the article to the box where I found it and hadn't given it much thought since.

Allowing our publications to age better than that yellowed newspaper clipping I found in my basement

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That was until I attended a lecture on implicit bias. Like California, Illinois, Maryland, and Washington state, Michigan requires healthcare providers to take implicit bias training to renew their licenses. Implicit biases involve associations outside our conscious awareness that lead to differential evaluation of a person, group, object, and more, usually based on irrelevant characteristics.¹

In health care, research shows that implicit bias contributes to inaccurate diagnosis, the offering of different treatment options, differences in pain management, and poorer clinical outcomes for patients with different social characteristics.²

The lecturer, Dr. Marita Inglehart, of the University of Michigan School of Dentistry, noted, “We all have implicit biases. They are part of how human information processing is structured to create thinking shortcuts. The content, however, often creates unwanted consequences for us and others.” She then demonstrated that personal, educational, and environmental

experiences impact the implicit bias we hold. This includes what we are exposed to through print, broadcast, and social media.

Immediately, my mind swung back to that old news clipping of my mother. Was the publishing style of that time reinforcing a harmful bias on the standing of women in society? As the editor of my state's dental journal, what implicit biases was I reinforcing with my readers, and what were the consequences?

When I became an editor, Dr. Jessica Rickert, the first American Indian woman dentist, frequently wrote to me noting the ratio of diverse images and authors in the most recent issue of the *Journal of the Michigan Dental Association*. Dr. Rickert is actively involved in efforts to recruit members from native communities to pursue careers in oral healthcare, including establishing a dental scholarship at the University of Minnesota. Her mantra, “You can't be it if you can't see it,” underscored a need to intentionally publish diverse and inclusive material or risk the perpetuation of implicit bias in

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our readers. Mitigating content that supports implicit bias, be it age, race, sex, gender, sexual identity, skin tone, impairment, or weight, comes through editorial awareness and intentional action. For example, when selecting images for our cover or illustrating a feature article, we now ask if there are opportunities to introduce diversity with the photos we print.

As dental editors and journalists, we are responsible for translating the latest, best evidence into usable clinical guidance for our readers to implement and improve outcomes for their patients. Utilizing a blinded peer-review process circumvents the adverse impact prestige bias or recognition/familiarity bias can have on the content we deliver. Editorial awareness is a way to introduce rigor to detect and correct the harmful, unconscious, unintended mental shortcuts of implicit bias.

Projecting implicit bias that limits the expression of diversity may unknowingly damage a sense of belonging that will adversely impact the recruitment of colleagues into our organizations. If they don't see it, they won't be it. Likewise, implicit bias that unknowingly results in a colleague's hesitancy to provide patient care, such as treating Medicaid patients, adversely impacts health outcomes.³ Personal, educational, and environmental experiences create and reinforce implicit bias.⁴

Our Journals serve as media messaging that can perpetuate or counter implicit bias. This educational experience can foster awareness and familiarity, motivating readers to detect and counteract its expression. Just as a clinician expresses awareness by questioning their consistency in treatment planning or



providing pain management, as editors, we must ask if our content accurately represents the communities we serve and supports the outcomes our profession aims to achieve.

Implicit bias can evolve,⁵ but as dental editors and journalists, we can't afford to wait. Captioning a photo of ADA President Dr. Linda Edgar as Mrs. Bryan Edgar is unacceptable. Through editorial awareness, we can combat the consequences of implicit biases by rejecting content that perpetuates harmful, inaccurate, and erroneous thinking, allowing our

publications to age better than that yellowed newspaper clipping I found in my basement.

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Contribute to *The Communicator*

The Communicator encourages commentary from the AADEJ membership in addition to new works for consideration for publication. We are currently looking in particular for historical dental or writing-related articles.

*Please forward comments and submissions to the
Editor-in-Chief at dlorrii@gmail.com*

Thank you!