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1.94 GB. 5.28 GB. License. State of California (USA).Goal setting in the dental office: potential strategies. In a survey of office-based dentists, the authors found that most dentists were not routinely using goal-setting techniques in their daily practice. The authors report the results of two phases of a study to evaluate the effect of different goal-setting strategies on dental practice behavior. The first phase was a seven-month practice management study, during which data were gathered from the dental practices of selected dentists from selected practices in two cities. The second phase was a randomized clinical trial to test the effect of six goal-setting strategies on performance in seven dental specialties. Six goal-setting strategies were used: (1) subjective goal statements; (2) comprehensive goal statements; (3) motivational goal statements; (4) performance goal statements; (5) indicator-specific goal statements; and (6) no goal statements. Each strategy was tested in a multi-site, standardized, randomized, controlled clinical trial. The study enrolled dentist-level participants (n = 1556) who were randomly assigned to one of the following strategies: no goal statements (control), comprehensive goal statements, motivational goal statements, indicator-specific goal statements, or subjective goal statements. The interventions were delivered over a period of six months. Outcome measures of dental practice performance included dentist-reported behavior and measurement of productivity. All intervention strategies were statistically significant in their effect on behavioral and productivity outcomes. No intervention approached statistical significance for all three outcomes. However, goal-setting strategies did not affect dental practice behavior in a statistically significant way. Subjective goal statements resulted in the highest dental practice management scores and had the highest average improvement in practice productivity among the goal-setting strategies. Subjective goal statements may be a useful technique to use in the dental office.In data exchange, a second party is typically interested in knowing that it has successfully communicated with a first party. For example, in a traditional Direct Inward Dial (DID) call, a caller dials a telephone number provided by the second party that is associated with the first party, and waits for a dial tone. If the caller hears the dial tone, then the caller knows the second party has received the call and it is safe to send signaling to the second party to connect the call. If the caller does not hear the dial tone, then it is not safe to send signaling and the call is refused. A 3e33713323

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