

Ep #1: Transformational Leadership with Mary Osborne



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With Your Host

Allison Watts, DDS

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Welcome to *Practicing with the Masters* for dentists with your host, Dr. Allison Watts. Allison believes that there are four pillars for a successful, fulfilling dental practice: clear leadership, sound business principles, well-developed communication skills, and clinical excellence. Allison enjoys helping dentists and teams excel in all of these areas. Each episode she brings you an inspiring conversation with another leading expert. If you desire to learn and grow and in the process take your practice to the next level, then this is the show for you. Now, here's your host, Dr. Allison Watts.

Allison: Hello. Welcome to *Practicing with the Masters* podcast. I'm your host, Allison Watts, and I'm dedicated to bringing you masters in the field of dentistry, leadership, and practice management, to help you have more fulfillment and success in your practice and life.

Welcome, I'm so excited that everybody is here. There's nothing more fun to me than being with a group of like-minded people and learning from them and sharing ideas and tools and that kind of thing. So I really appreciate you all being here today. I'm just honored that you would take time out of your schedule to be with me and especially with Mary. I'm excited to have her here too. For those of you who haven't heard Mary before or haven't met her, we are in for a really big treat tonight. She has been in some form of dentistry for over forty years, right?

Mary: [Laughs] Yes, probably closer to fifty, but who's counting?

Allison: Okay, forty-plus years [laughs] and started out as a clinical hygienist and a practice facilitator and then as a consultant. I've had some experience working with Mary and she really brings enthusiasm and intelligence and humor and all of those things

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to her work and she has a deep belief in the potential for significant growth through authentic communication.

She is a known international speaker, consultant, and writer. She has a great newsletter. I own all of her videos, I think, all of her audio programs, I think. She's been published in many national magazines and you guys may have seen her in the ADA and she's also a member of the visiting faculty and serves as a foundation advisor to the Pankey Institute, which is where I met her several years ago and then decided I needed to spend more time with her. So I am thrilled to have you here, Mary.

Mary: Thanks, Allison.

Allison: Yeah, I've had the pleasure of working with Mary on the phone and working with Mary through my practice. Also I love her ... she and Joan Unterschuetz, if you guys aren't familiar, they have a workshop called Leadership and Legacy, which is one of my favorite things. If any of you guys want to talk about that, we can share about that later. But I'd like to go ahead and get into the call.

Tonight I asked Mary what her thoughts were on transformational leadership and she had some great ideas about what she liked to share and we'll just kind of have this be an interactive conversation between Mary and I. For those of you that have just came on, again, you can raise your hand if you want to ask a question or make a comment. The only reason I did that would be so the line would be nice and quiet so everyone could hear. But if you want to raise your hand or make a comment, just push *2.

So, Mary, tell me how you see that ... when we talk about transformational leadership and kind of the new leadership,

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how is that different from the old style or what we've thought of as management, practice management?

Mary: Great question. I have to tell you that when I was beginning to think about this conversation tonight, it was not difficult to think about what we might talk about in regards to transformational leadership. What was difficult was to think about how to limit that to an hour.

Allison: Oh, yeah.

Mary: My husband likes to say, "Mary can't even say her name in an hour." So in our conversation, Allison, when you talked about that this is a series of conversations about transformation leadership, I calmed myself down and decided that we didn't have to cover every aspect of transformational leadership and solve all the problems of the world in this one conversation.

But your question about how I see the difference between the sort of traditional model of management versus leadership is that the traditional model of management is really based on authority, and that's really about something that somebody confers upon you. So whether you're the owner of a business and so you have conferred authority in that way or whether you're a member of a dental team and you get named as the office manager and you have conferred authority that way. It's sort of an outside-in process.

Whereas I really think of leadership today as being more about an opportunity to step into influencing other people. One of the definitions that we use for our Leadership and Legacy retreat, which we stole from Dr. Rich Green, is that we define leadership as the willingness and the ability to influence yourself and others. So it's less about getting people to do what you want them to do, which is I think the traditional model, and

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more about really influencing the way people think about things. And that the actions then flow out of that thought process of thinking about things in a different way.

My experience is that that contributes to more lasting change. We can change people's behavior but I think most of us have experienced situations in which we've changed our behavior but then sort of fall back into old behaviors. I think that when we're able to influence the way people think about things, it creates a more lasting really shift in our thinking and in our behavior.

Allison: Yeah. As soon as you said that, I thought, that's exactly what transformation is. When you can change somebody's thinking, or I think of it even as their beliefs.

Mary: Yes.

Allison: You know, how they come to things.

Mary: The way they see things. The way they look at things.

Allison: Yeah.

Mary: A part of that, usually the first part of that, is even the possibility that there is another way to look at things.

Allison: Right.

Mary: I mean, sometimes I only see my view and so I think that's the only way to look at things. So when an experience is transformative, I think it helps us to see that there are other perspectives and that that's a developmental process. It doesn't happen overnight. It's a developmental process.

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Allison: Yeah. It's almost like too, you have to be willing to see the way they see things in order to have them be willing to see the way you see things. Like Stephen Covey says, I can't think of the exact way he says it, but seek first to understand instead of trying to be understood.

Mary: Exactly.

Allison: Yeah.

Mary: Exactly. And I think that that's the first aspect in my mind of leadership is that it is an inside-out process. It requires us to go inside as Dr. L.D. Pankey said, "Know yourself." I think that's sometimes the part of leadership that gets the least attention. Sort of like, "I know myself, I did that part." But in my mind that's a lifelong process and it really does require my ability to change the way I think to open myself as a leader to new perspectives. And it is a process that's more collaborative really than authoritative.

Allison: Yeah, and the inside part, that's one of my favorite things Dr. Pankey talks about as well. It just seems like the more you are willing to look at the inside, the more you're going to see and the more you're going to learn and the more, for me, it's like the more there is to work on [laughs].

Mary: Well, in a good way, right, Allison?

Allison: In a good way, yes.

Mary: Because I think that that's, part of it is really being able to observe our own behavior, our own preferences, and understand ourselves, our gifts, and talents. As Simon Sinek in his wonderful book, *Start with Why*, says is, "What's my why?" So leadership to me comes out of when I think about it for example in a dental practice it begins with the dentist as the

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origin, if you will, of the vision of the dental practice to say, “What’s my why? Why do I come to work? What is it that I want to accomplish? What are the outcomes that I’m going for? The purpose?” Beyond making a living and beyond doing clinical dentistry, that’s what we do.

But the question about why we do it, about what we’re trying to accomplish really comes out of, I sort of hate to say the “v” word, but vision. Sometimes I think that has been so overused that it almost doesn’t have meaning for people now but when my vision comes out of a deep understanding of my own values, my own gifts and talents, my own goals, my own aspirations, my own passion, the more likely that vision is to be a compelling vision. That is one that draws people to it.

Allison: Yeah, that’s exactly where I was going with that. I was feeling that, like your vision comes from your heart. It really does need to be aligned. At the beginning of my practice, I heard the word vision and it’s funny that you called it the “v” word because it is kind of an overused and we all think we know what it is.

And I would create these visions and vision statements that were kind of a melding of other people’s visions and a melding of what I thought would be cool and I don’t know, a bunch of different things. Finally, it’s been pretty recently that I could come to more of a heart space. And really, what do I really, really want to create here? Then it’s a whole other thing to communicate that with your team and really start to work on it as a team.

Mary: Absolutely. I think your comment about the heart space is really relevant because I think sometimes when we... that’s why I said the “v” word ... because when we think of vision, sometimes I think we think it has to be this sort of grandiose

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statement. In reality, I think sometimes the most compelling vision can be really quite simple.

I was just with a practice recently and the dentist was talking with their team and one of the things she said was ... I said, "Well what do you want more of in your practice?" She said, "More harmony." I said, "Tell me about harmony." I thought maybe that she was saying that there was discord. You know, that people were not getting along or whatever.

Then she went on to describe how in her practice she sees them as being similar to an orchestra and she has a great string section and she has a great brass section. She identified the various sections in the orchestra but she said, "You know, I really want this group to come together as not just good sections but an orchestra that really creates music that nobody has ever heard." I thought, "Yeah, what she said" [laughs].

Allison: [Laughs] Exactly. I love that.

Mary: I think that's kind of, that's sort of poetic when you think about it. It was something that her team when she said it, you could see the connection, you could see the emotion show up for people. And they got it. She didn't have to really explain to them the details of it. It's like they got it.

Allison: Yeah, that's exactly right because she was coming from her heart space and they could connect with that and they could feel that.

Mary: I remember working in a practice with a dentist once who told a story of having really exceptional medical care when he was a child because his father was a well-known dentist in the community, a much-loved dentist in the community. So whenever he went to any medical office, he was always treated

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as a really special person and as he described his experiences and realizing only when he went away to dental school actually, went to other medical facilities that everybody didn't get that kind of special treatment in hospitals and doctor's offices and all of that. And I remember him telling us that he really wanted every single patient who sat in his chair to have that sense of feeling special. Again, that's not poetic.

Allison: Right.

Mary: I mean, can't you get that? That was for me, as a hygienist in the practice, that was something that I could take myself back to every single time I was getting a little grouchy with a patient.

Allison: Yeah.

Mary: I could take myself back to, pretend this is that little boy who felt so special in any medical practice he was in. That's when I think of a compelling vision, I think he was able to convey that to us and I think that this other dentist who I talked about who I was with recently were able to convey that message. That a vision is only as powerful as your ability to communicate it to the people who you want to participate in that vision with you.

So I think part of that communication is in what you do and how you demonstrate what it is you say you want. I mean, you come to that every single day with every single patient. Then it also has to do with what you say. How you talk about your vision.

Allison: It's funny, for some reason, I don't know if you would call it a statistic, but they talk about how communication is a certain percent verbal and a certain percent body language and a certain percent something else and it's mostly the non-verbal that people get. Which, again, I think in the saying and the doing, there's almost like a way of being.

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Mary: Yes, because they have to match, right?

Allison: Yes.

Mary: They have to match, yeah.

Allison: Yeah.

Mary: Yeah, I think that sometimes it's easy to get hung up as a leader in the, "How do I communicate it?" Then we go to that place of, "How do I get people to do what I want them to do?" Instead of just bringing your fondest hopes to the people with whom you work and inviting them into a dialogue about it.

Using that as the beginning of a conversation as opposed to the end of a conversation and creating a dialogue and not saying, "Here's what I want and do you buy into it?" And not even, "Here's what I want and here are all the ways to achieve it." Because I think that sometimes the dialogue is about, "Here's what I want. I'm not sure how to get it. Will you help me?"

Allison: Yeah, that's totally different than I think the way most of us think about it. And definitely the way most of us do it, I think. Well, there may be some people on this call who have done it that way because I know some of the people on this call [laughs].

Mary: Yeah.

Allison: Mostly I think it's not an invitation and there's not that humility. It's more of a, "Here's what I want and let's do this thing." Like an assumption that they're on board or I don't know.

Mary: Do you think that comes to some degree out of your clinical training, Allison? You're sort of supposed to know all the answers?

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Allison: Maybe, yeah. Maybe a little bit of that and maybe a little bit of some personality style things too.

Mary: Yeah, I think sometimes when I have conversations with dentists about how do they communicate, about what's important to them with their team, it ends up coming down to the sort of how-tos and a little bit of do I have the right to ask that and all that. As opposed to, here's what is really important to me.

I remember one time talking with a team member who was hired in a practice and she told me the story of when she went through the interviewing process. She had never worked in dentistry before but she met with her dentist for a job interview and had this phenomenal conversation with him.

This was a young woman who she at one point had owned an ice cream stand and she talked about when she owned the ice cream stand that one of the things she would say to her employees in the ice cream stand is, "Sometimes buying yourself an ice cream cone is the only good thing somebody is going to do for themselves all day. And I want all of you to help everybody who buys themselves an ice cream cone to feel really good about that."

Allison: Aw, yeah.

Mary: See here she was, no knowledge of dentistry. She didn't see herself as a leader. But she really had the ability to communicate vision. That's another, in my mind, another example of a really simple way to talk about vision. But one of the things she told me was that when she interviewed with this dentist that he was like, "Yeah, that's exactly what my practice is all about" and they had this phenomenal conversation and she was hired to go to work in the practice. After a day or two in

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the practice, she kind sat down with him and said, “You know, this isn’t what I expected.” They had a conversation and she said, “Oh, wait a minute, I get it. You want me to help you create this vision.”

Allison: [Laughs]

Mary: From the hiring process, she sort of thought, “Well this is already in place here.” What she came to understand was ... and she embraced that. I think that a lot of time that followers, if you will, followers, the people who we want to influence, if we have a good relationship with them, if we have a mutual respect, then they want to help us achieve what it is we want to achieve.

Sometimes I think they feel like they fall short of doing what it is we want them to do and I think that may come out of just a different way of looking at it and saying, “Can we make this a more collaborative process? Can we sort of figure it out together?” And recognize that it is a developmental process. It doesn’t happen overnight.

Allison: And it takes intentionality and investment of time and investment of energy that some of us in our busy practices don’t take as much time as we might want to [laughs].

Mary: Yeah. Not that ever happened in any practice you know, but ...

Allison: Right. But I’ve heard that some people had that challenge [laughs].

Mary: [Laughs] Well you know, I think the interesting thing about that is that the model that I learned, and I think that most of us learned, in terms of running a dental practice if you will, has to do with training and education. You know, you show people here’s what we do, here’s how we do it, and here’s why we do

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it. So that the training is what we do and how we do it and the education is why we do it. But that's all informational. In my experience, transformational leadership is ... that doesn't fall into transformational, it falls into informational.

Transformational leadership is a developmental process and it includes those aspects of training but it also includes, for example, understanding the other person's perspective. Really seeing the practice through somebody else's eyes. And again, I think part of the training to be the dentist, owner, leader of the practice is that you are supposed to be able to all see of the perspectives. Well I don't know that that's really possible.

Allison: [Laughs] I don't think it is. That is a myth. I think that's in life though too. That we think that our perspective is the way that it is.

Mary: Yes.

Allison: There's just an assumption made that I see it this way, therefore it is.

Mary: Yes, and you must see it the same way I do.

Allison: Yes.

Mary: As one dentist I worked with one time said, "I always thought people looked at the world pretty much the way I did but some people weren't looking hard enough." [Laughs]

Allison: Exactly.

Mary: So I mean really understanding that there is another perspective and having a willingness to first of all recognize that you don't have the whole picture. You're not able to see every

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aspect of it. You don't know what it's like to walk in somebody else's shoes. So to understand that perspective.

I think it also involves the ability to assess where someone is right now. From a leadership perspective, if I want to influence people, I think it's really important for me to be able to be accurate and objective about how mature they are emotionally. How skilled they are. What their experiences have been. A real solid grounding in where that person is now before I begin to think about how I can help them move to a next level.

Allison: Is that from observation? Or is that more from asking questions of them about where they are? Or both?

Mary: [Laughs] Yeah. I think all of that. I think that part of that is being able to be accurate. An assessment is about observing, noticing things, paying attention, having a higher level of awareness about what somebody else is doing. You know, one of the things I always say is that I'm really clear about just how hard I'm working.

Allison: Uh-huh.

Mary: You, I'm not so sure about, you know? I just think that's true for all of us. We're all very aware I'm working really hard and I know all those things about myself, but I may not be quite as aware of where you are in that process. So that ability to just pay attention and just see things. Then I think it does involve hearing from that person. What they see as their challenges. What their assessment is, because I think where the real learning takes place is the intersection between their assessment of where they are and my assessment of where they are. Does that makes sense?

Allison: Absolutely.

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Mary: Because, well, if I'm a hygienist in a practice, which I was for many, many years, and I say, "Well, I'm pretty good at taking x-rays." And you look at my x-rays and you say, "No, they are not up to the diagnostic quality that I need." That's that intersection piece.

Allison: Yeah.

Mary: That's the place in my mind where the learning takes place. Now in that situation, that's what I would put under the category of training and education. If it's about I think a lot of patients are just really grouchy people or out to drive me crazy and you think that in general they're people who are just trying to get their needs met, I think again, that's the intersection of my perception and your perception. That helps me to get an accurate assessment of where we need to go from here.

Allison: Right. And that's where I think sometimes, like you said, we each have our own perspective and then each person being willing to hear the other person's perspective, kind of coming to a ... I don't want to call it a happy medium ... but to an agreement or a, "Oh, I see." I don't know if I'm saying that right, but just being willing to be open to what the other person has to say and then maybe even a solution.

Mary: That's exactly right because it's only from that agreement on where we are now that we can look at where we go from there. I think that very often the role of the leader in that situation is to really challenge people to ask more of themselves, sometimes ask more for themselves.

I have to say, that's been a big part of my work in dentistry with dental teams is the opportunity to a lot of times, and I'm sure you've experienced this in working with, and typically in dentistry, young women in a dental practice, who have never

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seen themselves as leaders. They didn't sign on to be the owner of a practice. They didn't go to dental school to have that kind of a responsibility and yet some tremendous potential that exists.

Allison: Yeah, definitely.

Mary: I think that that's to me one of the greatest gifts is to be able to watch that evolution and to begin to think about possibilities that they were never able to see for themselves before. To even begin to see themselves in a leadership role. To see that they can influence other people. That they can have an impact on you as the dentist. On others on the team. And of course, certainly on our patients. And sometimes I think they need a lot of support in that growth process.

Allison: Yeah, that is probably my favorite part of the whole practice of dentistry is that helping people see themselves as more. Kind of showing them their potential or helping them really see their potential and evolving. Even team members and patients, really. It's fun.

Mary: Yes.

Allison: Really fun.

Mary: I agree. I'm sure you've seen it and I've seen it and sometimes that process is one that can ... as people become more empowered, it has an effect on their lives outside of the practice as well as in the practice.

Allison: Yes.

Mary: I think part of leadership is a willingness to support them in that growth process. To recognize that there will be aspects of it that will be very hard. They'll have their ups and downs on the ...

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Allison: On the path.

Mary: Yeah, on the path, yeah. I think another aspect of transformational leadership, the developmental aspect of it is, has to do with a willingness to understand how you are heard and how you are perceived by those around you.

Allison: That one can be challenging. Sometimes it's not good news [laughs].

Mary: Yeah. Yet that's really like, if you think about the whole process, then we're all in it together because it's easy to say when somebody says, "Well that's not how I understood you." Or, "Well, you said this." You say, "No I didn't."

It's really a way for us to enter into it together. Recognizing that everyone has the potential to be misunderstood. To be perceived in a certain way and that none of us are the sum total of one conversation or one statement or whatever. We're all bigger than that and there's more to learn.

Allison: You guys talked about that. I think you've talked about several times at Leadership and Legacy, it's the intention versus the impact.

Mary: Yes.

Allison: Right? Like you have an intention and you know your intention, but they don't know your intention necessarily but they do know the impact. Sometimes we don't know the impact but we know our intention.

Mary: And we think they're the same.

Allison: Yeah, exactly.

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Mary: When I go into practices, people say, “Well, he knows he needs a bridge.” And I say, “Well, how do you know?” Or “He knows he needs an implant”

“Well, how do you know he knows he needs an implant?”

“Well, because we told him.”

So just because we said it, doesn’t mean he heard it or that he heard it the way we said it. I’ve come to see that as a great opportunity for learning but I will say that I have my moments when I just wonder why people don’t listen better. There are times when on my best days when I realize that I’ve not been heard or understood the way I wanted to be, I say, “Oh, isn’t that interesting. I have some learning to do here.” On my worst days, I say, “What were they thinking? Why didn’t they listen to me better?”

Allison: [Laughs] Mary, we have a question. Do you want to take a question right now?

Mary: Sure.

Allison: Okay. I’m going to unmute you, Lynn.

Lynn: This is Lynn Carlisle. I’ll ask both of you a question. Do you think that people can learn to be leaders or it’s just something you’re born with?

Allison: I definitely think ... what do you think, Mary? I think it’s something people can learn.

Mary: I absolutely think it’s something people can learn. I think that if they're given the opportunity. I think that’s one of the things I have been amazed over the years at the way some people in dental practices have ...

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I always remember, I'll never forget being with a practice one time and we were doing financial stuff. We were going over all the finances in the practice. And there was a whole conversation about finances and how the practice is doing and all of that and there was this young woman who had started in the practice as a high school kid scrubbing instruments and now she was a dental assistant. She had been with the practice a few years. I don't think she was twenty-one yet, she was young.

Then all of a sudden in this conversation about finances, she said, "You know what? This is stupid. I don't get this stuff. I never have gotten this stuff. I never will get this stuff. I just don't get this whole financial thing. I don't know why I can't just come to work, do my job." I mean, she went on and on and on. And she was holding the piece of paper in her hand that had the financial printout on it. She said, after she got through this sort of rant about how she would never understand it, she said, "And besides, when I look at this, this column over here, this belongs over here. This is not related to this, it belongs over here." She proceeded to take apart the financial statement and she was right on.

Allison: Wow.

Mary: I think that sometimes people don't have the confidence in themselves that they're perspective is valuable. I think that's a lot of what leadership is, is a belief that you have something to share that would be useful for other people to know. That would bring something to the conversation that somebody else isn't bringing. So I'm curious from Lynn, because he asked the question, what his thoughts are about that.

Lynn: I'm more of a listener today. I think there are some people that are "no hoppers" and most people can learn to be leaders and

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there are some people, for whatever reason, that are naturals at it. If you're interviewing them or if you ask them questions about what they did say in high school, or college, or church, or whatever, there will be evidence that they've been leaders in the past. They might not know it but when you're hiring, some of those questions are really handy because from my experience it helps to have them be a fair ways down the road instead of just starting out. Because as an owner/leader of a practice, it's a lot of work to bring people up the ladder as L.D. used to say.

Mary: Yeah. Again Lynn, you know that because you've heard about it from people or read about it in books, right? Not because you've actually ever experienced that yourself. I think that Lynn's observation is right on and that is that certainly there are people who will shy away from any responsibility in that regard. I think that in the hiring process, the more we can hire people who at least aspire in some way to make a difference in the world, that they see their role as more than just coming in and being told what do to, the more we start from there, the easier it is. There's no question about that, no question.

The truth is that the model for leadership development is not unlike really the model for practice development because the truth is that things are going to change as you grow and change and the practice grows and changes. Your systems are going to grow and change and so there's an ongoing opportunity to develop yourself and others.

All my experience tells me that developing others, helping others grow, is either a lot of fun or really frustrating. Part of that has to do with what you get back on that investment you give in terms of developing. You're investing your energy in teaching and helping somebody else grow and challenging and supporting and all of that. For me, when I get a return on that

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investment, when somebody else responds in a positive way to that and I get to see that growth, that makes it all worthwhile.

When I feel like I'm, as the old saying goes, trying to teach a pig to sing, that's not a lot of fun. I don't think it serves the other person well either. So I agree with Lynn, the more you can be thoughtful in your hiring process and screen for people who are willing to sort of step out of the box a little bit, who have exerted leadership in some other area of their life, even if it isn't in a dental practice, the more likely you are to get the energy back from somebody when you give it. Does that fit for you, Allison?

Allison: Yes, absolutely. I like what you said Lynn, about there may be some people that might be "no hopers" or they just have absolutely no desire to do it. I think some of the frustration is when you assume that everybody wants to do it and then some people really don't, or they're afraid or something. They don't for some reason step up when given the opportunity. I love what you're talking about because we're in the process of hiring right now so that's a very helpful reminder.

Mary: Yeah, exactly. I always remember a dental assistant I worked with years ago. She was a delightful person. Just really a wonderful person and a talented assistant. She was good at what she did technically and the patients loved her. She was really good at helping people feel comfortable in the chair and she always had a story to tell you. People loved her. And we worked in a practice where we were really wanting to make a difference in people's lives and she really struggled with that.

I remember eventually she ended up leaving that practice and in fact, she went to hygiene school. I saw her sometime after that and she was working in a perio practice in town and I said, "How's it going? How do you like it?" And she said, "I love it."

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I said, "Really? What do you love about it?" She said, "You know what I love, Mary? I love that I show up at work at 7:30 in the morning. I get ready for my patients. I take care of my patients all day and I take really good care of them. My patients love me. At 5:00, I walk out the door and I never think about the practice again until the next morning at 7:30."

Allison: Yep.

Mary: Now she has a right to be happy and I'm sure the practice she was at, I mean, maybe dentists listening to this conversation would say, "Oh man, I'd give my right arm for her." But we wanted more from her. So different practices want different things from people. If you want to have leaders, then I think that it's important to screen for that in your hiring process. When I think about this model of development ... so the leadership shows up in terms of helping people grow and develop and it also shows up in helping your practice grow and develop.

I think a lot of the things that we've talked about in regards to leadership show up in terms of in general practice development. For example, changing your systems as your practice grows and changes. The systems that you started out with when you first opened your doors, I'm sure for you, Allison, are very different from the systems you have in place now.

Allison: Yes, definitely.

Mary: Again, in my mind, it's an opportunity to develop both yourself and others. The same things we talked about in terms of leadership apply in regards to systems and that is start with why, right? What is it that we're trying to accomplish through whatever the change in the system is?

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My experience of practice is that when it comes to changing systems, one, frequently the doctor comes to the team and says, “Here’s what I want to do.” For example, you mentioned earlier that I had the opportunity to teach at the Pankey Institute and I have been for many, many years working with the dentists at the C4 or E4 level at Pankey, which is when they’ve been through most of the continuums.

Frequently, for example, when they come back they say, “I want to implement a different kind of a new patient process in my practice. I want to allow more time and I want to spend time with the patients. I want to do an interview first. I want to do a more comprehensive exam.” All of these things. So we come back to the team and say, “Okay, so here’s what I want to do and here’s how we’re going to do it.” We go directly to the strategies.

Allison: Yep.

Mary: Very often, my experience is that if we could stay in the why a little bit longer and involve everyone in the why, not stay in the why in terms of have me, as the dentist, list twenty-two reasons why I want the system to change [laughs]. Because we’re pretty clear people would be asleep by the end of that. But we begin to talk about it from the perspective of, “So here’s what I’m learning about and here’s what I’d like to do and I’d like to change it in this way. What do you think would be possible outcomes if we began to do things differently?”

I think that that’s frequently a way of helping people, again, sort of step into this leadership role because if I just come back and say, “Here’s what I want and here are the twenty-two reasons why I want it.” Then as a team member ... Let’s say you came back, Allison, to a practice I was working in and said that, I can think of at least seventy-two reasons why what you are

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suggesting is a bad idea. For me, by the way, that's just for me. If there are five or six or twelve of us on the team, we can all come up with all of those reasons. So it's not unusual to have the "yeah, buts" show up when we start to talk about change.

So from a leadership perspective, I think that the more we can involve people in change, the better. The first place to involve people in change in my experience is not in the strategies. The first place to involve people in change is in the outcomes, is in the why.

So if you were to come back to the team and say, "Here's this idea I have, I'd like to be more comprehensive in the exam. I'd like to spend more time with new patients and get to know them better and if we were to set aside say an hour and a half or two hours or whatever for that initial appointment, what do you think might be the positive outcomes we would have as a practice? How do you think that would serve the mission, the purpose, the vision of this practice?"

I think that when resistance comes up to say, "Can we put that over to the side and I promise you we'll talk about that before we act. But can we begin first by talking about what are the possible positive outcomes? What might we accomplish by doing things differently than we've always done them?" That's an opportunity for everyone to really challenge themselves to say... and again, I think that it's really important that there is a promise there that we will not just jump into this without also exploring what they see as the barriers to that.

But if we start with why, my experience is very often and when everyone gets involved in the why, when we really get expansive about it, what ends up happening is that the strategies become that much easier.

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Allison: Well they're buying into it just by exploring it, I think.

Mary: Exactly.

Allison: Then of course, if you're going to look at the barriers too, it's just a safe way for them to look at those possibilities. You're right, it gets really expansive and that's exciting. It seems like it would just be easy to move into the how and easy to move into the doing of it.

Mary: And the why contains my why, not just your why. So you as the doctor come back with your why but I get to say, "Well, you know, I bet my patients when I see them for a hygiene visit, I bet they would be much better prepared." And, "I think it would be far easier for me to have a conversation with them about perio disease if the doctor has had a conversation with them first and has done a very thorough periodontal evaluation and had a conversation with them about their perio. I think you would give credibility to my work." Each person on the team would have their own ... again, that's the part about seeing the various perspectives.

Allison: Right.

Mary: Each person sees the picture from their own perspective. So the why becomes expansive and it can include every aspect of what we might be able to accomplish. Nothing in my mind would be off the table on that. Certainly, we would want to have increased profitability, if that's one of your goals. We would have easier collections. All of the aspects that every single person in the practice would have some connection with become part of the why.

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Then, once the why is developed, the strategies become related to the why and the accountability is to the why, not the who, and not the what.

Allison: Right, which then is much easier to have those conversations. It's just reminding everybody of the why.

Mary: Exactly.

Allison: And again, like a shared vision.

Mary: Yeah, asking how the decision somebody made fits with the why that we determined. So in the old model, you as the leader, you come back and you say, "Here's what I want and here's how I want you to do it." Then as an employee, I'm accountable to you as the leader.

Allison: Right.

Mary: If I don't do it the way you wanted me to do it then I get punished in some way or scolded or whatever. Or I'm accountable to the system that we put in place. "Mary, did you dot this i? Did you cross this t?"

But this is an opportunity to create a different kind of conversation and that conversation is about, "Mary, how did the decision you made in this situation with this new patient, fit with what we identified as our why? With what we're trying to accomplish as a group, as a team?" That's real different.

Allison: It really is. I'm starting to see why you said this could take multiple phone calls [laughs] because we're starting to run out of time and we've got somebody, actually Barry Polansky has his hand raised.

Mary: Hey, Barry.

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Allison: I'm going to unmute him and then if you want to open it up for questions, Mary, we can do that.

Mary: I think this will be a great time to do that.

Allison: Okay. Hi, Barry.

Barry: Hi, Mary. Hi, Allison.

Allison: Hi, Barry.

Mary: Hi, Barry.

Barry: Very interesting conversation and as you were speaking, Mary, I've listened to Simon Sinek and read his book, *Start with Why*, but I was listening to your language as well. In your language you said, "You'll get them to see the picture." I like the idea of perspective-taking, when we see someone else's perspective. I keep on hearing the word "see" and "image" and "vision." Like George Bush uses that, this "vision thing."

Allison: Yeah.

Barry: I'm thinking to myself and before you said that vision is a buzz word and we don't even hear what it means anymore. So I'm going to play devil's advocate and say, "Instead of starting with why, why don't we start with where?" In other words, every day in my practice, I find it easier to describe to patients and staff where we are going. I find it easier to describe where because I can clearly tell them or explain to them a vision, my vision, their vision, but it becomes easier.

I think dentists, especially with the use of the ability of photography, even if a dentist doesn't have the ability to use word pictures or isn't good at language like Lynn said, some are ... I forgot the word he used. But maybe it's because of a lack

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of confidence in being able to express himself. Showing photographs and showing patients pictures of where they're going.

I'm just rambling right now but I'm reminded of John Kotter who's written a lot of books on leadership and one of the things he talks about is at the heart of change is to allow people to see, believe, and then change. So I'm not taking issue with Simon Sinek but it's just formulated in my own mind as you were speaking tonight that this vision thing becomes so important because it opens the door to clear description.

Mary: Boy, that's ...

Barry: What's your feelings about that?

Mary: Well said, well said. I think that, Barry, you may have seen ... I'm trying to remember his name now ... he was a photographer for *National Geographic* and he did a wonderful presentation. I saw him speak at Anthem many years ago and he did a wonderful presentation of a photograph taken from four or five different perspectives.

Barry: Right.

Mary: As I recall, it was a photograph of somebody fly fishing on a lake in Scotland. He showed this photograph that was taken at a different time of day and from a different view point on the lake and when you looked at those pictures, you would never even know it was the same lake.

Barry: Right.

Mary: So you would ask yourself, "Which one is the correct vision?" I think that's really the challenge of understanding the vision from other people's perspectives. What I hear you talking about,

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especially in relation to your conversations with patients, our focus has been more about how do we have that leadership perspective from my mind has been within the team. But you draw a really important place because part of it is helping people see possibilities.

Barry: Yes.

Mary: That's what I think the photography allows us to do is help people see a different vision, a different perspective. Then they're able to see. Angeles Arrien said, "The challenge of the visionary is that we see things other people can't see." I remember when I heard that I thought, "Duh." The challenge of a visionary is we see things other people can't see. Yeah, that's who we are as visionaries. But then I got it. No, that's the challenge of the visionary. Our challenge is to help people see what it is we see.

Barry: Yeah, when you think about the language, as you're speaking, I'm saying, "A really effective leader is going to be somebody who brings a new insight to the table." And there is that word again, insight.

Mary: Yes.

Barry: A new perspective.

Mary: Yeah, well said, as always, Barry. We were actually thinking about calling you the other day because we were thinking about new books on leadership and I always know you will have one.

Barry: Well, I'm reading about four or five of them right now.

Mary: Send me an email, Barry.

Barry: I will, I will, yeah.

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Allison: Thank you, Barry.

Barry: Actually if there's a lot of people on the call right tonight, I will recommend Dan Pink's new book, it's called *To Sell is Human*. I don't know if you know Dan Pink, he wrote *A Whole New Mind*.

Mary: I do.

Barry: He's an amazing author.

Mary: I love his book on motivation.

Barry: *Drive*, yep, excellent book. This new book, *To Sell is Human*, hope it doesn't turn a lot of dentists off but it really ... and it's a short book ... but he just hits every nail on the head with this one. He talks about vision, he talks about storytelling, he doesn't talk about photography too much, but he talks about perspective-taking. It's just a really good book.

Mary: Excellent, I knew it. Thanks, Barry.

Allison: Thanks, Barry. We have another caller with a question. I'm going to animate them and then I'm going to actually unmute the whole phone call. Whoever that is, it says anonymous on my computer, so I've unmuted you but I don't have your name.

Bill: Allison, this is Bill Gregg, I raised my hand.

Allison: Oh, hi, Bill.

Bill: You already covered it because my question was, you know, we all have to learn to be leaders in all roles in our lives. My question is if we can help others develop hopes and possibilities, will that reveal their own individual leaderships? I think at times, people shrink into their own shell because they

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don't see themselves in a hopeful way. But you already covered that, Mary. So never mind.

Mary: One of the things I also learned from you, Bill, is the importance of, particularly with patients, tapping into that level of hope which is from Ron Willingham's work, which is a difficult connection to make sometimes with people is that perspective of hope. Because sometimes, I think sort of a precursor to that would be choices.

In many cases, patients and employees in dental practice and family members and all sorts of people who we want to be in a position to be able to influence have trouble even seeing their life as a life of choice. Have trouble even seeing that they have choices in life. So I think that the beginning place for hope is a recognition that life is about choices and that everything is a choice.

Allison: Absolutely.

Bill: Never mind.

Allison: I know it is for me [laughs]. Thank you, Bill.

Mary: Thank you, Bill, my dear.

Bill: Having said that, I want to thank you very, very much, Allison, this is just a spectacular thing you're doing for all of us and having said, that I bid you all adieu.

Allison: Goodnight.

Mary: Goodnight, my friends.

Allison: Thank you.

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