

Ep #4: The Role of Presentation and Leadership
with Barry Polansky



Full Episode Transcript

With Your Host

Allison Watts, DDS

[Practicing with the Masters](#) with Allison Watts, DDS

Ep #4: The Role of Presentation and Leadership with Barry Polansky

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: 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 a more fulfilling and successful practice and life.

I'm excited to have Barry Polansky as my guest today. He's an excellent clinical dentist, communicator, and thought leader in dentistry and is masterful at the art of case presentation. Today we're going to talk about a way to structure case presentations that work to help our patients understand and accept our best and finest care.

If you haven't been on these calls before, thank you so much for coming. I know everybody is busy and it's an hour of your time and I think it's really fun. I love to learn. I know Barry loves to learn. I know probably everyone on here loves to learn and it's most fun for me to learn when I'm with a bunch of people that are like-minded. So that makes it really fun. So thanks for being here and I'll just introduce Barry.

He's a graduate of Queens College, class of 1969. Upon graduation, he entered the University of Pennsylvania School of Dental Medicine and completed his DMD degree in 1973. He spent two years in the U.S. Army Dental Corps at Fort Dix, New

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Jersey and entered private practice in 1975 and he's been practicing in Cherry Hill, New Jersey since then. Then Barry went to the Pankey Institute in 1990 and he's been on the visiting faculty since 2004.

He's an author of the book *The Art of The Examination* and has written nearly 100 articles for most of the dental journals. He's a founder of the newsletter *Private Practice*, which has become a popular blog. Then, TheTaoOfDentistry.com and then his current blog is CasePresenter.com, where he previews work for his upcoming book, *The Art of Case Presentation*.

He has lectured to numerous groups throughout the world, including the Dawson Alumni Meeting, American Dental Association Annual Meeting, and the Texas Dental Association. He currently owns the Niche Dental Studio with his son, Joshua. He has been married to Madeline for thirty-seven years and they have two sons, and Joshua is one of them.

Barry: That's going to be forty years.

Allison: Forty years? Okay. All right. We need to edit your bio, huh? His hobbies include health and fitness, reading and writing, and he's an avid practitioner of Bikram yoga. One of the hobbies that he has that consumes a lot of his time, and I've seen many pictures on Facebook of you with your boxers, but he has for over fifteen years, so that's probably eighteen years, closer to twenty now, he's been raising and showing boxers. You know, the dog [laughs]. The breed.

Barry: Not "Boom Boom" Mancini [laughs].

Allison: Yeah [laughs]. So I actually have known of Dr. Polansky for a long time but just a few years ago, I don't remember why, Barry, and I don't even remember how the conversation started, but I know it was a great conversation. I called him out of the

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blue to ask him about something and I found him to be such a joy to learn from. He was so open and then I met him in person at the Pankey meeting and I just, every time I talk to him I find him, he's just a wealth of information. So I'm really excited to have you here, Barry.

Barry: Well, thank you, Allison.

Allison: Yeah, and I don't know if you guys were curious, but he titled this "The Role of Presentation and Leadership." I kind of went, "That will be interesting. What does that really mean?" So he and I have had a couple phone calls and I'm just going to get us started here. I'm going to say to you what I think it means and Barry can elaborate.

What we talked about last night was that a big part of presentation is preparation. For instance, he and I had a brainstorming session and then last night we had a call to really prepare and set up more of the structure and the framework of the call. What I get to be the point here, Barry, really is that behind everything there is a structure or a framework, right?

Barry: Yeah.

Allison: So that's what you're going to share or that's what you're going to start out with tonight. So I'll let you take the floor.

Barry: I will start out with that. Although, I can start with just a definition of what a leader is. There's a lot of traits that a leader has. But the one trait, the one trait that is absolutely mandatory for a leader, is the ability for him or her to present. Now, not necessarily only present cases to patients, but present ideas in order to persuade people or convince people in an ethical manner to take action in their behalf or for the behalf of their practice. So to me, presentation skills are paramount in leadership.

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That being said, I don't believe that a lot of dentists take presentation to that level. Like you said, Allison, every presentation, everything could potentially be a presentation. For example, this 40-minute teleseminar tonight is a presentation of sorts. So we spend some time taking notes and going over some ideas so I have some idea of what I'm going to say. Now how I'm going to deliver it, that's a different story. But there's a definite framework or a structure to everything that I'm presenting.

So that being said, I have an objective tonight in making my presentation. I'm going to be totally transparent with everybody. One of my objectives is to teach certain key points that I have written down. Another one of my objectives is hopefully to have everybody on this call become a subscriber to my both blogs, TheTaoOfDentistry.com and CasePresenter.com for educational purposes. The third objective I have is to make everybody aware that I have a new book, which is a sequel to my first book, *The Art of the Examination*, which is *The Art of Case Presentation*. That being said, this is all thought out prior.

I do the same thing in my practice when I approach a patient. I have objectives in mind. I want my patient to take action of some type. Whatever that action is, hopefully it's to accept the full, complete case. Or, it could be just to make another appointment. But the key is to motivate the patient to take an action.

I have found through the years when I ask dentists what the purpose of presenting is and I hear the word that always comes up, I hear the word education. But the point is I don't believe that education is enough. We need to motivate. Move people toward action. If we're going to that, we have to have some kind of framework or structure to do it within. That's what a presentation is pretty much about.

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Another thing is that in *The Art of the Examination* I speak to the idea that we have to have certain beliefs. The beliefs are varied but the one belief that I have in presenting dentistry is that, and whether dentists agree with me or not, is that we must believe if our practice is dedicated toward complete care, we must believe that complete care is for everyone. Now I'll say that again. That's a belief. Complete care is for everyone.

The point being that if you are a leader, that's the principle that you're going to stand on if that's the practice that you want to have. There cannot be any exceptions. There cannot be any "buts." There can't be any "but if..." "But if the patient can't afford it?" Well the point is I still believe that comprehensive care is for everyone. That belief guides everything I do from the examination right through the presentation. It lines up the staff. Everybody is aligned. We know exactly what we're trying to accomplish. Okay? So that being said, one of the things that I make a distinction about is to motivate rather than educate. Any questions, then?

Allison: Yeah, I do want to bring that up because we had a few people come on late. If you want to ask a question, or make a comment at all, to raise your hand push *2.

I do want to ask you something, Barry. I don't know why, but it's like an intuitive feeling, like when you said you were preparing the call, this was all thought out prior. You were talking about your objectives and it was all thought out prior and I circled it and I put a big star around it and I thought, "I think that goes a little deeper than this is all thought out prior."

It almost feels like when you're talking about a structure or a framework, that maybe there's a simplistic level of understanding of that and then maybe what you're talking about is a little deeper than maybe the surface. Like I what I think of,

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even when we were talking last night, it feels like today when you're talking about it, there's something a little deeper. Is there more to that than just the surface?

Barry: Well all presentations and I have a coach myself, a presentation coach, a speaking coach. She's from Texas and she may be on the line so I don't know that but if she is, she'll raise her hand later I guess. She taught me that all presentations basically come down to three letters, C-O-D, content, organization, and delivery.

So the content of your presentation is what you're going to say. So if you're presenting your treatment plan that would be the content of your presentation. The organization is the structure, is the framework, upon which you deliver your presentation. The delivery part is how you do it, person-to-person, your verbal skills, for example. So this order in my book, I talk about the concept of storytelling being the framework upon which I present the cases. Why storytelling? Because storytelling affects the emotional level of the patients. You see?

Allison: And that's where you're talking about motivation rather than education too, right?

Barry: Correct, yeah. Rather than educating and only talking to the rational mind, stories reach much deeper at an emotional level, okay? So that's the order, or the organization upon which I construct my presentations.

Allison: Cool, thank you.

Barry: So I was talking about emotions for a second. I can talk about emotions for two days but one of these psychologists that's affected my philosophy and my practice and my work life for the last twenty-five years has been Abraham Maslow and the hierarchy of needs. He talks about what people need. Basically,

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we're talking about emotional needs. Basic needs that people have.

So my job is to, during my examination, find out where the patient is at, discover what their emotional needs are and bring them to a new level, at a higher level, and I call that closing the emotional gap. Closing the emotional gap. What I have found, and dentists like to use before and after pictures, a lot of photography, and I agree with using photography. I think that photography is an excellent way to show you what we could do. But it's also very simplistic.

For example, a lot of times people come to us and they have dental issues that have caused emotional issues that they're not willing to discuss. But for example, during my examination if I uncover or discuss some of these things, the emotion that generally comes out, and I don't discuss it because you have to be really careful about this, but I can see it, is some kind of shame. When I say shame is that they know that their condition should be better. So if we're going to close that emotional gap, we have to go from some type of shame to what, Allison? What would be the opposite of shame?

Allison: Like feeling good about yourself, feeling like you're capable.

Barry: Like you're proud.

Allison: Yeah, proud, thank you.

Barry: Proud.

Allison: Brilliant.

Barry: So, pride. I think most people want to feel good about themselves. So without exposing shame, I think we all know it's there. Recently I saw two new patients whose oral condition was just terrible and I knew without bringing it up that they were

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ashamed of the way their mouths were. They would do anything to change that. Now of course there is resistance. So the next question would be, what would be stopping them from going forward to the preferred future and that would be part of the presentation. Then I would use photography to show what we've done for other people. But if we don't close that emotional gap, then we don't really reach the patient.

Now how do we close the emotional gap? How do we cause this change? Well John Kotter wrote a book, it's called *The Heart of Change* and he was talking about change from a business standpoint. But in the book, he talked about three things. He talked about see, believe, do. See, believe, do. So when I say see, most people think if you show somebody a picture, but the see that I'm talking about is to create an image within the patient's own mind. You see, there's two places for patients to see things. One is with their eyes. The other is with their mind's eye.

Allison: Hmm.

Barry: Isn't that interesting?

Allison: Yeah.

Barry: You see, because when we get into the mind's eye, then we're stirring the imagination of what could be. See? So it's what's in the mind's eye rather than just what's in the visual eye. And we know when we reach the mind's eye and they can paint their own picture for themselves. Because once they do that, then they will believe. And once they believe, they will do. And do is action. And action is motivation. So see, believe, and do is what one of the objectives of presentations are and that's the way we create change.

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You know, dentists are no different than gym instructors or weight control managers. We're trying to get people to change. We're change agents. And patients present us with resistance. So we're motivators is what I'm saying. The purpose of the presentation is to motivate the patients to make the changes.

Allison: Can I ask you a question? So, Barry, when you just said, "see, believe, and do," right before that you said, when a patient is ashamed, they'll do anything to change it but then they bump into their resistance. So something gets in their way and that your goal is to get them past that and that's what you call closing the emotional gap. So how do you tie this "see, believe, and do" into, where is that? So they're going to run into the resistance, so you're going to show them this is where, right there, that's where you're using it, right? You're going ...

Barry: Here's the thing, in the new book, *The Art of Case Presentation*, I make the point that my presentation doesn't occur at some formal time when I sit down in the consultation room with the patient. My presentation begins right at the beginning, right during the examination. So all through the period of time, and for those people who have read my book, you know I spend an hour and a half to two hours at that first appointment, you see?

So all of that time is spent helping me, using to have the patient see what's possible, see where they are, closing that gap, and believing it's possible for them. Whatever the resistance would be and what resistance could we be talking about? There are five of them and you know the two big ones are fear and money. Generally speaking, those are going to be the two you're going to be up against most of the time. But there's three other ones, one is no time. The other one is no sense of urgency and the last one is no trust. So you've got to discover exactly what the resistance is, you see? And the no trust one

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lately is becoming a significant one because we live in some strange times.

Allison: Yeah, interesting because I think some people would say right now it's money. But don't you think people, I mean, if there's trust, they're more likely to be willing to spend the money?

Barry: Yeah, I believe that people are begging to be led. That's a phrase I like to use and that like I said, people won't openly discuss the shame, but if somebody shows up that they can trust to help them along, then they'll go ahead and take that person by the hand and they'll take the trip. You don't have to complete all of this dentistry within two weeks. So that goes into the treatment planning phase and designing treatment plans that work for the patient.

Allison: Right.

Barry: You see? So that's the one thing that I always love. Again, like I said, I believe comprehensive care is for everyone. Comprehensive care is for everyone. I can design a treatment plan that can be carried out through a significant amount of time. So time and money are variables. They can work in our favor.

Allison: Yeah, I like that.

Barry: Yeah. I wanted to also discuss something about presentation. We talked about content and I really can't get into that, that's about treatment planning and putting these treatment plans together and designing a treatment plan. We talked a little bit about organization and structure and putting it together in a story, but delivery is important too.

I was at a meeting about three weeks ... Oh, Bill was there, and Matt was there ... it was the AADPA meeting and I was having

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lunch with somebody who talks a lot about emotional intelligence, okay? You know who that is, Allison, right?

Allison: Yes.

Barry: Good, they worked at your practice. He gave a great presentation on emotional intelligence and it's something that I had always thought about. Now that I know about emotional intelligence, what can I do with it? And I thought that it's like knowing that I'm nearsighted, that doesn't help me to see any better. So now that I know about emotional intelligence, what do I do about it?

There's a writer that I'm very fond of, his name is Jonathan Haitt, H-A-I-T-T, he's written a book called *The Happiness Hypothesis*, excellent book for those people who like psychology. In the book, he talks about a metaphor of the human brain. He speaks about how the brain is 90 percent of the brain is emotional. The metaphor he uses is a raging elephant. The ten percent, or the executive part of the brain, the reason part of the brain, is a little rider, R-I-D-E-R, who stands on top of the elephant.

So you would think that the rider controlled the elephant. But Haitt tells us that the rider, his only purpose is to basically act as the elephant's lawyer. He basically defends the elephant and everything he does and gives the elephant reason for doing these emotional things. Well after reading that and listening to the lecture I was listening to about emotional intelligence, I kept thinking to myself, "Okay, I get the emotional intelligence thing. But, you know, I'm an emotional animal with a raging elephant inside of me. How do I get control of all of that?" We all find that.

In other words, how do we deliver our presentations in the heat of the moment, in the heat of the battle, while we're working all

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day and to remember all of these things? We live in a time where things are coming at us very quickly these days. So how do we do that? Jonathan Haitt says that there are really three ways to control the elephant. Three ways to control the emotional brain.

The first way he talks about is with psychotherapy. It's interesting because years ago when Omer Reed was out lecturing. Omer, he had a group he called Napili Pentegra, in order to become part of his group, you had to go through psychotherapy. I kind of laughed but these days I'm saying, "Well, that would have been a good thing to do." And I do know a lot of dentists who could use psychotherapy. But that's one way Jonathan Haitt says to control the elephant.

The second way he says to control the elephant is through drugs. He also said it doesn't work all that well but it can work and it will get the elephant under control. So in case you're a dentist and is having problems controlling the elephant, maybe some Valiums might help.

But the third way he said is something that he said was the most effective way. It's the way that has worked for me. I will also say it's the most difficult way to do it and that's through meditation. Because meditation enables you to slow the mind down and I admit meditation is difficult.

I do, like you mentioned in the introduction, I do Bikram yoga three or four times a week. That yoga helps me to slow the mind down and it helps me in my practice because what it does is it enables me to slow all my presentations down so that I see the organization. It helps me with my listening skills. It helps me with my trust-building skills because everything slows down. The elephant gets quiet. I think in the terms of delivering

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presentations, it's important that the elephant doesn't run away with our emotions. You following me on that?

Allison: Yeah, and to me, it sounds like this is like a being present in the moment.

Barry: Absolutely.

Allison: Being aware and being present in the moment.

Barry: Right. And you know that I'm a big believer in the Pankey philosophy and taking our time and low-volume practice. Because it's really only possible to do these kind of things under those circumstances. You really can't do that. You're on roller skates all day long. You can't take the time to build relationships.

Allison: Right.

Barry: You see?

Allison: Yes. I found that to be true also.

Barry: So basically I left the lecturer of emotional intelligence with the idea that he should start doing Bikram yoga and I think he will [laughs].

Allison: [Laughs] Like I told you, Barry, I don't have Bikram where I live. So I just need to start doing regular yoga, right? So that's really amazing. I've heard people describe that before that the mind slows down. But when you say, "It enables me to slow down and it enables me to see the structure," that's almost like, it almost reminds me of the movie *The Matrix*.

Barry: Okay. And that was a thought I had this afternoon as well. The matrix has been around since forever. You see? It's been around since Plato. I hope everybody understands the concept of the matrix. What this does is it enables you to realize, now

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you won't be able to control anything in the matrix but you'll be able to visualize it. Once you visualize it, there's a sense of tranquility about things. You see? The thing about the matrix is, you know, when I started doing dentistry back in the 70s, the matrix existed then too but it was much slower, you see?

Allison: Right, yes.

Barry: It was easier for me to see what was going on. But you know in the world we live in today, that matrix is pumped up and fast. It's much more difficult.

Allison: It's kind of like the collective energy, right?

Barry: Absolutely.

Allison: Okay.

Barry: Yeah. There's so many things going on at one time. There's so many ways to distract you, your staff, your patients. That's another reason why everybody is fighting for our patients' attention. Everybody. We don't have a lot of time to motivate patients. So this see, believe, and do thing, you have that window. And one of the actions that you want your patients to take isn't necessarily to accept full treatment right away but just accept you right away and accept you as their dentist. That's an action in itself. You see? And that's trust building.

Allison: Yeah, that's the most important one.

Barry: Yeah, and that's trust building.

Allison: Yeah.

Barry: Which is so much a part of presentation. In the new book, I spend about a third talking about how to build trust.

Allison: When does your book come out, Barry? Because I'm going to preorder [laughs]. I want a signed copy.

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Barry: It's with the editors right now.

Allison: Okay.

Barry: We're working on it, we're working on it. I worked almost two years on this book and I'm really excited about it. There were things in this book that aren't just your typical case presentation stuff that you hear. I really delve into a lot of philosophy and a lot of psychology. I must have gone through every book on presentation that's out there. Every book.

Allison: It's amazing.

Barry: But you know I read a little bit, don't you?

Allison: Yeah, you do read just a touch. Blows me away. You'll say, "Have you heard of so and so?" and I'm thinking, "Oh my gosh." I love to read and I have not heard of that book. Anyway, so trust building.

Barry: The main parts of the book are on trust building, storytelling, and photography. There is a lot of photography and photography is important. But again, it's just a tool.

Allison: Right.

Barry: A good analogy I like to use about using tools, there was no better, I don't believe so, I don't think there was a better presenter than Steve Jobs. He was a master presenter. You talk about frameworks. When he spoke at Macworld, he was so polished and he was so compelling, but people, and I know there are people on this call who's read his biography and know what I'm about to say right now, but Jobs would prepare months and his presentation was so perfect, exquisitely memorized, but you would not know that when you saw him at Macworld.

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But what's interesting is Jobs was the developer and the designer of a presentation tool called Keynote, which was second to PowerPoint. He obviously developed it but when people came in to present their cases to him, if they were overly dependent upon the tool, he would dismiss them, you see?

There's a big point to that. You have to be real. You have to be real with your patients. You cannot lean on your photography. You cannot lean on your technology. It's a human-to-human interaction. And Jobs knew that. What made him a great presenter is that he never leaned on his PowerPoints. He never leaned on his Keynotes. But a lot of dentists, they're out purchasing the next piece of technology that's going to help them present cases. No. You present cases. You present from the heart.

Allison: I even think we ... and I did this for the first, I don't know, ten-plus years of my practice, we don't only buy technology but we just continue to try to get better clinically. If we just have that perfect crown, they'll ... but then if we don't connect to our patients and if we can't relate to them and if we can't figure out what they want, we can't do the dentistry.

Barry: No. I guess Alice Lam, is she on the call?

Allison: She is on the line, she is on the call.

Barry: Yeah, I wanted to say this to Alice. About two years ago, we were at the Pankey meeting and Alice invited me and Bill Lockard for dinner. I don't know if Alice remembers this but basically the group of dentists were there saying the Pankey philosophy doesn't work anymore, that kind of thing. I left that and I've been haunted by that for the last two years because I don't know if I gave an adequate answer. I don't think Bill did either.

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I was thinking, I was doing some reading. I was reading about Harold Wirth and L.D. Pankey. Harold Wirth was also a great motivator and a great teacher. In the last speech he ever gave to the graduating class at LSU, he told them that the future of dentistry was in their hands. L.D. took that last—by the way, Harold Wirth died that night, as an interesting aside to that story—but L.D. was there and he took that story and he turned it into a very famous speech called, “You are the future of dentistry.” He gave that to the Florida Academy of General Dentistry in 1948. Or, I’m sorry, Wirth died later than that but I think he repeated it in 1984 after and cited Harold Wirth’s death.

But in that speech, he pretty much told dentists what they needed to do, that you are the future of dentistry, and if they took care of a lot of the behavioral issues, a lot of the soft skills that you’re talking about, Allison, that we can change the profession. Well, that was in 1984 and I guess Alice’s question was, it worked for you back in 1984 and 1990, but it’s 2010 now or 2012. It doesn’t seem to be working.

I rethought about it and I thought about it for a long time and I said, “Maybe if L.D. Pankey were alive today, he wouldn’t be titling that ‘You are the future of dentistry.’” He might be titling it, “You are the future of you.” You see, I believe the principles still work. I believe all of the principles that Pankey taught, about all the soft skills, and the behavioral issues, they still work today.

But they’re not going to change dentistry because we let the wolves in the door back in the 70s. First we let the insurance companies in. Then we started with advertising. Then we got ecommerce. Now we have dentists fighting each other’s backs with heavy competition. I mean, corporate dentistry is coming in. We lost control of organized dentistry, there’s just no doubt about that. But that doesn’t mean individually we still can’t

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practice the way we want to practice. So it's not that we are the future of dentistry anymore, we are the future of our own destinies. I think that was L.D.'s and Harold Wirth's message from day one, you see?

Allison: Yeah.

Barry: It's interesting because I just received a DVD about L.D. Pankey's life. I don't know if anybody has gotten it. Jeff Baggett and Bill Lockard put it together. It's a very interesting DVD and I'm sure if you call the Institute, they'll send you a copy of it. But there were two things that I took away from that, one is that when he went back to Northwestern to study, he learned about three things. He learned about treatment planning, examination, and communication.

Those were the three things he went back to study. Not technical dentistry. He knew that his success depended upon knowing his work from the level of examination, diagnosis and planning, treatment planning. Then being able to communicate it. I just watched that DVD last week and I sat back and I laughed to myself and I said, "Isn't that funny?" I wrote two books, *The Art of the Examination*.

Allison: [Laughs] Next is "The Art of Communication."

Barry: *The Art of Case Presentation* is the art of communication.

Allison: It is, yes it is, you're right. Yeah.

Barry: You know?

Allison: Yeah, because the exam and treatment planning, yeah, you're right. Sorry about that.

Barry: I didn't know, I hadn't seen that DVD at that point. So intuitively I said, "Those are the skills that I need to learn more so than any other skills." Those are the most important skills I need to

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learn. The second thing I took out of that was, okay, so how did L.D. Pankey become this great dentist? Bill Lockard in the DVD talked about how there were nine turning points in L.D.'s life and you really got to look at the DVD, I won't go through all of them.

But the point was there was no one turning point that I said, "That would never happen to me." Those turning points have happened to me. The only difference between me and L.D. Pankey and L.D. Pankey and other dentists was L.D. Pankey had the ... how do I say this? He had the traits. I don't want to use the word character traits because I'm not sure that it's his sense of character. But he was a risk taker.

He had all of these soft skills that enabled him to take chances and pick up the gauntlet. He lacked the fear, for example. So if he was presented with an idea, if he was presented with an opportunity to do something, he took it. I think about all the times that I refused the call, to use Joseph Campbell's terminology.

Allison: Yeah.

Barry: You see? So the difference was that L.D., he took the call to adventure at every step. At every one of those nine turning points, he took the call to adventure. It goes for a lot of people who succeed in life. Everybody gets the opportunity at certain moments but the key is to be aware when that moment comes. I'm not a religious person but when I used to listen to Joseph Campbell a lot and Campbell talked about religion, he used to use the expression, he says, "Watch out for Jesus, because he only passes by just once."

Allison: [Laughs]

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Barry: In other words, what he's saying is that the opportunity is going to be there but if you don't recognize it, it won't be there again.

Allison: Right.

Barry: Well Pankey did that a lot. I can tell you in my own life, you know for the first fifteen to twenty years in dentistry, I let a lot of opportunities slip by. But lately, I say yes to a lot of things and those opportunities usually work out.

Bringing it back to case presentation, I know there's a lot of people out there who teach case presentation technique and skill. Sometimes they sound very manipulative to me but I can't teach anybody how to succeed in presenting cases to patients so that they will accept 100 percent of the time. I can't do that because I don't have control over that. But I can tell you this, if you believe that complete dentistry is for everybody and if you give every patient the same opportunity to accept care, you will succeed a lot more.

Remember, you can't hit the ball if you don't swing, okay? So the more you present, and the more you present complete dentistry, the more acceptance you're going to get. The key is to present it correctly and not get lazy and not get tired. Just do it the same way consistently all the time and you will get to do the bigger cases. You see? But I can't predict that patient X is going to accept treatment prior to me presenting it, prior to the examination. I can't predict that. And if any educator tells you that they can do that, that they can help you sell dentistry that way, I would call them out on that.

Allison: Can you make a distinction for me, Barry, real quick? You said, "Do it correctly and do it the same way consistently." We're talking about framework, right?

Barry: Framework, structure, process.

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Allison: Can you make a distinction for me, like the difference between the framework, the structure versus like scripting it all. You said to me, and I agree with this, that if you prepare the framework and even down to maybe what you're going to say but then in the moment, you don't want to be scripted. You want to be able to just be connected to the patient organically. So can you make a distinction between, I don't know ...

Barry: Yeah, I never use scripts. I never use scripts. But let's take the preclinical examination for a second which is probably the most important phase of the examination process because that's when you really sit down and get to know your patient, and I speak about this in the book. I use for lack of a better word, a method of improvisation...

Allison: Like a system.

Barry: Well, more of a method. It's improvisation.

Allison: Okay.

Barry: Are you familiar with improvisation?

Allison: A little bit but I'm trying to figure out how you're using it here so can you clarify?

Barry: Actually, Malcolm Gladwell discussed it in the book *Blink*.

Allison: I have read that one Barry.

Barry: He spoke about improvisation and there's a lot of books on improvisation for business. But if you watch Jerry Seinfeld or if you watch Drew Carey, you've got to realize that there are improvisation rules that they are playing by. So during my preclinical examination, I play improvisation. By that I mean, the rules are this, whatever your patient says, you must accept. You must accept. That's the rule. If you negate what they say, boom, you lose, you're done. See, you must accept everything

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they say. Then you have to ask a question that is concerned with what they just said. So it's kind of like active listening in a way.

Allison: Right, yeah.

Barry: But the rules are you cannot negate what they say. You see?

Allison: I love that, yeah.

Barry: Yeah, which brings me to ... one rabbit hole leads to another, doesn't it? Anyway. Which leads me to something called the butterfly effect or the positivity ratio of 3-to-1. I don't know if you're familiar with John Gottman, the love doctor. This was also chronicled in Gladwell's book, *Outliers*, he talked about Gottman.

Gottman was able to predict by videotaping interviews between a husband and wife at a certain point in their life whether or not they would stay married years later. He was right something like 85 percent of the time because he was listening for any negativity versus positivity in their conversation, you see?

They found that the magic number was 3-to-1, three-to-one positive over negative comments. So it's the same thing with your patient, if you can keep your preclinical examination, all of your comments within a ratio of positive 3-to-1 then there's a likelihood that you're going to develop a relationship right there. But if you get negative, there's a likelihood that you're going to lose your patient.

Allison: By negative, do you even mean, just the way you're saying it?

Barry: No what I'm saying is that if you follow the improvisation rules, would you say accepting anybody's premise would be a positive or negative thing?

Allison: A positive.

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Barry: Positive, right.

Allison: Yeah.

Barry: So if I'm sitting there and if the rules of improvisation tell me to accept anything they say, like "Doctor, you have three eyes."

"Really? Well how do my three eyes look?"

You see?

Allison: Yeah.

Barry: Rather than denying that I have three eyes, you just accept anything. When I speak, I have a little clip of Jerry Seinfeld and George going through a little improv and you can see them doing it. Again, it's like seeing the framework. It's like seeing the structure. If you ever watch Drew Carey and you watch ...

Allison: I was going to say *Whose Line is it Anyway?* is one of my favorite shows, yeah.

Barry: Right and if you watch it and you watch the structure and how they do it then you can see there are rules behind improvisation. So once you do that, once you understand those rules, then you don't have to get scripted. When you get scripted, it sounds scripted, doesn't it?

Allison: Yeah.

Barry: It doesn't sound genuine. It doesn't sound real. It doesn't sound human.

Allison: I love what you're saying because I have this thing that I keep trying to develop this sort of teaching platform and we learn about layered learning and I keep going back to how I learned it. And in every part of my practice at some point in time, I used some sort of script. It seems like I copied something somebody else did.

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Then when I became comfortable with that, I felt like I could change it and become organic and then at some point I just changed the structure, you know? But I love what you're saying because I don't know, it just makes a lot of sense to me. You could teach a new dentist from the very beginning the structure and they wouldn't have to rely on the scripting.

Barry: Correct.

Allison: It just seems so much

Barry: Imagine you were a screenwriter, okay? Or imagine you wrote fiction. You turn on your computer and you have a blank screen. Well, how are you going to start writing? Where are you going to begin? Just like you have a patient, you have a blank slate. Where are you going to begin? How are you going to start your conversation? What are you trying to get to?

Allison: Right.

Barry: You see, all fiction writers, all screenwriters, they have a template in their mind, they have a formula in their mind. They just put their words to the formula. Does that make sense?

Allison: Yeah, it makes a lot of sense.

Barry: You can do this with just about anything. In sales for example, there's a famous mnemonic called AIDA, A-I-D-A. It stands for Attention, Interest, Desire, Action. Attention, Interest, Desire, Action. It's almost like see, believe, and do. They all end up at action, motivate. So how do you get somebody's attention? Well I got your attention, didn't I? Okay. Now how do you maintain their interest? Well, I have your interest. How do I build your desire, you see? Then how do I get you to act?

Allison: Yeah, motivation.

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Barry: You just fill the words in. If you go back to Pete Dawson's favorite book called *SPIN Selling*. Remember that one? S-P-I-N. Same thing. Situation, Problem, Implication, Needs Payoff. Situation: get to know one another. How am I going to do that? So that's your framework. That's Neil Rackham's framework. Situation.

Okay, what's the problem? What's the predicament? What's the pain? Three Ps: Pain, Predicament, Problem. You've got to discover that before you go forward. What's the implication of that problem? That's the third part of it. Finally, what's the need payoff? In other words, I've discovered your needs and this is what I can do for you that will satisfy your needs. It really doesn't make a difference what framework you use because they're all over the place, if you can see them. You follow me? But when you have that blank screen out there, you better use one of them or else you're going to be all over the place.

Allison: Right.

Barry: So that's the consistency I'm talking about.

Allison: Awesome.

Barry: Yeah, so that's what I do. So during my preclinical examination, and believe me, when you ask questions, I forgot who said it, "The one who asks the questions controls the conversation." The other one I like is, "The one who defines the rules owns the game." You don't tell people that but you use your questions as a tool to pretty much control the flow of the conversation and control the flow of the structure and the process. So you know exactly where you are every moment of the process. You're not going to get lost.

Allison: Right.

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Barry: We spoke about it before, two things, what two things are going to enable you to maintain your composure during this? Well number one, if you slow down your mind and your elephant is under control, you're not going to lose it. Number one. And number two is if your beliefs about dentistry are so strong no one is going to be able to make you budge off those beliefs, nobody.

Allison: Right.

Barry: Your beliefs, your values, your mission. I talk about that in the book, that's the first chapter. It's the first chapter, and you know, a lot of people look at that and go, "Well, I've heard this so many times before." Yeah, but you've got to say it again because people forget it. People forget it. That's the foundation.

Jen: This is Jen Wacaser. So, I'm not a dentist. I work with dentists though and I wondered what your perspective is on dentists' attitudes about everything that you're talking about. Do you think that generally there's still a mindset that everything you're talking about is unnecessary and if I just go in and I do good dentistry, I'm a good clinician, I'm very structured person, I'm nice enough, I do good work. Do you think there's still a general attitude that really, I don't know if you want to call it selling, but really presenting or focusing in that area and being proficient along those lines, is even something that's important? Do you think that most dentists get it? Or do you think they don't?

Barry: I think that most dentists don't get it. I think where I hang out, everybody gets it.

Jen: Yeah.

Barry: But I think that most dentists don't get it. I don't think that it's being taught in dental schools. I think that there's a strong emphasis on the technical skills and the belief that if I do good

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dentistry, I'll be fine. Like I said before, Pankey knew all of that himself and yet he went back to school not to learn the technical stuff, he went back to school to learn this soft stuff.

Jen: Right.

Barry: That's what separated him. I agree with you, I think there is a mindset of depending upon the technical to get them through and the problem is nothing succeeds like success. What I mean by that is that they do get some success doing that.

Jen: Right.

Barry: They do get some success doing that, you see? But how do you define success is one thing, number one. And number two is most dentists went into dentistry to be the masters of their own destiny. That's not happening. That doesn't happen. Even though they may earn some pretty good money, a lot of times, they're being dictated to by patients, by insurance companies, and by the culture. I think that what I'm saying, it will help the dentists get a certain degree of autonomy. A certain degree of autonomy. I think that's

Jen: So he or she is maximizing their time?

Barry: Well they own the game. It's their game. Not only the money but it's their game. I also believe that a lot of dentists say how passionate they are about dentistry. I also believe that it's very difficult to become passionate about anything without having any degree of control or mastery over the work.

In order to do that, you need three things. You need this autonomy I just spoke about. You need a level of competence, not only of the soft skills but the hard skills as well, so I'm not negating the hard skills. Thirdly, you have to have the ability to relate to people at a level where what you're doing has incredible meaning to them. With those three things, autonomy,

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competence, and relatedness, you will have the tools to master and gain control of your work. Then you'll probably be passionate about your work, not the other way around. You don't graduate dental school with passion for dentistry. That just doesn't happen.

Allison: Barry, are you saying ... this is Allison, sorry. Are you saying you don't graduate from dentistry today? Because I feel like I did graduate from dentistry with a passion for it.

Barry: Yeah, I think a lot of dentists would tell me that they're passionate, I think that would be the answer. "Are you passionate about dentistry?" I mean, I've heard it and they all say yes. But I just wonder how real that passion is compared to the dentist who spent ten years really mastering the profession at every level. That passion is palpable. You see? It's a different kind of passion. How passionate could anybody be about dentistry if basically you're doing insurance dentistry? If you get back predetermination, that's about 180 degrees different from what you presented.

Allison: Right.

Barry: What's that going to do to your fire? Your passion?

Allison: This conversation could be a whole other call.

Barry: Yeah, but again, how do you get the chance to become a master at dentistry if you can't get it off the shelf, in Pankey terms? In other words, if you can't sell it, whether you like that terminology or not. But you've got to motivate your patients to accept your dentistry and if you can't get to that level then you're not going to get a chance to do the kind of dentistry you want to do. And if you don't get the chance to the kind of dentistry you want to do, you have no control over it and you can't be passionate about it. I don't believe so anyway, okay?

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I know I've met dentists after thirty years who have practiced and really will tell me that they're passionate about dentistry and they really don't do good dentistry. But they're passionate about it. They like the people, they tell me. But I walk away from those conversations saying, "Well, I have to justify thirty years of being in the same profession as well." So, I get it. You just spent thirty or forty years in dentistry, what are you going to do? Lie to yourself? No, you tell people you're passionate about it. I'm being totally transparent here tonight. You're getting my New York stuff [laughs].

Allison: [Laughs] We have another question and our time is out but Jen are you good?

Jen: I am, thank you.

Allison: Okay, all right, I'm going to call on, I cannot remember who it was from Oregon.

Mark: Mark, Mark Battiatto.

Allison: Hi, Mark.

Mark: Hey, Barry.

Barry: What's up?

Mark: Since I'm the last call, I'm going to end on this passion note. You just ended on the best note. I didn't understand this either until I read a book by Kevin Hall called *Aspire*, a great book. He talked about passion, which we all, if we're honest, we struggle with it in different seasons in our life. But he said people think of passion, it's like a joyous expectation all the time, you feel awesome. But he said passion has a double, you probably know this, a double part to it.

Passion also means you go into a deepness, a level of sometimes pain. And because your passion drives you to areas

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that are really deep, sometimes that's hard and it's a combination of those. When you're talking about the dentists spending ten years or going deep and that's where the passion comes and I think of the Passion of the Christ, that's that same depth. He went through the suffering and when you said about Joseph Campbell's quote, I'd never heard that quote before from Campbell, and so when you said it, "Watch out for Jesus because he only passes by once." Obviously for believers, Easter is Friday, so I was curious, did Jesus pass you by recently? I'm just kind of curious.

Barry: Jesus passes by every day.

[All laughing]

Mark: I just wanted to bring that up because that passion is something that we have to just kind of recreate all the time, I believe. It's going to be in our marriages, life, dentistry, it's going to go into deep areas and we've got to embrace those and to say, "Are we going to go there?" Are we going, like you said, now you say yes to more things and that's kind of where I'm looking at more in my life, yes to more things. If we do that, there's going to be, the passion will come back.

Barry: I didn't read the book that you read, but I did recently read another book that ... oh I know where it was, it was in the positive psychology book where he described passion exactly what you just said. If you look it up in the dictionary, you'll find out that passion requires this hard work that you're talking about. So many people toss that word around as, "I have a passion for this, a passion for that." They're not using the word correctly, you see?

Allison: It's like a deeply caring about something. Yeah, you're involved.

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Barry: You have to feel the pain, like Mark said. You have to come back from the war and tell people, "Look, this is my story. This is how I developed this passion." Actually they use the example of the Passion of the Christ, as the same example, by the way.

Alice: Hi Barry, it's Alice Lam. I'm loving ...

Barry: Alice, we expected you.

Alice: I just had a huge revelation based on what you're saying about passion. It kind of brought back the time that we spent in Dallas talking about whether Pankey really worked. Now that you're talking about passion the way you are, I'm thinking, "Okay, maybe this is what I am supposed to go through and it really does work." I'm just paying the price right now.

Barry: Yeah, I mean ...

Alice: For the passion.

Barry: I mean, all of the people that we look up to, whether it's Pete Dawson or L.D. or any of them, their stories are stories of a lot of hard work and a lot of toil. Pete talks about this probably better than anybody today. You know, we really have to go through this to really ... Pete uses the word control, to get total control over our lives and practices, it takes a lot of work. That's the only way that we're going to develop this passion.

Hugh: Hey Barry, Hugh Jordan.

Barry: Yes, yeah, you.

Allison: Say that again, Hugh.

Hugh: I just want to tell him, he done good.

Barry: Okay, thanks Hugh [laughs].

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Hugh: Well represented New Jersey and all the nice people up there. See you soon, Barry. Take care of yourself.

Barry: I appreciate that. Thanks for being on the call.

[Background noise from call]

Allison: So I still, obviously, the line you can kind of hear is still unmuted. Alice, did you have more?

Alice: No, no, it was wonderful to hear from Barry.

Barry: Thank you, Alice. That is a true story. I truly have been haunted by that night in Dallas.

Alice: You know what, I'm still haunted by that night. I'm still trying to figure it all out.

Allison: Thank you.

Barry: Well, it's a quest that I have because I'm really convinced that a lot of the principles I learned at the Institute many years ago apply and they work, but what has changed is the circumstances that we live in and the times we live in. But that doesn't mean they don't work.

Alice: Yes, but you also got a very different curriculum when you went through Pankey. A lot of the soft stuff has been really diluted in more recent years. So I get it, but I'm getting it not from Pankey. I'm getting it from directly involving myself with people like you and Bill Lockard and you know, places outside.

Barry: Yeah, we need better teachers. There's no doubt about that. We need better teachers. Teachers who ...

Alice: I think we have the teachers. We just need engagement and involvement.

Bill: Barry?

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Barry: Yeah, here's one of the better teachers right here.

Alice: I think we have plenty of great teachers. We're just not hearing enough from them.

Bill: Mostly, Barry, I want to thank you very much for your time as usual. You have stimulated me and encouraged me in new ways. I always love hearing your thoughts partly because they parallel mine so much.

And Alice, I would challenge you that probably 90 percent of my learning has occurred outside of the Institute. The Institute sets the fire but I concretely—and I think Barry would agree with this, that most of his learning came outside the Institute, always falling back on the philosophy as this framework.

Barry: Exactly.

Bill: Over and out, I'm almost home.

Allison: Whoo hoo. [laughs]

Bill: All right, be good everybody and Allison, you're doing a great service for us all too. Thank you very much.

Allison: You're welcome, thank you for being on, Bill. Thanks.

Bill: My pleasure.

Allison: Anybody else have anything else they would like to add?

Mark: Hey Allison, I just wanted to comment. I just found out about your service a couple of days ago so it was great you had Barry. I've known Barry for a long time so even in this call, getting some new insights. My partner, Deb Castillo, wanted to be on the call and she wanted to say hello to you. She said, "I know Allison from Sky Financial days." She said she worked with you.

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Allison: She did! That was a long time ago.

Mark: So I was hoping, I know you say you record these and I was hoping that she could listen to this. So hopefully that will be available because this would be a great CD, Barry, for us to give to doctors that work with us and to listen to. It's just a great ...

Barry: Sure.

Allison: Yeah, absolutely.

Mark: It might be something to even include in your book, buddy.

Barry: There was a little synopsis of the book here tonight. I just touched on a whole lot of points.

Mark: Yeah.

Allison: It will be recorded. Deb did ... she will get the recording and then if you guys want to, I mean, we could talk about, Barry, however to get this to you. I think your name is on the list so you'll get the recording too but in order to be able to download it and copy it or whatever, I may have to get it you some other way. But, yeah, that's an excellent idea, Mark.

Mark: Yeah, and maybe we could connect some time and talk too. I'd love to talk to you further. I keep calling Barry. Barry, you haven't called me back yet. It's been a month, man.

Barry: No, I called [laughs].

Alice: Barry, are you going to do a book tour?

Barry: A book tour? I don't know. Right now, I hope I get some more speaking engagements from my book. Right now my son is becoming the more popular speaker in dentistry than I am.

Alice: Really?

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- Barry: He just got back from Kiev, and Cologne, Germany, and Switzerland. But he speaks to the laboratory industry.
- Alice: I think you should do a book tour, Barry. I really think you should do a book tour. Allison and I will be your manager.
- Barry: Well, I can handle it.
- Allison: Alice, you need to quit volunteering yourself and volunteering me [laughs]. That's why you're so tired. Barry, I would be honored to do that.
- Barry: Thanks, Allison.
- Allison: You're welcome, thank you so much.
- Alice: Barry, when do we get a signed copy of your book?
- Barry: Well, it's got to come back from the editors and after that I'm probably going to release the book digitally first, only because it's difficult to get the hard copy. It takes a lot longer than people think, but digitally I can get it ready pretty soon.
- Alice: Oh. Aren't you presenting it at the Pankey Alumni Meeting or something?
- Barry: I am, I am. The name of that presentation is called, "Conversations to Keynotes" and it's about presentation. It's about the similarities in presentations whether you're going 1-on-1 or 1-to-100 because communication is communication and I hope I got that point across tonight. Even with the metaphor of just looking at a blank screen and trying to design a message, whether that message goes to one person or a hundred people, whether it goes in the form of a book, a television show, or a conversation. It doesn't matter. It's still the message and that's how it gets delivered.

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Alice: So what you're saying is that your book is going to help give us the framework to engage in those kinds of communication that's successful, as far as with our patients or with an audience?

Barry: Right, exactly.

Alice: Okay.

Barry: Presentation skills are presentation skills. Presentation skills are presentation skills. Yeah, so the book will provide the framework for that, but again, the framework, I want to make a point. This is the revelation that I had, all of these frameworks. I mean, I have the framework that I used in my book, but when you start reading books like *SPIN Selling* and seeing AIDA or "see, believe and do," they're really different people giving different language to a similar process of taking somebody from point A to point B and making them change. Because we're change agents.

Any salesman understands that and any salesman worth his salt understands that I've got to take a person, understand them at a level where I understand their pain, what's stopping them from doing anything, telling them my solution, and then telling them what they have to do to correct that. Once you understand that framework, whatever language you want to put on it doesn't make a difference. You see? I will give you some good examples. Do you ever get junk mail?

Alice: Junk? Yes, yes.

Barry: But very effective junk mail, the kind of effective junk mail that made you actually act. Like, "Oh boy, I got to get these Ginsu knives" or something like that. Know what I'm saying? So if you got that, keep that piece of mail and go through it and dissect it and see what the writer did. See what he did.

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First he discussed your problems. You know, you might have cut yourself or you might have ... your fruit doesn't look good or whatever. Then he goes through the whole process and at the end he tells you for \$19.95, you can have this. He's wanting you to act but his framework is the same framework that all of these people are using, whether it's in a written form, a verbal form, a video form, an audio form, it doesn't make a difference. Those are just formats. That make sense?

Caller: Hey, Allison, thank you very much, this has been phenomenal and Barry, you've been great. I have a quick question. Barry, you talked a little bit about trust and you said in this day and age, trust is a lot harder to achieve. Well you didn't really elaborate but I just wanted to explore that with you and kind of what you were thinking at that point.

Barry: Yeah. I think trust is a basic human need. What I meant by that is that people are getting a lot of messages every day. They're getting a lot of conflicting messages every day. You know, back when I started practicing, the neighborhood dentist or doctor was to be trusted. He was to be trusted.

In today's day and age, the information that people are getting from varying sources are basically telling people, "Better get a second opinion. Can you trust that guy?" Or, "I know someone who's got a better price for you here. You shouldn't do that." So they're hearing other messages. So that's what I meant by that. Not that people don't trust anymore, but there's so many messages coming to people's attention and they're coming, I think the estimate is over 5,000 messages a day, that are coming at people that they're unaware of. This is the matrix I'm talking about.

Caller: Oh, I see what you mean by that.

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Barry: So that behooves us to really build that trust. It really isn't that difficult to do if you know how to do it. But you got to take the time to do a proper examination. Take the time to really listen to your patient, to understand them, to understand what their problems are, understand what's stopping them from changing and then try to meet their needs. To do it, as L.D. Pankey said, in an appropriate manner according to their circumstances, their objectives, and their temperament.

So again, Alice, it goes back to the philosophy, it really does. It's just that it's a little bit more difficult to apply the principles today because of the background noise that people are ... and the economy. I mean, if we deny the fact that our economy is, you know, you can't. Somebody sent me something today from *Business Week* that said, "Dentistry is the number one profession for young people today." Did you see that?

Alice: Yes, I saw that.

Barry: You saw that. It was a friend of mine from the Institute and I sent back to him, "Propaganda." I said propaganda, enrollments are down, that's why they made us that way. He sent me back and he said, "Oh, don't be skeptic." And I said, "Well, I may be skeptical but the average dentist today makes \$142,000," which was on that survey. When I started dentistry, the average dentist was making \$170,000. And that was in 1973.

Alice: Wow.

Barry: So what happened there? So the economy, you know, if we deny the economy as not being a factor, we're kidding ourselves. That's why money is the major objection. So you really have to spend a lot of time building trust. And trust-building skills are important and if there's anything that will help your case get accepted, it's trust. It is the number one thing.

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Caller: Thank you. I totally agree with you on that.

Barry: Yeah. But you really, we can talk about, again, I love that phrase that I used before about, “Just because I understand what nearsightedness is, doesn’t mean I can see.” In other words, just because I know all of these things, I still got to apply them. Trust building is difficult sometimes, it’s difficult.

Alice: Trust building is difficult in a time and age where people don’t have the listening, or even have the time, to even want to build a relationship because it’s so hard for them to even have the time for you to even build a relationship with them. They just want to come in, quick fix, and be out of there.

Barry: Right. But that’s why the person who makes the rules owns the game. So if you consistently make people go through your process, because you believe that comprehensive care is for everybody, you see? Then they go through it and then your job is just to be engaging enough, compelling enough, likeable ... listen to the words I’m using.

These are the same words that these social media people are using on Facebook: likeable enough, engaging enough, compelling enough. That’s what you need to be. If you are those things, then you’ll build trust. You know, I don’t know if you’re familiar with all of these books over the years that have been written about the internet and the new social media and the new web, but you know, there’s a book out there called *Trust Agents*.

Alice: Trust what?

Barry: *Trust Agents*. Yeah, by Chris Brogan, he’s an internet guy but he basically is saying if you want to succeed on the internet, you’ve got to become a trust agent. So when I read that book, I laughed because that’s exactly what we’re trying to do in our

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practices. There's nothing different but he's just taking the same principles and he's applying them for online businesses. Likeable. If you go to the bookstore, you'll see books written on how to be likeable. The *Likeable Business*. You see? There's nothing new in the world. They're just applying the same principles online.

Alice: Right.

Barry: Compelling. There's a new book out, I got it on my dresser here, it's called *Contagious*, how to make your message contagious. How do you build word of mouth? These are the same problems that we've faced in the last twenty or thirty years but now these business writers are applying them for online business. Same words, same language.

But, that being said, trust-building skills are incredibly important, they are not to be taken for granted and I don't know if Jen is still on the phone but going back about what the younger dentists think today. If I were to ask younger dentists and talk about trust, a lot of them would just turn to me and go, "Oh, I do that. I do that already."

And I walk away saying, "How come it took me twenty years to figure it out?" And they get it right away? How did that happen? What part of this did I miss? I always thought that I was a nice guy and that I was good with trust but I never was, not until I sat down and got serious about learning how to build trust. If trust was so easy, then maybe Stephen Covey wouldn't have spent three years writing a book about it. So all of these things, a lot of people take it for granted, but it's these self-evident skills that really need to be learned.

Allison: Awesome.

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Thanks for listening to *Practicing with the Masters* for dentists, with your host, Dr. Allison Watts. For more about how Allison Watts and Transformational Practices can help you create a successful and fulfilling practice and life, visit transformationalpractices.com.