Ep #8: Using Emotional Intelligence to Achieve Success with Bob Frazer

Full Episode Transcript

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: 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 know a lot of people on this line already know him and I know we'll have some people listening on the recording that don't know you, so I'm going to just give a full introduction here.

I've known Bob for a long time. He graduated from the University of Texas Dental Branch in Houston and practiced 30+ years. He had a highly successful dental practice emphasizing rehabilitative and relationship-based dentistry and values-driven dental care. He's been, I think, for thirty years as well, Bob, right? You've been leading in dentistry and speaking and consulting with dentists for that long?

Bob: I gave my first national talk about 1976. So I've been around a long time.

Allison: Wow, yeah. He conducts workshops across North America and Europe and is a member of the National Speakers Association. He's also published over fifty articles in dental journals. In addition to being a popular presenter, he offers dentists a range of transformational services including applied strategic

planning, performance coaching, wilderness leadership adventures, and a National Study Club.

He helps dentists realize lives of balance, fulfillment, and significance while he shows them how to make comprehensive and restorative dental practices, not only health-centered and highest quality but also profitable. He removes barriers to people's potential by providing excellent models, principles, and processes from which they and their organizations can design and build their preferred future.

I know more recently, Bob, you've been doing some of the leadership development and EI training with UOP, correct me if I'm wrong on this.

Bob: That's correct, wonderful.

Allison: UOP and the Dawson Foundation.

Bob: No, I did the Dawson Center's Applied Strategic Plan to become the Dawson Academy. But no, the UOP, it's been interesting. They combined all their prosthetic departments, operative, fixed, and removable, and created sort of a super department of reconstructive dental sciences and they asked us to come in and do both leadership training and emotional intelligence training. You talk about a faculty that asked to do that and the way they received it was just extraordinary.

I don't know if we have any UOP graduates on the phone but I always heard great things about that school. I think it was largely influenced by the guy who influenced me and Bud Ham and Lynn Carlisle and a lot of others that may be listening, Bob Barkley. I remember when they told me, Allison, I thought it was interesting, I said, "What's the mission of this school?" And they said, "Our mission is to release the potential of human beings who just happen to want to be dentists."

Ep #8: Using Emotional Intelligence to Achieve Success with Bob Frazer

Allison: Wow. That's amazing.

Bob: Yeah.

Allison: I love that. So also you worked with the AAO.

Bob: That's correct.

Allison: I know you do some work outside of dentistry and one of your biggest clients is a major food conglomerate and I know they recently gave you an award for excellence for your work with them on leadership development and EI and ASP as well, right?

Bob: That was quite a high honor. That was really fun. There was a gathering of about one hundred of their suppliers and they gave twelve awards for excellence in partnership with them. This is L&H Holding Company out of San Antonio with three different divisions. Great group of guys, men and women. I was just humbled by that you know, teaching what I learned from a lot of other people including the folks, many of them on the phone right now.

Allison: Aw.

Bob: Thank you, Allison.

Allison: Yeah. Then I know personally, you've been married for at least forty-five years. You've got a couple of grown sons, one of them I've met. You have three granddaughters?

Bob: I have three granddaughters and a brand new grandson who is only about ten months old. They all live in Durango, Colorado, up in God's country. Up by Lynn and Bud Ham's neck of the woods.

Allison: Yeah. Okay. One of the other things I know you love also is fly fishing because you take people on trips to do that.

Ep #8: Using Emotional Intelligence to Achieve Success with Bob Frazer

Bob: Yeah and Bud introduced me to that so I owe a lot of credit to that guy.

Allison: Well, it is my pleasure to introduce you and I'm looking forward to diving into this conversation about transformational leadership and emotional intelligence with you.

Bob: Wonderful. Well, Allison, one of the things I thought was interesting when you invited me to do this is that you've entitled this entire series *Transformational Leadership* and I'm wondering how you would define transformational leadership?

Allison: I think of it as having the skills and tools, learning the tools and skills, to change things. To change people, really, more than anything. So I think of it is as us having influence to change our team, influence to help our patients make changes. I actually think of it pretty broadly.

Bob: Okay.

Allison: I think of it as change, in a positive way [laughs].

Bob: And the connection there with EI as you see it?

Allison: Oh, gosh. Well since I've read the book, but when I took your course I think it was so much better than reading the book. I think that it's everything. I've started to write a lecture and I was thinking the number one most important thing in leadership is emotional intelligence and I think it's because I believe self-awareness is a number one.

If you're not aware of your own emotions and your own agendas and your own goals and so many other things. Your own tendencies. Then how can you even be authentic with other people? That's the biggest thing, I think, is self-awareness.

Ep #8: Using Emotional Intelligence to Achieve Success with Bob Frazer

Bob: What you're really saying is emotional intelligence begins within each individual and each individual on this phone call. I'm honored to have some of the people on the phone call that I heard early, like Bud Ham, who's been one of my very, very important teachers who was a protégé of Bob Barkley, who was the inspiration for me staying in dentistry.

I think after late my sophomore year, if I hadn't heard Barkley, I probably would have gotten out of dentistry because he gave me a whole new vision of what a dentist could be. He's also the very first person that ever said that, "Only a dentist would respond to a patient's emotions with logic and it's one of the worst things that you could possibly do."

There's a beautiful tape of him talking out at USC when he helps talking to the junior class as they're creating a vertical clinic and he says, "We're going be working with you and your faculty to help you understand that you have to get in touch with your own emotions. You have to start the work from within."

One definition of leadership that was around for a long time was something that went something like this, "Leadership is getting work done through people." I've always felt that transformational leadership is similar but with a major twist. It's getting people done through work. When you do that, you've got to be both in touch with your emotions and the emotions of those people.

No one ever instructs a team member to do their job with excellence. Excellence is all about voluntary commitment. It's actually an emotional decision, that I'm going to do something with excellence. I know those on the phone that do with these excellence. I'm reminded of a story since I've got Bud on the phone, I think Mike Robichaux is going to join us on the phone as well.

Ep #8: Using Emotional Intelligence to Achieve Success with Bob Frazer

Allison: He's here.

Bob: About an engineer who died and went to heaven. When he got to heaven, he was a very, very good hydrodynamics water engineer and he could really handle all kinds of water and he got up there and St. Peter is at the gate and they ask him why should he come in. He said, "Look, I know everything there is about water. I've done so many things with water. I've done dam, and I've done river diversion, and you name it, I know how to handle water. So I think you ought to really let me in." St. Peter said, "Well, yeah, but you know, Noah is already here."

Allison: [Laughs]

Bob: I kind of feel that way about Lynn Carlisle listening in and Bud Ham listening in because I think Noah is already here. I hope they add later. Mike Robichaux as well and Barry Polansky who I know is on the call as well. But in any case, let's talk about this thing called emotional intelligence. What's important to me, Allison, is I'd like to ask the listeners a couple of questions. I'm not necessarily asking Bud this question or Lynn or Barry. Although they are welcome to chime in. I'm asking the other listeners on the call.

Where are they currently challenged in their … either lives, or their life work around emotions? What I'd like to do is focus my very few minutes with this group. We teach this over three days so when we have about an hour, I kind of like to know where people are with that. Where do you find the greatest challenge when emotions come into play? Is that between you and your patients? Between you and yourself? Between you and your team?

So can we ask for a couple of people to share with us what would be meaningful in my discussion around where they feel challenged on emotions? Maybe it's when they're in conflict and

emotions come up. How do I deal with those? So let me just ask for two or three people to comment real quickly. I know they have to raise their hands.

Allison: Okay, Lisa, I'm unmuting you. Okay, go ahead, Lisa.

Lisa: Thank you. I would say the place that I recognize my emotion the most is when I have an expectation of an event or a team member and that does not get met the way I expected it to play out. The emotion that comes up for me the most is frustration and disappointment. Those are the ones I battle.

Bob: Okay. The real issue is when that comes up, what do I do with it? How do I go and confront the person perhaps? Is that also what you're saying, Lisa?

Lisa: Exactly. I've been equipped with lots of tools. I've been part of your workshops I think four times. [Laughs]

Bob: [Laughs] Yes.

Lisa: I started really, really, really bad and I'm much better now. I do recognize that that's the one that I still sometimes fly off the handle a little bit and then go back to my toolbox. I would love to be able to really not … for things to be better.

Bob: What is wonderful about your question, Lisa, and I will come back to it, is that you begin by something that's critical in emotional intelligence. First of all, emotional intelligence is our capacity for recognizing our own feelings and those of others and for motivating ourselves and managing those emotions well in our relationships, all of our relationships. So what I loved about your question is you were transparent of the emotions you feel when people don't live up to your expectations. So you're in touch with them.

Ep #8: Using Emotional Intelligence to Achieve Success with Bob Frazer

It's one of the great challenges we face with my performance coaching with dentists and also with our workshops is many times we put them in scenarios, you've been there, you've seen it and people get stuck. Where they get stuck more often than not is they really aren't sure what they're feeling. You with me? To the extent you don't know what you're feeling, it's pretty hard to take it much further than that. So thank you, Lisa. How about another person then I will deal with that, Lisa. That idea of confrontation and emotions. Somebody else?

Lisa: Okay.

Bob: What would be really useful for me to talk about relative to emotions in your life and practice right now?

Allison: And if you are a consultant, I guess you could also raise your hand.

Bob: Absolutely. Maybe you see it in your clients.

Allison: Perfect. Okay, Mike Robichaux. Hi, Mike.

Mike: Hi, Allison, how are you?

Allison: I'm good, how are you?

Mike: I'm good. Hello, Bob.

Bob: Hey, Mike, I'm coming to your fair state tomorrow. Can't wait. I'm going to have dinner with Henry.

Mike: Wonderful. Well I'm probably the most repeat offender of Bob's emotional intelligence course. It took me about six or seven times to finally get it. But I wouldn't quit and the dividends have been incredible. The emotional intelligence concept to me starts when we open the door and start talking to each other in the morning. Through the morning huddle, through the patients in

hygiene, through the patients we're working with, while we are working with them.

It's a constant thread that never stops and it's probably the most powerful thing I've ever done in forty-five years of studying dentistry and how to be with people. It's just incredible. So I'm a big believer in emotional intelligence and the power behind it and the ability to be with people in a way that they just trust at a very early time and the consultations and the presentation in dentistry is a whole new game.

Bob: Yeah.

Mike: It's a casual conversation. Like drinking a cup of coffee together and having a conversation. So I owe you a lot big guy.

Bob: Thank you. So, Mike, what I'm hearing you say is that it is pervasive in everything we do. From the moment we enter the office and certainly with our patients and how does emotional intelligence and emotional transparency translate to increased trust. So I'll talk about that. How about one more comment that may not have been said yet that challenges you when emotions come up?

Allison: We have Brenda Berkal. I'm going to unmute you, Brenda.

Brenda: Okay. Hi and thank you.

Bob: Hi, Brenda. Are you a dentist or a consultant?

Brenda: I'm a dentist and I've only seen you for one day at Yankee at this point.

Bob: Wow. Okay. That was a long time ago, yeah.

Brenda: It's been a number of years.

Bob: Yeah.

Ep #8: Using Emotional Intelligence to Achieve Success with Bob Frazer

Brenda: What you were saying, I'm not that good at really identifying what I'm feeling.

Bob: Okay and is your question how do I get better?

Brenda: Exactly.

Bob: Okay, super. I'll tell you a little of what I've done and what some other people I've worked with have done that would help. Wonderful, that was a pretty short one so we could take one more if there's a burning comment out there that somebody says, "Boy, I sure hope he mentions X or Y." Of course, we'll do some questions at the end.

Allison: Anybody else? Push *2.

Bob: Okay and I understand you're recording this, right?

Allison: I am.

Bob: Okay, Allison, because for a Texan I talk rather rapidly. I do believe we can listen at a rate that's probably two or three times and I don't talk real rapidly when I'm talking with patients but when I'm talking with my colleagues and I'm covering a subject that is as broad and there's as much to it, I'll move rather quickly.

Let me begin this by telling you a story. Then I'll use this story to begin to come back to several times. It takes place in a place called Midland, Texas, with one of the finest young restorative women dentists I ever met. She's on the phone. I was doing performance coaching with her. This has been a number of years back. I won't say exactly how long, but in that Allison had come to our new patient experience which is based on the Barkley Model of a collaborative diagnosis and co-discovery and co-treatment planning. In any case, she was very good at it.

Her health relationship coordinator, Sandra, who would take the patient through the entire process was there. When I come in for my coaching, I usually spend a day and a half observing as many new patient interactions as possible. What we tell the patients, we first of all ask if I can be there when they're doing whatever they're doing and I'm just going to be a mouse in the corner and I'm not going to say very much. I'm just going to take some notes, etc.

So I come in and I'm seated in the lovely consultation room in Allison's office and because they do our examination process, we don't typically examine on the first visit. This is one of Barkley's principles of people that go to the dentist regularly, unless they have an emergency. Because what you really want to do is begin to build a relationship, begin to understand how we can serve them and get a clarity of what they expect from us and we expect them from. That's called a preclinical appointment. That preclinical appointment, typically it's about an hour long and our HRC, health relationship coordinator, will visit with them for up to twenty, even thirty minutes if necessary.

I will then come in and meet them, or Allison in this case, and then we'll be briefed on why they came and what their issues are etc. in front of the patient. Then typically the HRC will leave and we'll spend a few minutes, ten, fifteen, at the most talking about what I think I'm supposed to do as their dentist in the context of what they've told me they're concerned about.

I'll also have them help me understand a few things that are critical to their future and where they see themselves on an excellent, good, fair, poor scale of dental health. Where do you see yourself? I haven't looked in their mouth so this isn't a trick question. Then where would they like to be and that also helps define the choices I'm going to offer them later on.

Well, Allison had done this, maybe a week earlier and I'm in the consultation room and she's coming in for what's called a co-diagnosis. This is a second visit. This is a visit where all the models are there and the photographs are taken. The radiographs are on the computer ready to be viewed or on the view box in the old days. There's a chart laid out and basically Sandra brought in a woman who probably, Allison will know this exactly so she'll have to correct me later if it's important. But she's probably in her mid-40s. She comes in and her hair looks perfect and she's in one of these jogging suits, ladies, that are made of velour that you probably would never really jog in. You know, they're very stylish.

We're going to call her "Kim." I don't think that's her actual name. But she comes in and Sandra welcomes her and asks her if she'd like any coffee or tea or juice and she says, "Well, yeah, I'll have some water." Very shortly after she walks in, you notice her face is one of worry and concern. You see it on her face. Daniel Goleman has probably been my biggest teacher on emotional intelligence. He's popularized it and I'll talk toward the end of this about some books that he's written that I would recommend to you. But Goleman says you need to watch their face.

The work that is coming now out of Rutgers … by the way, emotional intelligence is not as some psychology is, sort of conjecture, this is hard science. With brain scans and a variety of other things. You see it around the eyes and in the forehead and the upper part of the face. Not just the smile and not the body posture we see in others. I noticed that she was a little uptight. Sandra did too. And she said, "Well let me get some water for you." Sandra reached over to get the water and about the time she did that Kim said, "But I can't believe this is going to be $20,000."

Now it's important to remember that Allison didn't examine her the first visit. All she did was get information, take the history, and get some records. Sandra was kind of taken off guard by that comment and said, "Well let me tell you what we're going to today. We're going to review first of all the records we took last time and I'm going to orient you to those records. Then Dr. Watts will come in and she'll sit down with you and you can go through those concerns you had and the two of you can decide what needs to be done, what options are there." She did a beautiful job, Allison, very well trained and did a super job.

But before she could finish saying what she was going to do, Kim once again said, "But still, I can't believe it's going to be $20,000." Now when you hear something like that, you need to be kind of attuned to where's that coming from? Then Sandra said, "Well again …" She's starting to get visibly distraught herself and she said, "When Dr. Watts comes in you can certainly talk about it and we really don't know how much it might be and how much you might want to invest."

Then I couldn't be quiet any longer, even though I'm supposed to be sitting in the corner. I said, "Sandra, may I just chime in here?" And Sandra said, "Oh, please, Bob." So Kim sat down and I said, "Kim, I am a dentist and I have a practice very much like Dr. Watts' practice and we do the same process. But I have to tell you, I noticed that you seem very anxious. I may be wrong about what I'm noticing and very distracted with how much this could cost and I almost get the feeling of being overwhelmed by all of this." She just kind of did a sigh and she said, "Oh yeah."

I said, "But am I right that Dr. Watts has not actually examined you yet?" And she said, "No she hasn't examined me." And I said, "So I guess I'm a little confused on how you arrived at $20,000." She said, "Oh, well I came in here because my front

teeth." They were uneven and discolored and rotated and she had one crown that didn't really match the other teeth and she said, "I came in because I wanted to get these teeth either crowned or veneered." There were eight teeth that I think needed to be treated. Oh, that made sense.

Again, this has been a few years ago, so I said, "But $20,000?" "Well, no, when I'm talking to Sandra last time, when I'm talking to Dr. Watts, I have this bad partial." Which I could also see. By the way, this woman was slightly over-closed and you could see the clasp from the partial and she had some missing posterior teeth. She said, "When I talked to Dr. Watts and talked to Sandra, I realized, I don't just have eight teeth, I've probably got twelve other teeth that also need to be treated." She said, "Aren't veneers about $1,000 a piece?" Back then, in that day. And I said, "Yeah, that's about right." She said, "Well, those eight plus twelve, that's $20,000."

I said, "Hey, that makes perfect sense." But I said, "Would that overwhelm you if it's $20,000?" She said, "Oh my gosh, I don't know what my husband would say about that." I said, "Well, can we talk about a few things first because I think we may be progressing a little faster than we need to. If you're okay with that, can I ask you a couple of questions?" She said, "Sure." I said, "Well tell me about your mom and dad's dental health." She said, "My mom and dad?" I said, "Yeah."

"Well my dad was ridiculous. He never went to the dentist and he would go to the dentist and they'd say 'You don't have much wrong' even though he hadn't been in in three or four years. He died with all of his teeth in his early 80s. Mom, oh, just the opposite. She had gum surgery from the time she was in her thirties. Then she lost teeth and she had a partial denture and then eventually she had an upper denture and a lower partial.

Then eventually she had full dentures where she is now and she's like 86 years old."

She's frowning this whole time that she's telling me this and she's looking very, you know, a lot of consternation on her face. I said, "Oh, now what's the logical question?" I said, "Well, Kim, who are you more like?" She said, "I'm just like my mom. I look like my mom, I have my facial features like my mom, I've had all these dental problems like my mom. Now I don't have gum problems. She had gum problems too. At least I don't think I have gum problems. But I'm very much like my mom."

I said, "Oh my gosh, so are you anxious that you may be following in your mother's footsteps? When did she lose her teeth?" Now remember I told she was about forty-five but I don't know. She said, "Oh she lost a bunch of teeth in her late forties."

What did Bob tell us about that? Bob said that people are handicapped by their future image of themselves and until we understand the future image they're educably handicapped. But I'm weaving this in with emotional intelligence because what I'm trying to do and what I hope I was doing reasonably well was opening up the dialogue by responding to her emotions. Well she says, "You know, Dr. Frazer." I said, "I enjoy being called Bob." She said, "Oh, okay, Bob." I said, "Can I call you Kim?" She said, "Sure."

"There's one more thing I need to tell you. We went on a cruise, my husband and I, and I came back. This was about a month ago and my mom is in a nursing facility here. You know, like a skilled nursing facility and I called my sister who lives here and she said, 'Mom's been coughing her head off but she's better this week than she's been and I know she wants to see you.' So I went roaring over to the skilled nursing facility as soon as I

could and I went into mother's room and when I walked into her room she said, 'Hi honey, how are you' and I noticed she didn't have her dentures in. I said, 'Mom, I heard you've been sick. Where are your dentures?' She said, 'Oh, the nurses took them out because they were afraid I might breathe them in.'"

To which I lowered my head and I cocked it slightly and said, "Oh my goodness. Not only is it possible that you might be following in your mother's footsteps but what I think I hear you say is that you're really scared, you're afraid that maybe it's too late and that you'll end up someday like your mother and somebody else could literally take away your teeth.'"

She said, "Boy you know, I never thought of it that way but that's exactly what I'm feeling." So we went on and we talked a little bit further and I said, "Well, you know, dentistry has come a long way. When did your mom lose her teeth? In her forties? How many years ago was that? We've probably progressed a hundred years in those twenty years and what we couldn't do then we can do now. And you're also with one of the finest dentists I know in Texas. You're in great hands. So I think if Sandra can orient you to these records, you and Dr. Watts can talk about what to do about this when she gets here."

She kind of eased off. You watched her body posture change and then she went on and certainly Allison came in, listened very well. Sandra did a great handoff of that, let her know about her mom's history, let her know about her fear. The interesting thing about it was, and Allison can tell you, but the final diagnosis and treatment plan was well over $20,000 and she did elect that treatment and had it done.

Now what's the moral of that story? The moral of that story is that it wasn't about twenty teeth needing restorations. It was about the history that she brought with her that had to do with

her mother and all the emotions that she had around that. You see, emotions lie in a part of the brain called the amygdala. And when I am speaking to an audience, unlike you, Brenda, when I speak to an audience that's almost all males or a lot of males and those are some of the older audiences. I'll ask them, what are the feeling words guys? What do you have? Most of the time they'll say, "Happy, glad, sad, and mad" and they're done. They don't know of any other feelings.

Then I'll say, if there are some women in the audience, "Okay, guys, you got to be quiet, let me hear from the women what are other feelings?" Well if I don't cut it off we'll go on for an hour because women are raised to be in touch with their feelings and men are raised, unfortunately, not to be so much in touch with them or to push them aside. So again, people are motivated.

A good friend of mine, Neil Cobain said, "Facts tell but emotions sell." So we have to be listening to people for emotions and it's those very small comments. Now in Kim's case, it was a really big comment. She kept repeating this, "It's $20,000." But I guarantee you in our three-day course, Mike can speak to this, it's those little, tiny comments you'll hear from your patient that are almost like, "Oh by the way" but then they go on with telling you something else.

It's like the patient who may tell you, "You know, my teeth are still crooked, I've had orthodontics three times when I was a fourteen year old and then again in my early twenties and then my late twenties and you know, it doesn't seem like it's working and yet I don't like my crooked teeth." Do we need to find out what kind of orthodontics they had? No. We could recite exactly what they tell us. What they want to hear is that we're hearing their frustration, their sense of hopelessness, and they want from us a sense of hope. So that's where emotions come in but we have to be in touch with those.

So let me stop for a moment. Any comments or questions about what I've said so far? If not, I'll dive into the heart of this material and kind of build on, expand it a little bit, but I want to go back to my audience for a moment. You don't have to ask any questions yet if you don't have any.

Allison: Okay, I think we're good, Bob. I don't have any.

Bob: All right well let's just push through. So let's talk about this thing called emotional intelligence. I said it sort of starts in something called the amygdala of the brain and that's very primitive brain. When the work was first done, it was done at Harvard. It was done by a guy named Robert McClelland who was actually commissioned by the State Department because certain diplomats were far, far superior in the field than you would expect them to be given their examination to become part of the diplomatic core. This was during the Vietnam Period, about 1970.

So the State Department went to McClelland and said, "Look, we've got some phenomenal diplomats when it comes to putting people that are about to riot at our embassies to put oil in the water and to get people to start working together and we listen to them, etc. And we got some other diplomats who scored very highly and were very skilled and had high intelligence and multiple language skills and were culturally quote/unquote sensitive but they aren't nearly as good as other diplomats."

So they got twenty-five of each, brought them to Harvard and they had them watch pictures, actually motion pictures, made of drama students in all kinds of emotional situations. They garbled the language, you could hear the intonation of the voice, they did a lot of close-ups and of this group, about fifty, the twenty-five who were so good in the field could almost tell

you every time what was going on, “This was the loss of a loved one, this was somebody who had achieved something great.”

Where the people who couldn’t do that, they didn’t read those things. So they begin to study and one thing led to another. On the other side of campus, there was brain scanning going on. Eventually the two parties got together. So what happens when we have an emotion? Number one, any guys on the call, any males, you cannot not have an emotion. You can deny it but you’re going to have it. It doesn’t start as an emotion. It starts as something called an affect. An affect is a neurochemical release from this organ called the amygdala.

Now let me describe the amygdala for you. It’s like a large lizard sitting on a rock. If you can imagine a large lizard sitting on a rock scanning the environment and when it scans the environment, it’s only asking three questions. The first question it asks when something comes into the environment is, can I eat it? Second question it asks is, can I mate with it? Well we’re not going to talk about either one of those. And the last question it asks is, will it hurt me?

The amygdala operates very quickly even though this is a slow lizard. It moves very, very quickly. If you're driving down the express way and some fellow in front of you suddenly without signaling going 70 miles per hour pulls into your lane, barely missing your bumper, you amygdala fires well before your prefrontal cortex. The prefrontal cortex, which really constitutes a smaller part of the brain, that executive brain, is kind of like a filing clerk. It’s got all kinds of files.

So when something happens, you’re in your bedroom late at night, 2:00 in the morning, you hear a sound downstairs, you got a two-story home, and you jump up with the sound. You’re startled. Well that was the amygdala that woke you up. Now if

you take a moment, you may get to the prefrontal cortex because that's the way these various neuro channels lead and what they've shown at Harvard is that if this flow goes to the right prefrontal cortex, it can be a dissonant feeling, one of "I don't feel good about this." If it goes to the left prefrontal cortex, it's a resonant feeling, a positive feeling. That varies with each of us.

The reason I'm telling you this is because listening to me, reading *Primal Leadership*, which is the very best book on emotional intelligence by Daniel Goleman and Richard Boyatzis and Annie McKee, it's just an excellent book and that's one I would refer you to. I've also got a bunch of articles and there's some on our website that you may want to go to. Most of them are free and you can go to them.

The point is you can't change your emotional intelligence by listening to me speak. Even by reading *Primal Leadership*. You'll become more aware of it. You have to actually go in and either through coaching or through hands-on experiences you have to try on new emotional responses because you're literally hardwired.

So Brenda, when you said earlier that "I'm not very good at acknowledging my emotions." You've learned that and you've kind of wired yourself and you've got to learn to do that differently. So what Dan Goleman said is that it requires recursive learning. The best source of recursive learning is performance coaching. Somebody watches you do something and then helps you in that dialogue. The other way is through hands-on experiential learning.

If you were to choose to come to our three-day retreat that Mike talked about earlier that happens from the 7th-9th of November this year, you'll notice about a half day is didactic and we talk

about it and then about two and half days are real-life scenarios that you have to try on. They come right out of your dental practice. Things like, “Your fees are too high” or anxiousness, fear, etc. So again, in this emotional intelligence, it’s about knowing our feelings and using them to make life decisions we can live with. It’s about being able to manage our emotional life without being hijacked by it.

Let’s talk about hijacking for a moment because we do get hijacked by our emotions. Bill Woodburn, the counselor who teaches this with me, and just a gifted presenter, he was an actor before he was a counselor and speaker, tells me one day he was in our parking lot at our dental practice. We have a long ramp leading up to the front of the building, the front door, and he noticed a well-dressed woman, probably in her late 40s to early 50s walking up the ramp and he got there a little early so he was just kind of sitting in his car for a few minutes and she gets all the way to the door and at the door she stops, turns around and comes back. He thought, “Well, she forgot something, left something in the car.” She did this five times.

So Bill, the counselor that he is, thought, “Hmm, I know there’s something going on here.” So he gets out, he walks up to her and he said, “Miss, I’m a patient here and I’m about to go in. I noticed that you keep going to the door and coming back to your car.” He said that as he looked at her face he saw fear. He saw fear as clearly as he’s ever seen fear. He said, “Can I help you?” She said, “You saw me come back to my car four or five times? I didn’t come back to my car four or five times. I only came back a couple of times.”

Well, see what happens when we get into this situation that is evoking fear in us, is the lizard comes out. When the lizard comes out, you get a disruption of normal, logic thinking. In fact, you get increased impulsivity. There’s actually a series of things

that happen. You get disruption of strategic thinking. This woman knew she needed to go in. In fact, she told Bill when they're standing there, "I actually have a toothache I've been putting up with for three or four weeks but I'm so afraid of the dentist because of what happened to me when I was a young child and I haven't been back. I went a couple of times and I didn't like who I saw, I've had them highly recommended here. He eventually took her in and introduced her and kind of said, "You know, I have fear too." He helped her get through that. But you have increased general anxiety. You over focus on vivid, trivial details.

If you've ever had that patient that came in and started asking you which anesthetic were you going to use and exactly what you're going to do when and how. You notice that they were doing this with a little bit of a frown on their face or maybe a little wrinkle around the eye. This is probably general anxiety, over focusing on these details.

The other thing that happens is you get a memory reshuffle. That means everything in your life that brought you pain is suddenly at the top of your memory bank. Then you become unconscious of your actions. She didn't know that she had walked to the door that four times and turned around and walked back. So one of the things that's really critical to understand is that when the amygdala takes over, it takes over.

Those of who've been married as long as I have, forty-six years, will know that sometimes you'll get into a debate, maybe you could even call it an argument with your spouse. If it's ever happened to you and I know most of the guys on this phone probably will remember this somewhere along the line, I'll be in this argument with Linda and she'll say something akin to this: "Bob, do you remember about fifteen years ago when we were at that party and you said so and so and such and such. I'll tell

you, I just never …" What? Fifteen years ago? Are you kidding? Well, the amygdala, that lizard is out.

When the lizard is out, the worst thing you can do is let your lizard out because when your lizard comes out I go, "Well wait a minute, ten years ago you did such and such." Now we got a lizard rodeo. So neither are very good. Let me stop for a minute. Any questions so far? Comments? Questions from you?

Allison: Yeah, I was just going to ask you and I think you're going there about how to keep your lizard from coming out?

Bob: Allison, yeah. Well first of all, what do you do when the lizard is out? When the lizard is out guys and you happen to be in your treatment room or wherever you might be, the lizard likes things that make them comfortable. Soft light. Soft music. Take off that mask you're wearing. Drop your glasses and that lovely light you have turned on and lower your voice and use a more therapeutic voice and reassure them that they're going to be okay. Now most people will come out of that fairly quickly.

Chair-side assistants are very, very good at this. I had one chair-side assistant named Kathleen who could just walk up to somebody and just say, "You look like you're a little anxious today. Would you like a blanket? Would you like some music to listen to?" She'd usually touch them and if I were in the room I could watch it just … she had this therapeutic touch and they would just like relax. So did I answer your question, Allison?

Allison: Yeah.

Bob: Now when your lizard comes out what do you do? You better count to ten. I love basketball as my friend Dick Vitale says, "Take a T.O., baby." So if Linda and I are in this discussion as we were once upon a time, many times, I'll say, "Hey, Linda,

you know, I think we ought to just take a time out here." I may go out and water the plants that need to be watered and maybe we can come back to this in just a few minutes. So you let yourself kind of regain your composure. Other questions around that? Well I listened to some of your other talks and I thought, "Wouldn't it be nice if people had a few more questions but they don't have to have more questions."

Allison: Not any right now.

Bob: Nobody. So let's talk about this trust thing. Where does trust come from? If you look at the literature, and because I work in industry as well as dentistry, trust comes from honesty and integrity and that's about the way you act. It's not what you do. It's not even how you do it exactly. It's who you are as a human being. It's deep inside of you. Therefore, you got to do some work.

One of the greatest works I ever did, Lynn Carlisle was there, Bud Ham was there, was something called the Rocky Mountain Rendezvous. We had a guy named John Bradshaw. John Bradshaw is a psychologist, was almost a priest, he went eleven years of seminary. Wrote some wonderful books called *Bradshaw On: The Family*, *Healing the Shame that Binds You*, *Homecoming*.

What I realized is a lot of my emotional difficulties with emotions really came out of my family of origin. If I had more time I'd tell you some pretty interesting stories around that but we have some audios and we've got a workshop you can come to if you're really interested in that. The point being that I did a lot of inner work myself and I went and had counseling. I had cancer and when I had cancer I went and had some counseling around the cancer. When the cancer began to cure, I got the chance to talk about other things in my life that either were stumbling

blocks or that helped me be more effective as a human being. Certainly Lynn Carlisle, Bud Ham, and others have taught me many, many things about being square with yourself first before you can be square with the world, if you will.

So where does trust come from? It comes from authenticity. In fact, the work I do, I've got a National Study Club and we just did a really interesting study of how to build trust in our relationships with our patients and our team. If you study the literature, whether that has to do with companies or leaders or individuals, what you find is that the most trustworthy people are the most authentic. There's no way to be authentic if you haven't done your own inner work.

When I do performance coaching and people come here and we spend a day and a half together, I have to kind of dig down and peel the onion a little bit because invariably what somebody brings me as their challenge and what they want, whether that's they've plateaued in their production or they're not getting good case acceptance, etc. it's usually not quite as simple as a system or a tactic. Now I'm not talking about psychotherapy here. I'm just talking about getting in touch with being transparent.

I remember in my younger years, there was a psychologist that Lynn will remember and Bud probably too, by the name of Ken Olsen. I was very taken with Ken and he was a wonderful speaker and teacher. I remember him telling me, if he told me once he told me about ten times, and I couldn't figure out why he kept telling me this, he said, "Bob, whistle through your own beak." Whistle through my own beak? What's he talking about? He was really talking about being authentic.

Well when you're a young dentist, you don't even know how to act. If you go listen to L.D. Pankey and you go listen to Bob

Barkley and you go listen to Omer Reed, the next thing you know, you're like a clone of them, you're trying to be them. As Bob said, "If you try to be Bob Barkley, the best you'll ever be oleomargarine." We don't even make that anymore. But you're not authentic. Again, as you study patient or customer loyalty to brands, invariably, the number one reason they're loyal is authenticity. What they say they're going to do they actually do and they deliver. Does that make sense?

Allison: Mm-hmm.

Bob: I hope I answered that question. Let me talk a little bit about confrontation and then we'll open it up to some questions. There's a wonderful tool for emotional intelligence that we teach and I know Mike understands this and has used it and I think Lynn has too. It's called the Awareness Wheel. It's from a woman by the name of Alice Miller. This is where I'm dealing with your question, Lisa, and I'm also talking to some degree to you, Brenda, of what you asked.

But in the Awareness Wheel, there's a wonderful quote by Alice Miller of Ram Dass. Ram Dass said that "One moment of true awareness can change the most stuck relationships." This Awareness Wheel is a way to confront. Confrontation, I don't think there's a dentist I've ever met that really enjoys confrontation. If we enjoyed confrontation, we certainly have the IQ, we could have gone to law school and been a trial lawyer or somebody like that because you're confronting all the time. Most dentists I know almost run away from confrontation. They don't really like it.

But when you think about it, we confront all the time. We have to confront. Alice Miller has given us a very positive way to do this. By the way, when this is over, I'll give you an email address and I'm happy to send you an article on this. I'm happy

to send you a diagrammatic of it and an article that kind of relates to all the things I've been talking about. There's four steps. The first step is what's called a sensory data report. What that means is that if we were together right now, Allison, and I don't know what color … what color is your blouse?

Allison: White.

Bob: White. I would say to you, "Allison, I see you're wearing a white blouse." I didn't say, "Oh, you really look good in a white blouse" or "Why are you wearing that white blouse?" I said, "You're wearing a white blouse." Then I might say something else that I'm observing.

If I heard you say something when you walked in to the morning huddle and I said, "Good morning, Dr. Watts. How are you?" and you went [makes grunting noise]." Just kind of grunted. Well later in the day I might say, "You know, Dr. Watts I've got a problem." Remember when you notice there's a problem, you own the problem. So you've got to confront the person and the best way to do that is to go with an understanding of what's happening inside of you.

So in emotional intelligence, there's four domains of emotional intelligence. The first is self-awareness. I have to be aware of what's going on inside of me. The next is what's called self-management. When I have that emotion, what do I do with it? How do I channel it? The next is social awareness. Knowing what's going on for that person you're in a relationship with, which generally is expressed around the face and the eyes. Then lastly, is relationship management.

There are eighteen sub-competencies. When they studied the most intelligent people, emotionally intelligent people, they don't have all eighteen competencies. What they have is six to seven of those eighteen competencies spread between all four of

those domains of emotional intelligence: self-awareness, self-management, social awareness, and relationship management.

So back to the awareness wheel. So I've got to be self-aware first. I've got to ask, "Is this a good time, Allison, for us to talk?" Allison, I'm going to use the example of you are one of my team members and every morning you're ten minutes late but you also work until half past the hour every evening when we stop and you're a good worker, you're a hard worker, but by golly, you can't get there on time and you also have children, they're school age and you're one of my key front office people.

But every day, you're ten minutes late. I mean almost to the minute. So I'm going to use the awareness wheel to illustrate. First thing I would say to you is, "Allison, I have a problem I need to talk to you about. Is now a good time?" If you're smart and it's not a good time, you'll say no or you might say, "Bob, how long will it take?" And I'll say, "You know, ten, fifteen minutes." Okay.

Step number two on the awareness wheel is how I interpret what I saw or heard you do. What's going on in my head. Not what's going in your head, what's going on in my head because I don't really know what's going on in your head. In fact, one of the great tragedies, great mistakes, that we make when we have to confront is we say, "If I said this to Allison, well she's going to think that and then she's going to say this and she's going to say that."

That's why some people will come to you, Lisa, and they're all revved up. It's like you've been having an argument for thirty minutes and they're so fired up about whatever happened and you wonder what's going on. Well they probably had this discussion in their head and decided what it was you were going to say before you ever got there.

In fact, Bill Woodburn tells me that most of our patients before they arrive in our practice decide who we are and even have had some kind of imaginary conversation with us. So we have to help them change that if they've got a bad interpretation. So the second step is interpret. When you're ten minutes late, I imagine it's because you have to drop off your kids every morning to school. I also imagine if you started ten minutes earlier, you might be here at 8:00. I also imagine that you don't realize that when you do come in everybody kind of looks up, there's a period of disruption in the meeting. You see what I'm doing? I'm talking about what's going on in my head.

Now the third step is how do I feel about what I've seen you do and what I imagine about what you do? Then I basically will say, "I feel distracted. I feel a little confused because, Allison, we've talked about this before. I'm disappointed in you and I'm getting a little bit angry. I'm kind of coming to the end of my rope." When you add emotions to a conflict and you do it transparently, it has a huge impact. It's also very powerful in co-diagnosis when you're dialoging with a patient and you get stuck.

The simple analogy, I know many people are Pankey or Dawson trained, as am I, spent lots and lots of time with Pete Dawson, and I want occlusion if I'm doing major rehabilitative dentistry to be able to move to centered relation and no lateral, no posterior interferences and lateral excursions and freedom on the protrusion and sometimes I'll have a patient who doesn't want me to change their bite even though I need to do some restorative dentistry. Well what do I start feeling when they say, "No, no, you can't do that." Well sometimes I feel stuck and I will tell them that I also feel a little disappointed in myself. I'm literally revealing my feelings appropriately during a dialogue about what our choices are to correct their problem. Again,

when you add emotions, it's amazing how patients will then, "Well let me help you with that."

The last thing is called volition. What that means is I need to give the person I'm confronting a solution to their problem. I need to ask for what it is I want. If it is, Allison, for you to get there ten minutes earlier, to be on time, then I have to ask you for that. I may have to tell you, if I am the boss, what the consequence will be if you keep being ten minutes late. Now that's the good news. The bad news about the Awareness Wheel? Do you know what par is on the Awareness Wheel? Par means what a pro would shoot on a certain golf hole. Well par in this, if it's a fairly major conflict, is five times around the Awareness Wheel.

So in other words, if I were to say this to you and you came back with, "Well, yeah, Dr. Frazer, but I remember I work a half hour over every night to make up for that ten minutes." "Allison, I just heard you say that you work an hour over every night." By the way, this is really important to the group listening. If you don't agree on the behavior you've seen or what you heard, you can't go to step two.

In other words, both parties have to agree what it is I've heard before you go to step two then on through that. So I'm going to shut up. I've just barely scratched the surface of emotional intelligence and those of you that want to know more, I'll tell you at the very end of this how you can get more but let's open it up to any questions people might have, Allison, or any of you that have.

Allison: Okay. Here you go.

Barry: Hey Bob.

Bob: Hey Barry.

Ep #8: Using Emotional Intelligence to Achieve Success with Bob Frazer

Barry: Great presentation.

Bob: Thank you.

Barry: I have a couple of questions. I've been reaching with my patients emotionally for many years and it comes down to having great conversations with patients.

Bob: Yeah, listening really well.

Barry: And really listening. I'm a big fan of Maslow.

Bob: Me too.

Barry: I listen for certain emotions. I mean, there's only so many emotional needs that a patient can have. So maybe you can speak to how do we limit that so I can have like a template in my mind, "Okay, I've heard that emotion before."

Bob: I'm glad you mentioned that Barry, I'm going to make a note. I have a beautiful template of emotions that I'll be happy to supply anyone who wants to contact us. I'll certainly get one to you too. We can email, attach it, to you. It's part of our new patient experience as well as part of our EI program that we give.

When you look at this, there's a central core. There's some predominant emotions: fear, love, regret, disappointment. I heard you speak recently about shame. Shame is a little different emotion, it's a very profound emotion and Bill Woodburn, my counselor, he interprets shame different than guilt.

What I notice with most of my dental patients who know better, they haven't been keeping their regular appointments when they come in as a new patient. They may not be flossing. They may not be doing all the things we tell them a good dental patient will do. They come with guilt. Many times when I'm

listening to that and the HRC is telling me about that I will hear that guilt and I'll say, "Sounds like you're feeling a bit guilty." I will generally reach over and I sometimes don't even say guilty. "Are you feeling a little regretful, maybe you didn't come sooner? Or maybe you're not doing everything you could be doing." I'll just touch them on the arm and I'll say, "In this office, we give forgiveness and absolution."

We have a videotape of our new patient experience that is a very profound one because we filmed it on a totally unrehearsed new patient experience. Then afterwards, Cliff Katz, who many of you on the call know, PhD, DDS, had the patient watch themselves on tape and we filmed that. Then we edited the two together because the patient with Cliff talked about what they were feeling but not necessarily expressing. So she was feeling guilty and she was worried that I would judge her. So people don't want to be judged and you have to be very cautious. I know you know about this.

But those are the main emotions. But there can be all different nuances of it. Now shame, and I'm in the Channel Islands and I have a wonderful coaching client over there, board certified prosthodontist/periodontist with one of the dames of society over there who's really let herself go. His name is Mike Cassidy. Beautiful Scot fellow, we share a lot of scotch together when I get to go over there, and he knows it very well, like some people know wine.

Mike, at his first consultation, she comes in, she could buy and sell you and I and everybody on this telephone call, and she really needs a whole lot of dentistry. He brings up his monitor and he's going to be showing her, this is also a consultation appointment in his case because he'd already done the exam. He brings it up and the minute he brings it up, she looks at the

floor and covers her eyes like somebody who just saw something horrible. Now Mike didn't know what to do.

Once again, I'm supposed to be watching and it's hard for me always just to watch but I had a teaching moment so I intervened. I said, "Can I talk you?" Her name wasn't Gladys, but I said, "Gladys, I noticed how discouraged you looked when you saw that glimpse of your teeth." She said, "Oh, I can't look at those teeth. They're horrible and I've let myself go. Look at me. I'm too fat. I don't eat right. I smoke all the time." She's now expressing shame.

She's not saying, "I made a mistake, I didn't do the things right. I'm not okay." Now that's above my pay grade to take care of that. So I wouldn't generally tell people they have shame. Being ashamed of an act I think is more like guilty. But when you talk about shame that's a very deep emotion. I don't always answer questions but I always respond so I don't I know if I've responded adequately or not.

Barry: No, that's right. As you were speaking I was thinking about how do we detect emotions and I think of the work of Paul Ekman. You familiar with it?

Bob: Yeah.

Barry: So yeah, facial expressions.

Bob: They're showing micro movements around the eyes. The latest book, *Social Intelligence* by Goleman. If you read Goleman's own writings, they're really thick because he's a researcher and he's got solid evidence the way he talks about it but it's in these micro movements of the eyes is where the first emotions begin to show up and around the eyes.

One thing you need to learn to do, docs who are out there, you got to maintain eye contact with your patient. It's more powerful.

Ep #8: Using Emotional Intelligence to Achieve Success with Bob Frazer

The nonverbal is 93 percent what we do. You're leaning forward. You're looking the same way they're looking when they're expressing an emotion of regret or of sorrow. If you can do that, you can learn how to do that, learn to develop soft eyes. This takes training. We do this during our emotional intelligence training work. Your nonverbal cues are much more powerful than your verbal cues.

I've also said in my new patient experience that I do believe this by the way, you can argue it, and I think Bud believes it too and I think Bob believed it. The case closes. In other words, the patient decides I'm going be their dentist and I'm going to do their treatment at the preclinical appointment when I've not examined them. I haven't done anything but taken records and taken a bite record and take radiographs, etc. I haven't even put my hands in their mouth yet. I would say 90 percent of them, that's when they close. They close because they trust me. Because I've listened to them more profoundly than any dentist maybe that they've had before.

Most of our clients, and Allison, you do this beautifully, it's learnable. That's the good thing about EQ that's unlike IQ. You cannot raise IQ guys, sorry about that. You can raise EQ. The study that was interesting was out of McBer & Company with Harvard and they studied leadership because we have to be leaders. When I teach leadership, I'm teaching leadership, not just to lead your team. That's critical. But even of team members, you have to lead your patient. I don't mean that in any manipulative way at all. I mean that in a collaborative way that helps do what's best for them and only they know what's best for them. Yes, you know, technically what would be the best outcome.

But in the final analysis, you've got to help them understand the consequences and the choices and be there authentically and

genuinely and caringly and you can't fake it. In fact, I get, I know you to do too Barry, I get nauseated with these guys who tell you how you can have a hundred patients a month and how if you use this bum, bum, bum technique. Wham, bam, thank you ma'am, and you got 'em. You don't want to do that because they're the patients that come in later and they say to you, "Which chair did I buy?" That shouldn't happen. What you want to have happen after your first visit, this is one of the cardinal things we do with people like Allison when we coach them.

One third of your patients, when you're doing it really well, should walk to the front desk at that first visit when you don't examine and ask to get their husband in, their daughter in, their mom in, for the same kind of exam. It's phenomenal. I didn't believe it at first, when I first heard Bob talk about it. I took it and I mushed it all together because people don't have that kind of time. Baloney. The problem you have to do if you start practicing this way, guys, I'll just tell all of you.

When you start listening emotionally, you've got to make sure you set your timelines because many people will just eat this up and I know Barry knows this but if my HRC has briefed me and now she's going to leave me with a patient for a few minutes, I'll say you know, "Kim, let's talk for the next fifteen minutes or so or the next ten minutes about what's gone on here and what I might be able to do for you, etc." Now you can always decide to extend that longer but if you cut it off and you didn't tell them that, it's rude.

Barry: What I found in time and with practice, we can take a tip from Madison Avenue on this is that I call it "closing the emotional gap." You get better and better at it with practice. You start recognizing things. You start saying the right things and as you were speaking just now, just last Thursday morning we had a new patient come in and it was just to meet me because that's

how skeptical she was of dentistry. I swear after ten minutes, she put her hands to the sky and said, “I think I found the place.”

Bob: Yeah. That’s the other thing we do with all of our new patients because it takes longer and if there’s any resistance on the telephone. By the way, we have five levels of entry for patients. Emergency is our lowest level. Level two is they come in through hygiene, which is rare but sometimes that’s just the way they need to get into the pool. Levels three, four, and five have to do with comprehensive exam but it helps us understand that a level three has their foot on the brake. They’ve indicated to our people on the telephone who are screening these calls that they need to go slow. They may need a phase treatment approach or something.

Level four patients got their foot on the accelerator. They want to get this fixed and the sooner the better. The level five patient is what we call wellness resource, meaning we will help them find other health professionals that practice like we do. We’ve got a wonderful network. The last year that I was in fulltime practice, that network of people that referred to us referred over $200,000 to us. People like nutritionists, like DO, like physical therapists, and a couple of physicians as well. Allison, what else do we need to say in wrapping this up?

Allison: Oh gosh, I don't know.

Bob: We can talk longer if you want to but I’m also aware that we’re about up on our hour, somewhere close to it.

Allison: Yeah, I was just taking notes.

Bob: Any more questions out there? Barry has got some great questions but is there anybody else with a question or a

comment? I want to talk about some resources if people want to have them. You can go to our website, is this okay, Allison?

Allison: Sure, yes, especially since you said we could … I want to email you about the template of emotions myself.

Bob: Yeah, I'll send you template of emotions. I'll send you seven ways to grow emotional intelligence. Now you could go to our website and download some of these things. The website is www.frazeronline.com. You'd be welcome to go there or you can send me an email Bob@FrazerOnline.com and just simply say, "I was on the Allison Watts teleconference or the leadership teleconference. Would like to have what Bob offered."

I will send you the seven ways to grow your emotional intelligence. I'll send you all of the emotions on this wheel, how they radiate out from the central emotions. I'll send you a little thing about the Awareness Wheel and an article I wrote on that that isn't on the website.

Then the other thing that I would urge you to do is get some hands-on training. Our November course that I mentioned earlier "EI to the Fourth: Inspiration, Empowerment, Wisdom, and Community," November 7th-9th here in Austin. Definitely come if you can. It generally fills by about October 1st so I would tell you that. It is limited because it's a lot of hands-on work.

Then we also have our learning resources online including about a seven-hour dentist and team that gets results building emotional intelligence audio workshop that people might be interested in. I do think I'll do this, I'll include an article I just saw in *Science Daily* called, I don't know if you've seen this Barry, it was published, "Emotional Intelligence Trumps IQ in the Dentist-Patient Relationship." It's in *Science Daily* from in April.

Ep #8: Using Emotional Intelligence to Achieve Success with Bob Frazer

It's a fascinating study down out of Case Western Reserve of dental students and their patients.

Barry: I haven't seen that, no.

Bob: Yeah, it's pretty powerful. Anything else, Allison?

Allison: No, I just wanted to say that I know you said that article came out a little while ago but I've heard probably three different studies or at least statistics that … one was in your materials, Bob. I remember it saying 75 percent of, I may be quoting this wrong, you can correct me, but only 25 percent of our success is due to our technical competence.

Bob: Yeah, I kind of short-circuited that, but that was a study by McBer when they studied the various professions. They studied quite a few professions like law, medicine, education, business, sales, coaching. They didn't study architecture. They didn't study dentistry. But they found in this study that 75 percent of the stars as recognized by their peers, their stardom was due to emotional intelligence. Twenty-five percent of their stardom was due to technical competence.

Allison: I've heard another one that was 85/15.

Bob: Well, it could be. In the Goleman research out of Harvard, the harder it is to get into that profession, in other words, the higher the bar to get in, medical school, dental school, engineering, etc., if you're going to work with the public, the more important emotional intelligence becomes to your ultimate success. Fascinating. So, guys, I would tell you that of all the things I've done with Mike Robichaux on this, there's nothing on the soft side of dentistry that I've ever seen more powerfully or quickly increase the leadership competency of people I've worked with and the level of case acceptance.

In all deference to you and that beautiful program you have, Barry, if we can raise their EI, even if they don't know the systems, it's absolutely amazing what happens to their effectiveness and their case acceptance. Helps to know the system, might make it a little easier.

Barry: I just told you, I just finished my new book *The Art of Case Presentation*.

Bob: I heard that. That's why we have to have a debate about this case presentation because the hairs on my neck stand up a little bit with that and I know that's not quite how you mean it but …

Barry: No, no, because in the book and I've made this public on my blog already that I went into the book thinking I was going to write about another system and I came out saying that, "You know what, this is an approach, this is not a system." So it's not really a system. But I did like the title *The Art*… because it's an art as well.

Bob: Oh, it's much more an art and I've always said that if I'm going to present a case, now I don't mean this to be offensive, but it'd be a case of fine scotch whiskey [laughs]. I don't want to do that. I mean, Mayo Clinic, they don't present cases. You want to act like the best we know. Pete always said and that's why I think your art is a far stronger word, Pete Dawson always said we need to be physicians of the masticatory system. If we're a physician of masticatory system, then our job is really to help people understand.

The word doctor is teacher and when we teach and I don't mean necessarily educate, there's a difference between true learning and teaching and education. But it will be fun someday, and you might want to do that on your teleconference have Barry and I and Bud and Lynn or whoever else have a

little four-way dialogue about the whole issue of what we could label it for lack of a better word, case presentation. Sometimes we have to use the vernacular of our profession even when the vernacular of our profession doesn't always fit what we're actually trying to do.

Allison: Yes. I know, that's true. I have a little resistance to cosmetic dentistry like that [laughs].

Bob: Oh, amen. As Frank Spear once said, "Every dentist is a cosmetic dentist." You better be if you're going to deal with any part of the mouth that people are going to see but I'm kind of the same way.

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.