

**Ep #35: Guiding Your Team Through Transitions with
Mary Osborne**



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.

Most of you on the call know Mary already. I'm excited, Mary, that you're back with us again.

Mary: Thank you.

Allison: Yeah, thanks for being back and thank you all for being here and taking time out of your busy schedule to join us tonight. Mary has worked in dentistry for, Mary, it's 50 years now, right?

Mary: It is, 50 years. It was 50 years this July that I got licensed.

Allison: That's amazing. I know you've had a huge impact in my life and I can't even imagine how many practices and people you've impacted over 50 years. I know you've been in dentistry as a clinical hygienist, patient facilitator, and how many years have you actually been a consultant?

Mary: Since 1988.

Allison: Wow.

Mary: So that's about 25 years, I think.

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Allison: Yeah. You guys who have worked with her know that she brings enthusiasm, intelligence, humor, we'll probably have a little bit of fun tonight. Also a deep belief in the potential for growth of the team, growth of the doctor, through authentic communication.

Mary is known internationally as a consultant, a writer, and a producer of newsletters and audio-video programs for Mary H. Osborne Resources in Seattle, Washington. Her writing is published in national magazines and she has spoken extensively to state and national organizations, including the American Dental Association and the American Academy of Dental Practice Administration.

Mary has also been on the visiting faculty and has served as a foundation advisor to the Pankey Institute. Mary, help me remember at the end we'll give them your contact information and I know you wanted to offer, we'll give them a couple articles that we can give them access to and we'll give them your email.

Mary: Great.

Allison: If they have questions or anything. All right, Mary, we're ready. So Mary and I talked a little bit about when we were preparing for this call about what might be a valuable conversation to have. We felt like Mary was kind of telling me how she and Joan every year when they're getting ready for Leadership and Legacy always talk to the people who are coming and every year it seems like there's some conversation about transition. So I asked Mary if she would speak tonight about leading through change and transition. I'm looking very forward tonight, Mary, to this conversation.

Mary: Thanks, Allison.

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Allison: We have a lot of change going on in our practice and I guess, you know, there's always change.

Mary: Well, that's the nature of the beast. Certainly in dentistry and perhaps in life in general, that's kind of what Joan and I when we get together and we're talking about leadership and at some point during the process someone will say, "Well, you know, there are a lot of practices coming who are in transition." Now, it's gotten to the point where we're sort of like, then we smile about it, because that's always the way it is.

You know, there are changes that are happening in our profession some of which we have some control over and some of which we don't. Dentistry is a dynamic profession I think that is always changing in regards to equipment and materials and all of those kinds of things. Then we also have how those changes and the changes that we make in our philosophy and our way of coming to our work and how that impacts the practice. So I think that there are lots of forces that are affecting change right now. But if there's one thing that we know for certain, change is a constant in dentistry and change is very present right now.

My guess is each of you who's a part of this phone call has some transition that's happening in your life right now, some change that's going on. That would be different for everybody but we'll sort of try to focus tonight on things over which we do have some control rather than the things we don't have any control over and the way that that impacts our lives.

I've been particularly impacted by the work of a man by the name of William Bridges who has written a number of books on transition. I'm always fascinated by the fact that his name is Bridges and he writes books on transitions.

Allison: Cool.

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Mary: Sort of like, what else could he write about, right? But that's kind of where I first began to look at this process of change differently because Bridges makes a distinction between change and transition. Change being the event that happens. So change might be the sale of a practice. It might be bringing in an associate. It might be hiring a new employee or it might be an employee leaving. It might be bringing in a new technique or a new way of looking at your practice. So there are lots of different things that would constitute a change and that is a specific, from this day forward, this is the way things are going to happen.

But transition really refers to the psychological process that precedes that and follows that change. Now I think sometimes we tend to think that once the change has happened it's done but Bridges' work really helped me to understand that transition, that whole process that surrounds the event, is very significant and the better we understand that, the more effective we'll be in having those changes go as smoothly as possible.

Allison: That process could take as long or as short as it takes.

Mary: Exactly.

Allison: Is that true?

Mary: Exactly.

Allison: Okay.

Mary: Exactly. You know, when I first learned about this whole process, I was working in a dental practice as a hygienist a number of years ago. There was a woman who was a key team member, she was an administrative person at our first desk. She gave notice that she was leaving. Her husband had been offered a wonderful job out of state. I'm sure everybody on this call knows this situation, we're happy for her, for them, for their

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family, and at the same, we were sad that she was leaving. But we were all wishing her well.

At that time in our practice, we worked with a facilitator who helped us to look at this process and she was the one who first introduced me to William Bridges' work. She said, "What happens in transition is that there are actually three stages." The first stage is a letting go stage. The second stage is what Bridges calls the neutral zone. The third stage is the new beginnings.

So she kind of helped us to understand what that looked like. The letting go part is a—it can go longer than we sometimes think it is. It can sometimes go after the actual change has happened, we could still be letting go of what used to be. Then there's a neutral stage in which we feel a little unsteady. We're not quite sure what's happening and we haven't quite let go of the old and we haven't quite fully embraced the new before we get into that final stage which is the stage of new beginnings.

Maggie helped us understand this and recognize that sometimes in that process that letting go of the old can have the same effect of any loss that we experience in our lives. Probably many of you are familiar with the process of loss as described by Elizabeth Kübler-Ross, the grief process that involves denial and anger and bargaining and sadness or depression before we finally get to acceptance. I remember when Maggie explained all that to us I thought, "Well that's kind of nice, but now that I understand that, we don't have to do that."

[Laughter]

Then it happened that about, I don't know, I mean Linda gave us a lot of notice. She gave us a month or two to find somebody else. We had found someone, we were happy about that. And

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we noticed it was a few weeks before Linda was leaving that we were all getting a little grouchy with her. The conversation we were having was, "Linda has a short timer's attitude. She's not performing the way she used to perform." What we finally came to realize was that some of that anger that was showing was our sadness about her leaving.

We said, "Oh, we accept that she's leaving." We hired somebody else and all of that. But on some level, we hadn't really let go of Linda. So part of letting go of Linda for us was getting mad at her. Over the years since then, I have experienced over and over and over again in my own life, in my own professional and personal life, that process of understanding the importance of letting go. The importance of ending and in some ways grieving what used to be.

Allison: I think it's interesting you said, Mary, when we were talking that this is true even if you want the change.

Mary: Exactly.

Allison: In my practice right now, we have a new doctor and I'm working less and he's working more. There's been a lot of change. It's almost like I feel guilty. Like, you want to like "should" on yourself, you know? Well, I shouldn't go through grieving because I wanted this. So I think that that's really interesting.

Mary: I think that you've hit the nail right on the head there. It's one of the reasons, Allison, why frequently we don't go through that loss. We don't allow ourselves to go through that letting go process, acknowledging the loss and the change because it seems almost disloyal to do that.

I remember when I was working in a dental practice in California a number of years ago. We had this little tiny office with like 1,200 square feet. We were building a beautiful new

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building with a pride and design office. It was just gorgeous and we were so excited about it. We went from this cramped little space where when patients came in after lunch it smelled from pizza if you had pizza for lunch. You had to eat in the reception area because there was no place else where we could sit. The doctor, if he had a minute away from his patient, he was hanging out at the front desk and driving the person at the front desk crazy.

So there were so many reasons why we were excited about this new office. We moved into it, we actually did it over a weekend, we closed the practice at one office on Thursday and we opened the doors in the new office on Monday. We loved it. I mean it was just beautiful and we were so excited about it. We had a staff lounge upstairs where we could have lunch and a patio. We could sit outside. The doctor has a private office and all that.

It was interesting, about a month or two into it, we found ourselves just a little edgy with each other, just a little kind of grouchy. We couldn't quite figure out what was going on. We had a team meeting and in that meeting as we talked about it, what we realized is we kind of missed bumping into each other at the sink when we were scrubbing instruments. We missed that connection with each other. The person at the front desk said to the doctor, "I never get to talk to you anymore. You always go up to your private office." He was like, "I thought you wanted me out of your way." We had staggered our lunch hour so we didn't have lunch together.

There were so many little things that contributed to a sense of loss. Now nobody wanted to back to 1,200 square feet, not for a moment did we want to go back to that old office. But it was just important for us as a group to acknowledge that loss. When I work with practices in transition, whatever transition it is that

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they're going through, one of the questions that I always want to make sure we have on the table is, "What will be the loss? What will you have to give up in order for this new, exciting piece to happen?"

Like you said, whether it's adding a dentist to the practice or all of the wonderful benefits of that and all of the excitement about it. If we can openly speak to what the loss is, everything else is easier. We can just say, "Oh yeah, and I miss that and how can we address that by the way?" So we did, for example, in that practice, we looked for ways that we could connect with each other differently. We had to create new ways to connect with each other and address those things and just let them go so that we can really be fully present for that next new thing.

Allison: That's amazing that you had a facilitator that knew that and brought that you.

Mary: Well that's been quite frankly, as I said earlier, I thought just knowing about it, understanding it intellectually, would mean that we didn't have to go through it. But having someone there who does understand it, and one of the things about working with teams in transition is the more we can legitimize the loss, the little silly things that people have to let go of, the more we can legitimize that and the more everybody understands.

Whenever I work with a practice in transition, I recommend Bridges' work to them because for one thing, it helps with whatever the practice transition is. Every practice I've ever worked with that I've recommended that book for, people always come back to me afterwards and talk about the effect that the connection they make with that with other transitions in their personal lives that they've experienced as well.

But the more we're aware of that, the more as a group there's an awareness about that, the more we can support each other

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in it. The more we can recognize when I'm starting to get a little grouchy with somebody is to say, "Oh, I guess I'm..." Now I think of that as transition energy is showing up here.

When I'm with a team that's in transition and there's a lot of kind of uncomfortable conversations and people getting on each other's nerves and things like that that are happening, I tend to take a step back from that and say, "I wonder how much of this is about this specific issue they're talking about and I wonder how much of this is transition energy?"

Allison: Yeah, because that would be one of my questions is how would you recognize it? Then is it just talking about it? Or what helps it process?

Mary: That's a really interesting question because the truth is talking about it is huge in terms of helping the process. But one of the other things to keep in mind is that when it comes to ending something and letting go, sometimes you can't rush through it. Sometimes it just has to run its own course. Sometimes it's just to be understanding of people and to say, "I have a sense there's some letting go that's going on here, some grieving that's happening."

I think anybody who's ever been through a process of loss in a relationship or losing a loved one, the last thing that anybody wants anybody to say to them is, "Get over it."

Allison: Right.

Mary: Yet in our culture I think there is a way that we sometimes think that we should get over things more quickly. I think for one thing we don't get over them quickly until and unless we're ready to accept that it's really over. I'm reminded of my dear friend Rich Green at the Pankey Institute, made an announcement a year

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before he was leaving the institute. This is a classic story and Rich likes to tell this story on me.

A year before he was leaving the institute, he made the announcement he was leaving. Rich and I used to do all of the C4 classes together. So I was there three, four times a year, he and I were teaching that class together. At every one of those classes over the course of a year, Rich said goodbye to the class. He said, "I'm retiring from the institute. I'm still going to be doing other work but I'm moving into a new phase of my life. I'm not going to be here for these C4 classes anymore."

I heard him say that at least half a dozen times over the course of a year. Then there was a party planned for him, a big event that was planned for Rich to celebrate the years he had given to the institute and how people felt about him, all of that. It was around that time that I was down there for a C4 and we were having lunch as we typically would do during the class. At lunch, there was something that came up and I said to Rich, "You know what, the next C4, let's make sure that we bring this forward."

Rich and three people at the table looked at me, this was in May. The next class was in July. Rich and three people, other faculty at the table, looked at me and said, "What do you mean? Why are you saying that to Rich?" Rich said, "Mary, I'm not going to be here for the next class." I said, "What?"

[Laughter]

It was as if I had never heard it before. Now, it's not that I forgot. There's a way in which I think, you know, I knew logically, intellectually, I knew he was leaving but I didn't think he was leaving me. There was a part of it that I was holding onto that Rich and I were still going to be together. I had to

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laugh about it after the fact but it's like, "Oh, you're really going."

There's some humor in that. I think when we understand the process that is one of the things that can happen is we can have some humor about it. We can recognize where we are in that process. That's the kind of thing that allows us I think to move forward or through it. By the way, it doesn't mean when we're in this that we're not highly functioning and working hard and doing all the things we need to do. It's just there are little pockets of it I think that kind of show up at different times and we can never quite be sure when that's going to happen.

In fact, to tell you the truth, my experience with letting go is, I typically think with a major loss in particular in my life, a personal loss, I tend to think that I have let it go several times before I really have let it go. I sort of say, "Oh, now I'm done. Now I'm over that. Now I'm at acceptance and moving forward." Then maybe a few months later something else shows up and I say, "Oh, okay, now I'm really done." So I know it better in retrospect than I know it when I'm going through it.

Allison: Yeah. It seems like you can go in and out of any one of those stages in any order, any number of times, right?

Mary: Exactly.

Allison: So you really don't know if you're done until you really are done.

Mary: Yeah.

Allison: That makes sense. I mean some things I think we still, you know, I mean time does heal but some things, yeah, there's always that little bit of difficulty there.

Mary: I think the important thing for me about this process is understanding sometimes we tend to talk about for example in

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a dental practice, it's not an unusual conversation for me to hear that a particular employee is adverse to change. "This person, she really resists change." That may be accurate to a degree that there are somethings that somebody is resistant to change about, but it also may be that there are pieces that are missing to that change process for her.

So first of all, just understanding, I mean just asking the question. For example, if you're going to make a major change in your practice or sometimes even what doesn't seem such a major change to us, to talk with people about what would come from that change, what would be the benefits of that change. To be willing to bring up, "Okay, if we were to make this change, what would you have to let go of in order for this to happen? What might you be holding onto that you would have to let go of?" Sometimes just opening up that conversation can make a huge difference.

I think there are other aspects of change as well that I think are important to the process. Quite frankly, my experience is that the successful transitions that I've been a part of when I ask myself sort of what do they have in common? There's two elements to that that I experience. One has to do with intention and the other has to do with strategies.

My experience is that more often than not people tend to move towards the strategies very quickly, particularly in dentistry. I think we're good at solving problems. We're good at creating systems. We're good at figuring stuff out. I think that's more of our comfort zone but I think there can be tremendous advantage to taking a step back from that first and really looking and having a lot of clarity about the intention piece.

Allison: When you say intention, you mean intention about what? How to make it a successful transition? Or that the intention is to

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notice that there's a—can you clarify a little bit what you mean by intention and strategies related to transitions?

Mary: Sure, the strategies are more about the how. But the intention, the intention in my mind has to do with first of all the what and the why. What is it that we're trying to accomplish by this change? Not just what is the change but what's the outcome we're going after? Why are we doing this? Why are we pursuing this particular change?

One of the ones that a bunch of practices I've worked with have dealt with is the dentist goes off to a course, maybe at the Pankey Institute or someplace and they come back with an idea. One that I've dealt with over and over again has to do with for example the new patient process. The dentist comes back and says, "I want to have an hour and a half or two hours for the new patient process. I don't want them to have their teeth cleaned. I want to just sit with them and I want to talk with them. I want to do a comprehensive exam." All of that sort of thing.

They come back to the team with that and we get immediately embroiled in, "How are we going to make that happen? How are we going to talk our patients into it? How are we going to schedule it on the schedule? How are we going to get paid for it?" All of those things. What frequently in my experience we don't spend enough time talking about is if we were to do this change, what would we hope would happen as a result of that?

What are our goals for ourselves and for our patients? What are the outcomes we would hope to have happen for our patients for example, as a result of this? What would be the outcomes we would have for ourselves as individuals on the team? What are the outcomes we would hope to have for the practice by doing things differently?

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My experience is the more expansive we can be around the outcomes, it's like we might say, "Well the outcome is we want people to have comprehensive care." In my mind, that's a rather narrow definition of it. The more expansive we can get and say, "Well I want patients to have a bigger picture perspective of what's possible for them. I want patients to see possibilities. I want to make sure that we don't start walking down the road with somebody towards treatment when we don't really know them and we don't know what they want. I want to make sure..." I mean what are all the things?

"I would like our days to flow more smoothly. I'd like patients to be fully informed before they make decisions so that we don't have a lot of confusion down the road and we're not backtracking and having to do things. And quite frankly, we're getting paid for what we do because they've chosen it purposefully." When I think about outcomes, it's like to have that conversation as a team, "What are all of the things that you think could happen as a result of this? If we were able to find a way to implement it, what are all the things that could happen?"

Then the second part of that is, "And why is that important?" Why is that important to me? Why is that important to you as another person on this team? How does that make our lives better or more rewarding or more fulfilling"? Does that make sense?

Allison: Totally.

Mary: It's more about the principles involved and getting real. I mean, I want to make sure that we're very very clear about what it is we hope to accomplish so that we can know whether or not we're getting there.

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Allison: This only applies, I'm assuming, because we said we were going to mostly talk about the changes that we can control. These are the things that we're literally choosing?

Mary: Yes.

Allison: These things that you're—okay.

Mary: Well I mean the truth is sometimes we're in a position in a practice to make changes based on things that are not in our control. For example, an employee who decides to leave the practice because her husband gets a new job in Texas.

Allison: Oh, yeah.

Mary: Those things are not in our control but it is about what aspects of that can we control? I think an employee leaving the practice is a really good example of that, that we're going to be sad to leave a good employee go. But it's also an opportunity in mind to say, "Well so what could come out of this that could be better than what we had before?" That doesn't say anything negative about the person who's leaving. It's about opening ourselves to possibilities about what does everybody else's job look like now?

We can either say, "Okay, Linda's leaving so we have to replace Linda." Or we can say, "Linda is leaving, now what could we accomplish through hiring someone else?" Maybe I want to change my role a little bit in the practice. Maybe somebody else wants to change their role a little bit in the practice. So the person we hire may end up being somebody very different from Linda.

The role, the position in the practice may be something very different. As I look at the future of dentistry and the future of healthcare, I see those things as being more and more important questions to ask. I think the old models we've had in

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place about structure of assistants and hygienists and administrative people, I think those things are going to begin to take a different shape and a different form.

Sometimes it is about things that we don't have control over on one side but looking at what are the parts of it we do have control over. I think that's where when we're clear about what the change is that we want to make, what the outcome is we're after, and we're clear about why that's important to us, then the next question that also has to do with intention has to do with who will be affected by the change?

I think in a dental practice any change that we have in a dental practice is certainly going to affect the dentist, it's certainly going to affect the team, and it's certainly going to affect the patients. So again, to look at what do we want for all of those folks? From the leadership perspective, you can't control that. You can't control what the outcome is for other people. But I think if you can take some time to reflect and shape your intention for them and get clear about what you want for them, I think it can make a huge difference in the transition.

Allison: Can you give us an example of the who?

Mary: Yeah, I'll give you a great example. I think that the who you involve certainly looks at timing and how you're going to involve them and what part people will play in that process. But one of the best examples that I can recall of that, of all my years in dentistry, was a dentist I worked with on his transition. He had team members who had been with him for 20 years and he was selling his practice. When he sold his practice he brought his entire team and the new dentist out here to Seattle for four days.

We worked together for two days. Worked on the transition. Worked on integrating the new dentist into the practice. For two

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days, they just played and had fun. That was his gift to his team and to his patients because he was really clear that to the degree to which his team members accepted the new dentist was the degree to which his patients would accept the new dentist and that his patients would stay in the practice and be well cared for. He believed in the dentist who was taking over the practice for him.

He wanted to do everything he could do to make that successful for everyone in that process. One of the things he did the first day that we worked with the whole group and with the new dentist was we did talk about loss. We talked about what they were going to have to give up and what the parts for them—for example they talked about things like they used to go to courses together a lot and everything.

New dentist buying into the practice, his financial situation was going to be a little bit different. The team got to acknowledge that. They got to recognize it was going to be a little bit different than it had been in the past. That was going to be a loss for them but they were ready for it.

There was a wonderful first day of everyone really looking at all of the implications of this change and all of the possibilities of this change. At the end of that day, the dentist who was selling the practice came to me and said, “What do you think about...” because they were all going to dinner that night. He said, “What do you think about me not going to dinner with them tonight?” I said, “Tell me more about that. What are your thoughts about that?” He said, “Well I think it’s time for them now to start focusing on the new guy and I can make an excuse to not go to dinner with them tonight and they can go to dinner with just him and they can begin to build their relationship.”

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That's what they did. They came in the next day and they were ready to focus on the new guy. It was to me one of the most generous hearted processes I've ever been involved in and a really fine example of someone who wanted the best for everybody in the process. He wanted to express his appreciation to the team for all they had done to help him get to where he was and he wanted to support the new dentist. And he wanted his patients to be really well taken care of and he knew that team could really take care of those patients. He had a lot of faith in them.

Allison: Yeah, that's a good example. That's a great example.

Mary: Yeah. Like I said, I mention it because I think it was exceptional. It's not certainly what everyone would do but it is a way of really looking at that sort of bigger picture perspective.

Allison: Okay, thank you.

Mary: I don't want you to think I'm not paying attention to the strategies part of it because I think those are important. I think it's really important in any change, in any transition, to pay attention to the details. That is, you know, I mean really, getting a sense of where you are now in relation to where you want to be. Practices have contacted me about for example getting out of insurance plans. One of my first questions is, "What percentage of your practice is a participant in that plan?"

"I don't know, kind of a lot of them."

Well, that's not an accurate number. I think it's really important to pay attention to those details and determine exactly what—do the research and figure out what percentage are we talking about here?

Then the details of the plan for change, the logistics, the communication. You know, what are the steps you're going to

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take to implement this change? Or the logistics? Then the communication is, how are we going to talk about it? How are we going to talk about it to others on the team? How are we going to talk about it to our patients? For me, that's not about scripts or coming up with a pat answer.

But rather how are we going to create a dialog with people about whatever change it is that we're making in the practice? What might that dialog look like? Over what period of time are we going to begin to have conversations about that before we actually implement the change? I think there's a lot that can be done in conversation before a significant change is made.

In fact, when I talk with practices that are talking about getting out of an insurance plan, that's one of the things that I really encourage them to do is to begin the conversations way before they're saying to the patient, "I'm getting out of this plan." If at all possible, a year before for having conversations about, "We're really struggling with this plan. We're having a hard time serving you the way we want to be able to take care of you within the restrictions that this plan places on us and so many of our patients are disappointed in the care they're getting."

So that that conversation, patients get to be in dialog with you about that over time so that by the time you're ready to make a significant change you can say with authenticity to people, "We've thought about this for a long time. It wasn't an easy decision. We've talked to a lot of our patients about it along the way and gotten feedback from a lot of people along the way." So those details of how you're going to change and what the communication will be is really significant.

Allison: Yeah. That's huge. I know we do that but I never thought about it in terms of how we were going to create a dialog. I've always

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thought about what is the dialog. Like, what are we going to say, not how do we create that. Yeah, that's an interesting twist.

Mary: You're in the middle of that right now in your practice, right? Because you're introducing patients to a new dentist, a new dentist to your practice.

Allison: Right. We did have to have this conversation because I actually sold my practice to him and yet I'm still there and I'm not leaving yet. But we decided not to just say, "Hey, I sold my practice."

Mary: Yeah.

Allison: You know. Even the new dentist, I mean, his dad is so excited for him and his dad wants to go tell everybody and he had to coach his dad. "Dad, you're going to mess this up for everybody if you go out and tell everybody." So it is an interesting...

[Mary and Allison speaking at the same time]

Allison: You have to talk about it with team members too.

Mary: Yes. Everybody has an opportunity to be together in it and your endorsement is huge in that respect.

Allison: Yeah. I think patients, mostly we discussed that the important piece is that patients want to know that I'm not leaving them.

Mary: Yeah.

Allison: We want to be careful of our verbiage and it's because we want the patients to feel safe and comfortable that I'm not leaving right now. That I'm going to be there awhile and that I'm going to work with him and things are going to stay as much the same as we can keep them. Yeah, there was a lot of thought that went into that conversation.

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Mary: And that there's an opportunity for people to get to know a new person. I think this is true whenever we bring anybody new into a practice, whether it's a new dentist or anybody else in the practice. There's an old story that I heard years ago about when there's a divorce in the family. The children are asking questions about, "Well am I going to have my own bedroom at the new house?" I mean those kinds of things that kids ask. What children are really asking is, "Who's going to make my peanut butter sandwich?" What they really want to know is, "Am I going to be okay?"

Allison: Right.

Mary: "Am I going to be okay in this change?" A lot of times I think when an employee leaves a practice there's a lot of concern about, "Patients really like her. They're really attached to her. I don't know what we're going to say when patients ask where she is." My experience with that is that if we can just to say first of all, "She's not here today, is there something in particular that you wanted to talk with her about? Or is there something in particular that she was helping you with?"

That very often, the patient might just say—there might be something in fact in particular that they were. They might say, "Well you know she always took really good care of me." Or, "She always paid attention to this." Then we can address that and make sure we're paying attention to it. Very often they'll say, "No, I was just wondering where she was." It's usually not as big a deal as we think it's going to be. But the most important thing is that the patient feels well taken care of.

So if for example I'm a hygienist who's coming into a practice that a hygienist has just left and I'm seeing that patient for the first time, my conversation with the patient would be very much about, "You know, as I reviewed your chart today, I noticed that

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Susie who you've been seeing for the past ten years has some very specific notes here about how you like to be cared for." So I want to bring that person into the room, even if they're not physically present, I want to bring them into the room because the truth is, this is about a continuation of care.

"These notes really help me to care for you. My understanding is you don't like the chair to be tilted back too far." Or whatever it is. Anything in that chart that is specific to that patient that the person before me has made note of, I can bring that person into the room and that patient can begin to feel that continuation of care. And remember, again, in any transition, everyone is going through it. So when there's a practice transition...

Allison: Exactly, yeah, those patients are going through that.

Mary: Exactly, and they don't have any more awareness about the loss they're experiencing or anything than anybody else does. They just say, "What do you mean she's not here? She's been here every time I've been here before. What do you mean she's not here today?" That can go very quickly and very easily if people feel safe and people feel well taken care of. That's what I hear that you've been addressing, Allison, in that whole process.

Allison: Some of them are really quick to let him work on them, just really quick to accept it, and some of them are not. That's totally fine. I mean, we're working with all of them.

Mary: I'm reminded of a practice I worked with in transition a while ago. So here's a thought for you, Allison, as well as you go through this process. I think this is one of the biggest things about transition is I said it's really important to plan and to do the details. Then the next thing is to be prepared for the details to not go the way you think they're going to go.

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Allison: Oh, yeah.

Mary: Because there will be surprises on all sides. There will be patients who will very easily accept somebody new and you'll be surprised by that. You'll say, "Oh my god, I thought that person was never going to let anybody else work on them." Then there will be others who will have a real problem with it and you'll think, "I didn't even think they knew my name." So to be prepared for the fact that that's going to be different for everybody.

I remember a woman who just cried her eyes out when I told I was leaving a dental practice. I just said, "Oh, you're going to love this other hygienist. She's so wonderful." She, "Oh, no, nobody will ever be like you" and all that. A couple of years later, that hygienist was leaving the practice and I found out that that patient cried when she left too.

Allison: Aww.

Mary: It was like, okay. But I mean I hope what that means is that we both meant a lot to her. I always remember a practice I worked with where they talked about in their practice they had—this was a large practice. The sort of senior dentist in that practice had patients that the team had identified as gold star patients. When I said, "So what's a gold star patient?" They said, "A gold star patient is the one who will only see this dentist, the senior dentist. They don't want to see anybody else, ever."

So we started talking about that and I said, "Well how does somebody get to be a gold star patient?" Because sometimes a patient says, "I only want to see this dentist or this hygienist" and what they really mean is in some situations there's been somebody in there who they didn't like. Either you had temporary hygienist for a day or you had an associate that

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didn't work out or whatever and they don't want to see that person.

So instead of saying, "I never want to see that person again." They say, "I only want to see this person." Does that make sense?

Allison: Uh-huh.

Mary: They don't want to be mean so they say, "Oh no, I just only want to see her." So we had that conversation that there had been in that particular practice some associates who had not worked out well and people were upset about it. So they say, "Well some of the gold star patients are really patients that the dentist, the senior dentist, he likes them a lot and he wants them to be his patients." Well sure, that's okay too. That can be the case until he's ready to give up the practice and then he has to make that transition.

I worked with the practice after that, who had a new associate came on. I said, "So who were the gold star patients?" I told that story and the dentist said, "Oh, I don't have any gold star patients. I'm just so overworked I'm just dying for somebody else to take over some of my patients." So there are no gold star patients. Everybody who was willing to see the new associate can see the new associate. No gold stars.

This was at a team retreat, we had a conversation about it, we laughed about it. That Monday after the weekend retreat, they went into the office and the dentist looked at the schedule and a physician friend of hers was in the associate's column.

Allison: Oh.

Mary: She called her team members in and she said, "I'm going to need some help with this." She said, "I just realized I think for

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me he would have been a gold star patient. You're going to have to help me let go of the gold stars.”

Allison: Oh, yeah.

Mary: I think that that's always part of the process. It's not just one person involved in the transition. Both people are going to respond in the way they're going to respond to it and just being aware of that and paying attention to it. One of the things that I like to think about as you go through a transition, whatever plan you've put in place, make sure that there are strategic times that you've set aside to monitor and modify what that plan is. To look at what you had planned and say, “From everybody's perspective, okay, here are the changes we've put in place.”

I like to ask the question not how are we progressing or not, is it working or is not working. But I like to ask the question, what are we learning so far? What's been learning? Okay, we've begun to implement this change and we've done it for X period of time, one week or three months or six months. What have we learned so far as a result of this change that we implemented in our practice? That conversation then begins to make change and transition a learning process instead of an accomplishment process.

Allison: I love that.

Mary: If there's one thing I probably hear more often than anything in my work with practices is something along the lines of, “Well you know, we talk about things but we never change anything.” Or, “We make changes but we fall back into old behaviors.” My experience is that if every time you make change if you mark a date on the calendar when you're going to discuss that change again, and I don't mean like six months from now, I mean like January 14th, right? Like actually mark the date on the calendar for a team meeting that we're going to readdress this change.

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So everyone comes to that meeting with a clear understanding that the agenda for that meeting is to evaluate the change and to evaluate it from a perspective of not is it good or bad, right or wrong, but what have we learned? What's been our learning? Out of that process we may make modifications in the change. We may say, "Okay, so what we're learning is this is going more quickly than we thought it would." Or, "It's going slower than we thought it would." Or, "Three patients complained and a 125 were fine with it." Or being really specific about those outcomes you identified earlier. How are we doing with that?

How is this change helping us to accomplish the outcomes that we identified? What changes do we need to make to move us back on course, more towards those outcomes if the change, whatever change it is, has taken us a little bit off course. That's a conversation that then as a team we can begin to modify. And again, from those modifications, set a date. Whatever number of months you want to now try the modifications and say, "At that meeting, we'll address these changes and we'll talk about what we're learning."

So ideally change becomes an ongoing process in the practice and it becomes a learning process. At our Leadership and Legacy Retreat, we had a conversation about leading and change and about learning and change. We said, "What if this is really about leading through learning?" As opposed to the leader coming with all the answers, leading through learning. How do we learn together that shapes the next thing that we do in our practice? In my mind, that would be the ideal rather than that we ever think we're done.

Allison: Yeah. You know, I've been taking some courses to learn. I'm trying to put together some programs for dentists. I don't know if you've heard of the lean startup but a lot of people are saying the best way to create a program is to—you kind of have an

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idea of what you want to talk about but you don't create the program ahead of time. You create the program as you go based on what people are saying they need and want. I just think that's so interesting. In other words, it's responsive.

Mary: Yes.

Allison: It's the same kind of thing, you're learning as you go and you're shaping the next thing as you step into it. And that's kind of scary sometimes. Like it seems like some of us want to kind of know already what's going to happen or we feel like we can control the outcomes or we created this plan and this is how it's going to go.

Mary: I think there may have been a time when that perspective had more value than it has now. I'm not sure that was it. There was for me a time—I feel like there was a time when things were more predictable. When we could look at whatever it was, ten percent growth last year, ten percent growth next year. I mean, there was a way in which we looked to the past to predict the future. I think more and more what you're describing and I have not heard that concept of lean startup, is that what you called it?

Allison: Uh-huh.

Mary: Yeah.

Allison: Lean startup. Meaning, start with kind of the barebones idea and then start working it. It changes and it grows as you actually put it out there. You get feedback and then you change it and it grows. It develops as it moves forward. You don't develop it all ahead of time.

Mary: Like I said, I've never heard that phrase before but when you say it and in retrospect, it's the story of my life. I think that's what is. I think that's what is. I think that what happens is we

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may have a very extensive plan but the reality is that reality shows up. A plan is only as good a plan as it is in the moment that it gets created. Then the more responsive we are and I think in today's culture it's more and more important for us to be more and more responsive. To be able to not get anchored or tethered in ways that don't allow us to be responsive to new opportunities and new possibilities. I think that's the new thinking.

When I look at the new thinking in leadership, the leading edge stuff in leadership, that's what it's about. That's way more what it's about than strategic planning and that sort of thing. Again, not that that doesn't have value but I think in the culture today the more responsive we can be, the better.

Allison: Cool. All right. That's exciting. That lean startup I think they actually even have a TED Talk, Mary.

Mary: Oh, cool. I will definitely watch that.

Allison: Yeah. It's real interesting. Actually for me, it was a pretty revolutionary thinking but I think you're right. I think that is what is. We just thought we had a plan and we just thought our plan and we were going to control everything and make it happen. But what do they say? They say, "Make a plan and then God laughs."

Mary: I love that.

Allison: Yeah. So I know you wanted to offer everybody, is there anything you want to say in closing Mary before we—I know you have a couple articles that you shared with me recently as we're going through our transition that you wanted to make available.

Mary: Yeah, if people would like to read, I have a couple pieces that I've written. One is on transitions and the other I called—this is

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in air quotes—perfecting change. That speak to some of the things we've talked about in this phone call. So if anybody on the call just wants to send me an email. My email is Mary@MaryOsborne.com and Osborne is O-S-B-O-R-N-E. So Mary at Mary Osborne dot com.

Just send me an email and I'd be happy to send you a couple of articles. They're rather in depth, 12-page think pieces I guess I would call them on this subject. It's something that has been a passion of mine for many, many years and one that I would love to talk with people about. Do we have any time for questions now?

Allison: I'll open the line.

Mary: Or thoughts or comments. I mean, gosh, the people on this phone call, I know there are great thinkers who are probably rolling their eyes at what I said.

Allison: They're being very quiet tonight, aren't they? Oh, we got Barry raised his hand.

Mary: Yay, Barry.

Allison: I did open the line up but Barry raised his hand.

Barry: How you doing, Mary? I have a couple of questions. One is, the whole idea of change. Two questions. Number one, why are people so resistant to change? Also, there are so many change initiatives, not in dentistry but even outside of dentistry in the corporate world that just fell. They just fell.

Mary: Yeah.

Barry: I hate to sound pessimistic but change is so difficult, so what is it that stops us from reaching all of these high ideals that we place—I totally appreciate the idea of formulating the what

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before you get to the how. But are we just dreaming? Do you see what I'm saying?

Mary: Yeah, you know, I guess a couple of things that come up for me, Barry, when I hear that question. Why people are resistant is I think some of the things we've talked about. People hold onto certain things. If I come to an employee in a dental practice and say, "Here's a change I want to make." There's an aspect of that person's job that is going to be affected by it. So I think it's not unusual for someone to feel maybe almost protective of that. So the challenge has to do with how do we work through that process?

To tell you the truth, I think we're better at change than we think we are sometimes. Every practice I ever work with, when I go in to consult with them, every practice I always send questions to all of the team members in advance of my coming in. I ask questions about how they see the practice, open-ended questions that allow them to be pretty expansive. Somebody asked me once, what are the most significant issues in dental practice? One of them is that it's not unusual at all for people to say, "We talk about change but nothing happens." Or, "We make changes but then we always fall back to what we did before."

Typically when I go into work with a group if that's something that I've been getting, one of the questions I really ask is, "Is it really true that nothing changes in this practice? Is it really true that you've not implemented anything? Is it really true that you never stick to a change that you've identified that you want to make?" Typically in that conversation what we learn is that there are a lot of changes that have happened in that practice.

I think what we tend to pay more attention to are that we judge ourselves harshly by what we were not able to accomplish

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rather than by what we have accomplished. Again, that's to me part of why I think a more appropriate conversation is not about did we do it. Did we accomplish this change that we wanted to accomplish? But what have we learned so far and how can we modify our approach to still accomplish the outcomes?

So if we know what the outcome is that we want, I guess that's the thing. Can we learn to hold ourselves accountable to outcomes rather than to process? Can we hold ourselves accountable to the system and say, "Is everybody marking the little box on the page where we said we were going to mark the box on the page?" We may say, "Well we're not effective with that. It's not working."

Let's just say it's about health histories, "Are we in fact learning more about our patients in regards to their health? Are we more present to them? Are we helping them see the implications of their general health and their dental health by questions that we're asking?" I mean if we can look at those parameters, then I think more often than not we discover that we're not doing a bad job at all.

Barry: Right. The example you used before about a practice who wants to implement a comprehensive new patient examination into their practice, so you know, I've been doing that for years. I coach dentists on it as well.

Mary: Right.

Barry: I find that after a while they only get to a certain level and they can't break through. Then I have to literally speak to them about what's holding you back. Then get into a conversation about their own willingness to take it to the next level because you know as well as I implementing the behavioral skills that are necessary are very difficult to bring it to the next level. To see that willingness, those are the ones who succeed and those

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who are just not willing to know yourself and know your patient at that level, they don't get to that level.

Mary: I think that the part that I said about clarity about where you are in relation to where you want to be, I think that's a huge part of change. Then the pieces in between that are what skills will I need to develop to get to where I want to be? What has to happen? But to first get clear about where you are. Again, I think it's more layers than segments of learning.

First of all, for some it might just take a lot of courage to simply sit down with a patient for more than five minutes without a script. If that's where you're starting, then let's acknowledge that now, okay, I got to the point where I'm comfortable with five minutes without a script, what's next?

I think that part of the challenge is to understand the whole process as a developmental process. Change is a developmental process. There are aspects of it that have to do with willingness. There are aspects of it that have to do with skill. There are aspects of it that have to do with courage.

Barry: Courage is big because...

Mary: Courage is huge.

Barry: Yes.

Mary: Courage is huge. I think that, again, that's not just true for the dentist. That's true for everyone on the team. Can we help people to develop the baby steps of change so that they can feel some sense of accomplishment, some sense of learning, of skill, of the ability to develop the skills? And help them keep paying attention to that.

Because in dentistry, and I don't know if this is true in other professions because my focus has always been on dentistry

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and in coaching dental practices, that is my model. But I don't know if it's true in other practices, but I think that there is a way in which, particularly in dentistry, we tend to not pay attention to the progress we've made. So I really like to help people look at, okay, what has changed? That's a question I always ask when I work at a practice over time. What has changed since the last time I saw you? What are you doing differently? What changes are you noticing in the practice that others are doing differently?

Sometimes it's not unusual in my experience for somebody to come back from a course and they're implementing change and they don't even know they're implementing it. They're just talking differently. They're acting differently and people around them see it but they haven't actually made a plan to create a change. So they're not so aware of it. So there's I think a lot of ways and that's one of the reasons I really like teams to be involved because I think the more other people are involved in the process the more you can support each other in that process of change. For the dentist alone, I think it's hard.

Barry: Yeah. I myself am going through my own transition at this particular time. Matter of fact, two people today came into the practice and said, "So when are you retiring?" I'm not retiring but I'm transitioning for sure. Getting to the point, and the word that I'm using, the word that I'm using today is I'm not retiring but I'm untethering myself. Okay?

Mary: Yeah.

Barry: I came up with that word through a process.

Mary: I like it.

Barry: Yeah, I love it. It's very clear to me the vision of an untethered dentist is very clear to me now. I'm very comfortable with it. But I started the process with things that I thought I wanted but I

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became clearer and clearer as I went through the process. I ended up with that word. It kept coming up again. I don't want to be tethered to this practice anymore but I still want to work and I still want to see patients.

Mary: I like it. The other thing that I would say to patients who are saying to any dentist, "When are you retiring?" is to say, "I'd be happy to talk with you about that and tell me a little bit about why you ask that question." Because again, is that about "I want to have all my dentistry done right now." Is that about "I think you're getting old and crotchety." I mean, people ask me all the time when I'm retiring.

[Laughter]

So my question to them is typically, "I'd be happy to talk with you about that. Can you share with me a little bit about why you're asking that question? Is it because I drooled the last time we were together or something?"

[Laughter]

Thanks for the questions, Barry. Those are great and you're in it.

Barry: Thank you.

Allison: We have another person with their hand raised. Are you okay on time, Mary?

Mary: I am, I'm fine.

Allison: I think this is Julie.

Mary: Hi, Julie.

Julie: Hi. Towards Barry's question I guess and what you were saying earlier, Mary, about people who are resistant to change and the difficulty in change. I've been reading, actually for the third time

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or listening to a great Audible book called *Necessary Endings* by Henry Cloud. Releasing yourself from the past, which is what you've been talking about.

Mary: Yes.

Julie: Of knowing what you're giving up, of knowing what's holding you back. You've got to get past that point before you can move on. Like you said, it can keep pulling you back in different ways. But really having besides the idea of where you're going, of what you're giving up with each time. Because for each choice you have, you're giving something up. So even as positive as the future can be, you have to realize with every member of the team that it can be something slightly different.

Mary: Wow.

Julie: So I highly recommend that book.

Mary: Yeah, that sounds like a really good book. You know, part of what I got from Bridge's stuff is change equals loss. If we can just accept that change equals loss then we can begin to describe—I mean, for me, today, when I'm involved in change and I find myself resistant. I do find myself resistant sometimes to whatever the change is that's showing up for me, that's the question that I tend to ask myself is, "What am I having a hard time letting go of here? What do I have to let go of in order to move on?"

In dentistry in Washington State, we had a huge process here over the last several years where Delta Dental came in and dramatically cut reimbursement to practices that were participating providers. There was a lot of angst and a lot of anger about that in the dental profession and I understand that in the context of what do I have to let go of?

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Part of that is we can get mad about it but if you choose to be a participating provider, that's something you have to let go of in that context. It is not easy. There's no quick way to get through it. You can't just say, "Well, I better get over it." There is a point of saying, "What are the choices I have here? What am I going to do? What's the price I'll pay for whatever choice I make because I'll pay a price no matter what the choice is."

Julie: That's so funny that you bring that up because that's the exact thing that's happening here in New Hampshire right now.

Mary: Oh, that's right.

Julie: They're changing from a negotiated fee schedule to a maximum allowable charge. As of January 1, everybody's going to the same schedule. A lot of practices are seeing a huge downward change in reimbursements. So it's funny that you bring that up.

Mary: Yeah. This has been 2+ years here in Washington State. But it is, to me, it's a reminder. It's a reminder of what are the things in our lives that we can control and what are the things in our lives that we can't control? What's the price we're willing to pay for any aspect of what we're doing? How can we, if we decide to stay in that context, if I decide to stay a participating provider, what do I have to achieve, again, the outcomes that I want? For my patients? For myself? For my practice? All of that. What are the things that I can do?

If I choose to get out of that model, what are the outcomes I expect to achieve and how can I do that? Those are really important questions to ask and we're not just going to ask them one time here. It's not just going to be this one time with Delta. That was the big piece that got, I think, people engaged in a different way. I hope got people engaged in a different way in this conversation. It really is a much broader thing about the culture that we all need to keep paying attention to.

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So Allison's comment earlier about the TED Talk on lean startup, I'm interested in that as well. I love this phone call because now I've got a TED Talk to watch and a book to read and all that. But that's really what this is about. It is about how do we take these things into consideration and put ourselves in a position where we stay very true to the things that are core to who we are? And we never let go of those principles, those values about who we are.

Then we look at that in the context of a bigger picture that is going to continue to emerge around us. There are a lot of people out there right now who are predicting, think they can predict what's going to be the case in healthcare in ten years and I don't think anybody has a clue. That's my perspective.

Julie: Yeah, when you said that we look to the past to predict the future, can't do that so much anymore.

Mary: Right.

Julie: And staying responsive, that's the way we are with our patients when we go into that reviewing of findings is being responsive. It's the way we have to be with our teams and approaching how we run our business.

Mary: Well said. Very well said. The model that we have really aspired to in terms of how we'd be with our patients is really the model that we need to aspire to in terms of the way we are with our practice.

Julie: Very good, thank you.

Mary: Thanks, Julie.

Allison: Wow.

Barry: This is Barry again. Hello?

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Allison: Hi, Barry.

Mary: Hi, Barry.

Allison: Hello.

Barry: Before we leave, I read a book last week.

Mary: Of course you did.

Barry: Yeah, I know. I actually read two books but I've been telling everybody to read this book because this is how good it is and how much we can learn. I'm sure a lot of you are familiar with Atul Gawande.

Mary: Oh, love it. Love Atul Gawande.

Barry: Okay, he wrote *The Checklist Manifesto* but he just came out with a new book, it's called *Being Mortal. Being Mortal*. It's about death and dying.

Mary: I know, I wasn't crazy about that topic.

Barry: Yeah, but read it with an open mind and with the mind of a healthcare provider having very difficult conversations with their patients.

Mary: Oh.

Barry: Yeah.

Mary: Okay.

Barry: It's an amazing book. I learned so much. Everything that we've been talking about for the past 25 to 30 years at the Pankey Institute and he's such a great writer.

Mary: I love his work.

Barry: Yeah, you will love this book.

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