

**Ep #21: Establishing the Connection to Lead to  
Success with Bill Gregg**



**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.

All right, Bill. Here we are. I'm so excited to have you on here. I think I met you a of couple years ago in person for the first time at the Pankey meeting.

Bill: Right.

Allison: Then had the privilege of spending a couple of days with you in Houston. I can't even remember when that was. In July, right?

Bill: In July.

Allison: Yeah. So I'm excited to have you here. I did find that your explanation and/or your tools for leadership were definitely simple and effective. So I'm thrilled to have you sharing here. Hopefully we'll have some people listen to this that have never heard you before and have never heard some of these concepts before.

I'll go ahead and introduce you here even though I think most of the people on here already know you. Bill Gregg combines his 30 years of private practice with extensive study of leadership

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skills. His dental practice is a general practice with a focus on comprehensive dental care and TMD.

Presentations are geared toward integration of technical principles and treatment planning with understanding of patients' emotional needs and wants, to get them to understand the dental care you know you can provide. He gets most of his experience from his 20+ years of practicing principles taught at the Pankey Institute in Key Biscayne, Florida.

He also gets quite a bit of his experience from his wife, Allison's, 30+ years of organization development and training. But he also, I mean really, I think he said mostly from trying out all of this stuff on his kids.

[Laughter]

And probably his staff and his patients I'm guessing. We have had several conversations and I do appreciate your knack for making what seems very difficult and complex much more simple.

You told me a little bit about what you were going to talk about tonight. You said there were two components of a leader. I don't know if you want to start there or if you have somewhere else you'd rather start?

Bill: No, I think that's great. I think the key point is we are all leaders in many different forms, in many different ways, every single day of our life. At ADPA last year, I had a table clinic and most of the people were wives concerned about their kids. So wives are probably some of the most profound leaders we've got. We are all leaders in every single day.

It's a little intimidating with Rich and Bud on because they'll both recognize that I've kind of blended a lot of what they share and hopefully we can keep it simple.

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Allison: Absolutely. If you want, they can chime in. Sorry, Bill.

Bill: They can chime in anytime. I'm open for corrections and additions. As I've listened to some of the other people throughout the time, I got the sense that for somebody a little bit earlier on the path some of what was presented, since it was sort of additive and a little bit more in depth, could get confused that leadership is this big topic that's confusing and, "Oh my gosh, I'll never get it."

I was influenced through Rich with Parker Palmer where he talks about the more we learn, it's sometimes easy to forget the complexity of our own learning. In other words, where did we get started? We forget that what is now easy, or feels easy, once was not.

So when we think of leadership, in all the study I've done on it and all the books, there's one primary factor in all of them. That is that a leader sees other people better than perhaps they see themselves. They see more in another person than perhaps that person sees in themselves. Perhaps they believe more in that person than that person even sees in themselves. So the primary focus of being a leader is to see more in the other person.

As we move along, the question becomes, can you do that each and every interaction and each and every day? If you go to the grocery store, and I'm sure many stores are the same and they have one of these differently-abled people bag your groceries, you can look them in the eye and say, "Thanks, you're doing a great job with that" or "you're really good at it" or "you're skilled at that." We can greet a dog and you get down on one knee and you put your hand underneath and stroke them. There's so many ways that we can interact in each and every day in each and every way.

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I think it's an obligation of dentists to study leadership because leadership is the foundation of a relationship. Those dentists who want to have a relationship-based practice need to understand a few key, simple components if you will, and practice them each and every day. Just imagine with your staff, with your spouse, with your kids, in the post office, can you see every patient as begging you to see more in them than they came walking in seeing in themselves?

So that concept kind of keys in to self-image psychology as taught by Maxwell Maltz in *Psycho-Cybernetics*. That is that nobody can perform outside of their own self-image. We all have an image of ourselves as a dentist, as a patient, as how we clean our teeth, on how strong our teeth are, on how we are as a child, how we are playing soccer or baseball, or as a parent, or a husband, or anything. We cannot perform outside of that self-image box.

So our role as a leader is to see more in the person and expand their own self-image box. Which leads us to the second key component in leadership, that to change another person's self-image, one must understand that all actions, behaviors, decisions, are based in the emotional realm.

So influence becomes a deep heartfelt connection with another. A trust-based relationship, but it's an emotional engagement. That gets back into that statement for others, that "Gosh, you're the best at that. How does it feel to be so good at that?" Those are the two real key, simple components of a leader that if they can stay focused on constantly day in and day out with every single interaction.

That brings me to the next key thing for leadership and that is an intention and an attention. The intention to greet everybody, to love everybody, and the attention to do that on an ongoing

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basis. Because we all get distracted. So that's kind of the key components. You just see more in everybody and somehow you find a way to touch their heart. Does that make sense so far?

Allison: Yes. I liked what you just said about touch their heart because I was wanting a little bit more about the piece about the emotional, getting into the trust-based relationship. Because I could see myself doing, I could see myself in the behavior of actually seeing more in them and being intentional about that, but I couldn't quite put my finger on what you were saying about the how to do the emotional part.

Bill: Okay.

Allison: That makes sense when you say touch their heart.

Bill: Okay. So we can touch people's hearts relatively quickly if we understand a few key skills. The first skill I'll relate, or the first concept within a skill comes from Ron Willingham in *Integrity Service*. That is that every person you meet in any interaction, every patient you meet, every time they're in, they come in with three levels of needs.

The first level is their chief concern. So it doesn't matter if it's a child, a patient, a staff member, what they present to you is their chief concern. That is in fact their logical thought out what they're going to tell you. It's their truth. But just below their logical thought process is frequently a hidden emotion.

That hidden emotion can be embarrassment, it can be skepticism, it can be fear, it can be shame, there's a lot of emotions. But if you understand that when you're first interacting with the people, they're coming from their logic but there's an emotional component behind that, then you can begin to pay attention to the emotional component.

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The third level is again, this leadership concept. Every person is screaming, “Please value me. Accept me unconditionally. Forgive me for my sins. Give me hope. Give me possibilities. Can you see more in me than I see in myself?” I honestly believe our kids, our patients, all come in with one of those three levels of concerns. So if you keep those thoughts in mind, you're listening for the emotion behind their statement. Does that help?

Allison: Yes. You said everybody comes in with one of those but are you saying everybody actually comes in with all three?

Bill: Everybody comes in with all three.

Allison: Okay, that's what I was thinking. Okay, yes, that does help. So you're saying when you are intentionally wanting to touch their heart, you can touch these needs, these emotional places in them.

Bill: Well that is the attention part. In other words, you have to have the intention, you have to know that those people have those levels, then you have to pay attention when you're interviewing or when you're interacting with a child or your staff member or spouse or anything.

Allison: Okay, great. All right, yes. That's clear to me.

Bill: That's what you're paying attention to—now the actual skill, it first off is eye contact. Eye contact is a skill that we're all losing. In fact, I was just reading an article where they're saying that especially with people under the age of 40, eye contact has gone down to under 50 percent.

Allison: Wow.

Bill: One needs eye contact ideally in the 70 percent range, over 70 percent and it can get creepy. But the point...

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Allison: I've experienced that before.

Bill: Exactly. You can touch people's heart almost immediately if you look at them in the right eyeball. It's an honest, heartfelt connection. For those of us who have been studying this a long time, we'll remember a book called *Contact: the First Four Minutes* where it said that how you gain trust, and it occurs in the first four minutes of any contact.

Then we got Malcom Gladwell come along in *Blink* and said well that's partially true, it's just three minutes and 56 seconds too long. You get four seconds. People make intuitive judgments almost immediately. If you want to connect with somebody immediately, you have open, welcoming body language and you engage them in their right eyeball immediately. Not staring at them, just a glance and then come back to it.

Allison: This might be a silly question but I'm curious, why the right eyeball?

Bill: I'm so glad you asked. My experience is if I don't tell people the right eyeball, they're bouncing back and forth not knowing where to look.

Allison: Oh, okay.

Bill: That can look sleazy also. And you don't want to look at the bridge of the nose because then you're looking at the person cross-eyed.

Allison: Okay, so you just picked it.

Bill: Basically I just picked it. But again, if you think of an emotional connection, which eyeball gets you to the emotional side of the brain quickest, left or right?

Allison: That's what I was wondering, if that was why.

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Bill: There you go.

Allison: But then I thought there was some kind of crossover that happened around an eye so that I got...

Bill: Yes, that's when looking at the bridge of their nose, I always get crossover.

Allison: [Laughs]

Bill: To answer your real question, it doesn't matter.

Allison: Okay.

Bill: Just glance at one eye or the other. So the last thing I'm going to give you is some skills when we are in fact in front of a new person. I call that to being a world-class listener.

The first thing you need to do is have the intent of offering your empty presence. An empty presence is one without judgment, without correction, without thinking, "Oh, as soon as I get a chance, I'm going to tell them this" or "gosh, I have to correct how they brush their teeth" or "I have to tell them how to floss." See so frequently, we want to jump ahead to correction instead of just listening with our empty presence.

So if you can picture just sitting knee to knee, eyeball to eyeball, looking at a person, open, welcoming, ask them to explain a situation and then just an empty presence. Listen for the love, listen for what's going on in their heart. The key thing on this is once the person is finished stating something, count to ten. Most people when they're speaking are kind of explaining it to themselves. So right afterwards, they're sorting of arguing to see if they said it right. So if you jump in with a correction, you disrupt that learning process. Now ask me why I say count to ten.

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Allison: [Laughs] Well I'm guessing it's because it's really hard to count to 20. I think counting to ten is hard.

Bill: Well that, but I will tell you from a lot of experience we do this [counting very quickly] 1, 2, 3, 4, 5, 6, 7, 8, 9, 10... "Now let me tell you."

[Laughter]

So ten sounds like a very long time, and in fact if you count to ten, you'll probably get four or five seconds. Then the third step is to listen for what's going on, for their intuition, for their emotions, for their feelings, for their fears. It is a skill.

I like to share that when I was teaching tennis I would give a couple of lessons and the mother would say, "So when is he going to be able to play a game?" And I said, "Well how much is he going to practice?" They look at me like I'm from Mars.

I can teach the skills for tennis but I can't get you ready to play a tournament. That takes a lot of practice. It's the same thing with this. It takes a lot of practice. That you get better and better at. But that's where we come back to the key things. It's an intention to get better and paying attention as you go about it.

Allison: Okay.

Bill: Make sense? Any questions?

Allison: Not from me, no. You've given us one, two, three so far.

Bill: Well the fourth thing in the world-class listener is once they explain whatever it is, ask for permission to go forward. Ask for permission to take a next step. Ask for permission. Do they want your advice or do they just want you to listen? That kind of depends on the situation. So I've got a few situations we can go through for some practice.

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Allison: That would be great.

Bill: So we have a 25-year-old who hasn't been to the dentist in many, many years. He happens to be dating a hygienist and he's coming in only at her urging. So, what would his chief concern be?

Allison: "She made me come."

Bill: "She made me come." It's about as simple as that. Do you think he might have a little bit of a chip on his shoulder? Do you think he might have a little bit of show me? Do you think that might be a hidden fear?

Allison: Definitely.

Bill: Okay, what else could be a hidden fear? His chief concern is "I'm just here."

Allison: Yeah, well I think he has a reason why he doesn't want to be here. I mean, potentially, there could be a reason why he didn't want to come in.

Bill: Absolutely true. What would your guess be? What might some of those things be? First off, is it a love or a fear?

Allison: Fear.

Bill: It's a fear. So what kind of fear concepts might there be?

Allison: I was thinking, first thing, something about the fear of the dentist.

Bill: Everybody jumps to that so I'm really glad you did. What's the number one fear people have, not counting a dentist, just the number one fear?

Allison: Rejection or judgment.

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Bill: Most people say public speaking.

Allison: Okay, well, that's because of judgment I would think.

Bill: Exactly. And in studies, most people will write their number one fear is public speaking. But in fact, what people are afraid of is not being in control of a situation.

Allison: Okay.

Bill: So when people say they're afraid of pain or they're afraid of the dentist, what they're really saying most of the time is they're afraid of not being in control of the situation.

Have you ever asked patients who say they're afraid of pain, "Can you share with me your first time remembering that or why you said that?" Have you asked that?

Allison: I don't ask them in that exact way but I usually say, "What pain, related to what?"

Bill: Right.

Allison: You know, there's lots of different experiences of pain.

Bill: Right. And I usually ask them the first time they can remember experiencing that, feeling that way. Almost always it's because a dentist drilled and said, "Oh, just put up with it. I'm almost finished." Or he said, "Well don't be a baby." Or, "I can't numb you anymore." Or, something. In other words, it wasn't the pain itself, it's that it was discounted.

Allison: Yes. I agree, that's been my...

Bill: So, correct. So this 25-year-old might have that, correct? Okay, what else might he have?

Allison: Fear of something being found.

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- Bill: Fear of something being found. Everybody has that. Exactly, that's another fear of the unknown.
- Allison: Or something wrong with me.
- Bill: Right. Now he's dating a hygienist, what else might he be afraid of?
- Allison: That's she's not going to like him if he doesn't go.
- Bill: Well that he's less than.
- Allison: Oh, yeah, okay.
- Bill: He might be ashamed, he might feel guilty, he might be embarrassed.
- Allison: True.
- Bill: So now he comes in, so we know his chief concern. We know something intuitively about his fear or hesitation. So how do we address that?
- Allison: I usually would ask...
- Bill: It's a third level concern.
- Allison: You would address it as a third level concern?
- Bill: Absolutely. Once I have a sense of those things, I want to give a hope. I want to give a possibility. In other words, I might say, "You know something, just from sitting here, I look at you and I think you have a great possibility of having a healthy mouth." So I gave him a hope statement, a possibility statement, because I was trying to increase his self-esteem. Because he's feeling less than. So I'm going to see if I can't make him feel more than.

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Allison: Absolutely. And you can assume that everybody feels less than in some—even if they don't, it's still going to make them feel good. It's going to increase their self-esteem.

Bill: Exactly. Now you remember during the program I gave everybody an exercise to list all the potential fears, emotions, and we kind of went around and shared all of those?

Allison: Yes.

Bill: My point is that we all know that those things are going on with people. We just don't pay attention to their heart.

Allison: Right, true.

Bill: So we kind of gloss over it. But we know everybody has a sense of shame, guilt, embarrassment. They have a fear of being scolded, chastised. So in fact, my third level concerns, my hope statements, my possibilities, are pretty much canned statements. Because I know they're fairly similar for everybody. Does that make sense?

Allison: Mm-hmm.

Bill: I'm just saying, "Gosh, you know, with your permission I'd like to take a look and see what kind of possibilities I can come up for you."

Allison: We have a question, Bill. You want to address it now or do you want to stop for just a second?

Bill: Sure.

Allison: Okay. I'm going to unmute you, Lisa. Okay, Lisa, you're unmuted.

Lisa: Hi, thanks for taking my question. When you were talking about sharing possibilities and how that is what gives the person—I'm trying to think—but you make them feel better about, make

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them feel more than? I guess I just want to hear more about how that contributes to the more than.

My concern is that sometimes I feel like if I'm sharing hopes and possibilities, maybe I'm sharing it in the wrong way or too soon, that that person feels like there's something wrong with them where they are and that they have to be somewhere else.

Bill: I see it more as expanding a balloon or their realm of the possible. I guess it would be a matter of if you really listened with an empty presence and then you allowed them the time to think about it, I've never had that feeling. I've never had that feedback that if I said, "Gosh, is it all right with you if I study some possibilities?" I've never had the sense I'm giving false hope or that it's a judgment. I'm just asking permission to look at things.

Lisa: Okay. The key that I hear you saying is the asking permission. So it sounds like the process of this is just as important as what we're doing or is the key to what we're doing, because if they don't follow with that process then when you get to point of, "Let's explore some possibilities," then it can be seen not as sincere or not for them.

Bill: Well I think that's true. That depends on whether you're using a tell statement or an ask statement. Because when I get to that...

L: Oh, tell statements are my favorite.

Bill: Oh, you're good at tell statements. You must be dentist.  
[Laughs]

All of us dentists want to tell and correct but I think if you stay within questioning and ask for permission, "Is it all right with you? Is this a good time for us? With your permission, I'd like to

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take a look.” You know, any of those things. Is that helpful at all, Lisa?

Lisa: Yes, very, thank you. It’s definitely paying more attention to the process and the asking permission. You mentioned earlier about asking them if it’s okay if we can move forward now. I think that I really need to pay attention to that step.

Bill: Correct. So let me give you my next example that might answer it better it for you. My next example, I’m going to skip over the kid one even though I heard kids in the background. A 48-year-old lady called the office wanting a cleaning. The office staff did a great job, talked her into coming in for a thorough get-acquainted examine prior to the cleaning.

She sat down and I just started asking the typical get-acquainted questions, “What can I do for you?” and without hesitation she looked at me and shot out, “I’m not getting braces and I’m not getting my gums cut.” So what’s her first level concern?

Allison: I’m thinking it has something to do with her smile. Or are you talking about—I’m thinking she’s concerned at some point with her smile and then some dentist told her she needed braces or her gums cut to fix it.

Bill: Okay. Is that a first level concern or a second level concern? So you’re guessing that maybe she needed this and maybe she needed that. That’s a second level concern.

Allison: Yeah, I don’t know what her first level—I mean, her first level concern. I mean, I don’t know. She doesn’t want her gums cut and she doesn’t want...

Bill: There you go. She elevates her emotion to, “I’m not getting braces. I’m not getting my gums cut.” Is there any logic in that? It’s all emotion.

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Allison: Right.

Bill: So she skipped the chief concern, straight to the emotion.

Allison: Oh, okay, got ya.

Bill: What was her chief concern when she called the office?

Allison: Cleaning.

Bill: Cleaning. The office staff did a—so now do you think she has some anger?

Allison: Yes.

Bill: Okay. She didn't get what she wanted.

Allison: Because they talked her into something different. Right.

Bill: And every dentist in the past has told her she needs to get braces and she needs to get her gums cut. So when somebody's in that level of emotion, can I talk to her? Can you talk somebody down?

Allison: No.

Bill: Not very well. So in this situation because she had so much emotion, I kind of stayed within the emotion and I just asked, "Okay, great, is there anything else you're concerned about that you don't want me to do?" She looked at me and she said, "Well I'm not getting x-rays." I said, "Okay, fine." Is there anything else? It was just kind of dead silence. Guess what? That's kind of the end of the interview. Right?

So I asked for permission, "Is it all right if we take a look at your teeth and I'll just get kind of a general idea and then I'll sit down, and with your permission, we'll take a look at some possibilities?" So, we did an exam. Now this is one where it was kind of sort of a co-discovery exam but it was a lot of fact-

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finding exam. In other words, I just called off a bunch of perio-probing numbers and teeth and missing teeth. It was basically just fact finding.

I popped her up and I said, "Thank you very much. With your permission, I'd like to really take a look at this and study the options given the fact that you've told me you don't want braces and you don't want any surgery. Is that okay with you?" She was fine with it. So did that sequence make sense?

Allison: Yes. So you didn't even try to co-collaborate with her during the exam?

Bill: No, I didn't.

Allison: Because you're just trying to let her know that you respect her boundaries.

Bill: To some degree, I'm staying with the empty presence. I'm just listening. But then, with that much emotion, I didn't even count to ten. I just kind of stopped. She needed to process what she said. Okay?

So I don't know, Lisa, if that's comfortable for you but it is kind of a dance. Now the reason I like sharing her is she came back for the consult, sat down, and I asked her did she have any questions, did she learn anything, is there anything from the last visit left over for her? She looked at me right between the eyes and said, "I guess I need braces, don't I?" Now who talked her into the braces?

Allison: Well she did.

Bill: She did.

Allison: Yeah.

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Bill: So as we talked to her, she said I was the first person who didn't come at her and tell her what she needed.

Allison: Yeah, she just wanted to feel like she had some control.

Bill: So once she had the space. So now here's the kicker with her. Let's think about this just real briefly. She doesn't want braces. She doesn't want her gums cut. She refuses x-rays. What would you guess that's going on? What type of dental patient would have those three conditions?

Allison: Well...

Bill: A gagger.

Allison: Yes.

Bill: So now you see, she didn't have quite the same emotion, so I was able to talk to her and I was able to ask, "Well, what's your concern about braces?" She said, "I'm a gagger. I can't stand the impressions." So I said, "If we can get impressions without gagging, then you're okay with braces?"

"Yes."

"Okay. Fine. Well share with me about getting surgery for your teeth."

"I just can't even stand the thought of blood in my mouth."

Her whole emotional control thing was around gagging. So by giving her the space and by asking permission to study possibilities and giving her some time to think through it on her own, she became her own doctor.

Allison: Awesome.

Bill: So now let me give you one more quick example. This is my next favorite one because I did all this on my kids.

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My son comes home and the first thing he says is, "I hate Mrs. Jones," his teacher. "I hate Mrs. Jones." As a parent, what do you want to say?

Allison: "Why? What happened?" I don't know, I have said to him before, "Oh, don't say that."

Bill: Exactly. As a parent, we want to say, "No, don't say that. We don't hate in our families. Mrs. Jones is a..." We want to correct. So if you stay within an open presence, an empty presence, then you can say, "Oh my goodness, it sounds like..." what emotion? I hate Mrs. Jones.

Allison: Yes, anger, upset.

Bill: What's the emotion, anger? Upset? Frustration? You can restate any of those emotions. "Oh my gosh, it sounds like you're really angry with Mrs. Jones. Oh my goodness, you sound so frustrated with Mrs. Jones."

So now he recognizes that you recognize an emotion. And you can say, well now you get to your permission thing, "Gosh, you know, would you like to share what went on? Do you want my permission to talk about it? Shall we talk about it? Would you like to share what's going on?" So that's the permission statement.

Now, when this happened, he said, "Well, she's just so mean." I said, "Oh my goodness, so she was mean to you? Can you tell me a little bit more about that?"

"Yeah, all I did was pull Susie's hair."

"Oh, okay. So there must have been something causing you to pull Susie's hair."

"Yeah, she turned around and stuck her tongue out at me and said I was stupid."

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“So the teacher, Mrs. Jones, caught you pulling her hair?”

“Yeah.”

“No wonder you’re so angry. Can you think of a better way to handle that next time or a different way or a way to get a different result?”

So it’s a similar step, a similar concept, you stay in empty presence. You try to avoid judgment. You meet them where their emotion is. You count to ten. You ask for permission to explore a little bit further and usually they end up talking themselves into whatever it is they knew.

Now they do need guidance but does it make sense within the total concept that what we’re really trying to do is see more in the other person than they see in themselves? Was I capable of seeing more in that 25-year-old than he saw in himself? Was I capable of seeing a better-controlled future of that 48-year-old who didn’t want braces and her gums cut? And was I able to encourage the 9-year-old to see more in himself to control his own reactions?

Allison: Definitely.

Bill: So the way we touch other people’s hearts immediately as a leader is to look them in an eye with an opening, welcoming body language and just listen with an empty presence. Now in the grocery store line, in the post office store line, you might just say, “Gosh, you look great today.” Or, “You handled that really quickly for me today, thank you.” And it is indeed amazing. Any other questions? Anybody have their own example they’d like to review?

Allison: I love what you're saying, besides the fact that you're—like the obvious compliment in the grocery store where you're making them feel better because you're appreciating what they did or

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who they are or what they did. But you are honoring them and you're reflecting back to them that you see them and that they have the ability to handle it. I don't know, there's something in those steps that I can feel that you're just reflecting back.

Bill: Well that's very much so. Bud has said, "You can reflect back love or anger."

Allison: Yes.

Bill: Why not choose love?

Allison: So in every step of the way you're in that nonjudgmental, yeah, that's beautiful.

Bill: I call it an empty presence. I like for me personally that visualization because it means I'm just empty. I'm like a vessel. Just go ahead and fill me up with whatever you've got.

Allison: So how did you go from, I'm just assuming and this is not, I mean I don't think assuming is a good thing, but were you ever a "fix-it guy?" Like were you a, first of all you're a man and you're also a dentist, so you've got double whammy there.  
[Laughs]

Bill: Wow. That's what I tell everybody, you know. I so value my wife because I'm male and I'm a dentist so, double whammy. So absolutely true.

That's what we were talking about earlier, that in the early stages this stuff all seems kind of voodoo-ish, just sort of. So that's what I try to share just the simple steps. The simplicity of it is first you just have to have the intention of greeting everybody with love. Then you have to pay attention in each and every interaction to make sure you do.

I'm like everybody else. I get distracted. I go to the store, I throw some money on the counter and walk out. But then a little

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bit later I go, "Gosh, that wasn't so loving of me. I guess I'd better do that differently." I've gone back and tipped a person after the fact and just said, "You know, I don't think I handled that well." It's amazing, people don't expect that.

As we're moving forward, when we talk about this with respect to dentistry. If you think about a clinic dental office, where people are processed. These skills will set you apart so fast that it just makes your head spin. When I walk around the professional building, I try to greet everybody with a smile and an open, welcoming "Hi, how are you?"

It's amazing how many people find out you're a dentist and come up. It's amazing the number of people who don't want to be processed at a dental mill. But we need to be good leaders and know how to touch their heart.

Allison: Right. Outside of just the practice. That's what you're saying. In every aspect of our lives. Which is funny because I just spent this weekend with Rich and he talked about how he sees a lot of dentists, I think he's saying even specifically more nowadays that we really tend to compartmentalize our lives and so we're practicing leadership in one area. So maybe let's say I'm trying to become a better leader at my practice, but we don't spread it out over every area of our lives.

Bill: My point is that it's easy. Every day, in every way, you're a leader. Well, that's the simple part. It's not easy because you have to have the intention to do it and pay attention as you're doing it, as you go through your day.

Allison: Right, with all the busyness and the old habits and so forth.

Bill: Right. I remember very early in my process going through mission statement development and visiting with Bud Hamm around that. He was sharing one of the dentists that he was

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working with who, because staff come and go, and come and go. You redo a mission statement. You redo a mission statement. You want to involve everybody in developing a mission statement. Finally, Bud said this one dentist just looked around and said, “You know, nobody else is here. I am the mission.”

So for me, I am the mission. I am the leader. I can't be a leader at the office and then go be a jerk at restaurant. That's not authentic. So it's just an everyday practice.

I'll leave you with this story. This is the one that touches my heart. I graduated dental school. My grandfather was a small town country doctor. I said to him, “Pappy, you know something. You have seen some amazing things in your medical practice life. The development of x-rays, antibiotics,” and at that point in time they were just getting the computerized blood testing.

I said, “You've just seen some amazing things. You must just be so excited to be practicing medicine today.” He looked at me and he said, “You know something, Billy? When I first came out all we could do was listen. Really listen to people. If you listen hard enough, they're going to tell you exactly what they're feeling and what's wrong with them. Now we couldn't do much about it but we could support them. We could empathize with them. We could help them through some tough times.

“Then we started to get all these x-rays and antibiotics and we just started writing prescriptions. We got the blood tests and we stopped listening to people. We weren't right as often. Even when we were right, we couldn't support them. We couldn't encourage them. We couldn't walk a mile in their steps.”

So that's my mission right now. That's what I'm encouraging people. Find that heartfelt listening again. Don't be the most

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digitally-wise dentist. Don't be the tech-a-roo. Listen with an open presence. Let them finish their story. Listen for their heart. A little bit of practice, it's not that hard. Pretty simple.

Allison: Yeah, it is.

Bill: Just not very easy.

Allison: Right.

Bill: It's a skill we have to grow in.

Allison: Thank you. Does anybody have any questions or anything for Bill? Or comments?

Barry, okay, there you go.

Bill: You can mute, Barry. I don't have anything to say to Barry.

[Laughter]

Barry: That was a great presentation and it left a lot of food for thought. I had a lot of images that came through my mind from Maslow to Dan Kahneman.

One of the things that hit me is I'm presenting next week at the Institute. One of the questions I'm going to be asking the small audience that's going to be there on leadership is that if what you said is true, and I believe every word that you have said is true, then why is there such an emphasis, even more so today than ever before on teaching dentists the hard skills? Even practice management today is taught with a hard edge to it.

What you're speaking of tonight, Bill, is so uncommon in dentistry. I mean we hear this at the Institute but we don't hear it anywhere else in dentistry, even from practice management people. Even from people who are coaching us. Why is that? Is it cultural? Is it the times? What is that?

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Bill: My opinion? All of us dentists got through dental school, “Just give us the right answers. I’ll get an A and leave me alone. So just give me the right answers.”

That’s what we grew up in. The learning steps of what I described, especially the initial learning is very hard. It’s easier to crawl back into our technical shell. When I share this concept I actually have three circles: resiliency, leadership, and technical. Way too many people think if they don’t have success, they need to increase the technical. It gets so off balance that it’s like driving around on a flat tire. Success is the balance of leadership, resiliency, and technical.

That’s what we learned of course from the cross of dentistry. We could have a whole hour just on the cross of dentistry. My belief is Dr. Pankey put “apply your knowledge,” apply is a verb. It’s encouragement to take action. Then if you understand that the components under “know your work” are psychological, ability to communicate, and technical. That’s kind of what he was saying. Technical is maybe 30 percent, if that.

So it’s just so easy to fall back into technical. Now, it’s the stages of learning. You go from an unconscious incompetence, you don’t know what you don’t know. If you don’t know what you don’t know, you can’t know what you don’t know. So you just don’t know it. The next step is when you’re conscious incompetent. Now you know what you don’t know. That is the most uncomfortable stage of learning. It’s just so much easier to fall back into being an unconscious incompetent.

But with enough practice, you become a conscious competent then an unconscious competent. My belief is not very many dentists want to go through that personal introspection, that personal understanding of all of life is love and fear. The faster

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you can deal with love, the more those things can accept some of the behavioral aspects. That's the best I got.

Barry: So, I know you read my book and I know that in my book I speak about the concept of practicing these soft skills.

Bill: Yes.

Barry: I cite Carol Dweck at Stanford who talks about the growth mindset versus the fixed mindset. I find a lot of dentists when it comes to the soft skills, they think that their skills are fixed and they can't learn those things. Dweck argues that anything is learnable and anything can be practiced.

Bill: Exactly.

Barry: Yeah, that's what you're saying. We're on the same page here.

Bill: Exactly.

Barry: I see it so often. Language is also important. You say everything is love and fear. So I hope next week I'm going to be presenting and I hope I don't repeat myself twice but I always cite Machiavelli when you talk about love and fear. 500 years ago Machiavelli posed a question, is it better to be loved or feared? His answer was to be feared.

Science now is telling us that "Old Machilo" was wrong. It might be okay in war and sports, but when you require the cooperation of others, the answer is to be loved. That's the essence of leadership, especially for a dentist. What I say, what I've turned that into is a little phrase that I use, "Connect. Then lead."

Bill: Connect, yep.

Barry: Then lead.

Bill: Right.

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Barry: That comes first. You see? So we always find ourselves with our testosterone. You make fun of the male and dentist thing but it really it's hormonal at some degree. Dentists and men do have some estrogen but we don't access it much.

[Laughter]

Bill: The other thing, dental schools are fabulous at increasing the testosterone levels of dental students. In other words, they come out thinking they need to behave this way. A lot of what I do is I go around and talk to women and, "Why don't you use your God-given talents?"

[Allison and Bill speaking at the same time]

You should smoke us.

Allison: Actually, that's why I said that, Barry, because I don't know if Bill's heard me say this but my husband told me for years that I was a man in a woman's body. So I've got the "fix it" gene too even though I'm a female. I'm much more of a fixer than I am a relater. I find the technical much easier. It's a place where I can go and I kind of have a lot of control. It's just easier for me than having another person that makes things complicated.

Bill: Maybe that will give Rich some fodder for when he comes on later. He can share some thoughts around why he thinks it's so hard to get dentists to even think about studying this stuff.

Allison: Yeah, that's what Bud was saying when we got on the phone, Barry. He was saying that his hardest job is to help people see that it doesn't have to be that hard. That it's possible for it to be easier but they're just not looking for the soft skills as much for some reason. I agree, I think it's...

Bill: I think it's a societal thing too though.

Allison: A societal thing?

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Bill: I just think we're just so enamored with technology and if you have a question you can Google it. Like I said, the eye contact has dropped down to below 50 percent. We trust our tests so we don't listen to people's hearts anymore. But I think that the people who take the time to learn those things will absolutely thrive in the future. I can't cure the world but I can help some well-intentioned dentists begin to relate with patients better and really grow their own world. That's all I can do.

Barry: I think it's a great mission. I think we need more dentists like you to go out and spread that word because to be honest with you, lately I've been thinking about the fact that I think this is how the medical profession lost medicine.

I hate to say this, I think this is how dentists are losing dentistry right now. I think the trend in America today anyway, especially with the onslaught of insurance and corporate dentistry is that they are going to be taking away the responsibility of the dentist to even be responsible for these skills. Just hand them over to auxiliaries.

Bill: Well, I'll just quote Dr. Pankey, "You might as well be a 100 percenter, there's so much less competition at the top."

Barry: I agree.

Bill: That's going to be so true two, three, four years from now.

Barry: It's getting truer.

Bill: It's getting truer.

Barry: It's getting truer.

Allison: Barry, I have another hand raised. Are you...

Barry: Go ahead, yeah, yeah.

Allison: Okay.

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Barry: No, we're good. Go ahead.

Allison: All right, Rich.

Rich: Okay. I guess the only thing I would say to this—I mean this is a wonderful conversation. I'm not so worried I guess about the why anymore. I'm more concerned that we invite because there's all kinds of reasons why.

We can think in our own head all kinds of reasons to why. Why do people hide? I'm not so sure that we can fix that. So I'm less inclined today to even ask that question. I'm more inclined to ask a question that would invite people to look at something another way.

Bill: Rich is just explaining to me why I still have a whole lot more to learn because if you'll notice, I got off into telling people why they should learn and Rich wants to invite them. So I've got a long ways to go.

Rich: What you can learn to do is to invite them and let them go to the level that they want. Even at that level, have them see your heart. Then call them or help them, encourage them, whatever, to take some little bit of action. Like we were talking about this weekend with a group that Allison was in, is that the learning really comes from the action, not from the explaining.

Your learning—your examples that you gave around your learning came from doing something with an intention. So even the way we design learning can be intentional. Barry, to design learning that has a, call it the soft skills or the behavioral skill or all those kinds of things, to me, that's just a part of life.

That was part of our conversation this weekend also is that there's a way in which—because some of the questions that I asked the group early before they even came. Some of their answers were things like, "I work so hard on the behavioral with

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a patient but I just don't have any of that left in me for team or for family when I get home."

It caused me to just sort of smile and say okay, we have some practice to do here so that they realize that that too is an invitation. An invitation to use those skills throughout their life as opposed to saying, "It's all about getting the patient to say yes." If there's one title that I hate to hear around somebody speaking is, "How to get your patient to say yes." Because to me, that's just the beginning. It's like I'd much prefer the word connection, Barry, as opposed to yes, you know?

So anyway. I'm asking the question more of, so what is it that I can do intentionally on a regular basis to impact the way I connect or the way I help others begin to see life differently as opposed to just this bent on technical? Don't mishear me. I'm all for technical excellence. But it is a dry hole behaviorally. It's a dry hole in life if that's all there is.

When Harold Wirth says something like, "When I feel full of vim, vigor, vitality, a sense of well-being, youth, health, and I feel very very very prosperous." He wasn't talking about technical excellence. He wasn't talking even about money. He was talking about prosperity of relationships. So when all is said and done, that's about all we have left over. Anyway, I'll get off. But thank you, Bill, for being...

Bill: Well, thank Allison. Allison is the brainchild behind all this.

Rich: And Allison, for asking the questions and spending a weekend with me.

Allison: Oh, I enjoyed it thoroughly, Rich, thank you. It was great.

Bill: So thank you to everybody. I'll be happy to hang around if anybody has any specific questions. And thank you very much, Allison.

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Allison: Absolutely, thank you, Bill. It's been a pleasure. It's been fun.

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