

**Ep #25: Transformational Leadership in Your Practice  
with Cathy Jameson**



**Full Episode Transcript**

**With Your Host**

**Allison Watts, DDS**

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## Ep #25: Transformational Leadership in Your Practice with Cathy Jameson

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

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

I just want to welcome everybody. Cathy Jameson is here with us tonight and I'm thrilled. I was telling her the other day when we spoke that I remember her from probably 18 years ago or so, she came and spoke to the new dentists. I was literally straight out of school and I just remember being—she was so warm and so friendly and had so much knowledge. I just always thought good things about her and always enjoyed hearing her since then.

I think you've written in some of the books that I have, some of the dental consulting books. Isn't there a book that a bunch of you guys came together to...?

Cathy: Yes.

Allison: Yeah.

Cathy: Yeah, the Academy of Dental Management Consultants has a couple of times produced books where they invite various members of the organization to write a chapter on a certain

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aspect of management or teamwork or leadership or whatever subject is relevant.

Allison: Yeah, I've kept up with you over the years, Cathy, so I appreciate you being here so much. And I'll just formally tell everybody a little bit about you. I think probably most of the people that are on here and will be listening to the recording know who you are.

But Cathy is the founder and chief visionary officer of Jameson Management, which is an international dental management, marketing, and hygiene coaching firm. The Jameson method of management developed by Cathy offers proven management, marketing, and hygiene systems for helping dental professionals improve their practices.

Cathy earned a bachelor's degree in education from the University of Nebraska at Omaha and then a master's degree in psychology from Goddard College. She recently received her doctorate from Walden University. I know one of those degrees was transformational leadership.

Cathy: The degree is actually applied leadership and decision sciences, and then my focus was on transformational leadership. That was by choice because I was focusing on leadership and organizational change in my entire study. Then for my dissertation I chose to study the impact of what's called transformational leadership on the productivity of a dental practice.

For many, many intense years of research, and study, and review of literature, studying the previous research that has been documented, I was able to flesh out this concept of transformational leadership as it relates to dentistry. So it's been just a delightful study.

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Allison: That is so cool. I'm so excited for you to share with us and I know you consider yourself a lifelong learner and that you encourage people to be in a constant state of study, growth, and action.

Like I said, I know you've authored several books and I know a couple of them I've looked through and read and that you recently have *Success Strategies for the Aesthetic Dental Practice*, which you coauthored with Dr. Linda Greenwall.

Cathy: Yes.

Allison: Thank you so much for being with us today. I've never met anybody that was so studied in transformational leadership and that just appeals to me greatly because I love learning like you do. Excited to hear what you have to say about it and I am very curious what your definition of that would be from your studies. How would you define transformational leadership?

Cathy: It's a very good question because there's different styles of leadership, obviously. Probably the two most dominant leadership styles are called transactional or then transformational.

I'll describe what's called transactional leadership first. It's really the more dominant leadership style that we see, certainly in the corporate world and the more dominant style that we see in the dental world as well and dental practices. At Jameson Management now we've been in 2,500 practices, doing in-office consulting so we've seen a lot. And then through the interaction of people, through the lecture and similar business, I've also seen this to be true.

Transactional leadership is characterized by the leader being in control. The leader being in this case, the dentist, or the owner or in the corporate world it would be the CEO, the president,

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etc. Whoever is in charge of the organization. This person, for the most part, dictates to the other members of the organization what they'll do, how they'll do it, and when they'll do it and so on and so forth. It's more hierarchical in nature.

These transactional leaders reward their employees or discipline their employees if you will at certain times, depending on the adequacy or lack of adequacy of the performance. There's not a lot of feedback, it's just, "This is what you're supposed to do, this is how you're supposed to do it." If you do it, sometimes you're going to get acknowledged for that. A lot of times not.

And sometimes doctors will say to me, and to others, "Well, I don't really give positive reinforcement. If I don't tell them they're not doing correctly they should just know. If I don't tell them they're making a mistake, they should just assume that they're doing things correctly." Well, it's not really true. People don't really function that way. But that's sort of an opinion and a thought process.

A lot of times in transactional leadership we'll see more of a dictatorial environment where there's little or no interaction between the owner/doctor in this case and the members of the organization. There's a time and a place where that's appropriate, by the way. There are times when transactional leadership is the appropriate style of leadership to be integrated or to be existing. It might even be just for a certain situation.

Transformational leadership is different. It's a leadership style that's based on principles that will stimulate the interest of employees to be creative, to nurture their talent, to dig in and be willing to change if they see that that change—they really understand and grab hold of the concept that change is really for the positive. It's for the better.

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You get with someone who says, “Well, we’ve always done it this way, and I’m not going to change because I’ve always done it this way and it’s worked.” Well it might have worked but it could probably work better with some alterations. And so in transactional leadership, the leader creates the environment where people are supported through the change process but again very clear on if there’s any change or development to be integrated, that there’s a reason behind it. That there’s a purpose behind it. That it will be a place where people can stretch and grow and do even better.

Those also are some principles of transformational leadership that the employees want to achieve. They want to do what they’re doing better than they’re doing at the present time. They want to be in an environment where their talent is maximized. In fact, the flipside of that, talented people will leave an organization if they’re not challenged. I don’t know a doctor on the face of the earth that doesn’t want to attract and keep talented people.

So let me say that again, a talented person in an office, if they are not challenged, and if they’re not encouraged to grow, if they’re not given an opportunity to get better, to learn more, to be on that continuous path of improvement. They’ll get bored, things will get monotonous and they may leave. Or even if they don’t leave, their performance could be diminished. Their productivity could be diminished.

So going a little bit further with that, in transformational leadership, the leader encourages the employees—team members, if you will—to participate in sharing in the vision, or what would be we call the ideal vision. The ideal vision of the ideal practice. For the doctor to determine what is in his or her eyes the ideal practice. And that certainly may change over a career, more than likely it will.

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But when the leader involves the team members with, “This is what we consider ideal, this is the kind of treatment we want to provide, this is the way we want our patients to be treated, this is the kind of experience we want our people to have. These are the financial goals we want” and etc. When people are involved in not only understanding with clarity what the vision is, but can participate in making that happen. Those are some characteristics of what is called transformational leadership.

Interestingly in the workplace today, some of the research says—this is sort of a summary, we’ll take this a little bit further—these are again from the employee’s viewpoint what they want in a work environment. It’s through transformational leadership that these things can be fulfilled.

They want to be trusted, that’s critical, that they are going to be trusted with their talent, with their character, with their persona. And they want to be able to trust the executive team or the doctor in most cases, or sometimes with some practices doctors, and/or office managers. The employees want to be trusted and again, this is critical, they want to be able to trust the executive team.

I think that’s a very important thing for us to realize as a foundation of the ideology of a healthy business. That there is a level of trust. That if I’m the leader of an organization, you can trust that I will do what I say I will go do, that I am clear about the core values that are at the heart and soul of every decision made, and that I will honor the values that are the core of my organization.

And team members want that. They want to be informed and included. They want to know what’s going on, they want to know what’s happening in the practice. They want to know as I alluded to earlier, if changes are going to occur, what the

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benefits of those changes may be. They want to be included not only in decisions but also in making those decisions come to fruition in a healthy manner. Which is good, this is healthy.

There's a premise, Michael LeBoeuf, from the University of Louisiana, says a long time ago in his book called the *GMP: The Greatest Management Principle*, he says that which is rewarded is repeated. But he also said the greatest management principle is that when people are involved in decision-making processes, they'll be more likely to buy into the decision.

So I think as a leader the doctors want that. If there's a decision made, whether it's to integrate a new procedure into the practice, whether to buy a piece of equipment and integrate that, to hire a new person, to alter job descriptions, to whatever it may—go to a CE course, whatever the decision that's made. If the team is included in the decision-making process and they're well-informed about that. Again, always focused on what's the benefit of this? What's the reward? What's in this for me? And that sounds selfish but it's not really.

If the team members see that something is a benefit to them personally, they'll be able to translate that into a benefit to the team as well. People in the workforce today are very well educated. Peter Drucker calls the people working today knowledge workers. They're well educated, they're experienced, they're more worldly, they're exposed to the internet, the media, the digital world, and they're continuously gaining knowledge.

They want to be in an environment that's up-to-date, that continues to progress, that makes positive, constructive moves forward. That's also one of the characteristics of



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transformational leadership and a characteristic that people desire.

As I said, they say they want to be encouraged, motivated to stretch, achieve, make a difference. That's another critical factor, is that great team members, let's include the doctors, if you ask them why they've chosen health care, most of the time you'll hear in the first two or three statements about that, "that I want to make a difference in the lives of people." And of course I believe that all of us, I'm sure on this call believe that that's what happens in dental practice.

My good friend Bill Dorfman says at the end of his lectures, he says, "How many people can look back on their day and be able to say, 'Today, I made the difference in the life of another human being.'" I know that's true, and I know that's one of the motivators of a transformational leadership practice and of the people involved in that.

You do all these things, and then what's really going to evolve is a sense of co-ownership between all members of the organization. That's so valuable. You don't want people that are just going to come to work for 8 to 5 and they're doing the job because it's a job to do to get a paycheck.

But people who thrive in thinking, "This is my practice, I'm a part of it. I'm an important part of it. I sense that, I feel that, and because I'm a part of this and because I feel a sense of co-ownership, I want to work toward the success of this business. And I care about every patient who comes here. I care about those people having a great experience with us."

Right along with that is that that type of person who's attracted to a practice, and who thrives in that kind of a practice, wants to work in an environment where there is compatibility, where there's camaraderie, where there truly is teamwork. It's not a

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cliché but it's a reality that people do work together, supporting one another in a healthy manner. Where there's cooperation, there's open lines or open channels of communication that are constructive.

And then there's a spirit of unity. My definition of a great dental team is it's a group of leaders working cohesively toward a common set of goals. You put that kind of structure. You integrate that kind of leadership into a practice and the practice can't help but thrive.

Allison: Yeah. I agree. I was just going to ask you about that, what do you think about the idea that everyone is a leader? I know you've written about that before. So, when you say that, you mean they're a leader in their own area, they're a leader in the way that they behave, they're responsible. What do you mean by that? Because some people still think in the hierarchical manner. So if you have leaders in every position, how does that, what do you mean by that?

Cathy: Well we really do believe that everybody is a leader of themselves first of all. What I mean by that is, that one of the great things that has been discovered or acknowledged in our time is that we really do have this ability to make choices. The choice of maybe not what impacts us, but how we respond to that. So I really do get to choose how I face each and every day. I get to choose how I'm going to—if I'm going to bring a smile to the workplace or if I'm going to bring a frown and if I'm going to gripe all day long.

I really make a choice as to whether I'm going to be an asset to the organization or just a bump on the log. I really do get to make a choice as to how I will handle adversity. And even though there may be challenging times, am I going to be able to

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flex? Am I going to be able to persevere? Am I going to be able to support people through difficult times, etc.

So I make a decision as a leader of myself, what type of team member I will be. What I will bring to the table, so to speak, and of course we all hope to have leaders who are self-motivated and who really want to seek the ideal and are interested in supporting that.

We're also leaders of our teammates and by that I mean, we think that there's approximately 25, we consider there's 25 major management systems in a dental practice. That sounds like a lot and it is. The dental practice is very sophisticated. And while there's many subsystems, there's more than 25 systems. But there's 25 major ones like scheduling and financing and interest management, the new patient experience, etc., hygiene.

So there's many, many, many systems and all those systems really need to be working well. If one of those systems isn't working well because of the total integration of one system with another. If one of the systems isn't working well that's going to take away from the health and well-being of the other 24.

If we're really leaders of each other, if we're leaders of our teammates, that means that I'm going to do what I've said I will do, that I'm going to fulfill the expectations of me and my role. And I'm going to do that in a timely fashion. In a nutshell, that's accountability. Accountability is people being able to count on you to do what you'll say you'll do in an effective manner and in a timely fashion. So I'm a leader of other members of my team.

The other thing is, and this is a characteristic of outstanding leadership, from the doctor's viewpoint as well as teammates, is that if I know what the members of my team want to accomplish, what their goals are, what they hope to

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accomplish, personally and professionally. And I help them reach those goals. I'm going to do so from a sincere caring for that person.

But in the end, you put a group of leaders working together towards a common set of goals and you set up an environment where people can reach their own professional goals in your environment. You take talent, in essence, and focus it like a laser beam. And that will generate additional productivity.

Last but not least, we're leaders of our patients. We can't, nor would we, want to ever push people into making a decision but we can certainly lead people into making decisions and that comes through good communication. From certainly a level of caring, being able to listen, being good teachers, good educators of dentistry. But again, that's all based on leadership as well.

The characteristics of leadership that are brought to the table, no matter who the person on the team, and no matter what their role, will determine whether the system or systems that they're involved with are working and working well. And if we really care about one another, if something isn't working well, we're going to be willing to step up to the plate and help make necessary changes.

So I do think every single person on the team is as important as every other member of the team. I don't think anyone is any more important than anybody else. Again, in establishing an environment, which I call creating a healthy work environment, where people understand how important they are to the whole, and how important they are to the health and well-being of the systems, which translates to the health and well-being of the practice.

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I think they'll do better if you have people that really are motivated from inside and they want to do well in an environment that allows that to happen and encourages that, people are going to thrive. That's really where healthy environments are created.

Allison: So do you think you hire for that? You hire somebody who's already kind of a leader, or it's a little bit of both? You hire them and develop them, right?

Cathy: Yes, absolutely, I think it's both. I always say hire slow and hire right. One of the worst things that we can do in terms of costs of energy, costs of time, costs of money, is to hire inappropriately or inaccurately. That happens, it happens to everybody. You may do everything that you can, that is, in order to hire as positively and constructively as possible. And you may do everything that is absolutely top-notch to get someone integrated into the practice and into their role and it still may not work out.

I'm not going to ever say that it's 100 percent but we want to hire slow and hire right. I think all of us would probably agree, if we can hire the attitude—if the appropriate licenses are in effect, of course—if we hire the attitude, then we can really then teach people the skills, teach people the systems that are up and running in an individual practice. If they've got a good attitude, they're going to alter to that and they're going to make those systems work and work well.

It's hard to hire. A lot of times I'll hear from doctors, "Well, so-and-so on my team is really a challenge, she always stirs the pot, she brings negativity, she isn't very good at what she does, blah blah blah." All of a sudden you're thinking, what have you done number one, to help her be successful? And number two, if you've done everything you can to be successful, then what is

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she still doing on the team if you've just given me all these things that you've just said?

Then they'll say, "Well, I'm afraid to let her go because there's nobody out there that's good that I can hire. Or what if I hire somebody and they're worse?" I have to kind of catch myself when I hear those things. I'm going, "Are you kidding me?" There are great people out there that are looking for jobs. There's a lot of great people that are out there looking for jobs.

And number two, if someone is not functioning and functioning well on the team, or is not helping the practice, and if truly the doctor and/or managers, whoever it may be, have done everything they believe they can do to help that person be successful, then this may not be the right person.

Jim Collins, in his book *Good to Great* says they were studying the Fortune 500 companies and they found they had measurable entities, including financial health and well-being that they were measuring. They found as they were studying over a five-year period of time, the Fortune 500 companies.

They found that there were certainly companies who went high, what he calls good to great in measurable entities, but then they'd fall back down. Or come back down to a more average level. But eleven of the companies that they studied went from good to great again by predetermined, measurable entities. But only eleven of the companies went up and stayed there.

He says, he and his 21 PhD researchers, so we thought, "Gee, they must have gotten a new vision. They have a new strategic plan." And I might have thought that very same thing because I'm very interested in those two things. But he said, "We were wrong. That's not what happened at all."

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What happened is, and here's a quote from him, "They got the right people on the bus, they got the wrong people off the bus, and they got the right people in the right seats." And I would add, and here comes the systems aspect of this, doing the right things in the right way.

You might have great people on the team but if the systems aren't working and working well, if the team isn't continuously working on improving those systems, success may not be accessible. You've got to have the right people on the bus. I think we all know also that you'll never get any higher than the lowest person on the team. You may have let's say ten people on the team and you've got nine superstars doing great things. Doing things in the right way, enthusiastic, and awesome, and willing to pitch in, everything's great.

But you've got one doomsayer, and that person, "We tried that once, it didn't work." Or, "Gee, that won't work here, we practice in a small town. Gee, that won't work here because we practice in a large city." Or, "Gee, I've been doing this all my life and this is the way I do it. That's the only way..." All those kinds of things. Doomsayers. It just takes one, and the one doomsayer will pull away from the positiveness of the other people on the team. It's just unacceptable.

The energy of the practice is going to be reflected by number one the doctors, and then number two by the team members. Patients pick up on that automatically. I actually was talking to a team fairly recently, this particular doctor, a female doctor, has a fantastic practice, and really great team members, so forth, but had a doomsayer in the practice.

Finally made the decision to make a change and brought in another person. She says, "Oh my gosh, I can't believe it's like roaring trains are going through my practice." And she meant

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that in a positive way. She said, “The energy level has changed so drastically I can’t believe it.” Which is interesting that not only is this person more capable of doing the job, but the energy level that she brought into the practice translated almost immediately to everyone else.

Oftentimes, if you talk to employees after somebody has been released or left or whatever that wasn’t functioning well in that particular practice, again, that doesn’t mean that that’s a bad person. Doesn’t mean like I’m right and they’re wrong, or they’re right and I’m wrong. It doesn’t mean that. It just may mean that a person is on a different path than an individual doctor. Or has a different vision of what’s healthy or good or dynamic or creative. There’s just differences but those differences may not be compatible. There may need to be some changes made from time to time.

Most of the time if that happens the people that are remaining on the team will pick up the slack and do whatever is necessary while the doctor does take the time to hire properly. Then they will pitch in and help, especially if they’re involved in deciding who’s hired. They’ll pitch in to help that person learn their job, learn their job well, learn the systems of the practice so they can fit in well, and they’ll have a co-ownership of that person’s success. I see that happen often and also the team members will say, “I wonder why it took so long.” Everyone has said that out loud about a teammate. After somebody is gone sometimes that will be brought up.

Allison: Oh, yeah. Patients sometimes will say that too.

Cathy: Yeah, and patients will sometimes say that too. Some of these doctors are afraid to let someone go because they’ll say, “Oh, it’ll upset the patients if so-and-so is gone.” Well, patients are going to be pretty adaptable. If the doctor believes that



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someone that is on board is absolutely an asset to their care, the patients will pick up on that as well.

Part of building a strong team obviously is having great people on the team. Again, let me just repeat, I really do believe that every person on the team is as important as everybody else on the team. Because of that, Jim Collins, referring to him again, says that, “Mediocrity is always in opposition to greatness.” Let me say that again, “Mediocrity is always in opposition to greatness.”

So if I’m the owner of a business and I have a vision of having my ideal practice, whatever that is to me, and it’s different for every doctor, I need to have people that are on board with me about that vision. Part of that comes back to me as a leader.

My responsibility is to develop clarity of the vision. Again, what is my practice going to be like? What’s the treatment we’re going to provide? What kind of team members will we have? What kind of continuing education program will we commit to in our practice? What is the quality of care that epitomizes everything that we do? What is the image that we profess to our community, in our medium, on our website, to the way we look and dress, to our systems, and certainly to the people that are working here.

Is it all the same? Is there a theme? Is there an image? Is there a thread that runs through everything where patients can say, “Hey, I get this. This really is the truth about how this practice functions.” If things aren’t in alignment, people will question that and they’ll wonder, well, that didn’t really fit. What’s that mean? If that doesn’t fit here, can I really trust them to tell me the truth, etc.?

So you want that consistency of quality throughout everything and that includes the team. But the doctor needs to take a—not

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very long—it doesn't really take very long to do this, but I really encourage people to write out their vision of their ideal practice. I also believe that there isn't a single person, a single dentist on the face of the earth that doesn't have not only the right, but the opportunity to have his or her ideal practice. Whatever that is in their unique situation. It's just a matter of being clear about what that vision is.

And then the second part of that, is sharing the vision with the team. This is what I consider the ideal. And joining them in the discussion about that. Getting them excited about the possibilities about this being the ideal and what it takes to make the ideal become a reality. Very motivational to people, actually.

Allison: Yeah, very. I know part of what you wanted to talk about tonight was about how this translates. I know some dentists—money is not a big part but we have to have it to work. I know a lot of people, I even met a dentist recently, she was thinking about moving to my town. I was talking to her about leadership and she said, “Oh, I'm not a leader. I'm not a leader.” I was thinking, “If you own a dental practice and you have a team, you're going to be a leader.”

First of all, I think a lot of people think leadership's kind of fluffy and kind of like, you know, I don't know what you call it, just woo-woo or something. I don't think the word leadership is woo-woo, but I think a lot of dentists go after the clinical and they go after the management. At least I know I did when I first started, but I didn't totally understand the people part and the leadership part.

How does that actually translate into bottom line productivity, or because you wrote, did you call it an article or was that part of your thesis or...?

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Cathy: Right, it's part of my dissertation. The title of the dissertation was "The Impact of Training in Transformational Leadership on the Productivity of a Dental Practice." It's a 200-page long research project and the analysis of the research. I'm married to a dentist and we work with dentists.

You made a very important statement. I really believe, although data shows that this is changing, but I really believe, and I guess I want to believe, that a doctor doesn't necessarily go into dentistry or a person doesn't go into dentistry because they want to make money. They go into dentistry because they want to take care of people. They want to be a part of health care. They want to make a difference in people's lives. Although, I will say, and that has been true in surveys done by research institutions within the organization.

However, very recent research surveys in the industry itself have shown that money shows as the number one motivator of people going into dental school today. That's a pretty drastic change in recent decades. I'm not saying that critically, it's just a fact. Because number one, young people come out with a lot more debt than they historically did. It's hard to buy into practices. It's a very changing and evolving dental world, it has been always. So that's one of the changes.

Let's go back to the premise that all of the things we've talked about, about creating a healthy work environment. I do believe that's critical because if you're going to go to work eight hours a day or 34 hours a week, which is what the average is in the country for doctors. Some work more, some less, that's the average.

We want to be happy. We want to go and have fun and enjoy what we're doing. We want to care about the people we work with. We want to like, we want to have friends, we want to have

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compatibility, we want to be congenial with the people we work with as well as enjoy our patients. So there's all that.

I think leadership is a part of making that happen. But it is also true, and the reason I connected the study of leadership with productivity, is because it is important. We are running a business and there are bills to pay. There are school loans. There's light bills, there's lab bills, there's salary. The overhead. Average overhead in the country 65 to 70 percent depending on what data you're studying, 65 to 70 percent for a general practice. Differs for the specialists. So, we have to produce. We have to produce, we have to collect the monies.

I wrote a book called *Great Communication Equals Great Production*. I was connecting our ability to communicate with productivity, which is critical, and then I was writing the chapter on case presentation. The next chapter was handling objections. Well, obviously the major objection to people going ahead with dentistry is the money. So where I was dealing with that in the first book, I thought, "This takes more than a chapter." So I wrote the book called *Collect What You Produce*. People can find those on our website, [www.JamesonManagement.com](http://www.JamesonManagement.com). And they are textbooks on those two subjects.

Again, I'm married to a dentist. We had to pay the bills. We wanted to pay our staff well. In order to do that, we needed to be financially secure. Again, that's a part of a healthy work environment, is having financial security. Interesting, again, studies, actually by the American Dental Association, show that the number one source of stress for dental families is financial stress. It's not particularly surprising. If any of you have ever experienced financial stress, which I have, it's not pleasant and it can be difficult on relationships. So there's a lot of reasons to be financially secure.

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So I wanted to prove, as you said, it was true, that leadership isn't just something, "This is a nice thing to go here, but I need to go to a course on composite restoration so I can make more money. I need to go study how to do a better crown so I can make more money." Well what the management and the leadership allow a doctor to do is to do the kind of dentistry that she or he want to do in the way they want to do it.

It's the management systems that are generated and supported and move forward by the leadership that make it possible for people to come to the practice in the first place. To be well-educated through comprehensive diagnosis, treatment planning, and beautiful case presentations. Which is really all about communication and leadership. Then to say yes to treatment.

If people don't say, number one, if people don't come to you, what do you get to do? Number two, if people don't say yes to treatment, so what? Why are you there? We're there to do dentistry. So knowing how to do great dentistry is critical. I'm here to do a course here in San Francisco, I'm doing a couple days and then some long courses. It's a clinical group—well I'm doing quite a bit of their clinical course but I'm inserting leadership and management. Because they get it. They get it. So what if you do good dentistry if you're not able to do it because people aren't accepting treatment? Or the systems aren't allowing you to do it? They go hand in hand.

If you imagine a circle, you have great communication as the foundation of everything that you do. How you communicate will make all the difference in the world. In relationships and certainly in whether or not people say yes to treatment. You have clinical systems that are outstanding and continuously improve throughout the career of a doctor and team.

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Management systems that support the clinical dentistry and the ability to do the dentistry in an effective fashion.

Again, that's all driven by leadership in my opinion. The difference between management and leadership, Drucker says that you manage projects and you lead people. That's pretty true. When you're talking about management, you're talking about systems and you're talking about processes. Processes that are in the practice that are going to assure you that what you want to do and the goals that you want to accomplish are indeed accomplished in an ongoing fashion throughout time.

Again, systems thinking is a criteria for any healthy business. Step 1, step 2, step 3, step 4, I say to doctors, I say, "In your clinical procedures, you have a step 1, step 2, step 3, step 4 because you want to accomplish an excellent result for your patient." Well the management systems are the same way, step 1, step 2, step 3, step 4. Whether it's scheduling or financing or insurance management or marketing or the new patient experience or case presentation. Whatever, all those 25.

You expect to get a good result. If you start leaving out parts of those systems then you are making a decision for that system not to work well. Again as I said earlier, you got one system not working well, that's going to turn around and have a negative impact on the other 24 systems. I'll give you an example of that.

Let's say that you do the world's best case presentation, consultation. You present your dentistry better than anybody that's ever walked the face of the dental world. Great, but if you don't have good financial systems in place, or somebody that is outstanding at making a financial arrangement, overcoming financial barriers, committed to finding a financial solution for the patient, well, if the patient can't finance it, they're not going to do it. That means they're not going to schedule it.

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If they don't schedule it, then the doctor doesn't get to do the dentistry. That turns around to have a negative impact on the productivity, which will have a negative impact on the collections, which will have a negative impact. If they come to you as a new patient, but they don't say yes to treatment and they don't stay, that's also then down the road going to have a negative impact on hygiene and hygiene retention. Then that translates to have a negative impact on productivity.

Again, it's a cycle. Every system, you can think of every single system in the practice. By the way I'll download that list of the 25 systems on my website. If you go to the website, if you go to events, go to recent events, I'll list this. I'll download some things and people can—I always tell people, I said, look at these 25 systems and there's a 1 through 10 beside each one. Teamwork, communication, strategic planning, mission, vision, goals, marketing, all through the 25 systems. Then I encourage the teams to all individually fill that out.

Teamwork, do I think we're at a 1, which is pathetic? Or 10, which is perfect? Where would I put us? Maybe a 7. Maybe I think we do a lot of things right but we could do things better. New patient experience, how do we do? Financing patients' dentistry, how do we do? Collections, how do we do? And so on.

Everyone rates each of the systems. Then you pick those up, collect those, add all the numbers individually by system, divide it by the number of team members and you'll get an average, obviously. If you as a team rate yourself 8, 9, or 10, hey, that means you're doing a lot of things right. And great. This is an important part of transformational leadership as well, recognizing what is going well and reinforcing that.

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But then if things are 7 or less, that means those systems may be working okay, but they have some glitches in them. Or they could be better. Again, that's another part of a great team, it's a part of transformational leadership, recognizing that there really is no end, there is but a continuous improvement. As a team, led by a strong leader, that we are committed to saying how can we do tomorrow things that are better than we did things today?

If a practice will improve each of those 25 systems even a little bit, well the overall impact on the practice as a whole is pretty dynamic. I would start—if it was my practice—I'd start on the systems that we rated the lowest, and I wouldn't be offended by that. As a leader, I'm not going to be offended by that, you hope your teams aren't offended by that because you want to relate the feedback for the improvement of a system to just that. What's working well? Let's do more of it. How can we improve this? How can we make this better than it is? Which is really the more challenging question. We want to direct our feedback toward the system, more than directly to a person.

That doesn't mean that from time to time, I'm not going to have to sit down with a person. I want to give positive feedback and I want to definitely give people recognition privately and/or publicly for work well done. I want to give that kind of feedback. I want to sit down with people and say, "This is what's going well, this is what we determined you were going to do. You're doing that, it's great. Look at the end results we're getting as a result of the work you're doing." So I want to give that kind of feedback.

Also, if there's challenging things going on, I need to give people feedback on that. The interesting thing about feedback, which is again a part of transformational leadership, and it's a part of a healthy practice, is that people want feedback. You

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might think, “Oh, people don’t want to hear if they’re not doing well.” No, they really do. People want an outstanding—and remember we’re all leaders—an outstanding leader wants to know if there are things that aren’t working as well as possible.

Step up to the plate to identify the problem or what’s going on, and be willing to either alter my performance myself, or as a team we want to alter our performance so that we can move forward. Peter Senge says that the feedback perspective suggests that everyone shares responsibility for problems generated by a system.

I have found through time that when or if there is conflict on a team, then it’s usually—I’m an optimist, I don’t believe people get up in the morning and they say, “Oh my gosh, it’s Monday, I’m going to go to work, I’m going to see how miserable I can make everybody in the practice.” Or one person. I just don’t think people do that.

But people do get to work and they do have conflict from time to time. Again, I don’t really find that it’s people disliking one another. If you really peel the layers of the onion, what happens when and if there’s conflict on the team, it’s usually when a system or systems are not working well and those glitches in the systems are inadvertently pitting one person against another. You need to clean up those systems.

Again, that’s a part of transformational leadership. It’s a part of creating a healthy work environment. If things aren’t working well, change them. First of all, you identify the problem, try to identify the problem of the system, don’t necessarily blame someone else for what’s going on. Identify the problem and then as a team move forward with improvements that we really believe will work and work well. You can do that on a continuous basis.

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First of all, analyze the systems. What's working, what's not. Ask yourself, be willing as leaders to say what's working well and then give the kind of positive reinforcement to keep on doing those things and doing those things well. But be interested in making even the things that are going well a little bit better, but then that challenging question is how can we do, like the 7s or less, how can we make sure that we are addressing what's the cause of the problem now? And as a team committed to making changes that are going to make things better. That's a key element of productivity.

But when you really look back, how does that relate to leadership? It is leadership. Leadership has to do with casting vision, and we talked about that earlier, what is the vision of the ideal? Are we accomplishing that or not? If we're not accomplishing the ideal, it's probably because there is a system's got a problem with it. Then we're going to motivate people. We talked a little bit about what to do if we had a person on the team that simply was not willing to step up to the plate and be a part of that vision.

So again, I really don't know that there's anything that impacts the ultimate productivity of a practice any more than leadership. It's important to me. It's important to everybody. It needs to be important to all people. As the owner of a business, the doctors must always make decisions that are good for the practice including things that are good for the practice financially. Because without a healthy practice, a healthy financial practice, we can't keep the doors open. If we can't keep the doors open, like, so what? Nobody has a job.

Allison: What it's done over the years when I've been in financial stress, it puts me in survival mode and then you don't really make good decisions. You're so busy trying to survive that you're not really

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thinking about your vision and you're not really on the path that you had designed when you weren't in that state.

Cathy: You know, when you have smooth systems and things are working well, and they can, they really can. You're right, you can spend more time with patients. You can take off the roller skates and really focus on the people. You can educate the people about what you've diagnosed and why the treatment you're recommending would be beneficial. You'll ultimately have a higher level of case acceptance and be able to slowly but surely move out of that survival mode.

So profit is important. It's interesting that the most highly successful businesses are really focused on, not focused on making a profit, but they are profitable because they're successful. That kind of flips it around but it's true.

If you focus on making money and that's the number one focus, it's hard to be successful. If you focus on being successful and continuously improving and leading yourself, your teammates, and your patients, then in the end the profit will be there. It will be a highly successful practice.

But it takes work. Like I said earlier, there's no end to the work. I have doctors often say to me, "When am I ever going to arrive?" I say, "I don't think you'll ever really arrive unless it's the day you maybe aren't living anymore." But you certainly will be in the process of arriving for a lifetime. If the practice is working and working well, and the people are working well together, it'll be a joyful path. It can be a joyful path and that's really what we're all about is finding the road to happiness. Pankey said that.

He took Aristotle's cross of life and said, in a cross of life, we want a balance between love and work and worship and play. And at the center of that is what all human beings are seeking,

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and that's happiness. As simple as that sounds, it's really true. If we ever find ourselves out of balance, or in a state of dysfunction or disharmony, more than likely one of those things is out of balance.

So the work that we do is not a separate part of who we are, it's a part of who we are. We want to make that as healthy and happy as possible.

Allison: Awesome. I don't really have any other questions. I loved what you said. You just almost gave us steps, let me think where you were. Not identify the problem—I'm taking notes, Cathy, if you can't tell—can you hear my paper scribbling around?

[Laughter]

Cathy: Good for you. That's good. May I give you some steps? If I may give the audience some steps, yes, I think—I'm going to download this 25 systems. I really challenge you. This won't take long, you can do this at one team meeting. But it's like taking a periodontal evaluation of your own practice. You wouldn't do this once, but do it fairly often. A couple of times a year. Then really rate the systems and do that without becoming offended.

You may find that somebody in the clinical team may rate something totally different than somebody in the business office. Well, that's okay. Let's hear the different perspectives. Then once you have done that evaluation of your practice, you will really have begun to do what's called a SWOT analysis. SWOT being an acronym. S stands for the strengths, W stands for the weaknesses, O stands for the opportunities, and T stands for the threats. That's a SWOT analysis.

So when you're doing strategic planning, which is a critical part of leadership, you want to do a SWOT analysis. You want to

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focus and build on your strengths, you want to work on any weaknesses and improve upon those. Those translate, working on either your strengths or your weaknesses, to either expand strengths, overcome weaknesses, or develop the weaknesses. Those become opportunities. There's often opportunities in the communities and the industry as well.

The threats, again, systems that aren't working well is a threat. Team members who may not be on board that need some additional help, may be a threat. The economy is a threat. Changes in the industry may—there are some things that may be considered a threat. Insurance. The changes in insurance. Changes in national health care. Those could be seen as a threat.

You want to see those threats and look at those almost before the fact so that you can begin to create systems and strategic plans to face those and work through those in a healthy way before the fact. So do this SWOT analysis, which includes the 25 systems.

I'm also going to download a five-step goal sheet. My husband used this in his dental practice and I stole it from him. We've used it ever since. It's a place to write a goal, it's a place where you have the strategies of the steps. Okay, you might say, "We're going to increase our productivity by 10 percent or 20 percent or whatever in 2014." Okay, well, great, that's a good goal. But what are you going to do to make that happen? Step 1, step 2, step 3, step 4. Who's going to do what? By when? Then you evaluate that.

That five-step process is strategic planning in a nutshell. Or it's goal accomplishment in a nutshell. Write the goal down, what are you going to do, what are the steps, what's the plan of action, what are you going to do, how you going to do it, why?

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Don't leave off the why. Why is, are these steps important to the whole? Who's going to do what? Time activate each step of the plan. Then bring those back to your team meetings on a regular basis and see how you're doing.

You don't want to write a goal or do a strategic plan then stick it in a drawer and never pay attention to it. So as you're closing the year and looking to the new year, please do these things, download this. The SWOT analysis—strengths, weaknesses, opportunities, threats—do the 25 systems, plan for improvement, make plans for improvement, and use the goal sheet to do that.

Write down the things that are the most important in the improvement of your business for the 2014. Write down what you consider the most important things to improve in your business in 2014. What are your 2014 goals? Number two, who do you need to connect with in order to achieve this? Your lab, your suppliers, courses you need to go to, coaches you need to bring into your life.

Number three, what everyday actions must you take in order to make continuous improvement throughout the year? Remember to always ask yourself, how can we do this better tomorrow than we did today? Be on that continuous path of improvement.

Number four, what is your desired end result? You have to say, okay, so we write this goal, what's the end result we want to accomplish? And number five, how will you monitor that? That which is not monitored cannot be measured. You won't know how you're doing, you won't know if you are on path or not. You won't be able to change when you need to change, if you aren't monitoring your improvement.

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If you'll take those steps, all kinds of amazing things can happen. Now and always into the future.

Allison: Awesome. That's great. Okay. You're going to put all of those where we can get to them on your website?

Cathy: I will. If you go to [www.JamesonManagement.com](http://www.JamesonManagement.com), and you will see an icon that says events. Then go to recent events and I will put, in fact I'll send a message to my office tonight. I will list this teleseminar on this date and I'll put Dr. Allison Watts and I will then download those forms I've talked about. Then I really encourage you to download them and use them and use them to the benefit of your practices and to your own self.

Allison: Thank you so much, Cathy.

Cathy: You are welcome.

Allison: Great. All right, everybody, thank you for being on here. Goodnight, bye.

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