

**Ep #40: Finding Yourself with Dr. Michael Lewis**



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**With Your Host**

**Allison Watts, DDS**

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## Ep #40: Finding Yourself with Dr. Michael Lewis

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.

Dr. Michael Lewis has been a healthcare provider for over 30 years. He graduated from the University of Pennsylvania in 1973. He was the editor of the *Penn Dental Journal* and the president of the Society of Preventive Dentistry there in Pennsylvania.

He is a member of the ADA, the NYSDA, the Seventh District Dental Society, and the Monroe County Dental Society, he's a past board member and secretary. He's a fellow in the American College of Dentists and in the International College of Dentists.

Dr. Lewis was past president of AADPA, the American Academy of Dental Practice Administration. He has provided volunteer dentistry in China, Nepal, Honduras, Colombia and India. He is also the 2003 recipient of the Service to Humanity award from Bucknell University. He is a national speaker and author. His hobbies include skiing, organic farming, cooking, golf, Aikido, 4th Dan—is that how you say that?

Michael: That's how you say it, yep, 4<sup>th</sup> in black belt, yeah.

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Allison: Oh, nice, and writing. Dr. Lewis and his wife of 42 years—is it 42 or it is more now?

Michael: It's 42, just the other day.

Allison: Awesome, congratulations. His wife, Peggy, live on a 200-acre farm, they have three married children and five grandchildren. From a young age, Michael was encouraged to find his creator-given gifts and use them and he's still working on that. Mike is very humble. I had to go searching for this bio. So I hope that was okay for you, Mike.

Michael: It was okay.

Allison: Okay, great. Just want to start by again saying thank you and welcome to everybody who is here. Michael and I have just gotten to know each other but I'm really excited to have him. I posted something on Facebook and I got many comments about it. One being that Michael has been sort of a pioneer in relationship-based dentistry. Is that fair to say?

Michael: That's fair to say but I owe that to some other people too. But I jumped in, I jump in with both feet usually.

Allison: Yeah. So I want you to start off if you're willing to do that, just start off a little bit telling us about how that came about, behavioral dentistry, or patient-centered dentistry. A little bit about your mentors.

Michael: My main mentor is my dentist when I was growing up. He talked me into going into dental school, sticking with it when I got discouraged and going into practice with him. Part of the background, I worked 30 to 40 hours a week all through school and I was tired. I wasn't really a good student but I stuck with it. I think that one of the first things I did, I drove all night, I kissed my wife, Peggy, good-bye. We were married. We were living at her house. I came up here and she was still in graduate school

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and got into the office and the first thing he said, he said, “I know that you know you didn’t learn anything in dental school. So you’re going to be a chairside assistant for the first month or two here. If we get a really tough case, you’re going to assist Cathy because she knows more about dentistry than you do.”

He got me into L.D. Pankey and I met Bob Barkley when I was in dental school. Then I met some other people that taught the behavioral aspect of dentistry, Wilson Southam was one of them. Charlie O’Leary, just how to be with people rather than be at people all the time. Is that okay for a start?

Allison: Yeah, that’s perfect. I’m curious what they shared with you. Like when they were talking to you about how to be with people. What were some of the nuggets that you learned? If you could just share that with us, does that make sense what I’m asking?

Michael: Yep, absolutely. [Burnett 00:04:40], who I know Chuck knows, and I think Mary and Joan if they’re on know Burnett. He steered me towards Pankey and he had a picture of L.D. Pankey and Bob Barkley in his office. He said, “You have to go down to the Pankey Institute because Dr. Pankey changed my life.” With the low self-esteem I came out of dental school with, I was just beginning to get back and I didn’t want my life changed anymore but he paid my way to get down there, so I went.

The first thing that I heard—that I heard—he said more stuff than I heard was, “Know yourself.” I went, “Oh, you don’t have to be like anybody else.” So that started my journey on who really am I and who aren’t I and who do I want to be. So that was one of the gifts Burnett gave me was L.D. Pankey, who I still maintained a relationship with until he died.

That kind of steered me to Wilson Southam’s—well, in between, I spent a lot of time at the Institute with, I took everything they had up until they didn’t have any more. Was done pretty much in the 70s and found out later they added

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more courses and I took more. Got to spend some time with my buddy, Tuck, down there. By the way, Tuck, he was the best man at my wedding and he's been my best friend from dental school for years. So in case any of you didn't know that, that's my friend, Tuck.

Allison: Nice. That's who you went down to see Wilson with?

Michael: Yes, we went up to see Wilson in Canada with Tuck. Wilson, he's not dementia, he's not as physically healthy as he used to be, but he's still thinking. Wilson, just for background, came from a wealthy family in Canada. Bought an equipment building business in dentistry. Tried to do a workplace democracy and almost lost his shirt in that.

Then he got a little bit more structured and he found out that dentists could have all the best equipment in the world but they didn't know how to work with it. And then they didn't really know how to work with the people that were in the offices. So he started on how to consult on how to sit at your chair and how to use the equipment and how to be with people. So Wilson was a big influence. He was the one that introduced a lot of us to relationship-based dentistry. Dentistry that you want.

Allison: You told me...

Michael: Volitional practice.

Allison: Volitional practice, yes.

Michael: Volitional practice, where I'm doing dentistry because I really want to do it, my team works with me because they really want to be in that place, and the patients want me do dentistry because they really want it, having told them they need it. That's where the new visitor experience came from.

The new visitor experience to me means that everyone that walks into your office is a possible stakeholder. The guy that

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delivers the water. The guys from the lab. The guys from the supply company. You show them around the office. You introduce them to all the people. Who knows, one of them, they might want to become a visitor and then if you talk to them and they like you and you like them, you'll become a client-based service. That's the best way I think to get new patients is to invite them in as visitors first.

Allison: Do you not like the word patient necessarily?

Michael: I've accepted it. I think there are—Wilson tried to introduce the word "client." Patient, sometimes that means that you're over and they're under. I don't like that piece of it but some people want to be patients and I'm comfortable with that. Some people want to be clients.

I think that's going to become more representative of a commodity-based dental industry that I think is beginning to happen, customers, clients. A customer is somebody who wants to buy something. A client is someone you sort of have a relationship with. Patient is you're one over. I like clients, but friends are even better. Friends that come to see you for dentistry.

Allison: I would love to spend a day in your office watching you and how you are with your patients because I think I'm—I've worked hard to try to do that but I would imagine that it's pretty awesome.

Michael: So it's hard. It doesn't always work. You try and it doesn't work and that's part of everything you do doesn't work. We all had different boyfriends and girlfriends throughout our lives. It didn't all work out.

Allison: Right, exactly. I'm curious, you were talking about know yourself. When you think about that piece, I was just at Pankey and I was helping as a faculty for the first time. One of the



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things I wanted to get into were the crosses. I didn't really, I don't know that it's being explained and talked about like it was when you were there. So I'm curious, when Dr. Pankey talks about know yourself or when you heard that, where did you go with that? Now they do the personality styles and all that kind of stuff.

Michael: The Myers-Briggs stuff?

Allison: Yeah.

Michael: Yeah, okay. When I first heard Pankey I was a second-year dental student and my mentor, Burnett's study group, which was the first Pankey study group had invited L.D. up to Philadelphia. They were having dinner or lunch at Bookbinder's and I couldn't afford to go to Bookbinder's but Dr. Burnett invited me to come over there.

I had hair down to my shoulders and I walked in and L.D. looked at me like, "Hmm." You could tell, he was at the head of the table eating stone crab legs and drinking beer, Heinekens. Dr. Burnett introduced me and Burnett later told me that Dr. Pankey didn't think I was ever going to make it in dentistry.

Allison: Are you serious?

Michael: Yeah.

Allison: Oh, okay.

Michael: So I went down to the Institute and you had to go to three philosophy continuums and I think that was one of the best gifts we ever had when you're starting out before you can start the practice continuums. L.D. pretty much told the same stories all the time. It was like the work, play, love, and worship, big cross. Where if you can keep that in balance, you're healthy and you're probably prosperous and if any one gets out of balance, you're going to know it. The worship wasn't necessarily a

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Christian thing it was just time off from all the other stuff. I think there was a time there when it got misinterpreted and then the crosses, practice life, was know yourself, know your work, know your patient, apply your knowledge.

The know yourself was I think a little bit easier for me than some others because I was a history major in college rather than a science major. Part of that is getting to know what's going on, so I'd been brought up in that culture where you needed to know more than just wanted you wanted to do. I heard him say, "Don't try to be like anybody else. You want to work 10:00 to 4:00 on Tuesdays and Thursdays and only do gold inlays on second bicuspid, that's good. Just be yourself. Do what you want to do."

The knowing your patient piece really came into play when—I don't want to talk all the time—but one story is there was a wino that we had seen drinking wine out on the bench outside the office, sitting on my couch in my reception room. I told Marion, my office manager at the time, which I don't have anymore. I said, "Get this guy out of here. This is making me look bad." I walked out an hour later and he's still there.

I had time before lunch and Mary who had heard Wilson speak about the new person experience, the just accept who you are, brought him into the treat room, sitting there talking with him. I sat down there and I was thinking, "Let's get rid of this guy." She saying, "Ron would really like some dentures. He needs dentures." We talked and we think he can do it. I said, "Well you can go up to Eastman Dental Center and they can do it really, really inexpensively."

She's looking at me, giving me the bad eye. She was Irish and she gave me a really bad eye. She said, "Just listen." So I kept talking, "Ron, what would you like, is there anything you'd like to say to Dr. Lewis?" He pulls a wad of money out of his pocket



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and said, “Do you think this will be enough to pay for my dentures?”

He paid cash and he was still sitting drinking wine but he was the guy that was the parking lot attendant at the garage where we’d go to the plays down in Rochester. Every time I drove in there in my car, he’d smile at me with his new dentures. So that’s know your patient. I didn’t know that person. I got a little bit better at it.

We were treatment planning pretty much some cosmetic dentistry and the person said, “I don’t think I can afford that.” I remembered to stay in the question like Mary Osborne says, “Stay in the question.” I said, “Well, why don’t you think so?” She said, “I really want to buy a new car this year.” I stayed in the question, I said, “What kind of car do you want to buy?” She said, “I want those little 350 Mercedes SLs.” I said, “I think you can have the dentistry and get your car too.”

Allison: Nice.

Michael: So that’s what I learned from L.D. is if you can just know your patient a little bit better. Knowing your work was what the rest of the Institute was, you just get so you can do it and you like to do it. Give up the stuff you don’t like to do.

Allison: Yeah. Is there anything L.D. and Harold Wirth and all those guys taught you that we don’t hear these days? Like it’s not even being talked about?

Michael: The one thing Harold Wirth talked about, he just said two things that really stuck with me. One was that, if he didn’t feel very good going to the office, he’d drive past these guys working in the rain down in New Orleans I think it was. Wirth would drive into his office and he’d still be a little bit sad and somehow the women in the office wouldn’t be too happy. He’d make them stand around and sing inspiring hymns, because you could do

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that down south in the old days. He'd get himself all fired up and get the team fired up.

The other was when he needed to make a payment on his boat or his kid's education or something, nobody wanted to have dentistry done because they knew it. But when he started to have money in the bank and he didn't need to do the dentistry, everyone wanted him to do it.

Allison: Right.

Michael: So what you have in your heart you wear on your sleeve. That was another lesson I learned from Harold.

Allison: They quote him, I actually heard that last week. I was like, that's beautiful, it's true. It's challenging though when you're young and just starting out and you really do need the money.

Michael: Yeah, and the big thing is now, I don't think any of us that are listening right now, the ones that I know anyway, came out with the debt that some of the young people are coming out with now. I think the tuition at Penn when I was there was maybe \$5,000 a year and now it's ten or twelve times that.

Allison: Oh, yeah, definitely. Then you build a practice on top of that or start a practice, that's even more, you know?

Michael: That kind of goes back to one of the other gifts that Burnett gave me was I was going to get my first paycheck after two weeks as a dental assistant, but I had a dental degree. So as a dentist, I was going to get my first paycheck. I had figured it right down to the last penny with the taxes and everything. Paycheck came, it was short. So I went in and I said, "Dr. Burnett, what'd I do wrong?" Once again, the self-esteem from dental school.

He said, "Why?" I said, "Well my paycheck is a little short." He said, "Well, if you look at the top number, it's about ten percent

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short.” I said, “Did I do something wrong? Why is that?” He said, “No, at lunch you're going to go over to the bank next door and start a ‘no touch’ account and I expect you to save ten to fifteen percent of your gross income every pay period.

“Then you get three months’ gross income in the bank and then you can start to invest in stocks and do stuff. You always keep three months gross so you can quit dentistry and do what you want to do for three months.”

Allison: Wow.

Michael: That was from Pankey to him too. That’s how he did it. That’s one of those things that came out of the Pankey-Burnett relationship.

Allison: Wow, that’s a gift.

Michael: We try to get our kids to do it and I think even if young people can save maybe just five percent right off the gross and live a different lifestyle, they can do that. It gives you so much freedom to do what you want to do when you're not just paying off debt.

Allison: Yeah. Do you want to share, I haven't asked you about this but I’m thinking you'll be totally open to it. If anybody has a question, raise your hand, it's \*2. Michael, I’m curious if you want to share a little bit about your mistakes. Is there anything that you would have done differently?

Michael: My mistakes? Let’s see.

Allison: Specifically if you’ve made any.

Michael: Peggy is sitting right here, I’m sure she could tell me some too. One of the biggest ones was giving a monthly bonus based on production because when we were making a lot of times I tried to raise the number, everybody got really, really irritated.

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Allison: Oh, yeah.

Michael: So that was a mistake. Let's see, another mistake.

Allison: Will you share what you do instead?

Michael: We had a pension plan which I funded for a long time. Then I'd do year-end bonuses where if we hit a certain number, and a bonus comes after all the bills have been paid and funded. Now I've started a simple IRA program because I've paid off all the—in the original pension plan and they didn't do too badly.

Now it's their choice whether they want to cut their salary and put money in an IRA or not. Some are still deciding that. So the bonuses, we went to AADPA this year. We had parties. We talk about what's going. They know where the money comes from. I think that's the biggest thing. You know, it's not just a job—and these people have been with me for a long, long time. It's not a secret.

Allison: Somebody is raising their hand.

Leanne: That was Leanne. Hi, Allison.

Allison: Oh, hi, Leanne. How are you?

Leanne: I'm good. Hi Mike, it's Leanne from the workshop back in the fall.

Michael: Hi, Leanne, how are you?

Leanne: Hi, I'm doing well.

Michael: From Annapolis.

Leanne: Yeah, exactly. Gosh, like there's only one workshop. Well I technically think there is only one workshop, that's Joan's, but anyhow, I digress. My question is actually, it's always interesting to hear the mistake. The mistake is always learning. I'm just wondering, do you remember how you brought to light

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your learning about changing the bonus system to your team? How did you broach the subject? Like it's not working and this is what I'm going to do. I'm just wondering what that conversation sounded like.

Michael: Well, I probably started practicing, Aikido, which is a martial art by that time. I lost my fear of conflict. I think most dentists and most people are afraid of conflict. Conflict, if you look at the Chinese symbol for it or the Japanese symbol, conflict and growth are pretty much the same. So although it's not easy to embrace conflict, and it's still not comfortable all the time, we get to the point where we can talk about stuff. Then the other thing that happened is some people left and the people that understood stayed.

Leanne: Awesome, thank you.

Michael: I think that's the simplest answer I can give to that. It just didn't work out. I mean, at the time when I was doing that, there were people taking their team shopping at malls and they were spending this, spending that. It had nothing to do with the practice. So if we had the extra money, I'd rather pay them the money and let them spend their money the way they want to rather than be this benevolent dictator that gave out money all the time.

Leanne: Sure. Awesome, thanks for sharing.

Allison: I want to get into the Aikido conversation because I have a feeling that would be helpful. One of the things I work on constantly is being present in the moment and I think I'm wondering if like what Aikido has done for you or how you feel. Is that true, does that practice help you be more present in the moment and more connected to people? More connected to yourself? And if we don't do Aikido, what do you think are the practices that would help with that?

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Michael: Meditation overall helps but the Aikido was the—I think, once again, Tuck remembers that I used to have a really big anger management problem. I had to get over that. It really helped me out through playing football and lacrosse in college but it wasn't really helpful in my relationship. Peggy is sitting here and I think I can tell this story. We dated for nine years, we got married. Then five years later she said, "I think I'm finally ready to have a baby, your baby. You're ready for me to have a baby." So I worked on it.

I'd heard my friend, before I started actually practicing, my friend Tom Crum from college, was practicing Aikido out in Aspen. He'd been John Denver's security person and taught John Aikido. I finally started to listen to what he was saying, the philosophy of it.

The one story that he told that stuck with me that made me practice was there was some samurai that was running away from people. He fell off a cliff and he grabbed a branch. He was going to die, there was no question about it. But on the branch there was a strawberry and he picked the strawberry, put it in his mouth, said, "Aww." He was in the moment. You can't change what happened before. You can't predict what's going to happen tomorrow. You can just be there.

Where that really worked for me was, there was a time, I'd always look at the schedule on Friday to see who was coming in on Monday. One I saw on the schedule, there was Mr. Jones, who was a bully extrovert. If I was 10 minutes early, I was still 15 minutes late for him. For some reason he came to the practice. I spent the whole weekend worrying about this guy that was coming at 2:00 on Monday afternoon.

I wasn't present with any of the other patients because I was thinking about this guy. I wasn't present with my family, myself, anybody. With Aikido, what happened was I could learn how to



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be present with the individual that I was with at the time. When I could do that with this person that was really tough, it shapeshifted the whole experience.

Because that person knew I was with them really. I wasn't against them, for them, or otherwise. I was just with them. It took a while to learn how to do that. It's still—you're never perfect so it's not always going to be that way but it made things a lot easier and probably why I'm still in practice. I can be with the situations better than I used to be. That's from Aikido.

The other thing about Aikido is the way they teach you. We teach that—the black belt test is one of the best examples. You go through the first three degrees of black belt are testing. You have to demonstrate your skill in front of the sensei and all the other black belts. You kneel on one of the mats and there are five attackers on the end the mat. You're all kneeling.

You bow to each other and the party is on. You got five people trying to attack you. What you have to pay attention to is there's one person that's closer than everyone else and that's the only one—you should be aware of everyone else—but there's only one person you can deal with at a time. You just deal with the one problem at a time even though you can be aware of everything else.

Physical training is a good metaphorical training because you really can't—if you have all the problems on the plate and you're trying to deal with all of them at one time, it doesn't work. We all do that. I mean, I still do it. But if I bring myself back to center which is a part of Aikido, coming to center, then I can look at it differently. That works with kids and it works with team members and it works with family. The sensei who teaches us, he's not always centered, he can just get back to it faster than other people. I hope that was not too long.

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Allison: No, it's not too long. Is how to get back to center something you can share?

Michael: Yes. Couple things you can do is you can always lower your shoulders, that's one thing. Your center is actually a biological, physiological point about two inches below your belly. About half through your belly and your backbone. So you can put your open hand about an inch and a half below your belly button and breathe to that point. There's different exercises. Mary's seen it and some other people have seen it. You can bring yourself back to center and just get clear, just breathe. Breathing is really important because people stop breathing when they get stressed and their shoulders go up.

Allison: Yeah. Somebody told me not too long ago, I think this is probably more obvious than I realize, but I have a friend that was a sharp shooter, she's a rifle shooter. She said they actually teach them to hold their breath. Dentistry is such a—first of all, there's the stress part where we do the rescue breathing, the really shallow breathing and hold our breath—but there's also the fine detail work that I think holding your breath kind of helps you be more accurate and more detailed too. But I have to really focus to breath. I don't know about everybody else but I know that that takes some...

Michael: There's a breathing mediation. You sit in a forward position with your hands on your knees. You breathe in through your nose and breathe out through your mouth. You make a breath sound, just let the breath come out. You begin to stretch it out, stretch it out.

There's another breathing meditation that I do regularly is healing air in, old air out. Breathe in and out. I think it may be just the consciousness of trying to lose attention to everything else. I'm not a big—Peggy and I have friends who are Zen Buddhists. They'll go and meditate for a day at a time but they

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don't talk to anybody and they look at a wall. I can't do that. But there's a book by Jon Kabat-Zinn *Wherever You Go, There You Are*.

Allison: Yeah.

Michael: It talks about meditation. There's eating meditation, there's walking meditation. I think what meditation is is just stopping your mind and doing something different. So Zinn's book is really a good book for anybody that wants to learn how to do meditation. It's not the big Zen—the Buddhists sitting there—nothing against Buddhists, but I can't do that.

Allison: Yeah, I think it's challenging for anybody, especially nowadays. We're busy and distracted.

Michael: If you can sit and breathe by yourself for five or ten minutes once or twice a day, I think that's all you really need.

Allison: Cool. Thank you for that. I have a couple other things. I was going to ask you about your team development. Oh, Mary has a question. Let me go ahead.

Mary: Hi, Michael.

Michael: Hi, Mary.

Mary: When I hear you talking about presence and the various types of meditation, I love the way you talk about it. I've been in your presence before when you've worked with this kind of thing with groups. What I like about it so much is that it's a—my experience is that you have a very practical approach. When I hear you say that you can't sit and stare at a wall, I think that's hard for a lot of people.

I'm sort of curious about, like when you talked about the patient that you see his name on the schedule on Friday and you are stressing over it until Monday to come and meet with them, can you talk a little bit about when you're actually in the presence of

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a patient, in conversation with a patient, about treatment or about an exam or wherever you are in that process, can you talk a little bit about how that ability to center yourself, that breathing process happens for you? Can you sort of kind of describe that to those of us who are neophytes?

Michael: I'll try. We all have people that we know that we're really comfortable being with. You just walk in and you're with them whether you've seen them two days ago or ten years ago, you can be with those people. Then we all, all of us dentists anyway, and anybody that has clients, sees people that you go, "Oh gee, I remember this last thing they really did. We had this experience."

The way that we work it out in the office is we all, the team and I, talk about what's been going on in with that person. "What's been your last experience, what's going on with that?" My job when I actually have to go in and do something is, sometimes I just walk in and do it. Other times I do sit there at my little desk and I breathe and Mary or Mary Ann or Pam will come in and say, "It's your turn. You're up, big guy." I'll just sit and go, "Hmm, how am I going to do this?"

I'll review my mental notes about this person. Then I'll try to clue in on the last really good thing we had to do with each other. If it was a conversation about their children or about their work, whatever, I don't try to focus on maybe they've been late three times in a row or they've been complaining about this or that. I'll try to be with them where they're most comfortable rather than where I'm the most uncomfortable. Does that help?

Mary: Well said. Very well said. Where they're most comfortable rather than where I am the most uncomfortable. Because that's what we tend to do is we go to that awful experience that somebody had, that either I had or somebody else had with that person. It's the least comfortable place to be.

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Michael: Then the other thing sometimes, not often, but I just have to confront the thing. I'll just walk in and say, "Look it, I'm really happy that you're here because I'm glad that you've chosen us to take care of you but you haven't been in in like 18 months and you're not taking care of yourself. What's going on? What can we do?"

Sometimes when I ask that question, I'm really surprised because I'll find out, for example, that well they have two kids that had to have their kidneys removed, their spleens removed and they really haven't had time to do stuff. It's like, "Oh, I wish you'd told me that so I'd know better." But sometimes it's a sense that you have to confront that. You have to confront the situation and then people usually tell the truth if they want to stay in relationship in the practice. If they're there again, they still want to maintain their relationship.

Mary: Such a simple question. I mean really, such a simple question and the one that we forget to ask I think.

Michael: What's been going on?

Mary: Yeah, thank you.

Michael: Yeah, most of the time people tell you the truth. I think. The truth that they can tell. I don't know if it's true or not but it's the truth they tell. It gets to a deeper level. It's really sometimes what it leads to is we may not do the dentistry they sign up to do. We just get into where it's almost like they're a new visitor again and we just spend the time, and it's not in quotes "productive" time but it's good time.

Mary: Yeah, I'd say very productive.

Michael: Well, I know, but it's not dentally productive.

Mary: Yeah.

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Michael: If I was supposed to do a bunch of anteriors and all of a sudden something has gone on, I find out the question and I'm spending more time—I'm willing to reschedule for the thing until they're really comfortable coming in.

Mary: Thank you, that's really helpful.

Michael: Thank you, Mary. Thanks for the question.

Allison: Thanks, Mary. I thought that was an awesome question and we have another question. I want to do just say, do you think now that you have become sort of you're in your center often and you don't have to consciously think about it as much, like it sounds like even before you went in with that patient you were already sort of centering yourself?

Michael: I try to know as much before I go in there, what's happened recently, what their experience was with, say they came in through hygiene or we talked and it was kind of a short diatribe. I want to know what's going on and I want to look back in the history and see things that are going on. It's really easy to sit down just breathe and say, "Hey, how you doing? What's going on?"

Instead of putting the gloves on—and I think I told you, Allison, and I know Mary has heard this but my really big first experience with that was a long, long time ago. One of my hygienists, Dee, who's not practicing anymore but she still comes in the office, said, "So and so wants to see you." I was busy and I said, "Well, we've got all her dentistry done." She said, "But she wants to see you." I said, "Well put her in the back room."

So I walked in, put my gloves on, put my mask on. Sat down and said, "What can I do for you?" First thing she said was, "You can take the mask off, take the gloves off, I just want to talk with you." I said, "Well I'm not the right person to talk to.



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I've got therapists who can do that." Charlie O'Leary had just said that in dentistry we're going to be doing some consulting like that. I blew him off. All of a sudden this person just wanted to talk to me because she trusted me more than she trusted anybody else. I totally overlooked that. That was a learning experience for me. I get hit over the head pretty hard sometimes.

Allison: Well, thank you to that patient for showing you, right?

Michael: Yeah.

Allison: Yeah. I'm going to go ahead and unmute you, Ryan. Ryan has a question.

Ryan: Hey, Mike. Ryan Coulon here.

Michael: Hi, Ryan.

Ryan: I hear everything you're talking about with the personal philosophy and being centered and I'm completely on board with all of that. But I would imagine that having the staff on board philosophically is probably pretty important. What are some of the things that you did to bring your staff along and develop them so that the way they're being is similar to the way you're being with patients because they spend a lot of time one-on-one with the patients and you don't. You're only one person.

Michael: Right. I think first of all, I accepted them from where they were coming from. I learned their stories. We talked about their stories. I've got one person that works with me who because of her family stuff her net worth is probably bigger than mine but she still wants to work in the office because she likes being with people.

The other thing is we've used Joan and Mary as consultants. Joan Unterschultz's turn, she said, "I've done everything I can for you, you to have hire your own in-office consultant, your in-

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town consultant.” So we have a bunch of therapists in my practice. I left the room and they came back and they said, “We’ve hired Peggy,” who’s my wife. She was doing coaching at Eastman Kodak and Johnson & Johnson. I said but that’s not possible because I promised myself I would never ever have my wife work in my office with team because team people don’t like the wives.

They said, “Well, we want to hire her to do our in-office coaching.” So I said okay, we’ve done it and we’ve done it. We’ve gone through the Myers-Briggs stuff. We’ve gone through Jungian psychology. We’ve gone through archetypes, dreams. We’ve worked together on a deep level where we’ve pushed each other, there are tears. Peggy holds my feet to the fire as hard or harder than anyone else’s.

We’ve been through fights. Like I said earlier on, we’re not necessarily, we don’t like conflict but we’re not afraid of it. So we’ve been through pushbacks. We’ve been through serious disease with different people and family heartbreaks. We’re just there as a team. The hardest thing about that is if we had to hire somebody right now, we’re so much like a family, we don’t have a playbook for a new person yet. Because we just pick up for each other.

It’s been a long time and just for reference, Pam started as an 18-year-old in my dentist’s practice. When I took it over, she’s now in her 50s. Mary Ann started as a 13-year-old patient, she’s in her 50s. Mary started, one of my first hygienists, she’s my age. So we’ve been through a lot of ups and downs and I guess we’re not afraid to confront a problem or a disagreement. We’ll talk about and we don’t—just because we disagree, we don’t try to be disagreeable. Does that make any sense?

Ryan: Mm-hmm.

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Michael: Ask me another question about that because I'm sure that doesn't answer your question.

Ryan: No, it did. I'm a younger dentist and honestly I'm still trying to figure out what my practice philosophy is. I'm trying to just really work on myself a lot and I just want to look for opportunities to bring my team along and let them grow with me. I don't want to miss good opportunities. It sounds like I need to talk to Joan for sure.

So, yeah, you answered my question. I just feel like, starting from scratch, you know if you have a team that's just been together for years and years and years and you're like a family, I think like most families you tend to have some similarities and things just crossover over time. I just wonder if there's a way to accelerate that process and get that jump started so to speak.

Michael: Well there's another way, it wasn't necessarily intentional, but long ago when I first started I heard that being an employee in a dental office was a dead-end job for a hygienist or an assistant. I got to thinking about it, well it could be a dead-end job for a dentist too if that's all you think about.

Then, I don't know necessarily where it started from, I could give credit to some people and I think it started before that is part of my thinking became that how can I help these people grow in what they really, really want to do. What can I do? So even if they want to leave my practice. My experience has been, my brother, before that my business keeper, was getting tired of being in dentistry so we helped her become a CPA and she was my accountant for years.

Then my brother was my, I taught my brother how to be a gold lab—he's my gold man. When my dad died, I said, "Paul, I don't want to take care of you for the rest of your life. What would you really like to do?" He said I'd really like to own an exotic bird store so we figured out a way to loan him money. Now he's got

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one of the best bird shops between New York – Chicago or Toronto – Florida. He's done that.

Sandy wanted to be a librarian so I helped her do that. Then the latest one was one of my favorite people, Kris, who really glommed onto digital x-rays and the computer stuff and she started working a day a week as a trainer for DEXIS and us two days a week, three days a week. Now she's a manager for Kerr products. I'm just happy for all those people.

I think if I can be supportive of the person for whatever they want to do while they're there with you, it's going to come back and work really well. It's pretty much that, supporting the person. There's some people that don't want to do that. It's also kind of like the workshop that Joan and Mary and [inaudible 00:42:53] and I used to do.

About bringing yourself to work where these neat people, and we go get a job and we all sort of begin to cut ourselves out of that job or the work so we can just do our job when we should be bringing our whole selves to the—bringing our fears to it. Bringing our whole selves and talking about—just be who you are with your people and they'll be who they are with you.

Ryan: That's good, Mike. Thank you.

Michael: Okay.

Allison: I'm over here just like taking notes. Well that's kind of where I was going to go, my question that I had was about how you develop your team because I've met you now but I also know people would know you. When I spoke to Joan and Mary about you, they just made a point to say that you have done a really nice job of developing your team. I do think it has to do with that mentality of just wanting to help the person. Do you have any other pointers about developing your team? Is that something

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that came natural to you or did you learn that? Is that just from working with coaches and consultants?

Michael: I didn't really learn that, I can't give accreditation to any one person for that. It just became I didn't like the prima donna hygienist attitude that I saw sometimes. I didn't like the hierarchy of the benevolent dictator which most dentists were. Bud Hamm coined it years ago, and he was one of the first consultants I heard, the King Twit model. Where he's the king and they have all these little twits working for them. So he was trying to change that and then started to work from a bottom up rather than the hierarchy thing with the top down.

Yeah, because I think, you mentioned a little bit in the bio you gave me with the creator has given everybody some gifts. Part of my personal journey was to find out what gifts I'd been given and use them. And find out that I didn't really have the gifts and say I'm wasting my time doing this. If I can help people find their own gifts they've been given, whether they believe in, whatever they believe in, everybody has been given some gifts.

It goes back to the Buddhist thing where everybody has the right work to do, they just have to find it. So how can I tease that out of you? How can I encourage that out of you? I had some good coaches in my athletics. I had an amazing lacrosse coach, he taught me how to play lacrosse. I played D1 lacrosse for two years having never played it before.

Allison: Wow.

Michael: Then played alumni up until I was in my 60s. But he was a great coach. I mean he was a coach that was a true coach. "You can do this" and pushed me really hard. He knew how to do this and do that. So maybe I modeled myself a little bit after that.

Allison: Yeah.

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Michael: It's coaching, so maybe hiring people is—I've done blind hiring and I think Omer Reed used to talk about if you run into a really great waitress in a restaurant that's service oriented and stuff, why not give her a job as a person in your office?

Allison: Yeah, she's already got the...

Michael: You can train them how to do the skills.

Allison: Right.

Michael: You can't train some of the other stuff.

Allison: Cool. I wish we had time, one of the questions I had for you was a little bit, I don't know, we have like five minutes left. But I was curious about how you've balanced your life over all these years practicing, what I believe, you're probably a really fine dentist just from your qualifications. So how did you balance becoming a really fine dentist with your family and your health and all of those things?

Michael: That's a tough question.

Allison: Because you have longevity. I think it takes something like—to make it sustainable there's something. It may not be balance. What do you think?

Michael: Balance, I'm willing to go with Pankey's cross of life. One of the things I heard is from L.D. was that people say their play is their work. He said it's really not. You have to separate your work. You have to stop working sometimes. There were times when I overworked and there's times when...

I think one of the examples is when my kids were little and Peggy was working fulltime at Johnson & Johnson, I started, went into work early at 7:00 and I got done in time for the bus to come home and meet the kids or I took them home from daycare. It was probably not a good business model to leave my practice at 2:00 or 3:00 in the afternoon but I got to know

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my kids pretty well and we're all still friends and we still like each other. So that worked. The worship piece was pretty much it's easy here on the farm, we've got beautiful mornings. I sit and watch the sun come up and meditate about that, so that's the quiet worship time.

Play, I mean I played more with Tuck than anybody else that's on the line right now. Play can mean anything from just walking around the front yard, to helicopter skiing, or doing Aikido. That's play for me, that's not work. So there's work, play, love and worship and keeping that balance has been pretty—not easy—but it's been a conscious attempt to keep that because I don't want to be that...

When I first started here with Burnett, we were five days a week, 8:00 to 5:00. Then after he left and I took over the practice, he taught me some really good stuff about that balance too. After I'd bought his practice, I think he called me up a few months later he said, "We're going to China for three weeks." I said, "Dr. Burnett, I can't leave this brand new practice for three weeks. Nobody will be there when I get back." He said, "Yeah they will." So he taught me how to take three weeks off. I like taking three or four weeks off and things have always worked out.

I think the other part of that that made it easier goes back to that put aside 10 to 15 percent of your income so that you have that cushion to fall back on so you don't need to work. One of the things he told me is you'd like to be able to retire at 55 but you don't want to have to work until your 70. He was putting inlays down in Hilton Head, South Carolina when he was in his 70s. He was filling in for other dentists. Because he loved dentistry and he didn't need to do it. I think that's where the balance came in I guess.

Allison: I think the money thing is a huge thing.

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Michael: Yeah, I have a great partner too that keeps me balanced. Like I said, we've been together for over 50 years counting college and not being married. She challenges me. She taught me how to fight fairly. We don't always agree on everything but that's not good either if you always agree. So that's the balance in my life.

Allison: Great. Well we're pretty much out of time. Mike, is there anything else you want to say just in closing? Or anything you want to share that we haven't talked about that we should have?

Michael: You've asked some really good questions. I don't think there's anything I can think of off the top of my head. Part of the team thing is you trust them to do their best job. Maybe that's one other thing is for if there are younger people there, I've never taken insurance. I never take the assignment of benefits because I trust my patients, I do the work for the patients.

I know eventually if they can they're going to pay me. There are very few people that take advantage of us. I trust my team members to do the best job they can. Work from wants versus needs. I guess that's it. I really appreciate you asking me to be part of this. Thank you.

Allison: Yeah, I so appreciate it.

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