

**Ep #58: Setting Boundaries for a Successful Practice  
and Life with Marilee Sears**



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**With Your Host**

**Allison Watts, DDS**

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## **Ep #58: Setting Boundaries for a Successful Practice and Life with Marilee Sears**

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 Watts: 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'm going to go ahead and introduce Marilee, who I'm so thrilled to be here with. Marilee is the founder of Marilee Sears coaching. She is dedicated to helping dentists increase their production while reducing their stress.

With over 20 years of experience in the dental profession, she's an expert in increasing production while improving patient care and relationships, works with a limited number of dentists each year to help them double their income and create a practice that supports the life they want. Marilee, not only have I just enjoyed our conversations so much, and your energy and your passion for what you do, but I also, I know some people that have worked with you and have just said that you've helped them. Person in particular said you saved their life, so I know you're a brilliant consultant, and I'm thrilled to have you here.

Marilee: I'm so thrilled to be here, and what I love, Allison, is that you and I just have the same mission of creating a business that supports the life that you love. I love that that's your tagline, right, is creating the practice and life that you love, isn't it?

Allison Watts: Yes.

Marilee: Yes, and so I'm just really, really happy to be here, and believe me, Mike said that he already loves his practice. Mike, you are ahead of the

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curve. I find a lot of dentists, unfortunately, that don't love the work that they're doing, or maybe they loved it before, but now it's getting constrictive or restrictive, and now they're just wondering, "Can I still love this profession, or has it changed too much, where maybe it's not for me anymore?"

That's the thing that kind of breaks my heart, because I'm from a dental family. Like I said, I've worked in ... I have over 20 years of experience, and part of that is because I started working in my dad's dental office when I was only like 12 years old. The summer between sixth and seventh grade, I started working in his dental office over 20 hours a week.

Allison Watts:     Wow.

Marilee:     I remember my dad would always spend a lot ... I know, I know. Well, the nice thing is that I had a way better allowance than anybody else I knew, because I was making minimum wage. Granted, that's not a ton, but making minimum wage like 20 hours a week when I was not quite a seventh grader yet, so I was making a pretty good living at that point, living pretty high on the hog. My dad was always at the office.

Now, I'm the 10th of 11 kids, and so believe me, I thought he was always at the practice because it was his escape, his time to get away from the 11 kids, because our house was kind of crazy, but over time, my dad passed away in 2012, and when I actually was able to see more with what he was doing within the practice, I realized that that wasn't really the case. In a lot of ways, his practice had become like a prison. My whole thing is about being liberated to be able to live the life that you want, whether that's practicing how you want to practice, whether that's traveling when you want to travel, ultimately just having the life that makes you happy.

It's different for each one of us. For my dad, I thought he was choosing to work a lot. I would call him a workaholic when I was growing up because he kind of, that's just what he chose, but when I started stepping into his practice more and seeing the numbers and seeing what was going on behind the scenes, I realized that he was actually at the office a lot because he just didn't see a way of getting himself out. He was just working

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so hard, hoping that he would get ahead. My dad ended up passing away in November of 2012.

He practiced up until the last few weeks of his life, and when we had his service, there were, it was held at our local church, and there was truthfully like 2,000 people or so in attendance. It was huge. People said that they couldn't even get into the parking lot because there were so many people that came to honor my dad and his legacy. Sorry ... I got it from my dad. I'm a crier.

People came up to my mom and were coming up to me and my siblings after the service and telling us these stories of things that my dad had done for them, and in that moment, I was just so honored to be my dad's daughter, because he's this incredible, generous person, but Allison, I felt so clearly, almost like my dad whispering in my ear, like, "Marilee, I would do it so differently," because he just always catered, he was this generous, loving person that just always catered to whoever was loudest, or whoever asked for it, instead of really spending his time and his attention on the people that mattered the most to him.

What ultimately happened is that, my family, a lot of times, just got the leftovers of my dad's time and energy and attention, and I just know that he really regretted that. I was 33 when my dad passed away, and I can say that I learned so much from him, so much from, like, okay, I feel like he taught me before he passed away and then even, kind of, through the passing and going through his business, about the mistakes that I don't want to make, the regrets that hopefully I won't carry with me when I get to that point of passing on, because I feel like that's probably the biggest inheritance that he left me is these gifts of, just, you know, "If I could do it again, I would do it so differently."

From the time that he passed away, I have to say I've lived my life really, really differently.

Allison Watts: You know what's beautiful about that is it's not only impacting your life, but it's, you're helping other people too, so there's a ripple effect that he left from that. It's beautiful.

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Marilee: Oh, absolutely. There is a huge ripple effect, and I would say, I still feel blessed, because I mean, my dad is just a part of my life still. In some ways, he might be even a bigger part of it now that he's passed away than he was before. I know that might sound crazy to say, but like I said, growing up I kind of got the leftovers of my dad's time and attention, and now I feel him close often, and I love that. I just love that. I actually was going back, Allison, and reading in my journal just this week, because I knew that you and I were going to be speaking.

Some of the things, it was about a month after my dad passed away, I started writing, I wrote this in my journal talking about the things I was so grateful for in my life. I was so grateful for my family and I was so grateful for my kids, and how I had noticed the exact same pattern in my life of them just kind of, them getting the leftovers. If anybody asked me for anything, the answer was yes. My friends would kid around like, "Oh, Marilee can't say no."

Even in high school, I would, I was carpooling a whole group of kids in high school, because I just could never say no to anybody, and it's just stayed with me for a long time. About a month after my dad passed away, I was writing in my journal, saying, "From this point on, I really want to honor what my dad shared with me, that he would do it so differently, and so there's going to be some questions I'm going to start myself to make sure that I'm serving the people that I'm meant to serve." That was, like I said, four years ago, but I still ask myself these questions, so do you mind if I actually share the questions that I ask myself before I ...

Allison Watts: I would love that.

Marilee: Help anyone or before I make a decision. The first is that, when people are asking for help, and it doesn't matter if it's a neighbor or an assistant or a team member, it really, to me, doesn't matter who it is, it could even be for my kids or my husband, the first question that I ask is really, "Do they need help, or do they need to learn a lesson?" More or less, like, "If I help them, if I bring them dinner or if I let them get out of work

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early and cover for them, am I really helping them, or do they actually need to learn how to help themselves? Do they need to learn this lesson?"

The reason why I'm sharing this is, again, one of the patterns that I see so much in dentistry is that there's really generous, kind people in this profession. It's one of the things that I love about dentistry, but we can also get taken advantage of, by team members, by patients, just because we can have a hard time with setting boundaries. These questions, for me, really helped me set some boundaries and not to be an enabler, and not to wear myself too thin, or spread myself too thin. The next question that I ask is, "Do I have the time and energy to serve them and still keep with my values?"

I'll go into that a little bit more here in just a minute, but when I say keep up my values, do I still have the time and energy to be with my husband, or still, do I have the time to work out, if that's, if health is one of my values that I'm prioritizing right now? More or less, because, we can kind of neglect our values for a very finite amount of time, but if that happens for a long period of time, if I'm neglecting my family, who's definitely one of my top priorities and one of my top values, if I'm neglecting that for a prolonged period of time, I'm telling you I'm going to be unhappy, and I know you'll see the same in your life.

If health is one of your priorities, one of your values, you ... I'm not saying you can't miss a workout. Of course you can, but if you neglect your health for a prolonged period of time, it's going to affect your production in the office, it's going to happiness if that is one of your values. I know that, if I'm going to help somebody, I have to look at, "Is this affecting my time and my energy for a prolonged period of time, to the point where it's going to be impacting my values?" That's going to impact my life. Then, the last question that I ask is, "What am I doing this for?" The main point of that is, "Am I doing this for praise or for acknowledgment?"

Allison, to be honest, I realized how many times in my life I was serving people just because I wanted to look good. I was afraid of looking bad by saying no, and that concern is still there. That still rears its head, but

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it happens a lot less frequently now, and I'm not so concerned about looking good, mainly because I think I just realized more of what's important, but the other part is, I don't know.

I do really have more of a core value of who I am and not needing to please everybody, but I also just want to make sure I'm pleasing the people that I love and care about the most, and that's, again, just that legacy that I learned from my dad, of you can say that your family is really important to you, or you can say that your health is really important to you, like Stephen Covey has said, you really look at your calendar and your checkbook to determine what your values are.

That shows what your values are, and after my dad passed away, I really needed to be honest with myself, and I saw a number of times that I was spending time away from my family, or my family was being quote unquote "neglected," because I was taking care of other people or other things. There's very few people in my life ... This might sound harsh, but there's very few people in my life that matter that much to me that I'm willing to neglect those relationships in order to take care of them. I was not setting those boundaries before. It was like, if a dentist called and needed my help at 8:30 at night, sure, I would walk out of a date that I was having with my husband to take the call.

I mean, these are the kinds of mistakes that I was making, whereas now, I'm really intentional about the values that I have in my life, and it does not mean that I'm perfect. Believe me, there's times when my kids watch too much television and I don't have enough quality time with them, but I can say, for like, on a whole basis, I get a lot of time. I feel good about the relationships that I have with my husband and with my kids and with the people that matter most to me in my life.

Allison Watts: That's awesome. I love those three questions, and I can see for myself how I've done, you know, dentistry, it can be a little bit of a slippery slope, because we can justify a lot of things, like, "Oh, I've got to go see this patient," or, well, you don't have to go see them right now, like

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you said, during your date with your husband. You don't have to drop everything you're doing and go right now.

Marilee: You have those patients that call to ask you a question or have an emergency, right?

Allison Watts: Yeah.

Marilee: There are those calls, at least, like I said, maybe my dad is like the most extreme example of someone who didn't set boundaries, but truthfully, if someone was able to get on the phone with him, he would go down to his office. I remember one time in particular, because as I said, I worked in his office. I was a junior in high school, I was out on a date, and it was like 11:15 at night, and he called me and said, "You need to meet me down at the dental office," at 11:15 on a Friday or Saturday night. It was a Friday or Saturday, because I was out on a date, and I remember being super annoyed. Right, so ...

Allison Watts: Yeah

Marilee: I'm out on a date, and I need to come meet you at the office? That just ... Yeah, so obviously, like I said, he, granted, was the extreme, but I think all of us can look at our lives and say, "Okay, where are the people, who are the people that I need to set better boundaries with?"

A lot of times, I think it's our team members, those people that kind of know how to just do enough, or they kind of, maybe they've been part of the practice long enough, or maybe, you're often friends outside of the practice, and so they get away with more than they should, and I want to say it's really valuable to reassess on a monthly basis, on a quar- I would say on a monthly basis, at least, of who, where do you need to set some better boundaries?

Allison Watts: Yeah, I ...

Marilee: You know what? I think it happens a lot with teams. Sorry, Allison, go ahead.



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Allison Watts: No, I love your question, the first one, do they need help or do they need to learn something, because I can, I shared with you before that I have had periods in my practice where I was like, "Seriously, why do they keep asking me these questions," and I realized that I was, I had totally enabled it. I was perpetuating this cycle by answering the questions over and over and over again instead of actually having them figure out the answer or, you know, like you said, learning how to, learning a lesson.

Marilee: Right, like for them, how to do it for themselves.

Allison Watts: Yeah, I kept allowing myself to be the, you know, they could just come to me and ask me a question and I would answer it. It was just, that got really old.

Marilee: Well, and Allison, this is again something that we were talking about, that you kind of allowed yourself to be like Google, right? They could just come to you. You always had the answer, and to some extent, and I'm sure it's pretty accomplished smart people, and so it makes you feel good, too, that you always have the answer, right?

Allison Watts: Yes.

Marilee: Sometimes ... That's why I actually have that third question, is, who doesn't love some acknowledgment and some recognition, but again, when we start to let people, so the third question is, "Am I doing this for praise or acknowledgment? Am I doing it because I more or less am trying to get something, validation from someone, validation that I'm smart, validation that I know the answers, validation that I'm helpful, validation that I'm a good person?" These are all things that I absolutely have sought validation for in the past, and it's more or less, it can just be this endless pit.

If I'm looking for validation, oh my goodness, it's an endless pit, so I would just say that I have to stop serving from that place and instead go, "Okay, who in my life needs," and this is the hard thing is, when it's a team member, for example, that maybe has been a part of the practice for a long time, this is the thing, is, I think a lot of times we love these people. We

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care about them, but they need to learn some of these lessons for themselves, right? I have dentists I've talked to that have loaned money to team members, or they're letting team members come in late, right?

They're like, "Well, but they're having this struggle right now," and I'm not saying that we shouldn't be kind to people or that we shouldn't be considerate or that we shouldn't have these considerations, but again, we do have to kind of step back and say, "Where do we need to set better boundaries? Where is it affecting me, my life, my values, and the practice?" Those things always have to be looked for and protected, because it's too easy to let those things slip. Again, just kind of catering today to the squeaky wheel or the person that's the most dominant in the practice, or the person that's the most dominant in your life.

Allison Watts: Yep.

Marilee: Yeah.

Allison Watts: Yeah.

Marilee: Yeah.

Allison Watts: That feels true. Been there before, too. Yeah. Awesome.

Marilee: Yeah, so I, so for me, I just realized that quote from Dr. Phil that says, "We teach people how to treat us." I think that if there's things that, I realize now if there's things that I'm unhappy with in my life, and I would say the same, again, to everyone who's here, that if there are things that you're unhappy with in your life and your practice, whether it's patience, whether it's a team member, whether it's an insurance that you're working with right now, just realizing that we really can set those boundaries, and we really can teach people how to treat us.

We set expectations, and if people don't meet those expectations, I think you have to make those decisions of, "Okay, am I going to change my values and change what the expectations, or do I need to not have these people in the practice any longer," whether, again, whether that's a patient that doesn't pay their bill on time, or a patient that doesn't respect their

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appointment time, or whether it's an employee that chronically misses work or is chronically late to work.

I think just knowing that you're going to be okay, and that, the other part is that it affects, we can oftentimes kind of delude ourselves into thinking that these things don't really impact us, and I've been in too many practices where one person really impacts the energy or the feel of the entire team. We're, the entire office suffers because it feels like there's one team member that's in control, that kind of gets whatever they want, that has the doctor's ear, and everybody else is like, okay.

It takes away the motivation, and either people, either if you have good people in your practice, either you'll lose them, like they'll go somewhere else, or I also say, like, you'll ruin them. They'll lose their motivation because when you have those people in the practice that aren't motivated, if they continue to stay part of the team when they're not motivated, it's like it's contagious. I really believe that, like laziness or lack of commitment is contagious. You have one person on the team that's like that, it is going to affect the team.

I consider myself, again, because I grew with a dad that's a dentist, a brother that's in private practice in Texas, and I have a sister that's in private practice in Hawaii, I have always been aware of the numbers. That's something that I am completely aware of as a hygienist. When I got out of school, I would always be looking at that. I've said that to every doctor that I've worked for. I said the most important thing to me is always going to be patient care and patient relationship. The second most important thing to me is going to be my, is production, because I know what I'm here to do. I'm here to serve patients and I'm here to benefit the practice. I'm really clear that that's my role as a hygienist.

The first office that I worked at, though, great dentist, great guy, but there was a team member onboard, an assistant, that just had this really bad attitude, and he had an incredible office manager, and I'm just, I think I came out as motivated as I could have been, and I realized, after being in that position as a hygienist for about four months, that I was losing my

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drive. I was kind of saying, like, "Oh, I don't care," but not looking at my numbers anymore, just not caring, because I felt like, "Well, if she doesn't care, why should I have to care?"

I actually called him and I said, "I want you to know, it's totally up to you," maybe this is my consulting coming out or my coaching coming out before I ever had a client, because here I was, 23 years old, and I called the dentist at home, and I said, "I want you to know it's your decision with what you do for your assistant." He had worked with this assistant for 18 years. I said, "But I can just absolutely feel that her attitude towards the practice is affecting me and I'm losing my motivation, and so I want you to know that because I want to be accountable to you about that, but the other part is, I just don't know how long I'm going to be able to stay, because I care about dentistry. I care about this and it's really hard for me to care when I feel like I'm the only one that does."

He did eventually let her go, but it was absolutely the right decision for him. I get it was a hard decision. He'd worked with her for 18 years, but her heart was just no longer in the practice. Again, I'm not a heartless person. I think I'm actually a really kind person, but I would say that there's no one that I work with that I would say, "Well, they're completely protected," because I think you have to know that. You can't build your practice around any person.

You have to always realize you are steering the ship and you're choosing the direction that you're going, because if you commit to people, even if they have a bad attitude or even if they're not really committed to the practice, it will hurt you. I've seen that in that dentist's practice and I've seen it in my dad's practice. He had an assistant that worked for him for 30, I want to say about 30 years, and when he passed, well, actually, right before he passed away, we let her go, and it was really difficult.

He cried when I told him that we were going to need to let her go, but it was absolutely the right decision. It was 100% the right decision. All I'm saying is, these things sometimes, they're not easy, but you grow through

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them and I think there's a lot to be said about just, again, knowing that you control the practice.

Allison Watts: Yeah, and I just, there are a lot of people in the world, and I'm not sure if dentists in particular, as a group, but it feels, I mean, a lot of people don't feel comfortable at all with confrontation, and besides the fact that we're kind people and whatever else is going on, it's interesting. How do you coach dentists who are, you know, like you're saying these things and it sounds great, and then, like, really? I'm going to go and set boundaries, or, I don't know. I'm just imagining somebody ...

Marilee: No, no, no.

Allison Watts: So scared.

Marilee: That's a great question, Allison. That's a great question.

Allison Watts: Yeah.

Marilee: No, I think you're totally right, because, okay, I'm a mom, you're a mom. One of the things that I say is I think, too often, when we're setting expectations for team members, and it can be the same, again, even for our kids, that we're too broad when we set expectations for team members. This is what I always say. I don't come in and say to someone, "Okay, you're going to fire Sara and Marie and Tara tomorrow." That's not, I promise that's never where I start. I want to believe that everybody on the team is there to support the practice and they all have the right intentions, they just need some guidance.

I'm going to tell everybody here, "This is how I do it, and this is how you should do it," because I'm pretty opinionated. Just to be really clear on what the goals are for each and every person. If Sara is your front office person, I'm not going to give her a goal, something that's like being friendly, answering phones promptly, and checking patients in on time. I'm going to give her very clear expectations of, "Okay, you know, the phone needs to be, all phone calls need to be returned within that business day. I want the phone answered by the third ring, or by the second ring, because then

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everyone will know in the office if it's not answered by the third ring that we need to be grabbing it."

Then, the main thing is, for each person in that practice, I think it needs to be really clear about what their specific role or responsibility is for the practice, and what their monetary goal is for the practice. That doesn't matter if it is the assistant, or if it's the office manager. For example, for the assistant, I really like them to track what the office's production, what the doctor's production was for that day, and then if there was anything that they did to add for the production. Did they make a whitening tray? Did they ... In places where the assistant can be doing restorative work, how many restorations did they place?

I want them to actually be tracking those and having some goals in place for what they're doing. It's the same for your hygienist. I want your hygienist to know, "Hey, this is your responsibilities, the preventative care of our patients, and then this is what your daily goal is." I'm really clear on that, that I want them to know what their monetary goal is, because to me, I want to see both the effort that they're putting in, the attitude that they're putting in, and then the results they're getting. It's those three things together, the effort, the attitude, and the results, that help me to see, as a coach and then also as a business owner, how well our team members are performing.

If those three things are lacking, or one of those three things are lacking, I can coach them on that, but if it continues to be lacking, especially if it's attitude, well, good luck getting their effort to increase and those results if their attitude is lacking. I'm always going to definitely, I would definitely say that attitude is the main thing that I don't put up with, if someone's not willing to change, if someone's not willing to put in additional effort, if someone's just going to give excuses as to why they can't put in additional effort or why they can't do something, that tends to be like, "Okay, if things don't change quickly, I know the practice is only going to go so far."

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That is when I bring it up to a dentist and say, "Okay, so she knows what's expected. She knows what we've asked her to do each day." When I say the effort, maybe that's talking to every patient about fluoride, or maybe it's talking to patients about perio when they have one five-millimeter pocket, not waiting until they have six or seven five-millimeter pockets, or even worse. I've seen a little bit of everything. If you set those expectations with them and they're still not doing it, I would only put up with that for a very finite time.

When you put expectations out there, such as provide good care to the patients, or friendly service, or provide the best service, I feel like those expectations are so broad that you can, you know, your hygienist and yourself can be arguing about what that means. Instead, as the practice owner, you need to be really clear about what your goals are and then how you need your team members to be able to support that goal, because the success of the practice can't just rely on you. When I see that, that's when you have dentists that are stressed out, that are overworked, and that, to some extent, feel like they're under-compensated, because they're supporting the entire team.

They're driving, you know, they're the momentum behind the train, where, when you have a team that knows what is expected of them, and they're all striving for those goals, oh my goodness, it becomes so much easier. Then the other thing is, you start to see the people that really are putting in the effort and have the heart in the practice versus those that know how to talk a good talk but don't actually follow through with the action.

That's what I would say, is always going, putting very concrete, "Okay, this is what your responsibility is," and it could be, I usually just start with a couple at a time, like, "Okay, these are your top three responsibilities, and each day we're going to check in and see what the results have been from those, for your top three priorities," and then, like I said, if that's not, if I'm not seeing the results, then the question is, "Are they the right person for that position, or are they the right person for the

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practice?" Again, if the attitude is lacking, then they're just not, oftentimes, they're not the right person for the practice any longer.

That's how, usually how the decision is made that oftentimes team members really do have to go because they're not the right fit for the practice any longer. They actually have competing goals with the dentist. I've seen that a lot, that even though a hygienist or an assistant has been with a practice for 18 years or 20 years, now they have a different, the doctor and the team member can have completely different priorities, and that just doesn't work.

Allison Watts: I love that. No, and that clarifies it a lot. I think most people would feel comfortable confronting if there's clear expectations and clear roles and goals and all of that is put in place ...

Marilee: Exactly.

Allison Watts: Ahead of time. Yeah.

Marilee: For example, like the expectation, okay, say that you have a hygienist and you're saying, "Okay, this is," the office manager provides a list of overdue patients, and you say, "Okay, every time you have an hour of open time, you should be calling 10 patients on that list and following up with them, giving them a call, sending them an email to get them scheduled." It's time after time after time, the hygienists are clearing up their room or they're kind of hanging out in the front, or they're choosing to do other things with their time.

At the end of the weeks, there was four hours of openings, so you would have expect 40 patients to have been, and there's been eight patients called. That's, like you said, it's a very different conversation to say, "Okay, this is what we have set as the guideline. I expected 40 calls. You made eight. That's a very different expectation then. I want you doing productive things when there's downtime. I really want you using your time well when there's downtime."

Too often, those are the kind of conversations that are had, right? Like, "Okay, I really want you just to be working, even when there's

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downtime," and then they get to choose what they do, and I'm not trying to put down hygienists or assistants or anyone. I just think, a lot of times, if we get to choose what we do, we just choose whatever's easiest.

Allison Watts: Oh, yeah.

Marilee: That oftentimes isn't, those aren't the actions that benefit the practice. That's what I'm saying, being really, really clear, so that, again, even when you're having those conversations after the fact, of like, "Okay, I need to talk to you about this, because there were eight calls made versus 40," you can be really clear about it, instead of this thing of, "Okay, I'm unhappy," they're feeling like you're unhappy with them, and they really feel like they're doing a good job. It almost becomes like this argument, because you're saying, "I think you could use your time better, and they're like, "You think I'm being lazy. You think I'm milking the clock."

It's like, no, you're taking it off of behaviors. You're really looking instead at, "Okay, this is what's the expectation, and those expectations aren't being met, so can we do them, do with need to change the expectations?" Again, you know, it takes away a lot of the conflict.

Allison Watts: Yeah. Makes total sense.

Marilee: Yeah.

Allison Watts: What about, like you mentioned, when we were talking, and you know, when I talk to dentists, sometimes they feel ... I've felt imprisoned in my practice and I never signed up for any insurance plans, but I do have some clients, and actually, teaching at Pankey and that kind of stuff, there's a lot of young dentists that are in that boat. Do you have any pointers about that, or what do you think about that?

Marilee: That's a really, I mean, that is like the million dollar question. I wish I could just say I have the million dollar answer, but the thing I would say is, first, you need to be really clear about the kind of practice and how much you want to be working and the kind of service that you want to provide to be happy.

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Part of that, I would say, is, yeah, part of it is absolutely the fact that insurance has changed so much, and reimbursements are down, and all of those things, and there's so many people who are in competitive markets where they feel like they have to be participating with a number of insurances, but having said that, the other part of it is that I think, if you're in that position, one of the things that I would say is, I firmly believe that it's not completely a 100% insurance problem.

I think a lot of times, we need to know how to better communicate to patients, and I think a lot of times, we think we're in the market of dealing with teeth, of dealing with smiles, and we are 100% in the people business. When it comes down to it, I can tell you time after time after time, patients truthfully do not care how good your work is. Again, I'm just being really honest. They don't care about the quality of the work. The percent of people who care about the quality of the work are probably less than 5% of the patient base. What they care about are other things.

They care about convenience, they care about relationships, they care about communication, they care about, they do care about finances, and so you just, the better you can be at communicating, and the better you can be at just advocating the worth of dentistry, because that's one of the things that also surprises me so often, is I'll talk to dentists, and for example, I'll say, "Okay, so," I guess I think a lot of times, we don't realize how valuable our services are.

Allison Watts: Yeah.

Marilee: Whether that's a humility thing or whether that's a self-confidence thing, but I realized that I didn't value dentistry completely. Again, I've worked in dentistry for a long time. I was working in North Carolina at a perio office. This is probably a little over 10 years ago, and I had this wake up call, that, I was presenting treatment to this patient.

I was a hygienist in this perio office, and I was also a treatment care coordinator, so I would work for these patients that would come in, and I would also present their treatment plans to them and get them scheduled. This woman came in one day, a new patient, I'm working in a perio office, I

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still remember seeing her in the reception area and thinking, "Oh, she looks so young," because you see a lot of older people in perio.

Allison Watts: Yeah.

Marilee: She was probably like in her 40's. As soon as we got back in the room and she smiled, though, it immediately aged her by like 10 years, because she had early onset aggressive perio. Her front teeth had spaces. You could tell that teeth were loose. She had, she was in a really tough position when it came to her oral care.

I'm gathering all the information, I'm talking to her about all these things that she's been through in the past, because she had been dealing with this perio issue for years, ever since she was a teenager, and so, when it came time to, I had to coordinate the care with her general dentist and with the periodontist, and I was the one who got to, I was able to present the entire treatment plan to her. I remember, Allison, that it was like \$42,000 and change. It was the biggest treatment plan that I had ever presented.

I was totally nervous about presenting the treatment plan to her, because I was like, "She can't afford it." I mean, this was what was in my mind, is like, "She can't afford this," and I was really kind of embarrassed to be presenting it to her, so I went into the room and I presented it to her, like, "You know, here's what we would do, blah, blah, blah, and it would be \$42,000." I was like, I felt ashamed even saying it. She left that day, and it was one of those where, like, you kind of have these days where you kind of go home and you're thinking, "This is hard," because you want to do what's right for patients, and sometimes it just feels like you can't.

Again, I just remember feeling like, "Ugh," like kind of deflated when I got home that night. About a week later, she, her name was on the schedule, and I said to the front person, I was like, "Oh, I wonder, what is she doing on the schedule?" They said, "Oh, she's moving forward with treatment." That's how surprised I was that she was moving forward.

Allison Watts: Wow.

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Marilee: I thought she was in for an emergency, and they're like, "No, she's moving forward with treatment." I was like, "You're kidding me." She came in. I'm going to say, I'm actually going to say her name was Allison, sorry, because I think her name was Allison, Allison. She came in ...

Allison Watts: That's funny.

Marilee: She comes in, and I came into her room, and I said, "I was so glad you were doing it." I was super excited. I was super excited she was moving forward. I was like, "You're doing it." I was like, "What changed?" We had talked about finances. We'd talked about the fact that she didn't think that there was any way she could afford this. She said, "You know what? I decided to sell my car. My car was paid off, and," she said, "I decided to sell my car." She goes, "I'm just going to take the bus for the next while," and it didn't cover everything, but it gave her enough to get started and for them to be able to kind of finance the rest.

She said, "I sold my car." She goes, "I'm just going to take public transit for a while, because not that many people see my car, but everybody sees my smile." Allison, I started crying. I actually started tearing up when she said that, because it was such a wakeup call to me that she valued herself and her smile so much more than I did. She committed, she accepted that treatment despite me, not because of me, but despite me, right?

Allison Watts: Yeah.

Marilee: I see that again and again and again in dentistry, that we don't understand, like we don't value what we offer to patients, that it is not just filling a tooth. There's so much more to it. There's so much about a way a person feels about themselves in their smile.

I think if we've never had a toothache before, if we've never been in pain like that, if we've never been embarrassed to smile, we don't know what that feels like, and so, oftentimes, I really don't think we're big enough proponents about what it is that we offer, and we can feel like we're being pushy or we're being sales-y to talk to patients about cosmetics, or to talk

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to patients about being more proactive about their care, but to me, I feel like that shows that we actually value it, and if the patients aren't going to hear it from us, where in the world are they going to hear about it?

Allison Watts: Yeah.

Marilee: Then just to kind of give you an example that kind of is closer to home, is, a number of years ago, I actually broke my nose, and I went to a couple different plastic surgeons and ENTs afterward to look at getting it fixed. The thing that I was told over and over again is I have a hard nose to work on. I guess I have a difficult nose to work on and they were saying, "You know what? It's not really that bad, and so if it doesn't bother you that much, just leave it alone." It did bother me, Allison. The whole point is, it did bother me. I could only breathe through one side of my nose. I had always hated my nose to begin with, and so, I was like, "No, it really does bother me."

My husband, being the amazing, incredible husband that he is ... We were probably married about 10 years, and I would make these jokes about my nose, and he just said to me one day, "Marilee," he's like, "I don't care about your nose. I think you're beautiful," because he has to say that. He goes, "But if it bothers you," he's like, "I don't want you to bring it up again. Either get it fixed, or just don't, it can't bother you anymore." He's like, "I'm done kind of hearing you complain about it," so I went ahead and I got the, I had a consultation with this plastic surgeon in Seattle.

They, you know, the fact that my nose was broken, she was talking to me and saying, "Well," the financial coordinator, he, this guy totally focuses on facial plastic surgery. He was the right guy to use, and when I got to the financial part of it, the person was presenting it with exactly the same way that I presented it to this woman 10 years earlier. She was like, "Okay, and I think maybe we could get your insurance to pay part of it, but they're not going to pay very much, and you're going to end up paying most of it out of pocket, and so it's going to be like \$10,000." I, in my head, was like, I had no idea how much, I really thought it could be 15.

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I had no idea how much it was going to cost, but she presented it like that to me, and she's like, "Well, let me check with your insurance. I'll get back to you." I left it there, and a week passed, two weeks passed. She never, they never got back to me. In fact, I think I even called them. I did. I called them and she said, "Yeah, I followed up with your insurance. I haven't heard anything. I don't expect they're going to cover it."

It was only going to be like a thousand or two thousand dollars my insurance was going to cover anyway, but she was like, "I'm so sorry. I don't think they're going to cover any of it." Again, my sweet, amazing husband said, and maybe this is when it, he said, "I," he goes, "Marilee, if it bothers you, we will find a way to pay for it."

Allison Watts: Yeah.

Marilee: If he hadn't sat down and had that conversation with me, I can tell you this, the woman's name was Janet who presented the treatment to me, and it almost talked me out of it. This is something that had been bothering me for years, and the way she was like, "You know what? Your insurance isn't going to cover it. You're going to pay for a lot of it out of pocket," like she talked me out of the treatment. It was my ...

Allison Watts: Yeah. She was ...

Marilee: Sweet, amazing husband ...

Allison Watts: Actually, I can hear how she was making it sound like it wasn't worth it. Yeah.

Marilee: Yeah, like it wasn't worth it, and so I actually, whether she got it or not, Allison, when it was all said and done ... So many people say they can't even see the difference in my nose, but, from what it looked like before. I can see a difference. I can see a difference in it, though. I went back into the office and I shared that story with the doctor, just because I said, "You guys, if you've never been embarrassed at how you look, you have no idea what it feels like."

Allison Watts: Right.

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Marilee: "You just have no idea," and I think that so oftentimes, we just don't know what it feels like to our patients. We don't know the things that concern them, and so I don't, I'm not here to shame anybody and to make them think that their smile isn't beautiful, but I will ask those questions. When patients say something about, oh, like, "Oh, you know, this space bothers me," in the past, Allison, of course, I was like, "Oh, that's just a small gap. Really, that," and would minimize it.

I've heard dentists say things like, I've even worked with a dentist that, a person said, "I really would like to whiten my teeth," and I mean, I've heard it time and time again where dentists will go, "Really? You have such a nice, white smile." I know that they're being kind, but it's one of those things of, if it matters to the patient, can we not just hear them out? They're bringing it up for a reason. I think so many times, we minimize and can almost be, like talk patients out of caring about the way that their teeth look or, because we don't value it enough.

We have never been in that place of feeling embarrassed or wanting something to be changed in our smile. This one dentist in particular, just, again, to give you an example, this woman came in and said, "I really would like to whiten my teeth," and she had this beautiful smile. She had just gotten done with ortho, and she had these gorgeous, large teeth, which I just love that, when people have this beautiful wide smile. It's one of those things that I covet because I have smaller teeth. She said, "I really want to whiten my teeth," and he said to her, "Have you ever head that big women shouldn't wear white pants?"

She's like, "Yeah, yeah," and he's like, "Well, it's kind of the same thing with your smile." He's like, "You know, you have a beautiful, wide smile," and he's like, "I just wouldn't get those teeth too white." I was like, "What? What, are you kidding me?" It was just one of those things where ... And she came in six months later, and I remember like, because I could tell that it actually, it went from this place of where she felt so proud of her smile that she now actually kind of felt a little ashamed, like maybe her smile was a little too wide, like it was too big, you know?

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When she came, I wanted to make sure to bring it up, and I just said to her, "I want you to know you have such a gorgeous smile. I love it," and I said, "Are you still concerned about the shade of your teeth?" She goes, "Well, remember his comment about big ladies shouldn't wear white pants?" It stuck with her. It stuck with her.

Allison Watts: Yeah.

Marilee: Patients really, like, we have, I just feel that, so many times we hold these patients in our hand, and I don't think it's a hard thing to take care of a patient for six months, or to take care of, to say like, "Okay, they're going to be healthy for the next six months," but my goal is really to hold those patients in my hands in a way that they know that I care about them. I care about them way more than I care about their teeth. I care about them more than I care about their finances.

I care about them and the sign of me being a good provider is that they know that they're cared for, and yeah, they actually have their teeth at the end of their life, because I care about that. I know that that will make a difference in their life, and so, that's something that I did not have when I started in dentistry. I'm constantly learning from dentists that I get to meet with, like kind of testing those techniques; I really value dentistry. Then I'll go see a dentist to present treatment, they're like, "Nope, I wouldn't have presented that. Nope, I wouldn't have offered those options."

Instead of being closed down and thinking, "Okay, they're over diagnosing," or that, "They really shouldn't be talking to patients about that," I start, I really look at myself and I think, "Okay, maybe I'm not valuing dentistry and these services enough," and I think that is as big of a culprit of where we are right now with dentistry and insurance, than, as insurance is. That is my extremely long answer, as to, it's not just an insurance problem, it is also a value problem.

Allison Watts: Totally.

Marilee: The thing that was great about insurance before is that it gave patients a reason to come into the office, and we didn't have to



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communicate the value, right? It was like, things were covered, and patients would just say yes.

I mean, maybe we'd need to be marginally good at communicating things to patients, but now it's just really important that we actually believe that the things that they usually need to do to have a healthy smile and a healthy mouth for the rest of their life, that we're not, for me, I would say, just that we're not ashamed to stand by that and tell patients what they need, not tell them, but share with them what they could do and then let them make that decision, because again, we can tend to be really conservative and just think about, "Okay, what do they need for the next six months? What do they need for the next six months?"

I would really love for people that are, everyone that's listening to open that up and to think, what do these patients need to both love their smile and have those teeth for the rest of their life? To love their smile for the rest of their life?

Allison Watts: Yeah, I ...

Marilee: Then, from here, it's up to the patient if they want to do it or not.

Allison Watts: Yeah, that's what I was thinking is what do they really want, too, you know?

Marilee: Right.

Allison Watts: What's really, what's valuable to them?

Marilee: Just to give you another example, my husband, he paid for ortho when he was 18 or 19 years old, and one of the gifts that I have, being a hygienist, I worked in the office, that's where my husband and I actually met. He was a patient of mine, and so, I went back and I looked at his chart, because he said, made some comment about the fact, "Well, I didn't need braces but I really wanted them, and so I kept going to an orthodontist until someone said they would put braces on me, because I really wanted braces," and he did. When he was 19 years old, he paid for

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braces, and like I said, the benefit, being the hygienist, because I almost didn't believe him, Allison. I was like, "He's making it up."

I went back and I looked at the referral sheets that came back from the orthodontist, and truthfully, there was, the one that ended up doing it said, "He's been to two other orthodontists. He does not need braces, but he wants them, so I'm willing to move forward with treatment if he wants to move forward." That's really what it said on the slip that was in his chart, but he did. He wanted it. I feel like, again, so many times, we're like, "Okay, we make the decision of what we feel like is best for the patient," when instead, why don't we give them the option and they can decide what's best for themselves?

Allison Watts: That's a lot more joyful way to practice.

Marilee: It is, right? It really, really is. Yeah. Okay. Man, I kind of got off on a tangent there.

Allison Watts: Well, one of the things we were going to talk about is what are you putting up with in your practice, which is the exact opposite of what, like, what are you ... So, we complain about things and we think things aren't working, and so much of the time, it's us. We don't even realize how we're holding ourselves back.

Marilee: I mean, just like a really interesting statistic that, you know, we talk about how dental insurances haven't raised their maximum in years, right, like what they'll, their annual maximum in, well, not years, in decades. I was, I heard somewhere that they said the reason, part of the reason why dental insurances haven't needed to raise their annual maximum is because when the lobbyists are talking to politicians and things like, what, if there's, they're not going to, they aren't going to just try to raise their annual maximums on their own. One of the things they go to is that less than 10% of patients actually hit their annual maximums.

You look at that, and I think, okay, again, that shows me that this is not just an insurance problem. It shows me that it is a value and communication and almost a commitment problem, because if our patients

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aren't spending a thousand dollars a year, historically, on their dental care, that's probably, you know, I mean, there's plenty of patients that don't hit their annual maximum ever in their life, and I really think part of that is because we're not talking to them about things that they need in order to have their teeth and have a smile that they love for the rest of their life.

Yeah, like you said, what are you putting up with in the practice, there's definite, again, I think it all does come down to personal responsibility. It's really easy to blame insurance companies right now, because they're doing a lot of stuff that I don't like, too, but at the end of the day, you do have to look at where are the things that you can be doing better with in the practice? Is it that you do need to be more committed to valuing dentistry. One of the things I think is really nice about just taking CE and getting together with other dentists, is the fact of kind of having your beliefs challenged. That's something that I've come to welcome more over time, Allison.

Before, I didn't like having my beliefs challenged, and it still can be uncomfortable, but I don't ever just, I try not to assume that I'm right, when I'm talking to someone who has a different belief than I do about dentistry or about whatever, I want to hear them out, because I learn a whole heck of a lot more when I have that, like I'm willing to have my beliefs challenged, that I don't always need to be right. I don't want it just to be an insurance problem, because again, I'm telling you it's not.

I really do believe that it's something where we need to start valuing the care that we're providing to patients more, because it's, I mean, these patients, they're able to lease a Lexus, and they're able to go to Hawaii. People really do, generally, find the money for the things that they care about. I know that's not true of everybody, but it's true of the majority of us that live in this country.

Allison Watts: Yeah, that's been my experience, too. I've seen it with my own eyes, where my patients, when I very first started, they'd say, "Oh, I can't afford to have my kid's pulpotomy and crowns, blah, blah, whatever." I

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don't see kids anymore, but I remember this specific example, and then I would see them out buying a big screen TV or Nike shoes or ...

Marilee: Yeah.

Allison Watts: You know, whatever. Yeah, and I love what you said about beliefs, having your beliefs challenged, because our behaviors come from our beliefs.

Marilee: Yes.

Allison Watts: I really credit the whole way that I practice with just exposing myself to great mentors and teachers who had instilled in me beliefs that I didn't, like, we don't get that in dental school. Dental school ...

Marilee: Yeah.

Allison Watts: I'm sure some dental schools do teach comprehensive care and case presentation where you're actually collaborating, co-discovery and co ... I can't even think of the word, but where you're collaborating with your patient to treatment plan together, but me learning from people what they believed, and that they believe that patients want our best and finest care, and patients do figure out a way to pay for those things. Yeah. It all has to do with who you're hanging out with.

Marilee: It does, right? I was going to say, Allison, isn't it a whole lot more ... I'm just going to tell you, I think it's a whole lot more fun to believe that people want what we have to offer. I feel like there's a lot of people that are like, "No one wants to come to the dentist." Again, our actions, just as you were saying, our actions, our practices, are so impacted by our beliefs. I'll talk to one office manager who I'm saying, "Okay, what are we doing to reactivate patients?" She's like, "Oh, I just feel like I'm calling too much." Then I'll talk to another office manager, and believe me, the practice is doing 10 times better, where I'll say, "Okay, what are you doing to reactive patients?"

She's like, "Oh, I am calling them and then I send them an email and then I send a text, because I know that they need to be making their

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appointments." She sees it almost as her responsibility. Now almost. She sees it as her responsibility that they're getting cared for. The thing that I love about that is, you know what? I am really good about going to the dentist, but the last time that I had my eye exam, I was realizing this just this last week, it's been over two years. It's not because I don't care about my eyes. It's because they've never called me to set up my eye exam.

Allison Watts: Yeah.

Marilee: Too often, I think we can take these things personally, or we have this belief of, "Oh, they haven't called back because they don't care. They haven't called back because they, we're annoying them," whereas I said, no, I believe that people actually really do care about their teeth and they do care about their health, and I'm going to, it's almost, I will take the responsibility or I'll give one of my team members the responsibility to making sure that that happens, unless they say, "You know what, please back off. You're calling too much."

I'm not saying you should ... But, this is a very different belief of, "No, patients want what we have to offer," versus, "No, we're bugging them. We called them last month and they didn't call back." I'm like, "Please, no, that's not, like you can't just think you're bugging your patients. You have to, it's so important to have that belief of, "No, they want what we have to offer. It's just that people are busy," so call them again.

Allison Watts: Yep.

Marilee: Yeah. Then ...

Allison Watts: Well, I want to remind ...

Marilee: Then ...

Allison Watts: You guys that ...

Marilee: Oh, sorry. Sorry.

Allison Watts: Just real quick, because we only have five minutes left of our actual, official time, and some people may need to get off, but I know

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Marilee said she would stay on a little longer if we wanted to, but that if you guys want to raise your hand, it's star 2, if you have a question or comment. Yeah, if you do want to start wrapping, I want you to, like, what are the biggest things we can do to feel like or create, actually, for ourselves, a practice where we don't feel like we're in prison, or where we can ...

Marilee: Yeah, absolutely.

Allison Watts: Freedom and joy in our ...

Marilee: Okay, the first thing I would say is just, again, being clear about the things that matter the most to you. I can't say that enough. That legacy that I learned from my dad, or that I inherited from my dad, of knowing what matters to you, and these things don't necessarily need to take a lot of time. If health is something that matters to you, then today, when are you going to work out? Putting that time on the calendar, not, "I'm going to work out," but when are you going to do that? If your kids matter the most to you, putting that time actually on the calendar, and I mean, I do this.

I have time, I have it on my calendar, the time that I spend with my kids, the time that I spend with my husband, because the things that matter most need to actually go on your calendar.

Really, if you're someone that feels ... If you're not, if you don't feel pulled in a lot of different directions, there's no reason to ask yourself the question, but if you feel spread thin, if you feel like you're kind of a people pleaser, if you tend to, then I really, really would say, you know, asking those questions of, "Does this person need help or do they need to learn a lesson? Do I have the time and energy to serve this patient, to go in and see this emergency, to fill in for this dentist that's going on vacation," whatever it may be, "Do I have the time and energy to serve them and still and still uphold the values, the things that I value most in my life?"

Then again, the third question, "Am I doing this for praise or acknowledgment, or am I doing it because I want to, because it's the right thing?" Then, being clear about what do you complain about on a

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consistent basis? We all have these reoccurring things that we complain about. It might be a patient in the practice. It may be your child. It might be a certain insurance company. This is what I would say, is it's the same ultimatum that my husband gave me, where he said, "Either fix it or stop complaining."

If you are, there is an area, I can guarantee you, in each of your lives, that you are complaining about something again and again and again, and my advice to you is going to be, "Fix it or stop complaining," because just staying where you are right now of putting up with it but complaining about it, it costs you time, happiness, money, energy. It costs you.

Even just making the decision, "Okay, I decided to participate with this newest insurance, and I'm going to keep participating with it, so I'm going to stop complaining about it, and instead, I'm going to start taking accountability and start taking responsibility to see how can I do better? How can I better maximize the benefits? How can I better communicate with patients??" Then I start doing some additional services that insurance doesn't cover. That's something I would actually recommend.

The biggest, for me, when it comes to actually transitioning your practice, is first off knowing that goal that you want to have, again, those values that you have for your practice, and what are your goals, financially, for the practice, in order to support those values, the time that you want to have with your family, the time that you want to have to work out at the gym or to go on vacation. What are the financial goals that you need to have? Then making sure that every person that is on your team knows what their part is in making that, in hitting that goal, that every person has a responsibility, they know their role, and that they know their goal.

I would say if they actually know their goal on a daily basis, because if they're not hitting their goals, then you guys can talk about why they're not hitting their goal. It's a lot easier, just as we were talking about before, to have that conversation about, "Hey, this is the effort that needs to change," versus, "I need better." It's easier when it's a concrete, "Hey, this is what I need, this is the gap, and let's start making a plan to fill that gap."

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Then, again, you can reassess it and see if they're actually making those changes.

I'm just not a big fan of putting up with people or things in your life that don't support where you want to go, and that's where you get liberated, is when you stop putting up with the things that are holding you back. I know that we're wrapping up, so if anybody has a question, I want to give them time to do that, but I guess I, I also have a, I do have a story I want to share, Allison. I wasn't planning on sharing it, but it just came up, so ...

Allison Watts: I think it's fine.

Marilee: I'll not allow now for anyone, but then I want to share it. It's about being liberated too often, what's liberated ... Okay, I'll, let me just stop right there. If anyone has a question, they can pipe up right now.

Allison Watts: You guys, if you have a question, push star 2, and I know some of you may need to get off, but we've got a story coming, too. Okay, we have a question here. Okay. Is that Mike?

Mike: I don't have a question, I just have to say thank you, because it's nice to hear, I kind of live my dental practice like you've been talking about that.

Marilee: Yeah?

Mike: It's nice to hear a younger person sort of understands it. I try to work with younger dentists. I'm 70 years old, I'm still practicing, loving it, seeing the people I want to see, working with people that have been with me for 30 years plus, I mean ...

Marilee: Amazing.

Mike: I really appreciate what you were talking about tonight, and I wish some of my younger dentist friends could hear you, and Allison, thank you for getting Marilee on the line. Allison knows me better than ...

Allison Watts: Absolutely.

Mike: She ...



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Marilee: You guys know each other well? Well, hey, Mike, it was a pleasure to get to connect with you.

Allison Watts: Kindred spirits.

Marilee: I love that. Allison has a way of attracting bright souls.

Allison Watts: Aww, thanks.

Mike: Well ...

Marilee: You do. You do.

Mike: Well, just thank you very much, and good luck to you. Have fun with dentistry.

Marilee: Thanks.

Mike: I'm still having fun with it, so ...

Marilee: Good for you.

Mike: Allison ...

Marilee: Keep it up. You keep loving it.

Mike: I am. It's going to keep me alive. I could have retired 15 years ago. I'm still doing it.

Marilee: That is incredible.

Mike: I had a great mentor ...

Marilee: That's someone who is practicing in freedom, right? That's amazing.

Mike: Practicing in freedom, that's the way to put it, because I had just one story I'll tell of my ...

Allison Watts: Yeah.

Mike: When I came out of dental school and into my dentist, the first day, he said, "I know that you know you didn't learn anything in dental school, so

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you're going to be my chairside assistant for months, and if it's a really hard case, you're going to be Kathy's chairside assistant, because she knows more about dentistry than you do." I laughed and I said, "Okay." I was an empty bucket. The first paycheck I got as a dentist, because I'd paid my way through dental school saving and borrowing, so I never had, I didn't have any debt coming out, my paycheck was 10% short.

I said, with low self-esteem, I said, "Did I do something wrong?" He said, "No, but we're going over to the bank next door and you're going to go open up a no-touch account, and I expect you to save 10 to 15% of your gross income every paycheck so you can retire when you're 50 and you don't have to work until you're 75."

Marilee: That ... What an incredible gift.

Allison Watts: Yeah.

Mike: I did that, and L.D. Pankey said the same thing.

Marilee: Yeah. Yeah.

Mike: I heard it from my mentor, and that's what I did, so that's why I'm still loving what I'm doing.

Marilee: That ... I just want to share something, Mike. This is the truth. When you don't have to do something, it suddenly takes on a completely different feel. You get a different perspective. Kudos to you, because you had to make that decision and set up your life that way, but oh my goodness, well done.

Mike: Well, we, in the practice, I don't belong to any insurance companies. I saw a person today who we, on Monday, we put a E-Max onlay in, and I didn't like it, but it went in, and she broke it, and she came back in today and I said, "We're just going to redo it." She said, "Well, is it going to cost me?" I said, "No, that's my problem, not your problem. I'm just going to do it." She went, "Well, my last dentist used to charge me for everything that broke." I'm like, "Nah." Behind that was, by charging us, one of the other

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tips my mentor gave me, he says, "Charge enough to do it over again if you have to."

Marilee: Yeah. That's, oh my goodness. Okay, that is an awesome nugget to take away from this call.

Mike: I was ...

Allison Watts: You have to have the value for yourself before you do that, yes.

Marilee: Yes, yes.

Mike: She loved me and she gave me a hug when she left, and my team was happy, so it's fun.

Allison Watts: Can I just say this, Mike, but the one thing I did not hear you say is, like, you didn't, it broke and you didn't make it mean anything about yourself, right? Like, if anything, it was like a positive experience that you had with the patient.

Mike: Oh, yeah.

Marilee: I think one of the things that really steals so much of our joy is just expecting perfection when we are dealing with human beings. There's no such thing as perfection when it comes to doing, that happens in dental school, that happens on models, that doesn't happen when you have a breathing human being with all the different parts that we have going, you know, all the different things that we have going on. I think allowing our mistakes is a really big part of enjoying our practice, but not making those mistakes mean anything about us.

Mike: See, I snuck into dental school. I guess you'd make it.

Marilee: Oh, really? That's such a ...

Mike: I gave a lecture ... Go ahead.

Marilee: I said that's a pretty interesting background to go into dentistry with, yeah.

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Mike: I was an athlete in college, but that's a side story, but I gave a teach out at Rocky Mountain Rendezvous, which is, I think at 33, you said, Marilee, you're too young to remember, but Joan was there. I don't know if you know Joan yet?

Marilee: Allison does.

Mike: Allison does, yeah. I gave a talk to them. I've never, I started out, I've never done a perfect crown. Perfection is not ... And this one guy, I said, "Because I can find some fault with it, somebody else can find some fault with it, but I'm going to strive for perfection, and I'm just going to try to do the best job I can."

Marilee: Yeah.

Mike: This guy got really angry at me, and Joan kind of took him by the hand and walked him out of the room and talked to him, so he didn't bother me anymore. That whole perfection model is just, it's killing a lot of dentists.

Marilee: That's what I was just going to say is, again, it does. It takes ... That's something, we're talking about imprisoning ourselves, it's that whole thing of expecting perfection and then being frustrated whenever things aren't completely perfect. Giving yourself instead some space and recognizing, yes, just knowing that there's always room for improvement, and being, doing the best you can.

Mike: It gets even better when you're a parent.

Allison Watts: Oh my goodness. That's another day, another class.

Mike: I know. I'll let you get back to the other thing but I really enjoyed your talk, Marilee, and thank you, Allison, for keeping me on the list here to join in with this stuff.

Allison Watts: Absolutely.

Marilee: Thank you, Mike.

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Allison Watts: When you jumped on and told her that you were happy that there was a young person saying these things, right before you jumped on, I was thinking, "Amen, sister," when she said, "I'm not really a fan of just letting people keep doing what they're doing when it's not bringing," I can't remember exactly what you said, but you were, it was good, good stuff.

Marilee: Oh, thanks. I don't know what it was, either.

Allison Watts: Thanks, Mike. I'll go back and listen to it. It was like, I wanted to say "Amen," seriously.

Marilee: I'll always take an Amen.

Mike: I'll take an Amen, too, but thank you again.

Allison Watts: All right, well, Amen. Yeah. Thanks, Mike.

Marilee: Thank you. Thank you. Oh, and then, oh, well, I was going to say, I don't want to keep people on the line, so anybody else have a question?

Allison Watts: Nobody else's hand is up right now, so ...

Marilee: Okay. Is it just you and I, Allison, now?

Allison Watts: Oh, no. We've got 14 people on, so yeah.

Marilee: I was like, I don't want to bore you with a story, but at the same time, I was like, I will. Do you mind, I'm just going to share this really quickly. When I was ... Okay, so when I was 23, I was married for the first time, and it was definitely an abusive relationship, but what I didn't realize at the time, which really does have to go back to practice liberation, because there's no one I know that's on this call right now, anyone who's actually physically in prison, like isn't able to do what they want to do. At the time, I was in this relationship, what would happen, whenever there was conflict, is that I would really would get lost in this room.

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I would see that as the reason, like, I stayed in this marriage for two years. It was amazing to me that, when, anyway ... An experience happened where I started, I told one of my brothers and his wife what was going on, the abuse that was taking place, and they really took a stand for me and said, "You can't put up with this anymore. You cannot be there anymore. You're not safe." I decided to leave, and my sister went with me to get my belongings, and every door in our house had been locked and he had taken all the key, like you know, there's those little key picks on your doorjamb that you can open, so he had locked all the doors and he had taken all the keys.

My sister, I just saw this as the thing that was keeping me from locked door, all my belongings were on the other side of it. I was in the house at this point, but I was like, I didn't, I knew that if I kicked down that door ... Anyway, it was really like that line in the sand that I could not go back. That was something that was going to be kind of unforgivable. I remember my sister looking at me, because she came with me to get my belongings, and she said, "Marilee, you're going to have to kick down the door, and I'll kick with you."

We both, we said, like, "One, two, three," and we kicked the door, and we did it, I think it took like three tries, and finally we were able to kick a hole in the door, and I left and got a sackful of clothes, and I left, but I think about that for a number of reasons because my life is completely different than it was during those two years. The first is that, it is often hard to get out, get unstuck on your own. It's so important to have good people around you that say "You cannot put up with this. You deserve better." If I didn't have my sister there, I really believe I would be staying in the same situation.

The other part I'll say is that, if you had asked me, Allison, I would have said, "I can't leave because of a, b, and c," and I would have given you a whole list down to z, but the truth is, I had the power that entire time. I could have done things to leave. I think the biggest thing I have to say about being liberated from a practice is, any thought that you have of, like, "I don't have control over this. I don't get to make that decision," or if you're

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feeling like you are stuck or like things are out of your control, I can tell you from personal experience, that is not the truth.

There's no one that is so completely stuck, in their practice or in their life, that things can't change. I know that, once we get into those tough situations, it's easy to believe that, and that's, again, why you need to have people around you that support you, that say, "No, you can't put up with this anymore." My sister and I were reminiscing about this, because we just passed the, I don't know, I guess the 12th or 13th anniversary of the day that I left, and she said, "You know, one of the things you said to me," because I went and lived with my sister for a couple weeks after I left.

She said, you had to be away from it for a few weeks before you said, "I didn't even realize how bad it was." I had to be away from it for a while before I realized how bad it was. I think, again, you just have to trust the people around you, that if they're like, "You know what? You look really unhappy," or, "You're really not, like, something has to change," don't write that off, because we can get really complacent, or get, we can limit ourself.

I guess that's my whole thing that I want to say, is, so often, what happens is we just limit ourselves. It's not other people. It's not the situation that we're in. It's just our own beliefs that limit ourselves, and I think that's so sad, so sad, the way that, you know, to see that potential, to see those opportunities pass us by. I hope that actually made any sense, Allison, but ...

Allison Watts: It totally did.

Marilee: If anybody has a question, they can let us know, but I just really believe in the power of taking responsibility and then taking action.

Allison Watts: Love it.

Marilee: Thank you so much for doing this with me, Allison. This was so much fun.

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Allison Watts: It was so much fun. Thank you so much. I'm going to open up the lines, because I figured out how to do it, and you were right, it was ...

Marilee: Awesome.

Allison Watts: Right over on the left hand side. Your lines are open, if anybody wants to say goodnight.

Allen: Hey, Marilee.

Marilee: Goodnight.

Allen: I just wanted to ...

Marilee: Thank you.

Allen: Hey, can anybody hear me?

Allison Watts: Yes, we can hear you, Allen.

Marilee: Oh, yes, Allen.

Allison Watts: Yes, Allen.

Allen: Hey, it's one of these younger guys that Mike Lewis was talking about.

Allison Watts: Awesome. Hey, Allen.

Allen: I got you guys in the second half, and so glad to hear this. Quick comment?

Marilee: Yes.

Allen: One of the mistakes that we can make sometimes is, if we value something and we don't happen to connect to a particular patient and they don't value it, it doesn't mean we shouldn't persist with that value with as much energy as we have in the past. It's about our value. It's not about any one individual's value who comes into the office. They may not be right for



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your particular office, and that's neither good nor bad. It is. The practice has to stand on a certain set of values.

Marilee: Amen.

Allison Watts: Yep.

Marilee: Amen.

Mike: It might not be the right time for them.

Marilee: Exactly.

Allen: Exactly. Exactly.

Marilee: I was going to ... Mike, well put. That's exactly what I was going to say is, or they, it might just not be the right time.

Allison Watts: Yep.

Allen: Yeah, you've got to ride with them, let them ride with you for a period of time, as long as everybody's comfortable in it, let them ride, and sooner or later, they'll make a turn, one way or the other.

Allison Watts: Yep.

Allen: All right.

Allison Watts: Very well said Allen ...

Allen: Thank you.

Allison Watts: And Mike. Thank you.

Allen: Thank you. Thank you very much, everybody. It's good to hear you guys, and we'll see you next month. Marilee, I'll talk to you real soon.

Marilee: Sounds perfect, Allen. Thanks. Have a great night. You get to bed.

Speaker 6: Thanks. Thanks everybody.

Allen: Oh, yeah, I'm tired, man, I'm out of here.

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Mike: Goodnight, everybody. Thank you.

Marilee: Goodnight.

Allen: Getting old.

Mike: Night.

Marilee: Goodnight. Thank you.

Allen: Yeah, thanks, Mike, bye bye.

Allison Watts: Thanks. Goodnight.

Lisa: Hi, this is Lisa.

Allison Watts: Hi, Lisa.

Lisa: Hey, I just wanted to say thank you. I caught the second half of the call, and it was really power packed. I can't wait to go back and listen to the first half. Thank you very much, Marilee.

Marilee: Oh, thank you, Lisa. I hope you enjoy it.

Allison Watts: Yeah, it was pretty awesome.

Lisa: You're welcome.

Allison Watts: Definitely listen to it.

Lisa: It really was. I thought the second half was great. I've got a page full of notes, so thank you so much. Great.

Allison Watts: Awesome, awesome. Have a good evening. Thanks for being here.

Lisa: Uh-huh, bye.

Allison Watts: Bye.

Marilee: Bye.

Allison Watts: All right, we've got a couple more people.

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Maureen: Goodnight. Maureen from Minnesota.

Marilee: Goodnight, Maureen.

Allison Watts: Thanks, Maureen. Goodnight.

Maureen: That was wonderful.

Allison Watts: Awesome. Thank you for being here. So fun. We've got a couple more people still on. Jim, are you there? Are you unmuted?

Jim: Hey, how you doing?

Allison Watts: I'm good, how are you?

Jim: Hi, Marilee. It's Jim Alton.

Marilee: Hey, Jim. How you doing? It's good to hear your voice, so good to hear you.

Jim: Hey, girly. Good to hear from you. Thank you so much. I always feel like a voyeur over here listening to all these things, to these people that I admire so much.

Marilee: You feel like a what?

Jim: It's really ... I almost feel like a voyeur, listening, sitting in the background listening to all these people that I admire, you know, and going, "Yeah, that's cool," and sitting here cheering you on silently.

Marilee: Aw, thank you.

Jim: Thank you so much. Everything was great.

Marilee: Talk about someone who has value, has a lot to offer. Yeah, I was going to say, yeah. Thank you so much, Jim.

Jim: Yeah, we'll talk soon. Thank you.

Marilee: That would be welcome.

Jim: All right, you ...

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Marilee: That would be fantastic.

Jim: You got it.

Marilee: You have so much to share.

Allison Watts: Yeah.

Jim: Hey, thanks, Allison. Appreciate what you're doing there.

Allison Watts: Thanks, Jim. Good to have you on here.

Jim: All right, we'll talk soon. Bye bye.

Allison Watts: Okay ...

Marilee: Bye.

Allison Watts: Talk to you later. Bye. All right, we have a couple more still on here. Does anybody else want to say goodbye?

Speaker 10: Anyone else here want to say goodbye before they hang up?

Marilee: Yeah, or they may have just fallen asleep. I know it's getting late.

Allison Watts: Yeah, it is, actually. Some of these people, there's someone in Virginia that may be asleep. Oh, that's funny.

Speaker 10: Goodnight. Goodnight.

Marilee: Goodnight. Allison, thank you again.

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