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# PPA Podcast

**February 8, 2023**

## **Positivity and Ownership of Expectations to Raise the Standards**

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The Practice Profit Accelerator is where we dive deep into the most pressing questions we're hearing from teams across North America.

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Kevin: Good day everyone, and welcome to the latest edition of the Dental Success Today Practice Profit Accelerator Podcast. Everybody, today I have the pleasure of having Maegen join me! We are back, reunited, together again, taking over, giving Scott a little bit of a break; he's been working hard. And we're ultimately going to continue the conversation Scott and I were having last month where we focused on Scott's concept of the "think system" within the practice. So Maegen, welcome to the show!

Maegen: Thank you, Kevin. It's fun to be back here with you. I always get a little bit something different from you and Scott, so I'm looking forward to hearing what you kind of put on the table for everyone today.

Kevin: Well, thanks Maegen. Listen, I know I'm a lot to put up with, so I appreciate the fact you're actually willing to do it and be here with me. I love our time together, and hopefully Scott lets me keep doing this because I actually enjoy it. It's a lot of fun. It's good to be here. Anyways, so Maegen, last month, Scott and I, we dove into the importance of everyone being their authentic selves, which we talk about often. That's why everything we do is very custom and try to make sure that everybody feels very natural in their word choices and approach and things of that nature. And we do that of course to maximize every opportunity to be able to positively influence others as well as talking about the value in being a guide, leader of people, possibilities, outcomes.

So as we pick up from where we had left off, I'd love to begin with this concept of positivity of our expectations: our ownership over these expectations and subsequently raising the standards we set as we strive for excellence every day, which I happen to be focusing on right now on my Thursday messages. So Maegen, if you don't mind, I'd love for you to share some of your thoughts on this particular topic through the observations you have of teams who truly are...they're going for it, working hard at keeping an air of positivity throughout the day, within the practice, and with all the circumstances that show up on their doorsteps. So what do you think, Maegen? What do you have for us today?

Maegen: Thanks, Kevin. I mean, think it's such a great word, positive expectancy, and there's the obvious in it, right? The positive part of it is the more obvious angle, which we'll dive into as well. But I want to flip it around a little bit and just think about the idea of negative expectancy for a moment. Because sometimes, and this is something you mentioned from talking to teams, from doing a lot of role-play, we start to get a little bit of hesitation in how people will deliver verbiage, for example, because they're anticipating all the past nos that have happened, that have built up from patients past, and it's creeping into the patient they're speaking with presently. And that's what I would refer to as negative expectancy: where sometimes we see patterns, we're humans, we kind of pick up on patterns and, it gets in our heads sometimes.

And so there's this idea of first acknowledging, is there anything that's happening in my day-to-day, in my language, in my conversations with patients, in my conversations with my team where maybe I'm anticipating the negative? And I think it's very powerful to be able to call yourself out on that

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Maegen: in moments and to practice a little bit of healthy amnesia. And I mean by that is give every day a fresh start. Try not to drag in maybe a situation that didn't go optimally from yesterday into who we're talking to today. Really try and do your best to clear that slate because that can sometimes be the biggest block before you can even get to positive expectancy, is just to recognize first, are we anticipating any negatives? Are we clenching at any point to the conversation?

There's that moment where maybe insurance comes up on the phone call and you can feel your throat getting a little tight, right? You're kind of anticipating this negative response from a patient. So watch those moments, watch those moments because step one in my opinion is, we got to catch the negative moments first before we can start to flip it. And we'll talk about that a little bit as well. Before we do, Kevin, I'd love to get your thoughts on that since we don't spend a lot of time talking about the negative, for good reason. I just thought this was a really particular moment where it was important to call it out.

Kevin: Listen, I love it! And, as everybody's aware or anybody who's really paying attention to us is, it's not that we avoid negativity or we avoid problems or things of that nature, it's not it at all. We just don't dwell on them. In fact, I was having a wonderful conversation with one of our powerhouse team members who has been with us for a long time. Her and I have developed a real special relationship. And to her credit, she shows up all the time and she's been working on herself in conjunction with all the things that we help them with within the practice. And so anyways, she shared this powerful moment where she felt the shift that I reference often, which is where her...and going back to the book Positive Intelligence, where the author talks about the mind working more as friend versus enemy. And it's the same concept that you're talking about Maegen, of how often do we find ourselves in this state of negativity?

And she said to me, she says, "Kevin, oh my gosh, it was just this huge moment where I felt like I was so much more under control. I was managing my thoughts and it just seems so natural now." And she's been putting a lot of work into this deal. And I bring this up because one of the things that I said to her, because she said to me, she goes, "Well, now what do I pay attention to? Now what do I work on?" And I said, "The importance is this: it's not that we forget the past or we try to hide it or suppress it. It's just we want to have the past be the reminder, but we don't want to get stuck in it. We want to be reminded about how we can overcome negative situations."

Or like you were stating, Maegen, nos from patients, and have that be fuel for us to say, "Okay, well how can I turn that around? How can I turn that into a positive? How can I use this as fuel for good where I reflect on it but I don't mire in it?" And that to me is a big one here, is because so many times we get, someone starts, and then someone else piles on and then guess what? Next thing, 15 minutes later, we realize we've talked about all the bad things in life and all the bad things that could happen and we haven't even tried to turn around those outcomes.

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Kevin:

And so, a couple of things that come to my mind is, well, how do you start your day? Do you start your day in negativity or do you start it, as I talk about all the time, in gratitude? It makes a huge difference. About how you see the world, how you see conversations with people, people in general, circumstances you come in.

And are you aware enough when you can feel yourself falling down that pathway of negativity, where can you pause? Can you just take, let out a big sigh of relief and say, “Ugh, not going there! What do I got to do to get myself back to center?” We don’t have to be jumping up and down all crazy happy and the whole deal. Sometimes just getting back to center is a victory. And if we can go beyond that, of course it’s wonderful. Because everybody thrives off of that, especially patients. If we want our patients to do and make commitments greater than they ever have before, we are a big part of that. And if we’re in a state of negativity, it’s not going to happen.

So Maegen, I love the fact that you start there, because a lot of times, let’s face it, it’s where we are. People have put us in there. And so, it’s about awareness, it’s about your ability to be able to control your mind, manage your mind, your thoughts, in order to be able to stop it in its tracks and get back on a different course. So, Maegen, what say you?

Maegen:

It’s such a good point Kevin, and one thing, and I’m glad we kind of got that one out of the way because we are fortunate enough that we work with so many amazing practices where they are really dialed in with their mindset and they are really thinking in a positive way. So the next place I want to go to is if you feel like you’re pretty good, you don’t have too much negative expectancy, we’re pretty good at making our outcomes happen and really going for it and predicting it, then this is the next block that I want to put on your radar. Because this is something I want to give a lot of credit to the role-play sessions I’ve had with people recently where this is an up-level I’ve noticed is a pattern. And the pattern is, and this is a kind of funny thing, we can call it maybe “medium expectancy” if you want to give it a funny name.

But this idea of sometimes we water down the positive outcomes, the positive expectation we’re trying to set, by giving too many options too early. And a simple way to think of this is “either or.” Either or can be one of your biggest enemies. And I’ll give you specific examples that have come up in role-play sessions that we’ve since corrected, but we’ve heard is, “Patient, would you like to pay in full today or would you like to pay half for now?” “Patient, would you like to cancel, or would you like to reschedule?” “Do you want to reschedule now or would you like to call me later?” These are the things where we give either or, we give too many options and that is watering down the positive expectation.

So it’s a subtle catch, it’s a subtle catch you’ve got to pay attention for, and it doesn’t sound negative on the surface. But what ends up happening is it really takes away from the power of what happens when you go for the positive expectancy fully.

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Maegen:

And that's a challenge I want to put out to our DST universe: is if you catch yourself giving too many options, and you're trying to be nice and you're trying to give the patient some leeway, it can sometimes do the complete opposite for you and just create confusion and create people avoiding a choice, avoiding a decision. So I wanted to put that out there where if you can be more bold, if you can swing for the positive expectation and get comfortable with the fact that you might have to go to the "either or" option, but let the first best case scenario stand first. Let it really be there in the room, make the recommendation for it.

Look the patient in the eyes, so they can really believe that you believe it, and let it just hang. And that's the biggest feedback I got actually from the same practices, same team members I'm mentioning that caught themselves doing the either or trap. They said the pause, just putting the good thing they want out there and then pausing and letting silence in the room happen and letting it kind of settle into their patient's mind, that has been one of the biggest game changers.

So even if the patient thinks about it in the pause and says that's not going to work and we have to go to the second best, it really has helped even get one or two more people that just go for it. They just go for it when they hear it stand on its own. So Kevin, I'll hand it back over to you. I don't know if medium expectancy is kind of the right word, maybe you can find a better way to put it! But this idea of just being really proud and going for it, just going for the thing that we really want to happen.

Kevin:

I love this. And the reason why I love the fact that you're bringing this up because this is where we start to become advanced in our thinking, advanced in our execution. Because you bring up a great point. I would say in general when people are...because let's face it, what we do is sales. I know a lot of people don't like that word, whatever, call it influencing, whatever. A lot of times people are like, "Oh well give people the A and B option." Which is true, there are moments in time where having an AB option is very powerful. Example, when you're asking a patient to say yes to your treatment plan, and then you're asking them to give you the method of payment by which they want to, saying, "Would you like to pay by credit or debit card?" is a wonderful AB option, because both of them end in a result of payment! Versus what you said, Maegen, where we lead with, "Would you like to pay that in full or would you like to start with half?"

It's literally we're asking for the same thing, which is some form of payment. It's just different because we're having positive expectancy by them just saying, "Well yeah, here's my credit card, run it." Versus we're hesitant like, "Oh my goodness, are we asking too much of patient to give us it in full? Let's give them an option so that we..."

A lot of times we don't want someone being upset with us and we're taking things more personal than is necessary. So there's an example of where either or could work to your favor. Or not. So if patient says, "Wow man, I can't do all that." Again, then we have our process of course of going down the line.

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Kevin:

That's why it is powerful to start with one and in a lot of circumstances. Because I think too many times we give people outs in all sorts of situations in life in general, not just in our practice.

And it reminds me of when you're trying to get a patient who doesn't seem to be tracking along with you, when we go to this point of giving options, sometimes that just adds to the feeling of being overwhelmed. And so, just pausing and checking in to keep it very simple and keep it in a positive way. Say "Mrs. Smith, I know we've talked about a lot here today. Let me just ask you a question in general: do you believe it's possible to fix X based upon what we've just described about how to do that?" And let's see what the patient says. If we've done our job correctly up to that point, there should be a positive expectancy of an outcome for them to say, "Well yeah, I mean that's why I'm here. You guys are amazing." "Okay, great, awesome. Well let me just ask you this question: do you believe that this is possible for you?"

And so now we make it very personal, and anyways, so just some tactics that you can use leading up to that. And if patient says no to that question by the way, it means we got to pull a step back and say, "Well, tell me more about that. What is it that you believe it's not possible for you although you said it was possible in general?" It's just an interesting way to be able to lead and guide a patient into doing what's best for them, which is to get healthy. And by the way, the third piece of that would then be, "Do you believe that it would be worth it for you to invest X in order to have Y?"

And so, I'd like to be able to work in some of this verbiage that we, Maegen, you and I, and obviously Scott too, talk about with all of our team members. And we do it in so many different ways because we're trying to make connections with people in a way that sounds very natural. So they sound like guides, they sound like leaders. And do it in a way that has so much positive means to it, versus approaching things where it can be perceived as negative or a little bit cautious, uncertain, not a lot of confidence behind it. And I believe that's where the verbiage that we work with with everybody helps to build courage, build confidence so that it does land in a very positive way.

Maegen:

Great Kevin, I think it's such a good point. And the verbiage, one of the things that you just reminded me of actually when you said that, and it's such a simple thing and it's kind of built into what you said, but tell stories. Stories are powerful. People remember stories. They forget clinical explanations, they forget sometimes even the pictures that they see, but people's stories, they stick in your mind.

And so, if you can have a few positive expectancy stories ready, and what I mean by that is identify what you want the patient to do and then have an example of another patient they can relate to that that did the right thing, that did the thing that was the smart decision that we're advocating for. That's a really good example of positive expectancy that doesn't feel like you're being pushy. It doesn't feel like you're saying, "You should do this, patient." But it shows your confidence and your pride in that other patient's decision.

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Maegen:

And when the experts are kind of telling you this story where they're feeling really excited for this patient that made the smart decision, it really does help you as a patient now, as the person is hearing this in your office, start to feel like there's some hope. And that's really the word that I tie to positive expectancy, is giving the person you're talking to hope for a better outcome than maybe they could even make on their own. And that's something that's a really powerful thing when you think about.

So I wanted to share this sort of testimonial, whatever you want to call it. An amazing treatment coordinator that I've been working with. And she said this phrase where she said, "You can't fix your patient's life situation. They tell us all sorts of things they're going through, and sometimes it's really sad to hear what our patients are struggling through. But what you can do is help make sure that their health is not one other thing to worry about. It's not another thing on their plate they have to carry. This is something that we can advocate for them, we can give them the light at the end of the tunnel and we can show them the possibilities, the hopefulness of the future and be that encouraging voice.

Because I know sometimes when your patients are sharing with you the things that they're going through, it can be hard to keep advocating for them to move forward with dentistry when it can seem very small. But that's where our job is to make it big, to make their health, it's not about teeth numbers, it's not about treatment, it's about their health and why that's important and that they deserve it. This is how we make it big again, this is how we can sort of meet it from at the table of their life and keep them going in this one avenue. At least we can help them here."

So I felt really inspired by that, Kevin. I know you hear all sorts of great feedback, but I just thought it was a really beautiful perspective to take and from someone who's really mastered the concept of positive expectancy, in my opinion.

Kevin:

I love the word "hope." It has a beautiful vibe to it. I believe in today's world, more than ever in my almost 50 years on this planet, there seems to be so much focus on negativity and all the bad stuff and not so much of the hope. So I loved your focus on that and it actually leads very well into this final point about leverage and most specifically how we can leverage truth in all aspects of the patient experience. And you hear us talk about this all the time, of course, and I love to use the phrase "truth teller." I believe there is so much respect for people who are willing to be honest. Sometimes people will view it as a fault, to a fault, although I would prefer it that way because you can be a truth teller with kindness and respect.

And then this way you never have to wonder. Nobody's got to, ever has to wonder what you think about them, what's going on in your mind, are you telling me everything...because I believe that we're trying to shield people out of goodness, out of kindness. Oh my gosh, I don't want patient to be upset or overwhelmed or whatever the case is going to be.

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Kevin:

Yet what ends up happening, and I guarantee everybody has a story behind it, when we're not fully truthful, it's not like we're fibbing or lying about it, we're just not sharing everything. Well then guess what? Comes out down the road and then patient says to you, "Well, why didn't you tell me that before?!" And they're five times more upset later than if we were on the front end.

And that's where leveraging truth at every stage, truth about, "Here's what you're going to experience when you come to see us..." on the first new patient phone call and truth about how long you're going to be spending time with us versus they come in and they think they're going to be there for an hour and they're there for two. Well, guess what? Of course they're going to be upset. Truth and transparency win. And it's a wonderful place to be because then you never have to wonder and you never have to worry about, "What did I say?" And that is leverage in one version of a way that Scott speaks on it, because we can rest on that and we can know every patient is getting a similar experience. Every patient, we can be confident, knows the truth, the whole truth, and nothing but the truth. And that we can feel good even when a patient says no and walks out the door because we told them the truth.

We didn't just tell them enough to try to get them started. We told them the truth because, guess what? We have positive expectancy that we want them to get back to the optimal ideal state of health. So Maegen, what thoughts do you have regarding this concept of leverage? Doesn't have to be about truth, of course. Just leverage in general.

Maegen:

Yes, I like the word "leverage truth." I think it's a great phrase. And the reason I like it is because the word truth, it has a lot of power in it. And I know we're not so clinically trained, but we do talk to a lot of clinical team members. From my experience, no one has really disagreed with this yet. And the concept is doing dentistry now, why should they? Why should the patient do the dentistry now? And to me, the two truths that come out of it is, "If you do it now, it's going to be cheaper than if you do it later." And, "If you do it now, it's going to be less intensive dentistry, less intensive treatment than if you wait and the problem gets worse and you do it later." And so if these are our truths, and you can come up with many more, I'm sure with our amazing team members, you guys can think of even better truths.

But I like the simplicity of this because when you know this is the case, it starts to allow you to bring the patient back down. And I'm sure many of you have heard me talk about this visual, but the way I think of it is whenever the patients start to make an emotional reaction, which could be fear, it could be delay, it could be doing nothing because they're overwhelmed, whatever it is, you start to see the panic or hear the panic in their voice when you're talking about numbers. You know that moment. I kind of see our role in this as bringing them back down to earth. If they start floating away, we're that anchor that puts them back down on earth with the truth. And the truth, if you think of it as, "save money and save from having to do more intensive dentistry," those are two pretty compelling reasons to do something.

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Maegen:

And not to mention the third one, right? Avoid future pain. We have an opportunity now to do something before it gets worse. So it reminds me of this quote that I really like. I'm sure many of you have heard it. It says, "The best time to plant a tree was 100 years ago, but the next best time is today." And this is something that is very true in dentistry and in the conversations that we have with patients, and they're going to try and talk about a hundred years ago. They're going to try and talk about, "I wish I did it back then." Or, "Maybe I'll do it later." "Maybe in the future we'll try again." Nope, today is the best time. It would have been great back then, but today is absolutely the best time. That is the truth. That is the truth when you boil it down. So think about that. Think about what leveraging the truth really means and how you can reframe for the patients how they're thinking and opening up the way that they're thinking of it.

So some specific examples I can think of just to help shape that a little bit. Helping to advise patients, "Why don't we bundle your appointment to save you some extra visits? This way we can get it all done for you. You don't have to keep taking days off of work. What do you think?" It's true, right? It's true. Leveraging that truth. "Hey, I see you're coming in for your cleaning tomorrow, patient. Just wanted to give you a quick reminder call and let you know, doctor is setting aside some time just for you so that we can finish up those last few fillings you have. Please plan to be here for a little extra longer." "Since you need to talk to your husband and make this decision together, let me just step out of the room. Why don't you give him a call while I'm here? A lot of people tell us it's a little complicated to explain the clinical stuff, so I'll be right here, right outside the door if he has any questions. Happy to explain, happy to help."

It's all leverage. It's all meeting the patient wherever the block is and helping them look at it differently, but to make more of the outcomes that we want. And that's what the word leverage means to me, is accepting what is, but then using it to make more. Kind of like alchemy, right? That's what we want to think of. So, think about this concept of leverage in creative ways. That's why we love doing these calls with you because we get to think about things a little bit differently. And I hope that inspires you to keep looking for the leverage points in your particular points and your particular conversation.

Kevin:

I love it, Maegen, what a wonderful way to bring that to life. And I jotted down a number of notes just from what you said. And going back to the first point that you made is the patient's excuses always are the reason which equals the truth, right? Because they say, "Well, gosh, that's a lot of money to invest. I don't know if I can do it." "Well, patient, if you're worried about the money, it's only going to become more expensive." What is that? It's the truth! It's being real. So if that's an issue, great, let's solve it today. Doesn't mean that we don't have to get creative on how we're going to make that happen. Yet, we can leverage their excuse to equal truth. So I love that.

I also love when thinking of leveraging the authority of others. And I thought of that as you were describing the phone call and saying, "Doctor has set aside time..."

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Kevin: And it's almost like this positive guilt. And a lot of times you have to do that because most people I think are quite selfish and they think about themselves, not how their decisions impact others. And so, let's leverage the power of the authority of doctor. Let's leverage the power of the authority of relationship that somebody else has. Whether it's an assistant with a patient, whether it's somebody at the front who's just developed this wonderful rapport, or hygienist, whatever the case is, let's leverage, in a positive way, the authority and the power and connection that others have with particular patients.

And the concept of planting the seed a hundred years ago. Well, guess what? Next best time is like right now. I love that too because that reminds me of leveraging the importance and power of commitment to next step. And Maegen, you profess that, I think better than any of us, with regards to how important it is to always have the next step well defined, committed to, thus followed through on. That's leverage because so many people don't follow through. And if we do follow through, that's integrity. That's within our mission. Really wonderful things there. And I could go on. Hopefully though, everybody is getting a sense of how to look for, identify and understand leverage and the power of its influence. Maegen, we're getting towards the end here. Final thoughts from you? This has been wonderful.

Maegen: Yeah, Kevin, we put a lot in this so I won't take too much longer at the end. I'm just going to encourage everyone, just think of the starfish story. That's what I want to end it on, that visual from my part is that starfish story that, "It mattered to that starfish, it mattered to that patient." So, whenever you're challenged, if you feel like you do all of this right, I always say look at consistency. So think about it: are there any times where you hold back and maybe we're prejudging a patient or maybe we're hearing there's a certain life situation they're going through, and then we scale back our part?

Watch yourself in those moments and swing for it every time no matter what. I promise that the fear of rejection is never anything that you need to fear. If anything, even if the patient says no to you, they're going to be impressed that you went for it. And especially when you believe in it, and you're looking them in the eyes and you're telling them, "This is what I would do. This is what I would hope for my own family members." You can feel like you did a 10 out of 10 and at least going for it. And the outcomes will follow, the outcomes will follow. Even if it's one more patient than you're already getting, it's still worth it. Kevin?

Kevin: Beautiful way to wrap that up, Maegen. Couldn't have said it any better. So grateful to be with you today on this call. The topic is in alignment, with you and I specifically in the work we do with our team members because we want to pour into each of you individually. Of course, we're here to do all the professional work, yet when we focus on the power of positivity, the power of leverage of our personal relationships, that's where great things happen in all of our lives.

So Maegen, thanks for being on the call today. And everybody else, thanks for being with us.

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Kevin:

**Whether you're listening live or listening to the replay, please, please, please spend some time, go over this more than once. A lot of powerful points in here. Wonderful way to spend time as a team.**

**As always, thank you everybody for listening in on the latest edition of The Dental Success Today Practice Profit Accelerator Podcast. Believe in the power of positivity and truth as they will unleash the possibilities within your practice. Have a productive and profitable month, everyone. Until next time.**