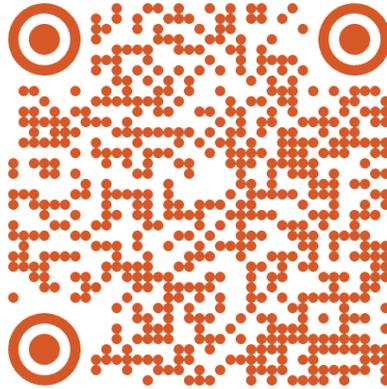


# PPA Podcast



**June 11, 2025**

## **Tools and Tactics for Influence**

Learning How to Set the Stage

Engagement Strategies for Building Trust Through Transparency

Vision Language and the Power of Storytelling

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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.

Enjoy listening to all the insight shared in this action-packed podcast.

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Kevin: Good day everyone! Welcome to the latest episode of the Dental Success Today Practice Profit Accelerator podcast. Friends, today I'm excited because Maegen is joining me today! Maegen, welcome to the show.

Maegen: Thank you, Kevin. I'm so happy to be here. I know you and I spent a lot of time talking about what we're going to bring in today with our practices, with our DST universe, and I'm really excited to get some time to come together with you and have a bit of a conversation for the two of us, putting our heads together, putting some of our perspectives out there. Thank you so much for having me.

Kevin: Yeah, well, it's always a pleasure to have you, and nice of you to be able to step in and Scott's shoes today as he's got other commitments. And so today, Maegen, as we were preparing for having this be a meaningful conversation, I agreed with you that it was important for us to be able to combine two components together: strategy, because let's face it, friends we're coming up on halfway through the calendar year, which is really challenging to say it's gone by so quickly, along with it in combination with tactics where we can really help to guide people as to how to be of greater influence as we all continue to facilitate that champion mindset that we have in order to make sure that this is a remarkable or remarkable year. So at the time that we're doing this show, as I mentioned, we're three weeks away from the year being halfway done.

And so it's time to just take a step back, to take account of literally everything we've accomplished. And by the way, friends, I would encourage you to do this in your personal life too. Because in order for us to stay enthusiastic, to stay committed to where it is that we want to go, our vision, our goals, objectives, all those kinds of things, it's important to look at it from my perspective of three different ways. One, what's bringing welcomed results so that we can acknowledge it and then we repeat it, stay committed to it. Adjust what isn't, hey, good ideas, we gave it a shot, we've tried it long enough, not necessarily resulting in what we would like, what should we do next? And then the final piece of it is to add anything that would of course be a smart addition, not addition just for the sake of it.

You could equally even say, okay, is there anything that we need to eliminate because we're too scattered, we've got too much on the plate, whatever the case is going to be. Point being is that now's a good time to sit in a bit of silence, ponder, take notes, come together as a collaborative unit, a team, a championship team, and discuss what we've all come up with so that we can remain united on the journey. Maegen, what do you think? What would you add to that given the work you do? Because I know you do this personally, we do it at DST as well as the conversations you're having in the DST universe.

Maegen: It's a great introduction, Kevin, and the one word that you said that really jumped out at me was the word influence. Such a powerful word, that word influence, because we have the best educators on the planet in our Dental Success Today Universe, all of you are amazing educators, but we always say, if education was enough, we'd be closing every case in full.

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Maegen:

Everyone knows it's the right thing to do, it's still hard to say yes. It's still hard for patients to say yes to things that they know are good for them, that they know they should do, and this is where our roles come in. This is where we get to be those influential guides. So I just love that word. I think it's a very high-vibration word to think about it, especially when we're championing for something as amazing as dentistry, as the amazing life-changing work that all of you do to help people truly improve their lives beyond just their mouth.

It's a beautiful gift to get, to have that time with patients, to really engage them beyond education. And that's what I really love about our discussion today that we're going to be diving into is, like Kevin said, nothing really new. None of this is going to be essentially new. However, just because we know that it exists, just because we know that it works, it doesn't always mean we're in the practice of doing this consistently, of really using these tools that are tried and true. And so we hope that this is an opportunity for everyone to slow down, really take that pause as Kevin mentioned, and make sure that we aren't going through the routine, we aren't going through the motions, and that's not a criticism, that's usually a side effect of when we get busy, we tend to forget and drop some of these engagement tools that are so powerful for case acceptance and really getting to our goals.

And so today as we go through some of these tools with you, I hope it can help everyone decide what are you going to intentionally bring into your patient discussions in this moment of pause; really taking that time to listen, to reflect, to be reminded, oh yeah, that's something I really like to do or I haven't tried yet and I want to try. This is your moment to really think of your own growth when it comes to our patient influence. So with that said, let's jump into some of these tools. Kevin, why don't you kick us off?

Kevin:

Yeah, I love it. And thank you for drawing light and focus onto influence. We use it often and I guess we could say the same thing as we do with all of you who are brilliant clinically, and for those of you who are masters on the phone, and we say the same things over and over again and sometimes we lose the insight into the impact of what it is that we're doing, and influence being so key because we're not here to sell anything. We're not here to convince people of anything. We're simply here to exert our goodness, our mission, to do what's best for all the people who come through your doors. And that's why influence is such a key because that's what we're meant for. And so as we go through friends, because we're going to switch now, I believe we're off to a good start here of staying focused on being mindful of what we should stay committed to here moving forward, trust and those kinds of things, is I would like for you to think in those three categories as we go through some tactics.

Scott wrote a powerful one of his best Monday Huddle messages that he's sent out this week actually. So it's dated June 9th. We're going to make sure that we have a link in the replay for everybody to be able to access it so you don't have to go find it. And what he did was he mapped out the areas of influence we can focus on in order to have more of these influential conversations that lead patients towards making greater commitments to their health than ever before. And so the first point that I would love to start with is

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Kevin:

actually his, and lemme just read it to you real quickly, Scott states “Personal Engagement and Building Rapport: You can’t automate it, you can’t delegate it. Connection is the gateway to influence: no rapport, no relationship; no relationship, no trust; no trust, no case acceptance.”

The reason that, Maegen, this one stands out to me so much is because I’ve been focused a lot recently on talking about trust with so many of our teams and most specifically in the clinical setting with our doctors and assistants and hygienists and everybody else who’s supporting in that clinical role. Because to me there’s three main trust points that each patient has to be comfortable and comfortable and confident in before they’ll make that choice. And some of you may have heard this before, so it’ll be repeat. Others may be the first time. Super important though. The first one is this: the patient has to trust you. Obvious, right? Now the good news is most of us are getting our new patients through word of mouth, through referrals, those kind of things. In other words, we’re already being endorsed, so a lot of times the trust is there, and it’s up to us to just deepen it, solidify it, and as long as we don’t screw it up, we’re in great shape.

The second one is the patient has to trust the product and the services that you’re providing will actually deliver the outcomes they will desire. And that’s why we put so much emphasis on this patient experience and why we want it to be well-paced and we want to be mindful of our verbiage, we want to be mindful of our energy, our tone, those kinds of things. And the third one, which is where what tends to get in the way the most often, is the patient has to trust themselves to make a smart decision. Because if any of these three aspects are overlooked or not addressed, it’ll lead to a patient saying, no, not now. I got to think about it, all those different kind of things until the trust aspects are met.

And so friends, that’s why we put so much emphasis about being mindful of how we’re approaching, how we are, because our attitude, our mindset, the energy that we’re putting off, the attention we’re providing, are we truly present? Are we listening? Are we putting in the effort to ask interesting questions, different kind of questions than they’re used to so that the patient stays engaged? You are there because as you guide them, you build their confidence all along the way that they’ll be able to go from point A to point B in a successful manner. You may not realize this, this may be the first time you’re ever hearing it: you are helping build the trust in themselves so that they will take the leap of faith to make a decision to move forward.

And so out of all of the points that Scott makes, I wanted to start there, Maegen, because for me it’s so powerful because it sets the stage for everything else that we do, as well as the other components that Scott brings into the mix in this really powerful message. So Maegen, if you don’t mind, why don’t you pick up where, I’m going to leave off there, and share with everyone what spoke to you.

Maegen:

I’m so glad you started with trust Kevin, because that’s the ultimate deal right there. And to me, the reason I like trust is it’s not just about being nice. We

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Maegen:

always want to be nice to our patients, which is a wonderful thing, we want to encourage that, but sometimes part of trust is telling people the truth that they don't want to hear. And I think that's a very powerful, powerful place to start. And just sort of reframing in our mind that this is the ultimate respect that you can give to a patient and to build respect between two people is to tell them the truth, especially when it's hard talk about. So I'm so glad you went there. It's not an easy thing always, and it's a really important place to start. And it ties in perfectly to one of the other strategies that jumped out to me.

One of these tools is engaging with pictures. To me, I know a lot of you use pictures already. We all know it's one of the best diagnosis tools you can possibly have out of all the ones possible. And it also builds into trust. I believe it's a transparency tool, in fact, when patients can see for themselves and not just take your words at face value, they're not expected to just believe you, we actually show them what's going on. And so Scott says in the article, "A picture is worth a thousand words, but only if you use it like a mirror. Help your patients diagnose the problem and the solution by guiding them to see it. It's harder to deny something you discover yourself." It's very powerful, this idea of co-diagnosis. So I know most of our practices are using pictures in the operatories as you're building the cases.

And there's a few tips I'll share that can help you consider how you can keep building on this. And I'm going to link this to another strategy that Scott mentions in that Monday Huddle, which is asking questions. And these two to me go hand in hand the pictures and the questions. It's a great way to build up the case. So things like asking the patient, "What do you see when we're looking at this picture together? What's jumping out at you? How do you feel when you look at this picture? How would you feel if we could get you to this picture instead this after picture? How would this feel different to you?" These kinds of questions. It's very powerful to build that trust with patients. We're not assuming anything, we're letting them write their own story, but we're asking the right questions to get there.

And just as another opportunity with the photos, it really allows the patient to own the problems. And before they can accept any treatment, before they can schedule an appointment, before they can put down any prepay, they must own the problems. They must believe what you're finding is really there. They must believe that this is something that is a real problem, that is going to affect their life, that is urgent and important to fix. And with the pictures, with that visual tool, it's just so powerful to really get people to see for themselves what's going on and what they're carrying in their own body. So some reflection questions to ask for yourself is, if we're using the pictures in the op, are we engaging the patient with questions? To me, these things go hand in hand. Not just educating, not just showing them and telling them what's there, but asking the patient to be a part of the co-discovery. It's a very different experience for the patient and it does allow them to own the problem if they're questioning what they're seeing. If they're finding, so to speak, the problems themselves, like Scott said, it's harder to deny that there even is a problem if they see it.

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Maegen:

So the last link I'll do for asking questions, and this is a really powerful one, is asking better questions. Not just asking the patient, "What questions do you have?" Or, "Do you have any questions?" These are basic and we can do better. So if we want to think about this, some more interesting questions to ask the patient is, "Hey, this thing we're looking at on the photo, does this spot hurt yet?" And then being genuinely surprised if they say no. It's a really powerful thing, this was shared on one of our TC Masterminds, that question, "Does this hurt yet?" And then going, huh, I'm surprised it doesn't hurt yet. That alone opened up so many more questions from the patient.

So this is where if we can get more creative with our questions, we get a more engaged patient back. And then to take it a step further, "What's the plan when it hurts? How bad does it have to get? Does it have to be to the point where you're taking an Advil? Does it have to be to the point where you're now missing work or missing social plans so bad? Does it have to be at the point where you're on vacation and there's an emergency situation flaring up? What's the plan when it hurts?" And then thirdly, "Why wait until then? If you're saying you want to wait until it turns into an emergency, may I ask why?" And that genuine curiosity, no accusation, just genuine curiosity of, "please help me understand."

This is professional, this is professional, this is heart-centered work. This is really us looking out for our patients. And the thing is, if we don't ask the questions and if we leave it up to our patients to ask, we don't usually get very good questions back. So take control of the questions you ask, really think about where you want to drive the patient and the conversation and use your questions that way; we're in full control of this conversation and it's so powerful to help our patients think beyond the basic. So I'll pause there, Kevin, I'd love to hear any thoughts if you have any on those two strategies, otherwise feel free to continue on here. There's too much to discuss that we could get into so we're doing our best with being mindful of the time, we could talk about this all day.

Kevin:

Yeah, I love it. And as you were giving specific examples regarding the questions, I had a call with one of our fabulous doctors this week, who's doing a wonderful job in his new patient, in his comprehensive exams. And so we were nitpicking and we were going through literally everything that was being said, and as we got to the end, right before he would present his plan for the patient, he all of a sudden just realized in that moment, he goes, "Oh man, this is definitely where I could do something better, because the next thing I'm mouth is, 'Patient, do you have any questions?'" And we laughed about it because he recognized maybe more than ever before that he was doing such a brilliant job of building the case, getting the patient to have belief and buy-in with regards to what's actually there. And then he all of a sudden in this moment just recognized like, "Oh my gosh, I got to ask a better question."

And so we played with it a little bit, and I said to him, I said, "Well, what about if you helped guide the patient into what you believe would be a smart question for them to ask because they don't know." And he says, "Oh, tell me more." So we walked through that.

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Kevin:

We began by instead of saying, “What questions you have for me patient?” We said, “Patient, I know we just went through a lot...” (acknowledgement), “... I know we just went through a lot, tell me where are you at? How are you feeling? Did anything stand out for you?” And then we pause. And he liked that. He’s got a wonderful demeanor with patients and that sits very nicely in his style, and he’s excited to go try that before going into more specific questions that a patient might have. So friends, again, we’re trying to give you some very tactical things so that we can identify these opportunities to have a different conversation, to ask different questions, create different leading statements.

Because what you were talking about, Maegen, led me into Scott’s fourth point about using vision language, and you’re so good at this when you are helping coach team members: “What if, imagine, you deserve, let’s talk about what’s possible.” Scott says, “These aren’t fluffy words. They’re the keys to unlocking desire; help your patients project themselves into a future they want.” And he’s so right because a lot of times, especially in healthcare, and I know this because I’ve been a patient in all different aspects, far too often friends, and I expect the same experience time after time and again. And most people don’t disappoint because that’s what I get: it’s non-emotional, non-connected, it’s very linear and not engaging whatsoever. And so when it happens, it stands out tremendously. And I had someone, so we’re going through some things with Owen and have been for a while, and I happened to be at an appointment recently that my wife typically goes to.

She asked me to come along and I agreed, and there were specific reasons for it. And the doctors had us at this moment where she was describing things, she says, “Okay, I Julie, I want you to just pause for a minute...” I love that she used “pause,” it was such a beautiful thing, I love pause, “...Pause for a minute, and I want you to imagine this...” It drew the both of us in, physically! I saw my wife move, I moved, and then she created this picture for us and I was like, “We’re in.” And so friends, I share this story with you as a consumer, as a father of a patient who wants nothing more than desired outcomes, that by taking that time and going at a good pace, using engaging questions, engaging language, as Scott puts it, “vision language,” it can make such a deeper connection for people.

Not for all, and I think you know that, which is why we have to talk about so many different things because each personality of each human being that walks through your door and sits in your chairs are ultimately going to connect in different ways. Yet the majority of what we talk about can get them to a point much different than they ever have before. And then that ties into the points that I made at the very beginning of building trust with you, building trust for your products and services you provide, and it’s continuing to build confidence in an engaging way for the patient ultimately to make a smart decision.

And then if you go into the next point that Scott makes, which is literally my favorite thing to do, which is then tell stories. Scott says, “Stories disarm resistance. They bypass reluctance and speak to emotion by humanizing your

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Kevin:

recommendations. Tell real stories of real patients who faced similar decisions and what happened next. Share what the happy patients say to you once you help them reach their goals.” It’s a beautiful thing: patient-centered stories, your own personal story.

I was on, we did a team building call this week with one of our fantastic teams who have just done extraordinary things over the last three years of being with us. And we decided during this event that we were just going to pause. It wasn’t anything more, it wasn’t going to be anything structural, it was going to be, let’s take a step back and remind ourselves why: why do we do this? Why are we here? Why did you get into dentistry? We literally were asking those questions and going around with people. The stories people shared about why they got into dentistry were unbelievable. And it’s why it’s one of the questions I asked early on in a questionnaire that I provide when we have new team members, I’m always curious as to what their why is.

Anyway, so one of the team members shared just a super heartfelt story of her own journey of super reluctance and anxiety about the dentist, how that was healed, and then ultimately went on to now have just wonderful dental health, proud of her smile, all these different kind things. It was just amazing. So now she can use her story, her literal story to say, “Patient, I’ve been in your shoes. This is why I choose dentistry. This is why I choose to help you. This is why I choose to be an advocate for you because I was here and now look where I am, and I’m glad I made those decisions, and I’m here to help you make those same decisions.”

And so vision language, telling stories, so, so powerful. And we could spend an entire year literally just studying the how to develop the story arc and powerful stories that would help you forevermore. So Maegen, I’ll pause there and turn it over to you so that you can insert in anything in support of that as well as any other of the points that Scott had made here.

Maegen:

Absolutely. Well, I mean people remember stories. That’s the thing, is when they walk out your practice, they forget a lot of the clinical education, a lot of the clinical terms, but they certainly remember case studies, before and after pictures, warnings of where patients have gone down maybe the “passive path” and what happens as a consequence, and celebrations of patients that did decide to be proactive or maybe learned from their reactive behavior and have asked us to share their story, to inspire other patients to get going. I mean, all of you have this, you share it with us. Kevin and I hear about these stories all the time, so don’t be bashful, let your patients hear these things. It’s not bragging on yourselves, in fact, it’s the opposite. It’s building trust and authority in the patient’s mind without having to do any heavy-handed language. It gets to be a really nice story in praising our patients that have taken the path of being proactive.

And the thing I want everyone to also consider is, are you using any language that’s destroying the vision? And that’s something to think about. If we’re going to any, “It’s not that bad yet. You can probably wait. Let’s just do the cleaning for now and leave the rest.”

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Maegen:

Whether that's in the op, whether that's in your triangle of trust, your handoff to your treatment coordinators, whether that's when we're reactivating treatment or doing follow-up calls, be mindful of that vision language. Oftentimes we have to care more about the patient's journey and outcome than they do at first. So we can't respond to their level of interest. That's a trap. In fact, we have to rise above. We have to put that vision out there. It might be the first time they've ever considered a vision when it comes to their own health that's this comprehensive.

And we want to give people an opportunity to dream a little bit. And what a powerful thing because a lot of times, what we are told, Kevin and I, people share with us, is they feel like they're in the "shoot the messenger situation" a lot of times. So rather than having to be the bearer of bad news, how much more exciting and fun would it be to get to be the "vision directors," to get to be the people that show our patients the future is hopeful: we can do something different.

And I always think of that quote that says, "The best time to plant a tree was a hundred years ago, but the second best time is today." And there's something so hopeful about that, when we can bring our patients out of that, whatever emotions come up for them; we know it's really hard for people when they're confronted with the truth of what's going on in their mouth, especially if they've avoided it for a while.

So just being this person that gets to be that hopeful voice, I mean, not only does it feel good to your patient, it feels good for us, feels good for us to get to be that vision keeper for them as opposed to that messenger. So just thinking about that, I'm so glad you picked on that one, Kevin, because I think it's so powerful. And just in that spirit of stories, I'll touch on one real quick about making comparisons. "Help patients contextualize their investment, compare it to things they already value and invest in: cars, vacations, iPhones, daily coffee habits. People make value-based decisions every day. Anchor your recommendations to their sense of value through analogies."

And you know I love an analogy, and I'll just close out with where I left off: "If education was enough, you are the best educators on the planet, but it's not enough." And so when education doesn't work, when the clinical value you're working so hard to build in the patient's mind just isn't clicking, go outside of dentistry, speak to something that they can really connect to. You've heard a few of our analogies leak in the house, the black mold analogy, we've talked about plenty of them. It's something that's very powerful, it's very visceral; leaves a picture in people's minds that they can connect to if the clinical education isn't getting them there. And that's something that can be a lot of fun to break out, because when you use an analogy well, and you know did it well, is when the patient starts to laugh. That's what would happen to us. Often the patient would start to laugh and they would say something along the lines of, "Wow, I've never thought of it like that before." Or, "No one's ever explained it to me like that before. That actually makes a lot of sense."

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Maegen: And that's a big green flag that you just clicked something in their mind to help them see more value in what their next choice is going to be. So I wanted to leave you with that. It's fun to have different conversations. It's fun to break out of the mold and the routine. When we get really busy, we tend to forget some of these strategies and approaches that bring back the human side to the conversation and hopefully feel really good to have a little bit different of a conversation with patients: keeps things fresh for us, and it keeps things fresh for our patients. So I hope this brings some inspiration, Kevin, I'll hand it back to you.

Kevin: Yeah, thanks Maegen, wonderful way. And friends, just for the sake of time, Scott also covers two more items here: "Challenge them, don't be afraid to push a little: question assumptions, confront contradictions, and speak to reality." I love it when he says it, he says, "You have one mouth, one body, one life." I mean, how simple is that?

So friends, this would be a wonderful exercise to do as a team, for you to be able to take a step back, go through it just as Maegen and I did. What do we have that's going well? How are we using pictures well, questions well, all those kinds of things? Where are the opportunities for us to ask better questions, to tell better stories, or even a story, come up with these comparisons, come up with analogies, all those kinds of things, because it's only going to aid you in what you do.

So we appreciate you being with us, and potentially as you engage with this recording, you engage with Scott's message, you may have some things for Maegen, Scott and I to help you with as we get in touch for the next time, whether it's one-on-one calls, team engagements, team trainings, whatever the case is going to be, but bring it to us. You know we want to hear from you because we want to help you. Because in the end, we want your patients to make smart decisions because they trust you, trust what you provide, and you have helped them develop trust in themselves. Maegen, any final words before we sign off?

Maegen: Have fun. Have fun, be different. It is a lot of fun for your patients as well when we have different types of conversations. So I challenge everyone: add one of these tools or strategies, come back and share your wins with Kevin and I, we love to celebrate with you, and thank you so much for giving us some time today to reconnect with you all.

Kevin: Maegen, thanks for being here, wonderful job as always in Scott's absence. Friends, I'm going to leave you with Scott's last word and then I'm signing off. He says, "Words filled with belief, backed by science, delivered with empathy and anchored in truth: this is how you guide your patients from indecision to ownership." Couldn't have said it any better. So Scott was with us in spirit today, thank you my friend, for being with Maegen and I. And thank you all for listening in on the latest episode of the Dental Success Today Practice Profit Accelerator podcast. Friends, have a productive and profitable month. We'll be with you again soon.