



Leadership, Attitude, Skill and Balance

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A typical Sunday these days includes early church, a five-mile walk on the beach, and a three-hour drive to The Pankey Institute... lots of time to reflect. I am anxiously awaiting technologies that allow a direct recording connection between my thoughts and Microsoft Word. This past Sunday, I was reflecting on leadership and its benefits to the patient when the dentist exercises his/her appropriate role as a leader.

My favorite definition of a leader was shaped by a three-day workshop on situational leadership back in the early 70's. The workshop was lead by the, then unknown but soon to be recognized, popular author of The One Minute Manager, Dr. Kenneth Blanchard. Dr. Paul Hersey teamed with Dr. Blanchard to facilitate this exciting experiential event. Twenty people, all from different

industries, heard the term leader defined as a person who is willing and able to influence behavior. The operational words are "willing" and "able." Willing has to do with attitude, and able relates to skill.

On reflection, the good news is that we are in control of both those issues. As I have worked with this definition over the years, I have rolled it over on Dr. Pankey's Cross of Dentistry – Know Yourself, Know Your Patient, Know Your Work (both technically and psychologically), then Apply Your Knowledge. Since a basic behavioral tenet is that you cannot take another person where you have not been, I formed a new definition: A leader is a person who is willing and able to influence behavior – their own and others.

One expression of leadership, in dentistry, is the dentist who holds out for what is best for the patient. The dentist needs to shape her/his attitude and see leadership as a part of the job description. Once that has been accepted, then skill can be developed. Although at times, we would like our skill to be developed by some singular thought or event, skill development occurs through experiences

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and reflection on those experiences along life's journey.

Another expression of leadership, in dentistry, is when the dentist begins to understand and act in the patient's best interest. The dentist commences to practice patient-centered behaviors as opposed to doctor-centered behaviors. As you review your operational systems, ask yourself questions like:

- Is this in my best interest and not in the patient's?
- Can I Individualize my perception of the patient and uniquely apply the systems in my office?
- How do these concepts interface with our present new patient experience, the co-discovery of the patient's present condition, our diagnosis and the creation of a treatment sequence, the fee estimation, the appointment book scheduling of doctor and hygienist, and our financial arrangements, to name a few?

Being patient-centered is more than a matter of social style. Understanding the dynamics of social style is helpful in influ-

encing behavior and exercising leadership, but being patient-centered is a foundational philosophy of providing individualized, relationship-based care in a values-driven dental practice.

Dealing with leadership and many of these burning issues without being rooted in a personal philosophy that includes a patient-centered bias leads to confusion in management decision-making. But when we are deeply rooted in a personal philosophy that includes a commitment to Know Ourselves and Know Our Patient at the feeling level (intimacy), then our leadership will remain flexible without being relativistic, convinced without being rigid, willing to confront without being offensive, gentle and forgiving without being soft, and truly leading without being manipulative.

It is in the tension of these leader characteristics that we again seek balance that is uniquely and individually applied.