

Ep #204: Heidi Mount - It All Starts With Your Team and Your Leadership



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David Phelps: Good day, everyone. This is Dr. David Phelps with the Freedom Founders Mastermind Community, the Dentist Freedom Blueprint Podcast. Got today here with me some guy I've been dying to get a chance to actually meet myself rather than just be connected on Facebook and through the other dental influencer groups. She's a person who's been very dedicated and very influential in our industry for a number of years. My special guest today is Heidi Mount. Heidi, how are you doing?

Heidi Mount: Hey, doing great. Pleasure to be here.

David Phelps: So good, so good. So I always do a little research more than just what my bright executive assistant gives me on people I have the opportunity and the privilege to interview. So I know a few things about you, and I wouldn't know these if they weren't public. So I know you're a scuba diver. When did you start scuba diving?

Heidi Mount: Oh, probably about 10 years ago. I actually was traveling and somebody had offered snuba, and I didn't know what that was, but it's part scuba part snorkeling. So they basically had the oxygen tank at the top and let us go down with it like a 25 foot house. I was inside a ship wreck and what have you, and it was like I was hooked.

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David Phelps: So that's a great way for people who have always thought about well it's a little scary to go all the way is to go snuba. Get a taste for it without actually going all the way, I guess, down into the depths, right?

Heidi Mount: Yeah, for sure. And I don't like people controlling me, so I was stuck to a hose. I'm like, "Forget this."

David Phelps: Very cool, very cool. I know you're also very proud of your granddaughter, I believe. It looks like she's, I don't know, two years old I guess?

Heidi Mount: No, she's four now.

David Phelps: She's older. Very cool, very cool. Alright, well let me get a little bit more specific background and then we'll kind of dive into the topic today which I think will be very instrumental for a lot of our listeners.

So Heidi is the present of Heidi Mount Coaching, a virtual consulting company. Her work with dental practices focuses on creating simple, effective, and easy to follow solutions that result in less stress and greater profitability. Don't we all want that in our lives? As an international speaker, she's known for her engaging style and generosity with useful tips. Having worked with practices since 1989, her claim to fame is helping offices make \$500 more a day on tomorrow's schedule. That's awesome. As a result of her work, people often share they have a big weight lifted off of their shoulder. Happier employees, more time doing the things they love to do, get out of debt, develop a better retirement plan.

On a personal note, she appreciates gourmet food. As I said, scuba diving, and visiting tropical islands, which I

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guess goes in hand in hand with scuba diving. So Heidi, I also was looking at your Facebook page and there's a picture up there of a bunch of ladies, it looks like it's in a dental office, and they've all got something wedged between their teeth. Did you all have something that was just that kind of thing that couldn't come out on its own? I've just got to know.

Heidi Mount: You know, way back then, we were just getting into the whole social media thing and we thought, "Why not help people smile? Why do the pose that's all professional? We'll do something like we're picking something out of our teeth." And that's what we decided to do.

David Phelps: Okay, alright, very good. That's what I thought was going on. Funny side story on my side. My wife, when we were dating years back, I was already a dentist. We just had one of those moments where we were relatively close to each other and just instinctively, I took my thumb and rested it against her incisors and lifter her upper lip. I mean, how ridiculous ... but you know what, that's just what we do, so when someone's that close, it's like, what do you do? So I lifted her lip. She never quits telling me that story. So I don't know if anybody else has experienced that. But you know, it's built into us. Once we've done it for so many years, we just can't help ourselves, but we want to check everybody's oral hygiene.

Heidi Mount: Oh, it's so nice in married-ville doing stuff like that, because my husband ... I'll be out with four or five couples and have a black poppy seed stuck in my tooth and I'll discover when I get home. I get so mad at him. I'm like, "Why didn't you tell me?" "Oh, I didn't notice." I'm like, "If I

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was hanging out with my dental friends, they would have told me."

David Phelps: It's the first thing we see. The first thing we notice, look at that smile line. Alright, really good. So you're really well known for, obviously, many things, but a big one is increasing production today on tomorrow's schedule. I think that's obviously one of the biggest hinderances, one of the biggest agitations of any dentist practical owner is the schedule ends up having holes in it. Once that time is gone, that day is over. It's over. You can't ever go back and make it up. So you're really good about helping doctors and team be proactive about, "Sure, you have those holes, you have those gaps. How do you actually take treatment in a future day and bring it today?"

I know that's also going to talk a little bit about what you're really good about doing, which is so key, and that is getting the right team on board. So it's not magical. You don't just ... the doctor doesn't just issue the command, "Hey, let's grab some productivity and bring it today." There's a whole lot that goes into that. So we'll kind of dive into both.

Talk about the ... it sounds easy to do, and it is if you do the right things, but yeah, we're always looking for how do we get more to the bottom line. If you get more today, then you've already got the fixed and a lot of the variable expenses covered, why not?

Heidi Mount: Exactly. Yeah, missed opportunities are huge issue and open time, of course, is a huge issue. So I think instead of us really focusing on filling the schedule, we do need to notice all the holes that happened last year, because what that is is lost revenue. If you're supposed to be

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making \$600 an hour and you add up what you lost last year, that's \$100,000 or so if you calculate it. It's so frustrating, because what would \$100,000 do in your pension plan or raises or bonuses or getting that new equipment. So we've got to plug that leak. It's so important.

I hear it day in and day out, people texting, "I had two hygiene appointments no show. I had this no show, that no show. What happened?" And there's so much to look at why there's an open spot or why there's a no show. Flat out, the no shows are caused from patients not valuing the appointment, whether that is the confirmation process or whatever that is, we've got to figure out what it is so we can plug that gap. Again, that comes with training and hiring the right people who care. I could go on and on about that, but we've got to create value with the appointments.

So just calling to confirm an appointment's not going to work, saying you need a crown and scheduling it and plopping them in the schedule is not going to work. We've got to use some communication skills so the patients know we're going to fix that crack, you're going to have a nice smile, we need to prevent you from losing a tooth. Whatever it is, we've got to create value to get the patients to want to show up, otherwise their hair dresser says, "Hey, I got an opening. I know you want that gray out of your hair. Will you come in?" And they're going to cancel with their healthcare professional. It's so frustrating.

David Phelps: Well, so that is the big frustration, because as dental professionals, we know what the value is, we know what

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can happen if we don't maintain. Just like somebody's who really big into cars, someone who loves cars, and they know that the investment, the time they put into maybe restoring an old car, if they don't keep up and maintain it and change fluids and balance tires and all that stuff, they know they're going to have bigger issues.

But why is it ... and I'm just asking this real time, why is it that ... it seems like so much of the population, not all, but so much of the population just does not really value their teeth. So when they do have a problem, it's just like, "Well, fix it doc, and go the cheapest route," or the whole insurance thing, "What's my insurance pay?" But when it comes to hair, not just women but men too, it's our appearance, it's how we stand out. Why is that? Because you've been doing this for a lot of years so have you just really dug into to psychology of this? Then again, how do we find patients that do care or is there a way to motivate those who don't care and have them actually value what we do?

Heidi Mount: A lot of questions there.

David Phelps: I threw just a handful at you.

Heidi Mount: That's fine. Part of it is like what you said there, I almost a little bit disagree with when you say we all value this. Well yeah, we do, but you know what? Most of the staff don't. Most of the staff haven't had their teeth cleaned during their initial exam or understand what's going on. So if they don't understand it, how are we going to get them to motivate our patients to understand it?

I just had a client tell me that she purchased a practice and purchased the employees with it. So one of the team

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members lost ... the husband lost their front tooth, like a lateral or something. She said he came in, and I don't know what the issue was. She measured around with the perio probe and ten millimeter pockets tooth had to come out. I hope that was a lesson learning experience for that front desk to go to see. "We need to perio chart. We must see you on a regular basis. We cannot wait for pus and pain and breakage," because teeth don't get better on their own.

I think we need to get the staff on board on understanding the value of why it's worth paying \$1000 to have a front tooth or whatever, but ultimately, I think it comes with hiring the right team, training the right staff, and attracting the right patients that value what you have to see. Because honestly, everybody wants a nice smile. Everybody wants to look younger and confident and healthy. So how do we help them achieve their goals? Most of the time, it seems like patients are coming in, and we're taking x-rays, and we're seating them, and we're going around looking for what's wrong and trying to just point out, "You need a root canal, you need a cavity." That's not how we should do an exam and treat our patients.

David Phelps: So you're absolutely right. The hardest thing I think for us are the professionals, as far as the dentist, going through all the training we do where all the focus is in our technical expertise. Nothing in our training is anything about business, or culture, or leadership, hiring HR, nothing along those lines. We just have to figure it out unless we get help. It's just always a constant treadmill of doing this. So you're right, it absolutely starts with the right people, because until you have the right people,

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everything you try is going to be sabotaged and more frustration.

With the marginalization today in a lot of cases today, with reimbursements going down with a lot more competition out there, dentistry in a lot of respects is being commoditized, which is terrible ... again, that goes back to values. So doctors that are in practice today, they feel the stress of having to pay debt, school debt, practice debt. So they get on this speed treadmill, so I've got to go faster and faster and faster. Then the whole staff feels the same thing and there's stress, stress, stress.

So then there is no experience. It is as you said, it's almost like ... I love Southwest Airlines, but still, it's efficient, but it's not an experience. Patients feel the same thing. It's like, "Well, they're just checking this, checking that." It seems like there's no time.

How do you take a practice that feels that kind of pressure, with real pressure, and start to turn that around? It's a tough transition. If you can make it, then you're good, but boy it's tough to ... How do you battle that?

Heidi Mount: Yeah, for sure. With the larger offices, doctors are always saying that it's just nothing but chaos. Sometimes we have to step back and slow down. Get those systems in place so we're working like a well oiled machine. How are we going to do the pass off or hand off? Who's going to schedule? How are we going to explain finances where patients are going to pay? A lot of it has to do with communication. I would rather see people slow down and spend more time with the patient, because you'll actually sell more dentistry.

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David Phelps: There's also the issue, I think, with doctors, practice owners, looking at the wrong numbers. I know that's something you help them do. There may always be a push for top line production, and then you've got to reduce that by the actual payables or insurance stuff. So now you're looking at potential for collection that's less. So you're pushing for this top line number, but there may be a lot of inefficiencies in the practice. There may be doctors that are unfortunately focused on maybe investing in the wrong supplies technology at the wrong time, wrong place, just because they were at a meeting and thought, "Well, this is the silver bullet. It's going to change my practice forever." And of course, that's the way stuff's sold today. So my point is, there's a lot of overhead or shooting for a top line number when if they put better efficiencies into place, slow down, actually profitability could go up. But again, it's hard for people to see that, because they feel like if they're not busy, busy, busy, get lots of patients in the door, run, run, run, that they're not making money, but it's really the reverse in many cases. Is that correct?

Heidi Mount: Correct. We are all super busy it's all about priorities. So you've got to review what's going on for the day and how can we make the most out of it per patient per hour versus adding more patients and running on a treadmill trying to catch up. It's how can we work smart, not hard.

David Phelps: Yeah, good, good. The big conundrum is insurance. So many practices feel compelled to accept insurance until they get going and then making that transition to decide which ones they can pull off at the right time. Again, that's a transition process. You've got to do it the right way, but it can be done. With insurance, so many offices ... again,

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it comes right back down to what we started with, it's having your team value the dentistry, so that they are then given training so they can communicate that. But until that happens, insurance seems to be the big driver. Doctors allow that to run over them and run over the better treatment plans that they could be presenting because insurance, it's a cap. It seems like it's an artificial cap on what can be done. Any thoughts or insights, tips you can give in that regard?

Heidi Mount: Sure, sure. I think the important part is to not train our patients to consider insurance. We want to explain things in a way that they don't care what's covered, insurance is going to help some. So when the first thing that you ask when you're answering the phone is name, address, insurance, we're placing importance on insurance versus build rapport, find out what they want in a dental office, and work from there and say, "Oh, by the way, if you have an insurance card, let's go ahead and get that. I'll be sure to maximize it for you." But then we can go to the back and then we're seeing them for an exam and we're saying, "Well, let me see if your insurance covers it." So again, we're training our patients to care about insurance. I think if we can have insurance being last priority, things will go a little smoother, especially since the insurance is just going to cover their maintenance, not catastrophe. The definition of an insurance is to fix a catastrophe, and there's no catastrophe that I've ever fixed for under \$1000. So we've got to educate our patients that they're just going to help some and get them to value what we have to offer.

David Phelps: Yeah, you're right. The whole term insurance as it applies to dentistry is a misnomer, but again, that's the way it all

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started. That's the way it's presented in the media. It's the way it's presented to employees through their workforce. It's insurance. Medical insurance is different, right? More catastrophic, typically, higher deductibles. But yes, in dentistry ... So the words we use, the way we communicate, is huge in every aspect of our lives, personal, at home, with family, at the office with patients. Again, we get no training in this at all. It's something either you learn, you figure out, you decide you're going to put some time in there, or you don't. But it's so valuable to learn how to use words the right way and create context around what we're trying to help people make decisions on, important decisions in this case. It's their health, their dentistry. As you said, letting other terms, other outside influences drive that conversation is what takes us down. Or patients then they call or come in, just like any consumer who isn't well versed in what they're having done, we're going to ask questions, but we don't even know the right questions to ask. We don't as the consumer. It's our job as the dentist and the team to help the patient with the right context and maybe ask them questions that bring out what they're really seeking instead of a question that's, "Well, what will my insurance pay?" That's just typically a default question because we don't know what else to ask, right?

Heidi Mount: Sure, yeah. It is all about the communication in question. When people are even saying, "Let me squeeze you in for an appointment," nobody wants that, right?

David Phelps: No.

Heidi Mount: Or, "It'll roughly be \$200." We don't want to hear the word, "roughly." It's just when you're talking to patients, we've

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got to find out what they want so they sell themselves on the dentistry. "What did you like about your last dentist?" and they're telling you all the things they don't like. "Where do you want your mouth to be in five years, ten years, twenty years down the road?" They say, "In their mouth," right? So then we can go with that, "Hey, you want to keep your teeth, so let's do X, Y, Z. This is the path that will get you there." But we've got to listen to them and repeat what they want.

David Phelps: The dentist who maybe starts to understand why this is important, he or she may feel like, "Well, this is my burden. I need to do this." But I think you would say, "No, that's why you have a well trained and developed team that can do a lot of this communicating for you," so that you can, more or less, the doctor focus on the treatment and not spending a lot of their valuable time, which certainly they could communicate better in many cases, but a lot of that can be done by a well trained team that is on the same page, right? That takes stress off of the dentist if they know they have that team in place.

Heidi Mount: For sure, yeah. The patient thinks the dentist just needs a new car, so every time they diagnose, they're already thinking, "Oh my gosh, I hope he doesn't find anything. I hope he doesn't say I need anything." So there's stress on the patient, there's stress on the doctor, because the doctor's feeling like, "Oh, I don't want to offend them, I don't want them to think I'm just trying to do it," and things like that.

So if we can get the doctor to be more of a bobble head and have the doctor train the team on, "I do a crown when it looks like this." Show them photos and x-rays. "When it

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looks like this, I'm probably going to do a crown," so then when they're with a patient doing internal photos, they can say, "Oh, I definitely need the doctor to look at that. It looks like that cusp is about to fall off." We're not diagnosing, but we're communicating what we see, and we're saying, "That doesn't look normal. He's probably going to want to be doing something on that." Then the doctor comes in and says, "You need a crown," and they're not shocked. Because when you have a hygienist cleaning their teeth for 25, 30 minutes and they don't say a word, and then the doctor comes in and says, "You need a crown," they like, "Well, she didn't seem to find it alarming."

It's definitely something we've got to train our team to look and observe and educate. I even like them pointing out good things with their mouth. I'll have them show a really nice white structure, tiny little silver amalgam. Show them, "Look at all this white structure. This is nice and strong. I don't know how you feel about silver, but it's filling the hole and it's there. It looks really nice and strong. If you ever want it white, let us know." So you kind of put that seed in. Work around and go, "Oh wow, see this gray cusp? Wow, that's not normal. We want it to look like this." It's a lot of an education process with the patients.

David Phelps: Heidi, how do you work with the dental teams that you consult with? Is it on a virtual basis typically? Is it always virtual, or what other modes of working with teams do you have?

Heidi Mount: I get asked that a lot. So there's a million in-office consultants, so I figured I'd be different and cut some costs with the in-office consulting. So I do 90% of my

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consulting over Zoom platform. Then they get the recording and get to keep the training. I am able to coach dentists all over the world because of that. However, I am a scuba diver. So if you live in Hawaii, happy to show up, or the Caribbean or what have you. So if I want to go there, like I like to go to New York and different places, I would be more than happy to throw that in with one of my trips.

David Phelps: Really, really, that's good, that's good. So nuts and bolts, if I'm a dentist in a practice and I know I need help in this regard, I'm frustrated with ... I'll say this, too. Somebody wiser than I am years ago when I was in practice said to me, "David," he said ... I was, not always ... look, we always have those days, but sometimes there's days where you're just frustrated and you're thinking, "I'm doing all I can do. I'm taking all these courses, I'm doing great work, but the doggone team. They're not doing what they're supposed to be doing." We tend to point fingers. Someone wiser than I am said to me one day said, "David, you know, you get exactly what you put into place, what you've tolerated."

Now that doesn't mean I couldn't do better if I didn't have any more knowledge base, but typically, we want to take our frustrations out externally instead of saying, "Look, I am the one who has to make these decisions. If I don't like my team, then I haven't done a good job training, I haven't brought in the training I need. We may have some people that are in the wrong seats or maybe some people that don't belong on the team or on the bus at all, but I don't know how to do all that." So that's where someone like you can really help.

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So as you engage with a dentist, you start probably with just an interview process with the owner themselves to assess, to kind of get a scope of where they're coming from. Then you sort of make a treatment plan, I assume, something to say, "Well, here's where we look like we need to go," lay that out. So you can elaborate on that a little bit. But I'd like to know how do you now do assessments on the team? Do you interview each of them individually? Do you like to see them all together? Do you put webcams in the office and watch how they interact? Seriously, how does that work, because there's a lot of dynamics there, and coming on a Zoom call can not show all their cards.

Heidi Mount: Yeah, it's pretty obvious, though. I've got some pretty good sixth sense in all that stuff. I've been there, done that, and they can't really snow me on stuff when they say they're too busy or this or that and I question what they're doing. When somebody tells me they're balancing the day sheet and matching all the numbers and it takes them eight hours when it should take five minutes, then I kind of know they really don't know what they're doing.

But in general, the assessment is I have a practice analysis form, a web form that they fill out on my website, and then I ask for a bunch of reports which are really simple. It doesn't take them long to fill out at all. Then I listen to their challenges and what they want fixed, because ultimately, it's not my goals and what I see, it's what they want fixed. So if they're trying to motivate their team or they don't know where to begin, that's where ... most dentists are like, "I don't even know where to begin. Here are all my problems." So I prioritize it for them. Most people hire me to make more money, so I try and start

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with something that's going to make them an immediate income. Most of my clients make \$10,000 more within 40 days, a month. Then I will meet each individual team for 20 minutes, one right after another after another, just getting to know them so that way I can learn their personality style, their skill level, their motivation, what have you. I can sense attitude. Sometimes they gossip or complain. And I keep that all confidential, but it puts the whole puzzle piece together to know where I need to prioritize and help their office grow.

David Phelps: So I'm sure you have to help the doctors sometimes make the tough call in determining, "Is there somebody on the team that just doesn't belong there?" Again, do you use any kind of personality profiles, DiSC, Kolbe, Myers Briggs, to help? Is that part of it?

Heidi Mount: Yeah. A lot of my clients already have those on file, which is great. It's a great interview process and things like that. So I get that as part of my intake. For the most part, I haven't had to tell them to fire. When we have an agreed upon, what I call, traits of the team, you're on the bus and this is what we require. I don't set those, the team and the doctors set that. They all agree to be like that. Then when we have clear, defined roles and follow through, some people decide they just don't want to do that. So in other words, if they're supposed to collect at the time of service and they refuse to, then they end up weaning themselves out. But it's very rare that we have to lay somebody off or fire. It's extremely rare most people will step up. Sometimes we shuffle different job descriptions around, because we got the wrong people doing the wrong jobs, and they're so much happier.

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David Phelps: Yeah, no, that's good. That's really good. I came up with kind of some characteristic traits that I felt or I observed in my practice, so I'm going to throw some of these out at you. Just see if these ring a bell with any of your clients or people you work with. If there's any there that you want to jump on say, "Well, there's one that I know how to demonstrate whether that's true or not."

So I came up with drama, entitlement, someone who's maybe clueless or has a lack of self-awareness, a team member who's uncooperative, some that are very territorial. So this is my area and I just don't ... number one, you don't touch it, and I don't really go to help with anybody else. So that's kind of the non-cooperative.

Integrity is a big one. That's one where I really draw the line. Sometimes that's difficult to totally prove, but integrity is something that I feel like is not a gray area.

Team members seem disengaged. Getting them on board, going through the processes that you talked about together usually self-selects or self-identifies people who will say, "You know what? I'm not going to be a part of this, because I'm going to get pointed out." So disengagement. Some that are oppositional. I'm sure when you come into some offices and you get that like, "Who are you to interface with our team? This is our team. Who are you, Heidi Mount, to come in and do that?" Team members who are not adaptable or team members who can't seem to keep pace.

So if it seems like you're pretty good at helping redesign or move people around and get them on board, any of these particular characteristics, other than maybe integrity

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that either you have it or you don't, but some of these other ones, can they all be overcome in many cases?

Heidi Mount: Well, I mean, leadership can be taught. You can't train common sense or change a bad attitude. People are either passionate about their vocation, not occupation. We want them to feel like this is their calling and they're what they want to do. So they've got to bring a positive energy to the office and attitude of gratitude, an every day player. They focus on their own performance, not everybody else's. It just depends. Sometimes you want people with a strong sense of family where they're going to treat their patients consistently.

I think it's really important to not have excuses of why you can't things get done, but come up with reasons of why you can or solutions. So in other words, I don't report a problem without reporting two or three options to handle the situation and correct things. They need to be a good listener and teachable and want to learn more.

Ultimately, I do hear that a lot, that staff love ... they're like, "Oh, we just went to this class," or, "We just learned this." They do get really excited about learning more. So we've got to meet their needs as an employer and find out what you like about this job or what would you like to have that would improve your satisfaction here and see what we can do to help create more job satisfaction, because you shouldn't have to micromanage. People should be reporting those key metrics to you and saying, "Hey, so-and-so tried to cancel. I saved it and the crown prep is coming in," or whatever.

But we've got to make sure that they're using the right language in the office, they're respectful towards each

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other, you know, "please," and, "thank you," and edifying each employee and describing what they're really good at to the patients. So what I tell my clients is when you have patients that say, "What can I do to work here?" then you're doing well. We want the patients to want to work there.

David Phelps: Yeah, no, that's really good. I think, kind of going back in my years in practice, I felt like some days I was like the Shell answer man, meaning that I was not early on in my career good at doing what you just said, edifying the staff, empowering them, giving them a sense of control. I realized today how wrong that was, but I just didn't know what I didn't know. Nobody wants to be in any kind of a work or career position where they feel like there's a ceiling or they feel like they're just kind of minions where they have to always ask somebody else, a doctor or if there's an officer manager. "Can I ... " That takes all of the vision and all of the aspiration away. No one's going to stick around in that composition very long, you're going to turnover.

So I think that's a big one that I had to learn a little bit the hard way, but I think that's probably not different than most people who went through technical training but really didn't understand the process of communicating people, having leadership, building that team where you're all on board, and you go to work and you actually enjoy being there and not just like, "Well, when's it 5:00 o'clock or 5:30 and I can get the heck out?"

Heidi Mount: Yup, yup. We have to develop grit, because things are not going to be comfortable. I remember somebody asking me, "Hey, would you take some pictures at the wedding?"

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at my uncle's wedding or whatever, and I was like, "Oh my gosh, I'm not that good of a photographer. I do it for fun," this and that. I didn't want to accept it, but I just kept thinking about when I capture those memories and see the smile on his face, that's going to help me do something that's uncomfortable. So I think a lot of things are, when we're asking our employees to get reviews and check on patients and things like that, market the practice, it might be uncomfortable, but when we can focus on, "We're helping people get healthy. We're helping them get the mouth of their dreams," or whatever, then we have a different mindset. So instead of saying, "Why is it not working?" or, "What if it doesn't work?" we have to say, "What if it does?"

David Phelps: Right, right. So you've got to turn that around. We can go down rabbit holes on lots of stuff. We covered kind of a 30,000 foot elevation, but that's really the intent is to kind of cover a lot without going into great detail. You have a lot of expertise, a lot of experience. I think your uniqueness in your ability to do this virtually, to me, has a lot of allure. I think it would be something if I had that opportunity ... which we didn't even have internet when I used to practice, so you know how long ago that was. So today, there's all these options. So to find you, you've got a couple websites I know of. Coachingdentists.com and then your other one, I've got it right here so I can make sure I get it right, it's coachheidi, H-E-I-D-I, mount.com. Is that two good places to go?

Heidi Mount: That is correct, yeah. One is just if you want to grab some secrets in increasing tomorrow's revenue, that coachingdentist.com is good when you're on the road, but the full website it coachheidimount.com.

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David Phelps: We'll put those links in the show notes just so that people who are driving right now don't have to stop and try to write this down or remember. Just google Heidi Mount if you'd like to go further. And you offer a dentist the opportunity just to have a free consult like you and I are doing right now over a Zoom call, right? Just discuss, just articulate, have Heidi triage and kind of treatment plan just like you do for somebody's mouth. It's no different, she's just got the eyes to do what we can't see because we're down there in the depths of, "I'm trying to manage a practice and do dentistry." You've got to have someone else with an objective viewpoint to help you help us isolate where are leverage points are. There's so many opportunities. When we're down in the midst of it all, we're going to miss it. Heidi, truly a pleasure. Thank you for taking time out of your day to visit with me and give some really insightful tips to our dental community.

Heidi Mount: Thank you so much.

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