

4. On Being Wrong.

Many of you will read this report at the American Association of Orthodontists Annual Meeting in Washington D.C. this weekend. I stopped going to these meetings years ago for a multitude of reasons. The primary reason being the pervasive influence of corporations in the presentations and “scientific” discussions. **Most of it scratches an inch deep and a foot wide.**

I much prefer the annual Cleft Palate meeting or the American Academy of Cosmetic Dentistry’s annual session for my continuing education. Teaching at the university has been the most powerful exercise in forcing me to keep up with research, but that’s a lesson for another day.

If you’re at the meeting this weekend, ask yourself this important question:
“Am I here in search of ideas and techniques that confirm my beliefs or am I willing to unlearn my best-loved ideas?”

Are you searching for confirmation that what you do is right or are you willing to go out on a limb and look for evidence that disconfirms your current beliefs and assumptions?

At the meeting this weekend, only 5-10% of the doctors in attendance will truly consider alternative outcomes, viewpoints and answers. They actually look for people who will tell them when their thinking is wrong. It shouldn’t be a surprise that these doctors have the highest incomes.

It’s one of the many pleasures of what I do here, working with doctors whom I know to be in the 5-10% club. On a recent phone call with an international orthodontic expert and lecturer you would all know if I mentioned his name, he reminded me of an important truth about what I’m doing and why. We had finished the business portion of our call and he was joking around about doctors who won’t

take good advice when they see it and aren't willing to invest in tools that can transform their practice life.

He ribbed me sarcastically, "But your stuff is *so* expensive, Burleson, why would anyone pay *that much* for marketing and management advice?" He continued, "But it's a brilliant line you've put in the sand, so you only have to work with doctors who really want to improve their lives... the best of the best."

I agree. That line was created with intention. Something I see lacking in too many people today. New hires, new patients, new dental residents and prospective new clients are showing up more and more frequently with a **complete lack of intention in their lives.**

That presents a tremendous opportunity for the rest of us, who take this seriously.

When you walk into a lecture this weekend at the AAO, ask yourself if you've entered the room with intention. Do you have a litmus test for what will and will not be taken home and implemented? Are you simply searching to confirm what you already do, or are you open to being told when you're wrong?

I keep a running list of areas where I think I'm wrong and I test them relentlessly. I kick the tires and poke my nose around experts from fields inside and outside our industry to see what assumptions need to be unearthed and kicked to the curb.

If you're paying attention, you see them here and in my weekly fax. You definitely get them at my live events and in private coaching sessions. If you'd like a quick run down, **I'm happy to share when I've been wrong. It means I'm smarter today than I was in the past... back when I thought like this:**

- I used to think I could completely turn great systems over to mediocre associates and let them run the business at a distance while still raking in a high net income and keeping patients and referring dentists happy. There are three options in running a successful ortho practice: (1) take a huge net income, (2) have happy patients and referring doctors, (3) let the associates run the show. Pick two.
- I used to think I could manage Google SEO on my own and hire a “good enough” web design firm to manage my online presence and pay-per-click advertising. I realized it takes a huge team of specialists in this area, directed by goals and guardrails established through my core values, and a serious investment. That’s why I use Jimmy Marketing.
- I used to think if I just worked harder and treated everyone nicely that word of mouth would grow my business. I discovered trying to keep everyone happy was a great way to race to the bottom. Think about it. Who calls your office every day or shows up in your Facebook messenger? People asking you to race to the top or people asking you to race to the bottom? It’s people asking you to race to the bottom. I swallowed my pride and hired some of the best marketers on the planet to help me position my practice as a trusted authority. It’s one of the best decisions I ever made and I only made it when I came to the realization that I was wrong about what it took to really grow a great business.
- I used to think online chat was a distraction from getting people to the phone. I tested it years ago and didn’t see a measurable return. After working with Scott Hansen from OrthoChats and building new tests into the system, where our chat specialists can schedule patients live into our system and immediately trigger InfusionSoft campaigns, my mind was changed. I was wrong and when you’re wrong about something as important as new patients, you have an obligation to look at it *quickly*.

- I used to think I would die of embarrassment if colleagues or friends heard me on the radio or television. That was faulty thinking programmed into me by status quo and social bias. Today I meet so many doctors and colleagues who say, “I always hear you on the radio and I tell my friends, that’s Dr. Burleson, we went to school together, etc.” The world’s most trusted brands are on the radio and TV and for good reason. Why shouldn’t I be there too? My bias prevented me from being there for years. I wish we had started in 2006 right out of the gate in these media channels.
- I used to think *my* clinical treatment protocol was the best. Patients were happy. Results were great and I was proud of the work I was doing. Then I measured how long it was taking to get patients out of treatment. When I averaged 13 appointments but clients and friends of mine were getting 8-9 appointments for the same or better results, I decided to change. Stay tuned for these results and clinical training opportunities with my clients, Dr. David Caggiano and Dr. Tim Scanlan.
- I used to think employees could be managed and motivated with financial incentives. I’ve discovered some can and some cannot. I used to think, “I’m the boss, I sign your paycheck, so just do what I ask. I’ll never ask you to something illegal or immoral, so just do it.” But I’ve realized that power doesn’t hold a candle to influence. Sure, it takes longer to get my projects done, but there is so little friction in the office and the revolving door of new employees entering and exiting finally stopped swinging like a speed boat propellor.
- Alternatively, I also used to think I couldn’t get rid of bad employees because it was painful to hire and train new ones. I found systems that can put people with great attitudes into my system and get them up to speed quickly. I’m no longer held hostage by the fear of high turnover.

Make a list of all the areas where you think you might be wrong. When you find information that challenges your existing beliefs and practices, you have a duty and obligation to everyone around you to do something about it *quickly*.