PARTICIPANT WORKBOOK

Speak Kindly, They're Listening

Building confidence, communication and culture in your dental team.

CONFIDENCE · COMMUNICATION · CULTURE

TODS 2026 · TAKE-HOME WORKBOOK

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Welcome

Thank you for spending this time with me. I'm Dr. Jessica Metcalfe.

Great clinics aren't built on clinical skill alone. They're built on three things that rarely get taught in dental school: confidence, communication and culture. Get those right and your team runs better, stays longer and actually enjoys showing up. Ignore them and you feel it every single day.

This workbook is the take-home version of today's talk. Here you will find the frameworks, scripts and questions we covered, without the slides you don't need. Write in it. Come back to it. Bring it to your next team meeting.

The 3 C's

Confidence
gets your team ready.

Communication
keeps them there.

Culture
decides whether any of it lasts.

What's inside

01	Confidence	Imposter syndrome, perfectionism, burnout, the 4 levels
02	Communication	"I" statements, boundaries, repair, difficult patients, meetings
03	Culture	The 4 deadly sins and 6 steps to shape your culture
04	Your Next Move	Three commitments to take back to your clinic

> **One ground rule before you start: choose your hard.** Having the tough conversation is hard. Living with the problem is also hard. Pick the hard that gets you somewhere.

PART ONE

Confidence

Confident teams are more self-sufficient, take more initiative and perform better under pressure. But confidence doesn't show up on its own. Two things quietly eat away at it in dentistry: imposter syndrome and perfectionism.

Imposter syndrome

Imposter syndrome is when competent people doubt their abilities and fear being exposed as a fraud. It's common in dentistry because the profession rewards driven, competitive people, runs on constant comparison and demands confidence every single day. It affects more women and minority groups.

The signs: crippling self-doubt, crediting success to luck, fear of failure and perfectionism.

How it shows up at work:

- Minimizing language: "just," "only," "a bit," "kind of"
- Crediting luck or timing when you're praised, but taking the blame personally when things go wrong
- Underselling your experience when a patient asks about your background
- Saying "I'm not sure?" when the dentist asks your opinion and you know the answer
- Assuming a patient complaint is about you before you know what it is (it was about parking)

You trusted your hands all day. Trust your brain at night.
You had the answer. You just didn't believe it.

Perfectionism

Perfectionism isn't actually about being perfect. It's about avoiding mistakes and uncertainty, because a less-than-ideal outcome feels catastrophic, and deep down we feel we won't be able to handle it if it goes wrong.

Adaptive perfectionism	Maladaptive perfectionism
High standards that motivate you	High standards that are never quite met
Pushes quality where it matters	Good enough never feels good enough
You can let go when something is done well	The goal moves every time you get close

The tricky part? They feel identical from the inside. The difference shows up after.

Perfectionism helps when it...	Perfectionism hurts when it...
Pushes you to keep learning and improving	Stops you from trying things you might not master right away
Sets a high bar for your team	Stresses your team because the bar is invisible
Makes you thorough and conscientious	Makes you slow, second-guessing and exhausted
Motivates preparation	Means no amount of preparation ever feels like enough

Perfectionism isn't the enemy. Unchecked perfectionism is. And when you combine it with an intolerance for uncertainty, you get anxiety and worry.

The equation

Imposter syndrome + perfectionism = burnout

Burnout looks like	What you feel
Exhaustion	Fatigue, loss of energy, stress from work and personal life
Mental distance	Cynicism, irritability, compassion fatigue
Feeling less than	Reduced sense of competence, loss of self-confidence

Burnout is more than overworking. It also happens when people feel underappreciated, when their skills don't match their job, when their values don't match the clinic's and when they don't have the right support from their team or leader.

Stress and burnout are not the same thing. Stress is urgent and reactive, and it's a temporary shift. Burnout is blunted and helpless, and there's no temporary shift back to normal.

YOUR BURNOUT RECOVERY FRAMEWORK

1. **Combat exhaustion:** rest. Ask yourself what rest actually looks like for you.
2. **Combat mental distance:** reset your expectations and set boundaries (see Part 2).
3. **Combat feeling less than:** build internal validation, so your confidence doesn't depend on someone else's praise.

Rewrite your rulebook

We all run on rules we've made up for ourselves. Many are unrealistic and unhelpful. Ask of each one: Is it realistic? Is it flexible? What is it costing me?

Out of reach	Possible
"I must check my emails constantly."	"I will check my emails at set times during the day."
"I have to fix everyone's problems."	"I can support my team and teach them to solve their own challenges too."
"I need to exercise 5 days a week."	"I will start with 2 days a week, running only."

Watch for these patterns. They're the rulebook talking.

Unhelpful thoughts	Unhelpful actions
All-or-nothing, overgeneralizing, catastrophizing	Over-preparing, redoing, excessive checking
Mental filter, minimizing the positive	List making, reassurance seeking
Jumping to conclusions, personalization	Not delegating, micromanaging
Should and must statements, emotional reasoning	

Then: reframe the thought, experiment with a new behaviour and remind yourself of the realistic expectation.

REFLECTION: WHERE ARE YOU?

There are three zones: your comfort zone, your desired discomfort zone (stretch) and the no-go zone (panic). Growth lives in the middle.

1. Think of something at work you've been avoiding. Not because you can't do it, but because it makes you uncomfortable.

2. Be honest: is it stretch or panic? Does it make you nervous, or does it make you numb?

3. If it's stretch, what's one small step you could take in the next 2 weeks? Just one move.

The 4 levels of confidence for your team

Build these in order. Each level sits on the one below it.

1. **Expectations and goals: clarity is confidence.** What is the goal of the clinic? What are the expectations for each role? How does your team know when they've succeeded? Have you defined success?
2. **Feedback: build the loop.** Timely and specific beats vague and delayed. Proper feedback isn't criticism. And learn to accept it, too.
3. **Celebrate wins.** Recognition doesn't have to be big. A thank you is still a lot. Praise in public or private, always correct in private, and tie celebrations back to your expectations.
4. **Autonomy: let go to grow.** Your team works on their own and makes decisions with confidence. Micromanagement kills confidence.

> Want your team to step up, take charge and go above and beyond? Start at Level 1. You can't skip to autonomy.

Sort it: what's actually urgent?

	Urgent	Not urgent
Important	**Do it now:** patient in pain, equipment failure mid-appointment, staff no-show, running behind	**Schedule it:** team training, setting role expectations, difficult conversations, protocol reviews, learning a new skill
Not important	**Systemize, own or delegate it:** confirmation calls and reminders, end-of-day checkout and room turnover, treatment plan templates, insurance verification	**Eliminate it:** meetings with no agenda, micromanaging, venting without seeking a solution, drama that isn't yours to solve

When someone brings you something, define it out loud. Is it an emergency (patient or clinic)? Or is it a concern that can wait until tomorrow, next week or next month?

Communication

Confidence gets your team ready. Communication keeps them there. And it starts with the words you choose.

Choose positivity, but make it informed

When you're positive, your brain is 31% more productive than when you're negative, neutral or stressed. Doctors in a positive state are 19% faster and more accurate at reaching the correct diagnosis.

But positivity is not pretending everything is fine.

Toxic positivity	Informed optimism
#goodvibesonly, until someone quits	We see the hard stuff and we're going to manage it
Problems minimized or dismissed	Problems named, because they exist
Team smiles at work and vents in the parking lot	Hard conversations happen and lead somewhere
Concerns met with "just stay positive"	Optimism grounded in action, not avoidance
Looks great outside, unraveling inside	Culture is honest, not just happy

Code switching

Same message, different language, better results. You already do this every day: professional terms with a colleague, patient-friendly words in the chair, friend language at lunch. It's not being fake. It's being fluent. You're reading the room, and the goal is connection, not performance.

Think about how you'd change your approach for:

- A 12-year patient vs. an anxious new patient who found you on Google, when both need an extraction
- A CDA who's been with you 8 years vs. a hygienist who started 3 weeks ago, when you're rolling out a new sensor
- A Gen Z vs. a Boomer team member, after both deal with a rude patient

There are 4 generations in the workforce right now. Don't step into a generation divide. Every person has their own personality, work ethic, values and communication style. Choose the best fit for your team.

Word swaps

Instead of	Try
Contract	Agreement
Performance evaluation	Progress check-in
Rip out	Remove
Salary negotiation	Wage conversation
Mandibular advancement	Moving your lower jaw forward
You need to...	I recommend...

"I" statements

An "I" statement talks about your experience instead of what the other person did wrong. The listener doesn't feel attacked, so they stay open. It keeps the focus on the impact, not on what's wrong with them.

The formula: I feel [emotion] when [specific behaviour] because [impact]. I need [request].

1. **I feel...** Name a real emotion: frustrated, overlooked, anxious, confused. "I feel like you don't care" is a judgment, not a feeling.
2. **When...** Describe what you can observe. Not "when you're rude," but "when the schedule changes without a heads-up."
3. **Because...** Explain the impact on you. This is the bridge that builds empathy.
4. **I need...** Make a request you can act on. Without it, it's just a complaint.

Common mistake	Instead of	Try
Missing request	"I feel overwhelmed when the schedule changes last minute."	"...could we agree on a notification window?"
Stacking issues	"I feel frustrated when the schedule changes, and when I don't get messages, and when..."	One issue at a time. Save the rest for another conversation.
The disguised "you"	"I feel like you don't respect my time."	"I feel frustrated when meetings run over because it compresses the rest of my schedule."
The vague emotion	"I feel bad when this happens."	"I feel anxious and overlooked when I don't hear back before the patient arrives."

EXAMPLE

The clinical team keeps passing patient instructions to the front desk at the last second.

Avoid: "I feel like you just dump things on us and nobody thinks about how hard our job is."

Try: "I feel stressed when patient instructions come through at the last minute, because it's hard for me to relay them accurately. I'd like us to find a way to pass that info earlier, even a quick written note."

YOUR TURN

Someone is consistently late to the morning huddle.

I feel _____ when _____ because

_____. I need

_____.

Don't want to talk about your feelings? So don't. Facts + feelings is enough, and you can still be kind. Stuck on the words? Ask an AI tool: "I'm struggling with words to speak with a staff member about ____. I'd like to use 'I' statement language. Make it professional, kind and direct." Then fact-check it and make it sound like you.

Building boundaries

Treat a boundary like a treatment plan.

Step	In the chair	What it means
1. Name it	Diagnose	What needs to change?
2. Say it	Treatment plan	Communicate it clearly.
3. Do it	Procedure	Ummm... do it.

4. Reflect on it	Follow-up	Evaluate and check in.
5. Maintain it	Maintenance	Boundaries need recalls too.

The repair conversation

Conflict is inevitable. Leaving it unresolved is the problem. Unresolved tension doesn't disappear. It comes back as passive aggression, avoidance or a bigger blow-up, and it quietly chips away at trust until people stop raising issues at all.

Step	What it means	Sounds like
1. Acknowledge	Name what happened without minimizing it	"I know that conversation didn't go well."
2. Own your part	Take responsibility for your part, not theirs	"I could have brought that up sooner instead of waiting."
3. Express intent	Say what you want from the relationship going forward	"I want to be able to share when I make a mistake without fear."
4. Make a request	Propose one change, or ask what they need	"What would help you feel heard next time?"

Starter phrases:

- "I've been thinking about how that conversation went, and I'd like to revisit it when you have a few minutes."
- "I don't think I handled that well earlier. Can we talk?"
- "I was frustrated and it came out the wrong way. That part wasn't fair to you."
- "I don't want that to sit between us. I'd rather figure out a better way to handle it next time."

What not to do:

- **The non-apology:** "I'm sorry you felt that way." That's a deflection, not a repair.
- **Bringing the receipts:** "I want to apologize, BUT you also said..." It cancels the apology.
- **Rushing it:** "So we're good now, right? Great." Repair takes two.
- **Repairing in public:** An audience adds pressure and creates more defensiveness. Take it somewhere private.

If it doesn't land right away, that doesn't mean it failed. Give it time. Leave the door open ("I'm here when you're ready"). Keep treating the person with respect. And if repeated attempts don't work, bring in someone to help.

The goal isn't a team that never has conflict.
It's a team that knows how to recover from it.

C.L.E.A.R.: managing a difficult patient

C: Connect	Stop what you're doing. Move to a quiet, neutral spot where possible.
L: Listen	Let them vent. Don't interrupt. Notice body language.
E: Empathize	Acknowledge what they're feeling. Say "sorry." No buts, no excuses.
A: Ask + Align	Suggest a solution. Move from "I will" to "May I." Let the patient have some control.
R: Resolve	Give your name, agree on a time frame, take action and close with "Thank you for bringing this to our attention."

Afterward, debrief: What went well? What didn't? What would you do differently? How do you feel?

And remember: it's okay to dismiss a patient. Does your clinic have a policy for difficult patients? Does your team know when enough is enough?

Meetings that actually work

	Morning huddle	Team meeting
Length	5 to 15 minutes max	30 to 60 minutes
How often	Daily	Monthly, or as needed
Format	Standing keeps it fast	Seated and structured
Agenda	Schedule, patients, flags, handoffs	Topics, decisions, updates, culture, tasks, action steps, follow-ups
Tone	Quick, energetic, forward-looking	Thoughtful, collaborative, open

Give people roles: scribe, timekeeper, reader, focus keeper and a wrangler to keep things moving.

Why meetings fail: no agenda, one person dominates, it runs over, no psychological safety, the same problems every month and a distracted room.

Know which mode you're in:

Discussion	Debate
Share ideas and perspectives	Challenge ideas toward a decision
Curious: "Help me understand your view."	Decisive: "We need to land on something."
Understand, then respond	Rebut and counter
Best for new ideas and problem-solving	Best when a clear decision is needed

Psychological safety

Psychological safety is the shared belief that it's okay to speak up, share ideas or raise concerns without fear of negative consequences. People feel valued, respected and heard.

Missing when...	Present when...	Build it by...
People agree too quickly	Disagreement happens without drama	Asking questions before giving answers
No one challenges authority	People admit mistakes and ask for help	Responding to bad news with curiosity, not punishment
Issues come up after the meeting, not during	Quiet voices get invited in	Thanking people for raising hard things
The same person always speaks	Bad news travels up quickly	Separating the idea from the person

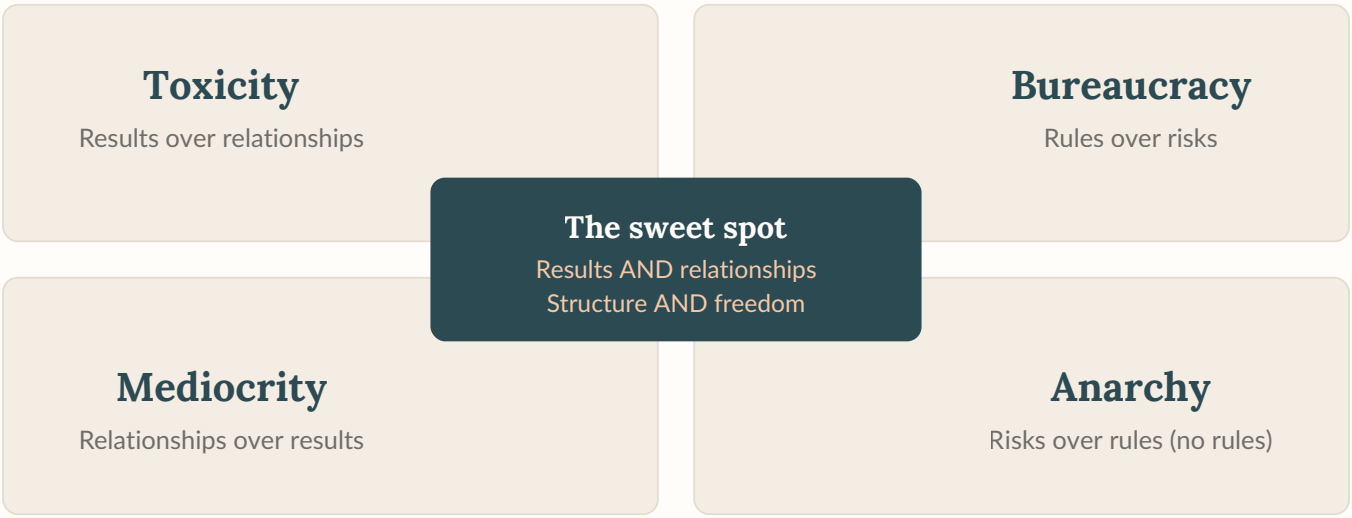
Culture

Culture is the collective behaviours, beliefs, values and practices that shape how your team works together. Every practice has one: intentional or accidental. If you don't define it, someone else will, and you won't like what they build.

Culture isn't what you say. It's what you allow.

The team's 4 deadly sins

Every practice has a culture. Not every culture is healthy. Most clinics drift toward one of these four.



Sin	What it looks like	What it costs	What to do instead
Toxicity results over relationships	The top performer or long-timer is protected no matter how they behave. The team stops speaking up. Conflict is avoided until someone quits or explodes. New hires leave within 6 months.	Everyone else stops trying. Trust disappears. Turnover becomes a revolving door.	Behaviour standards apply to everyone, full stop. Respond with curiosity, not defensiveness. Name it early: a 5-minute uncomfortable conversation beats a resignation letter. Use exit interviews and culture audits to find the pattern.
Mediocrity relationships over results	"We have a great team culture." "I don't want to upset anyone." Feedback is avoided and hard conversations get postponed.	Accountability goes missing. The bar slowly drops. Comfort replaces growth. Small problems become big ones.	Reframe feedback and use the communication tools. Separate the person from the behaviour: care and accountability can coexist. Use "I" statements. You don't need a perfect script, just start.
Bureaucracy rules over risks	Every decision goes through one person. There's a policy for everything. Compliance is tracked obsessively.	The team stops thinking and starts waiting. Initiative gets corrected instead of celebrated.	Give people room to decide and celebrate initiative when they take it.

Anarchy no rules	Everyone does it their own way. Handoffs depend on who's working. The owner, or one team member, is the only system that exists. No clear expectations.	Inconsistent patient experience. Things fall through the cracks. When that one person is away, everything wobbles.	Write down expectations, systems and onboarding so the clinic doesn't depend on one person.

The sweet spot is results and relationships, structure and freedom. You can have both.

WHICH SIN IS THIS?

- *"Our best employee makes newer staff feel small, but she fills the schedule so nobody says anything."* **Toxicity.** When leadership stays silent, the behaviour gets endorsed.
- *"We love our team, but nobody addresses the dentist who's always 20 minutes behind."* **Mediocrity.** It feels like kindness, but it's niceness, and it's lowering the bar for everyone.
- *"We haven't updated onboarding in three years. Everyone learns differently depending on who has time."* **Anarchy.** No malice, no drama. Just a practice that grew faster than its systems.
- *"A team member raised a concern in the huddle. The response was defensive. Three months later, nobody raises concerns."* One defensive response, one eye roll, one "we tried that before." The silence that follows is not peace. It's damage.

ASK YOURSELF (NO SHARING REQUIRED)

Which sin do I contribute to, even without meaning to?

6 steps to shape your culture

Move from diagnosis to treatment. 60% of employees say they've run into "unwritten rules" at work. These six steps help you write them down.

1. Assess and define your culture. Tell people what your values are, then observe and ask how things really work. What gets rewarded and what gets ignored tells you everything about your real culture.

- Example: an owner believes the team puts patients first. An anonymous survey says the real priority is keeping the schedule moving. That gap is the starting point.
- **Try this:** send a 2-question survey. "What do we value here?" and "What do we actually prioritize day to day?" Compare the answers and bring them to the team without blame.

2. Openly communicate. Transparency builds trust. Secrecy breeds guesswork. People won't speak up if they're afraid of looking ignorant, incompetent or intrusive.

- **Try this:** set a predictable rhythm (weekly huddle, monthly team meeting). Ask for input before decisions are made, not after. When someone raises an issue, bring an answer. Celebrate the person who spoke up.

3. Hire the right people. Recruit for alignment, not just credentials. Define what "right" looks like before you post the job, involve the team and onboard new hires into your culture.

Swap out	Ask instead
"What are your strengths and weaknesses?"	"Tell me about a team you loved working on. What made it work?"
"Where do you see yourself in 5 years?"	"Walk me through a disagreement you've experienced."
"Why should we hire you?"	"How do you receive feedback?"
"Tell me about yourself."	"What does a great day at work look like for you?"
	"Tell me about a time a coworker was having a bad day. What did you do?"

One question tells you about technical skill. The other tells you whether they'll hold up your culture.

4. Develop your people. Teach, don't micromanage. Have development conversations, not just reviews.

- Example: a CDA who's great with patients gets involved in training new hires. Her engagement skyrockets. She's still there four years later. One conversation changed everything.
- **Try this in your next 1-on-1:** "Is there a part of your role you'd love to do more of, or something outside your role you've been curious about?" Write it down. Follow up. Find a stretch opportunity, cross-train on purpose and acknowledge progress out loud.

5. Prioritize well-being. Well-being is a practice value, not an HR checkbox. Breaks, boundaries and breathing room are not weaknesses. You can't restore from an empty operatory.

You notice	Instead of	Try
More absences	"She's becoming unreliable."	"Something's shifted. Let me check in."
Withdrawn	"He's quiet lately."	"I've noticed a bit of a change. Are you okay?"
Less enthusiasm	"What's wrong with her?"	"This isn't like her. What do I not know?"

- **Try this:** build a check-in into your day or month. Ask "How's everyone's energy today?" in meetings. Know your local mental health resources and your college or association supports.

6. Be the example. This isn't a leadership checklist. It's for everyone. Own your mistakes. Bring solutions, not just complaints. Treat the person who's struggling with patience. Speak to coworkers the way you want to be spoken to, even on hard days. Ask, "How can I help?"

> **Ask yourself every so often:** Did I show up for my team the way I want them to show up for me? Did I bring my frustration to the right person, or just the nearest one? What kind of wake did I leave behind me?

Expect resistance

Culture change takes time. Set expectations, nurture the change and accept that you'll get pushback. That's okay. Keep going. And have fun, or at least try to.

TAKE IT HOME

Your Next Move

You don't need to fix everything on Monday. Pick one thing from each C and start there. Small moves, done consistently, change a clinic.

CONFIDENCE

One thing I'll stop, start or let go of:

COMMUNICATION

One conversation I've been putting off, and the first line I'll say:

CULTURE

One thing I've been allowing that I'll address:

Choose your hard. Then go do it.

Keep in touch

I work with leaders and teams on the 3 C's through workshops and 1-on-1s. If something in here hit home, I'd love to hear about it.

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What's New with Dr. Jessica

My newest project is HerMouth Philosophy, built around women's dental health through pregnancy, perimenopause, menopause and bone health. Hormones change the mouth, and most patients never hear about it from their dental team. That is why I'm creating guides and tools you can hand straight to your patients, so you can start that conversation in your own chair.

hermouthphilosophy.com · Instagram and TikTok: @mouthandhormones

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