

THE WORKBOOK



**EMPOWERED
SURGEON**

welcome, **SURGEONS!**



You made it. And not just to this group—but to a space where you don't have to carry it all alone. I know the weight of this work. The pressure. The long hours. The quiet doubts. The moments where you wonder, "Can I keep doing this?" This isn't about fixing you. You're not broken. This is about bringing you back to yourself—the whole, human you behind the surgeon's mask.

Here, you'll find:

- ✓ Surgeons who get it.
- ✓ Real conversations.
- ✓ Tools to help you realign.

You don't have to prove anything here. Just show up. And you already did. Take a breath.

Let's begin.

dr. mel thacker

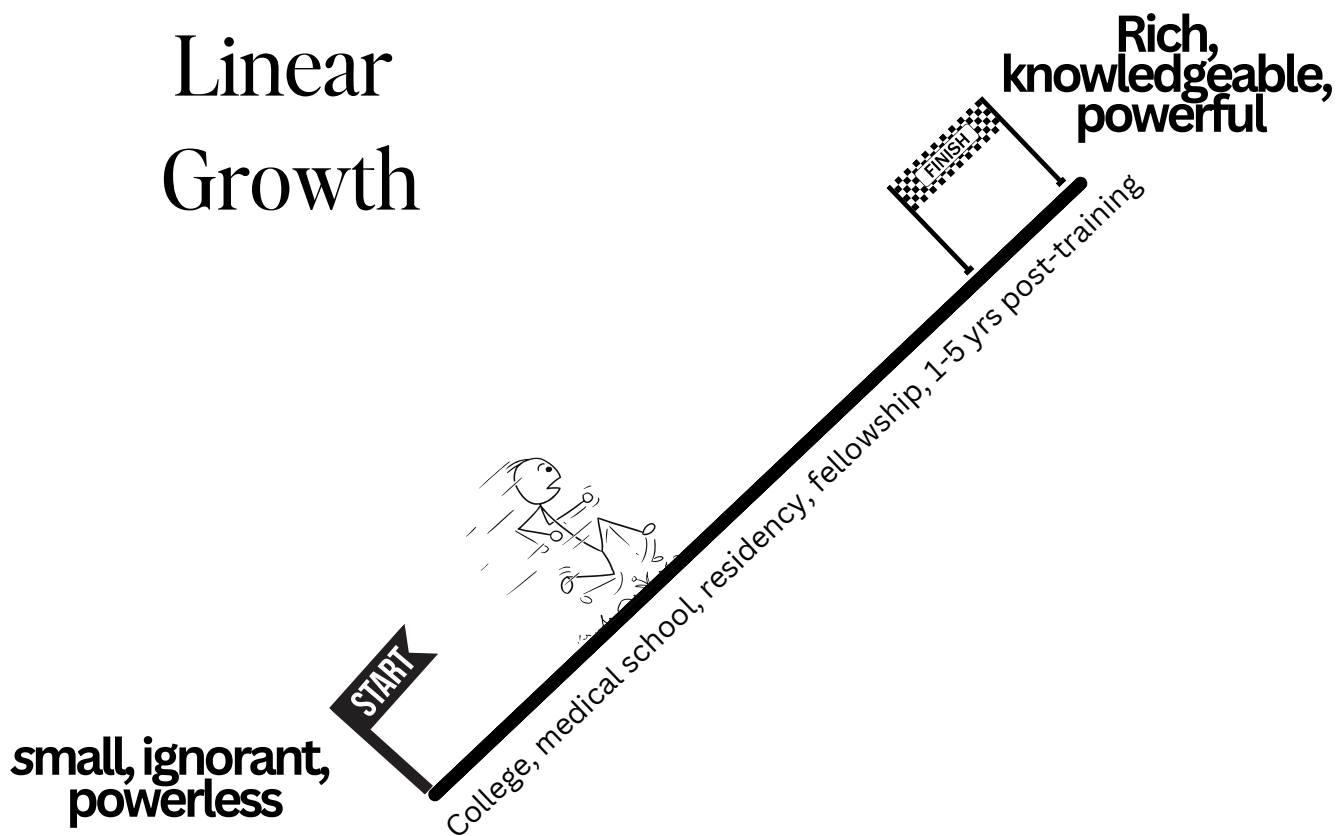
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THE CHANGE CYCLE

YOU'LL NEVER ARRIVE,
AND THAT'S OKAY

Linear Growth



Many of us believe that growth is linear. We assume we start as small, ignorant, powerless beings and must accumulate enough knowledge, power, status, and wealth to finally become “enough.” This mindset feeds our need for external validation—accolades, good reviews, money, and acknowledgment from others that we are doing a good job.

In school, you worked toward good grades and graduating at the top of your class. In residency, you struggled to survive, complete the program, and perhaps secure a fellowship. In your first five years out of training, you focused on doing a good job and avoiding mistakes. But at some point, you find your stride—then what? If you subscribe to the linear growth model, life simply idles at the finish line. But as you’ll learn in this workbook, humans are not a species that naturally stagnate. We are a striving species.

The linear growth model convinces us that we will be happy when—when we pass our boards, when we reach a certain income, when we earn tenure. But the truth is, we will never be happy when. We will simply trade old problems for new ones. When we finish training, we swap overworked, underpaid resident problems for overworked, well-paid attending problems. Millionaires trade non-millionaire problems for millionaire problems. Billionaires trade millionaire problems for billionaire problems. Tenured professors exchange tenure-track struggles for the challenges of full tenure.

My coach, Martha Beck, once received a late-night drunk dial from a wealthy, prominent client who had just sold his company for millions. At a party, celebrating his success, he slurred emotionally into the phone, “Martha, it’s NOT ENOUGH! When will it ever be enough?!”

It won’t be enough until we decide it’s enough. That means choosing to be okay with where we are today—with all our current drama, problems, and circumstances. In fact, one day, we may look back at this very moment with a sense of yearning.

An alternative framework is to visualize your entire existence as cyclical. This means moving through seasons as you progress through life. When you transition from one season to another, you don't see it as a sign that something is wrong with you. Instead, you normalize the thoughts and feelings that arise in each season. You recognize when you're entering the next phase as if it were the natural next step—you expect it. Let's explore each season, or square, in detail.

Square 1: Death and Rebirth

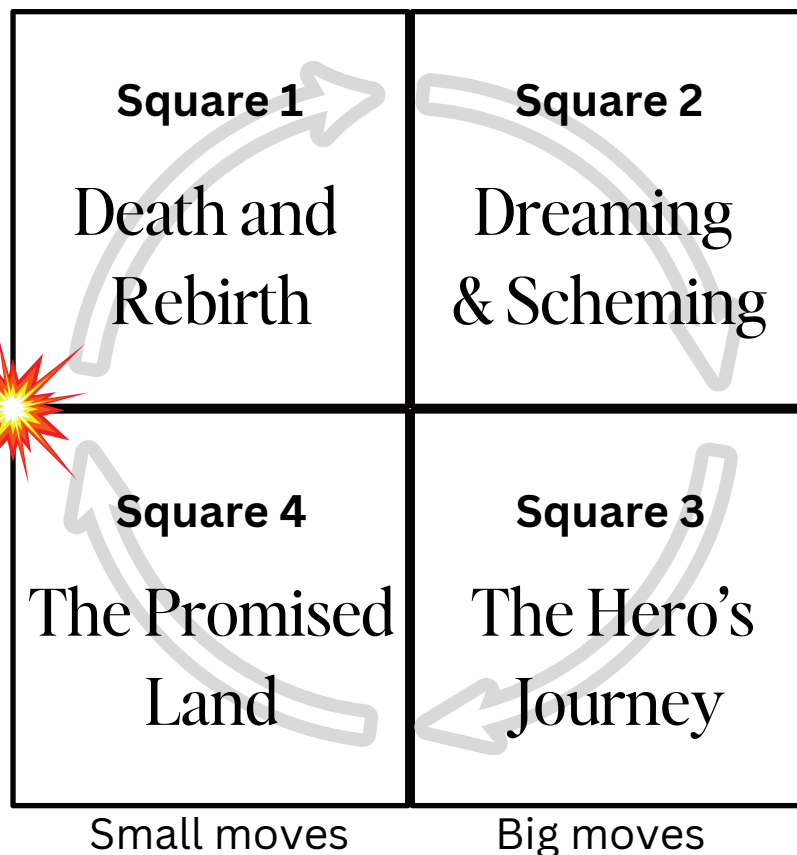
We enter Square 1 either because an external force disrupts our lives—what Martha Beck refers to as a catalytic event—or because we choose to initiate change on our own. A catalytic event can be an unexpected shock that alters our daily existence, such as a global pandemic, a diagnosis, having children, children leaving for college, marriage or divorce, or the loss of a loved one or pet. It can also be a growth opportunity, like landing a promising new job in another part of the world or deciding to change careers entirely.

In this phase of death and rebirth, an old version of us dissolves, making way for a new identity. The classic yet fitting metaphor for this stage is a caterpillar entering its chrysalis. Once a caterpillar has consumed enough nutrients to sustain its transformation, it encases itself in a cocoon, where it undergoes a radical enzymatic breakdown. Its cells rearrange to form an entirely new creature—a butterfly. Similarly, during our own process of death and rebirth, we let go of a part of ourselves or even an entire identity, creating space for something new to emerge.

This process is rarely comfortable. It's messy. It's painful. It brings up a flood of difficult emotions. Our sense of self shifts in small, internal ways, and the best thing we can do is care for ourselves as we dissolve. That often means acknowledging and allowing our feelings, wrapping up in cozy blankets, reading good books, and surrounding ourselves with love and support from our community. The mantra for this square is: *"I don't know what the hell is going on, and that's okay."*

Cyclical Growth

Catalytic event



Square 2: Dreaming and Scheming

Imagine the butterfly before it emerges from the chrysalis. It has never flown before, yet it instinctively envisions what it must feel like to spread its wings and soar. The thought of effortlessly gliding through the sky is thrilling.

Similarly, when hope returns, we begin to dream about what's possible in our own lives. New goals take shape. Our priorities shift. We discover things that fascinate us—things that effortlessly capture our attention. Even if they are challenging, they ignite something within us.

Your next big thing depends on how boldly you allow yourself to dream. For me, it was coaching, influencing, and speaking. For others, it might be teaching, journalism, writing a book, acting, running a marathon, or pursuing music. If you can dream it, you can make it happen. The key is to give yourself permission to dream as big as you want.

These internal shifts can be profound. You could dream of transforming the culture of surgical training. You could envision dismantling and rebuilding the entire U.S. healthcare system. You may not be ready to take action just yet, but that doesn't mean you can't dream. Your dreams reveal where you want to go next.

The mantra for this square is: *"There are no rules, and that's okay."*

Square 3: The Hero's Journey

The butterfly is ready to emerge, but first, it must struggle to break free from the cocoon. This takes effort. It's hard. And yet, the more energy the butterfly exerts, the greater its chances of survival. Likewise, when we start taking action toward a new goal, we must anticipate failure. This is where the rubber meets the road. We will stumble. We will put ourselves out there and face humiliation. We will be rejected. We will make mistakes.

The key emotions to cultivate in this phase are resilience, determination, passion, patience, service, and failure-tolerance. Failure-tolerance is especially important and requires two things:

1. Detaching your sense of self-worth from outcomes.
2. Evaluating each failure objectively by asking: What went well? What didn't? What will I do differently next time?

This stage involves big external shifts. You take action—massive action—and learn through experience. This isn't about recklessness. It's about purposeful, intentional, and meaningful action that leads to real progress.

The mantra for this square is: *"This is harder than I thought, and that's okay."*

Square 4: The Promised Land

The butterfly has mastered flight. It moves through the air effortlessly, without thinking. It simply butterflies all day. But at some point, boredom may creep in.

Likewise, we reach a stage where we have mastered our big thing. We've put in the reps, built the muscle memory, and now it feels second nature—so much so that we could do it in our sleep. And when that happens, we instinctively begin looking toward the next challenge.

It's time for something new. It's time for Square 1 again.

The mantra for this square is: *"Change is here, and that's okay."*

DIVERSIFICATION OF SELF

YOU ARE A MULTI-
FACETED, COMPLEX,
AMAZING HUMAN BEING.

Diversifying Your Identity

Imagine your identity as a house. You may feel trapped in the surgeon bunker, enclosed by four thick steel walls.

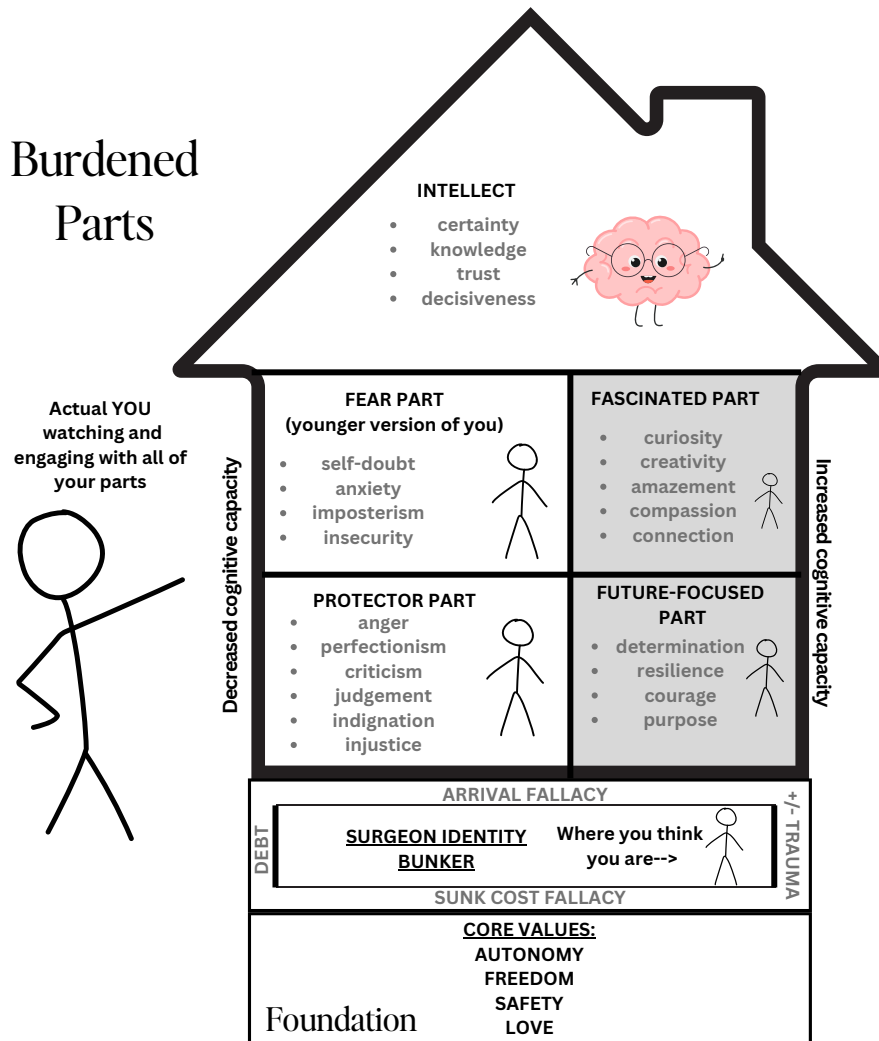
The first wall is student loan debt—or, if you're debt-free, the golden handcuffs of your hefty paycheck. The second wall is trauma—not all surgeons have this wall, but many of my clients do. Some signs that your brain is stuck in trauma include:

- Seeing the world in all-or-none or black-and-white terms.
- Believing you're trapped—that staying in your job is safe suffering, while leaving is risky suffering.
- Forgetting that you actually have a choice: you can stay where you are and be okay or leave and be okay.

The third wall is the arrival fallacy—the false belief that happiness awaits you once you get there. (I'll be happy when...)

The fourth wall is the sunk cost fallacy—the lie that says you must stay in your profession simply because of how much time, energy, and effort you've already invested. This fallacy pressures you to double down on your past choices, even if they're making you miserable.

But here's what I want you to see: you are not actually trapped in the basement of your identity house. Let's dive into this concept.



Getting to Know Your Parts

If you step out of the surgeon bunker and explore the rest of your identity house, you'll find different rooms—each holding a unique part of you.

One room houses your **fear part**—often a younger version of yourself. Maybe you've ignored this part or shoved it into a closet. In coaching, we begin by engaging with this part and learning to approach it with compassion.

Another room belongs to your **protector part**—the one that wants to keep you safe. This part has strong opinions about your fear part and often steps in to defend you, sometimes aggressively.

Then there's your **fascinated part**—a curious, creative, deeply connected, and compassionate version of you. This part exists in the present moment, with a wide, open awareness and the ability to think outside the box to solve any problem.

In another room, you'll find your **future-focused part**—the one who stays connected to your purpose, your big why. This part sets goals, pushes you to take action despite fear, and seeks to make a positive impact on the world.

And finally, in the attic of your identity home, you'll find your **intellect**—your analytical, logical, knowledge-driven mind. This is where you store everything you've learned over the years, including clinical expertise, guidelines, and surgical steps. You rely on this part to do your job efficiently and effectively. However, when stress takes over and you become stuck in fear or protection mode, it becomes much harder to access your intellect.

Now, here's the key insight: YOU are none of these parts.

Recognizing this allows you to step back and observe when a part is trying to take control, helping you avoid reactive decisions you might later regret.

For example, imagine a team member—a PA, resident, nurse, consultant, or colleague—makes a mistake that negatively affects a patient.

- Your fear part jumps in, worrying about what this mistake means for the patient, their family, and for you.
- Your protector part wants to assign blame, lash out, or ruminate on ways you could have prevented the mistake, in a futile attempt to regain control.
- Your fascinated part gets curious, investigating how the mistake happened without judgment.
- Your intellect helps you determine the corrective steps needed to fix the issue.
- Your future-focused part considers long-term repercussions and, if the mistake is reversible, reassures you that the patient will ultimately be okay.

Noticing which parts are dominant in any given moment is a powerful tool—especially in high-stress situations. It creates space to breathe. Instead of reacting impulsively, you can pause, observe the different voices in your head, and consciously choose how to respond.

This is responsiveness. The opposite of reactivity.

You can even practice narrating internally:

- "My fear part is worried I won't get this bleeding to stop."
- "My protector part wants to tell hospital administration off."
- "My fear part is worried that I'm taking too long with this case and everyone is judging me for it."

When you observe your parts, rather than becoming them, you regain control. You decide who gets to sit in the driver's seat.

Your Surgeon Bunker

It's completely understandable that you feel consumed by your identity as a surgeon. You've dedicated decades of your life, countless hours, and many sleepless nights to building this identity. You've poured your heart and soul into this profession.

But the danger of defining yourself only as a surgeon becomes clear when that identity is threatened—or taken away entirely.

- What happens when you retire?
- How will you manage if moral injury becomes overwhelming?
- What if you injure your hands?
- What if you get sued?
- What if you simply decide you don't want to do this anymore?

When you diversify your identity, you give yourself the freedom to move. And movement is essential—because no animal can think clearly when it feels trapped.

The truth is, you are not trapped. You may be telling yourself the story that you are, but that story isn't reality. And simply realizing that is freeing.

- Maybe you have debt.
- Maybe you feel tied down by the golden handcuffs of your salary.
- Maybe you feel victimized by your training or the profession itself. (Identifying as a traumatized victim does not serve you, and we'll explore this more in coaching.)

But breaking free from these narratives—dissolving the steel walls that keep you stuck in a singular identity—takes courage.

And here's the key: this doesn't mean you have to leave surgery.

It simply means you start seeing yourself, and the world, with greater clarity. You increase your discernment. You reclaim your ability to choose.

The Foundation: Core Values

Every human needs four things to achieve equanimity: **freedom, autonomy, safety, and love**. While we all prioritize these differently, for me, autonomy is the most important core value.

Autonomy—the right or condition of self-governance—is distinct from freedom. Autonomy is about who makes the decision (you), while freedom is about whether you're allowed to act without obstruction.

No physician has complete autonomy.

- Insurance companies dictate what treatments you can and cannot provide (unless you work in direct care).
- State by-laws can force you to sacrifice sleep due to call requirements.
- Medical boards and professional organizations require redundant CME courses just to maintain your license.

You can't simply refuse to comply with these restrictions if you want to continue practicing. And in this profession, we are expected to surrender autonomy in exchange for prestige and financial freedom.

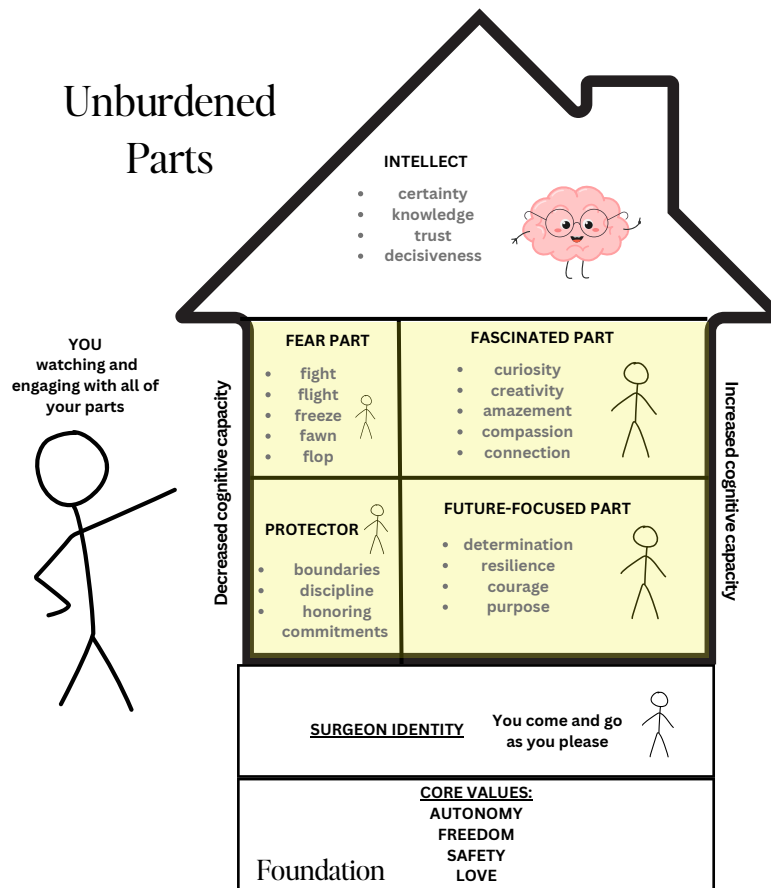
But financial freedom isn't the only kind of freedom worth pursuing.

- There's freedom of mobility—the ability to move anywhere in the world and still be valued for your skills.
- There's freedom of self-evolution—the right to change your mind and take an entirely new direction in your career.
- There's freedom in how we relate to others—whether that means forming genuine friendships with patients or rejecting rigid hierarchies to treat support staff as equals (because they are).

Safety and love are also essential for lifelong contentment. Safety means developing the belief that no one can truly harm you without your permission. Not hospital administrators. Not your boss. Not colleagues, consulting services, patients, or even lawyers. No one.

And then there's love. As social primates, we thrive on love and support from our tribe. We are meant to connect.

Now, consider which of these core values matter most to you. For most of us, all four were stripped away during training. So the question is: **How can you reclaim them? How can you prioritize what truly matters and stay grounded in your values—even in the face of change?**



When you engage with your parts—acknowledging and validating their thoughts and feelings—you begin to see that each part has a valuable role. By engaging with them, you slowly but surely release them from their burdens. The more you ignore them, shove them into closets, layer shame on them, or avoid them, the heavier their burdens become. In coaching, a significant part of our work will be unburdening your parts and getting to know them deeply.

An unburdened fear part instinctively keeps you safe by taking swift action. The five fear responses (fight, flight, freeze, fawn, and flop) are life-saving in the right situations. You'll learn to trust your fear part to take control in those rare moments when swift action is necessary. While your fear part will still voice its anxieties, you'll be able to acknowledge and comfort it, then pass the mic to the part of you that can best serve the moment.

An unburdened protector part stops the cycle of people-pleasing and starts setting firm boundaries. This part brings discipline into your life, ensuring that you honor your commitments to yourself and others.

You'll also start to venture out of your surgeon bunker and explore the other rooms of your identity house. This doesn't mean you stop identifying as a surgeon—it means you stop defining yourself exclusively by your profession. You'll begin to invest your attention in interests outside of surgery, allowing your creative muscle to strengthen.

And when inevitable change enters your world, you'll be grounded in your core values: autonomy, freedom, safety, and love. These values will guide you in deciding the next best move, no matter the circumstance.

Exercise: How do your parts respond to financial stress?

Imagine a time when you were owed a large sum of money. Maybe you put down a deposit on a big purchase and found out the purchase wouldn't be available. Maybe you lent money to someone and they didn't pay you back in a timely fashion. Maybe you were promised a big bonus by an employer, but they dragged their feet on paying it out. Remember the moment you realized you might be out a large chunk of cash. Let's explore how your parts thought and felt about that.

What did your fear part think? (i.e. *we're going to go bankrupt*) _____

How did your fear part feel? (i.e. scarce, terrified, panicky) _____

What did your protector part think? (i.e. *those assholes!*) _____

How did your protector part feel? (i.e. pissed off) _____

Did your fascinated part participate. If so, what did they think? (i.e. *I wonder why they think it's okay to stiff me*) _____

What did your fascinated part feel? (i.e. curious, fascinated) _____

What did your future-focused part think (i.e. *this is a drop in the bucket in the grand scheme*) _____

What did your future-focused part feel? (i.e. unconcerned) _____

Exercise: How do your parts respond to financial stress?

Now, remembering back to that time you felt stressed because of being owed a large sum of money, imagine all of your parts are chattering away and trying to get your attention.

Who did you give the microphone to and what did they say or do? _____

What was the result of that action? _____

If you didn't give the microphone to your fascinated part, what would that part have said or done if you did? _____

If you didn't give your microphone to your future-focused part, what would that part have said or done if you did? _____

Which part would have created the most favorable result? _____

Which part would have created the least favorable result? _____

You can do this exercise with any stressful situation. Let's say you are in the OR and dissect a little too aggressively, which leads to bleeding. While you tamponade the bleeder, all of your parts are going to vie for your attention. The fear part is going to catastrophize and panic. The protector part is going to want to blame. You can access your curiosity and creativity by intentionally letting the fascinated part come online, and by doing so, you have easier access to your intellect, observational awareness, and intuition. You can even audibly say "Hmmm" to signal to your brain that you are intentionally harnessing curiosity. This process only takes seconds and will prevent you from being hijacked by the anxiety, fear, panic, and anger of your fear and protector parts.

You may also notice there are other parts to you. I'd encourage you to journal about which parts are the most prominent in your day to day. Imagine who they are, how old they are, what they look like. Engage with them to understand what they want and need from you.

SURGEON SELF CONCEPT

CREATING THE 'WHO'
BEFORE THE 'HOW'

“TREAT YOURSELF AS YOU COULD BE, AND YOU’LL
BECOME AS YOU SHOULD BE” - RALPH WALDO EMERSON

Once we complete training, we are just expected to see patients in clinic, make correct surgical decisions, and execute operations on our own. But what if we don’t feel ready? It’s not uncommon to feel self-doubt and uncertainty, so if you are feeling that way, nothing has gone wrong. After all, you have had the self-concept of student or trainee for 13-15 or more years between high school and completing training. It’s a big ask to shift from student mindset into expert mindset over night. Some say it takes 5 years. It can happen quickly if you start working on your self-concept right away, and in doing so, you’ll become more confident, and your patients will reap the benefits.

In order to create a sustainable career in surgery, you must raise your self-concept. You have to step in to the identity of a confident and capable surgeon before you show up as a confident and capable surgeon. This is the “who” before the “how” and requires honestly looking inward at thoughts and beliefs about yourself, then making small shifts toward thoughts and beliefs that create the self-concept that serves you. This is not about “faking it til you make it”. This is about “becoming until you are”. You are a surgeon. You’ve been through all the rigorous training and have all the credentials to prove it. But that doesn’t mean you feel like you are the real deal.

Imposter syndrome is very real and pervasive, particularly in high-achievers. Thankfully, feeling like an imposter does not an imposter make. And because imposter syndrome is merely a thought error, such as “I don’t belong” or “I’m not good enough” or “Someone can do it better than me”, raising your self-concept involves looking at limiting beliefs such as these and dissolving them. This workbook will help you simultaneously raise your self-concept and retire your inner imposter.

What is a self-concept? Your self-concept is the beliefs you hold about yourself. You may have beliefs that are limiting, like the ones that create imposter syndrome listed above. Perhaps you believe “I am a safe surgeon” or “I am an adequate surgeon” or “I am caring and attentive”. Whatever you believe about yourself is perfectly fine. What we want to accomplish in this workbook is to choose thoughts that will become beliefs that raise your self-concept. This is not about creating false self-confidence but instead stepping in to the highest version of yourself and continuing to raise the ceiling of capability. When you have an appropriately elevated self-concept and make a mistake, as we all do, you’ll be able to evaluate the mistake and learn from it without letting it send you into a doom spiral of unworthiness and shame.

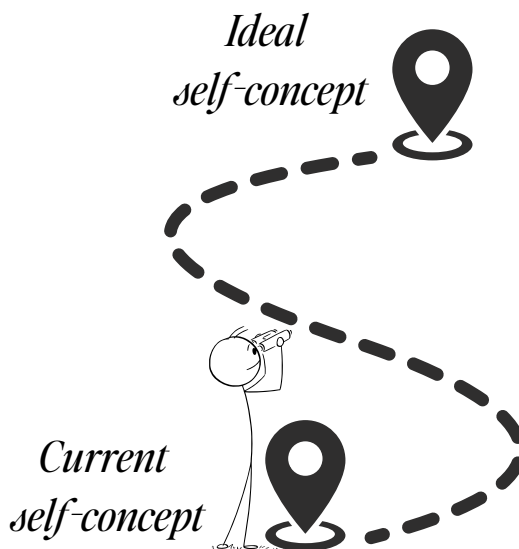
YOUR BELIEFS CREATE YOUR REALITY

That's right. Your *beliefs* - the thoughts you think over and over again-create your reality. Your reality is all the **results** in your life: the money in your bank account, your relationships, your current job, where you live, etc. **Your thoughts create your results, and your results are your reality.** This is an incredibly important concept to wrap your head around and completely contradictory to the notion that results create beliefs. **Results do not create beliefs.** For example, let's say you are a writer and you secretly believe your writing is crap. You are highly intelligent, hard-working, and dedicated to your craft, so you write a book and it becomes a New York Times best seller. Maybe you write several best-selling books. If you inherently believe you are a crap writer, the results in your life (multiple best sellers) will not change the fact that you believe you are a crap writer. Your brain will find a way to spin reality so that it conforms with your beliefs: "I must have fooled everyone", "It was just good timing", "I got lucky with that publisher", etc. You actioned your way (wrote books) to create a result (NYT best-selling author), but your reality is created by your thoughts ("I'm a crappy writer"). You can't action your way to believe you are a good writer. You have to change your thoughts and beliefs to create the reality of being a good writer. You have to choose to elevate your self-concept.

This is the essence of **imposter syndrome**. There is no threshold of achievement that will disprove beliefs of imposterism because imposter syndrome *is* a thought error. Imposter syndrome is a faulty belief system. Results do not create beliefs; beliefs create results, and results are your reality. Your thoughts and beliefs create your reality. You can go to an ivy league school and land a prestigious fellowship, but if your brain continuously tells you some version of "I'm not good/smart/skilled enough", you will find a way to spin reality to fit that belief. Maybe you tell yourself a story that your connections got you in or that you were selected because of some distinguishing feature (i.e. "there are not enough women in this specialty, and that's why they chose me"). Even if you climb the imaginary achievement ladder to the very top, you'll still believe you aren't good enough *unless* you make a conscious effort to change that belief. You can be in your 60's, a tenured professor and the chair of a department and still think you aren't good enough. No amount of external indicators of success will prove to you that you are what you want to be. You have to decide to elevate your self-concept, and then your reality will reflect your new thoughts and beliefs. But how? I'll show you.

Famous "Imposters"

Maya Angelou
Michelle Obama
Albert Einstein
Tom Hanks
Tina Fey
Serena Williams
Sheryl Sandberg



The first step to growing and elevating your self-concept is to recognize where you are starting from. It can be tempting to shove down, avoid, or deny thoughts like, “Someone can do it better than me”, “I’m not as good as *insert surgeon*”, “I’m not good enough”, “Why did I do this to myself?”, or whatever your brain is offering you that you don’t want to look at. But, as stated earlier, our thoughts and beliefs create our reality. You have to look at your thoughts - the sentences in your mind - even if they are painful or irrational. By looking at the thoughts honestly and without judgement, you create distance from them and you show your brain what happens when you let them run on default in the background. In essence, this exercise gives you agency over your thoughts and, ultimately, your reality.

Exercise: Current Self-Concept

Tomorrow is a typical operating day for you with a full day of cases. What are you thinking? (i.e. me in my low-value days “I don’t want to do this. They are going to find me out.”)

Thoughts: _____

What feelings do those thoughts generate? (i.e. inadequacy, anxiety, fear)

Feelings: _____

Who are you when you believe those thoughts? How do you show up? What do you do? (i.e. in my own head, double check excessively, give out my cell phone to overcompensate for my imposterism by showing the patient I’m extra caring, check in on the pt postop *a lot*)

What kind of result does that create for you? (i.e. burnout, exhaustion, drama, less presence with my own family)

Results: _____

Now that you know where you are starting from, let's consider who you'd like to be: your ideal self-concept. The point of this exercise is simply to identify point B. To get from point A to point B, we have to be clear on the details of both locations. But getting to point B takes more work than just locating it. You cannot just jump from "I'm not a good enough surgeon" to "I'm a great surgeon". It's not believable and won't work. We'll discuss how to get from point A to point B on the next page.

Exercise: Ideal Self-Concept

Tomorrow is a typical operating day for you with a full day of cases. What do you want to think?

(i.e. me in my high-value days "I'm the perfect person to do these surgeries", "I'm so excited to help these patients", "This is going to be fun")

Thoughts: _____

What feelings do you want to generate? (i.e. confidence, creativity, nonresistance)

Feelings: _____

Who would you be if you believed those thoughts? How would you show up? What would you do? (i.e. joke around in the OR, creatively troubleshoot problems like equipment snafus and backordered items, work efficiently, trust my moves, leave work at work)

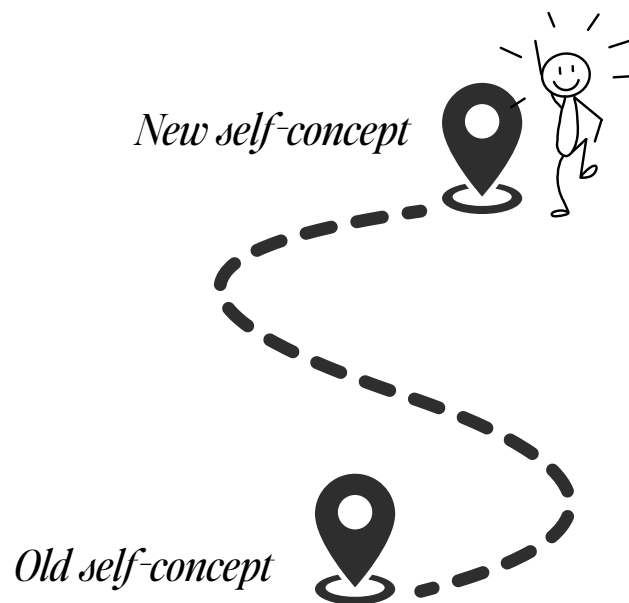
What kind of result would that create for you? (i.e. efficiency, boundaries, increased presence with family, more energy, less disdain for the job)

Results: _____

A STRONG SELF-CONCEPT BENEFITS YOU AND YOUR PATIENTS

Because surgery is standardized and human bodies heal, the results for your patient may not change whether you are living an old, imposter-based self-concept vs an ideal self-concept. You can take the same actions and execute the same surgery regardless of your thoughts and beliefs. In the case of an ideal self-concept, you'd likely execute more efficiently, but that does not change the ultimate surgical outcome for the patient. But *your* reality will change. With a self-concept that you are not good enough, you could do 1000 perfect surgeries and 1 imperfect surgery. Your brain will focus on the 1 imperfect surgery as evidence to support the belief that you are not good enough. With a self-concept that you are a great surgeon, you could do 1000 perfect surgeries and 1 imperfect surgery. With that self-concept, in thinking of the 1 imperfect surgery, your brain will evaluate what went well, what didn't go well, and what you'd do differently and then apply that going forward. Your self-concept of being a great surgeon remains. When you have a firm belief about the "who" (a great surgeon), surgical outcomes do not inform who you are anymore. Not to say that you don't go through a period of negative emotion and feel the urge to beat yourself up or fall back into old patterns. You probably will. But you can use these tools to ground yourself back into the surgeon you want to be. When you have a strong self-concept, it improves your reality AND creates better, faster results for your patients. It's a win-win.

Go through the prompts in this workbook as much as you need to. Use extra paper if needed. It takes consistent work to elevate and maintain your self-concept. Looking inward and noticing when your brain falls back into old thought patterns is essential. When we ignore our thoughts, they creep into our reality. Your thoughts and beliefs create your results, your reality. You have complete and total agency over your mindset, and that's fantastic news.



WHEN YOU GET CLEAR ON WHO YOU ARE, THE HOW REVEALS ITSELF

Imagine the creative process of Michelangelo when he carved the statue of David, or Diego Velázquez when he painted “Las Meninas”. Imagine an artist seeing the final product in their mind’s eye before they ever take a chisel to marble or pick up a paintbrush. The process of creating--the “how”--is merely the next action the artist takes to get to the final product. Now, I obviously have no inside knowledge about the creative processes of Michelangelo or Velázquez, but you can still borrow this concept for yourself. When you decide you are the best person for the job and imagine yourself doing the surgery from start to finish in your mind’s eye, the next right action is to execute the surgery in that energy. We call this **“having done” energy**. This is very different than “I hope it all goes well” energy or “I’m not totally sure I’m ready” energy. This is the energy of the surgery being done, the result being created for the patient, as though you’ve already helped the patient achieve the outcome they wanted to achieve. When you show up to the OR *with that mindset*, it’s just a matter of picking up the scalpel or Bovie and getting started. To be clear, I do not recommend you use this mindset to execute a surgery you are not trained to do. This is a mindset to adopt when you are performing surgeries that are within your wheelhouse and easily achieved with the skillsets you have. “Having done” energy will help you get out of your own way, drop all your mind drama, and get things done efficiently and expertly in the OR. Now go carve out David.



CULTURAL EXFOLIATION

UNLEARNING BELIEFS
THAT KEEP YOU STUCK

“ONE MUST IMAGINE SISYPHUS HAPPY.” -ALBERT CAMU

You have worked so hard. Younger you was intelligent, driven, and full of potential. Everyone saw it—your parents, your teachers, your friends. They knew you were destined for big things. And you achieved them.

Part of you feels you should be grateful for the privileged and accomplished life you’ve built. But another part of you is deeply unsatisfied. Why?

From a young age, you were taught to equate your worth with your intelligence and achievements. You hung your happiness on a goal, never realizing that reaching it wouldn’t bring lasting fulfillment. No one told you that external validation could never create true happiness—that happiness was always something you had the power to choose, no matter the circumstances.

You set your sights on becoming a surgeon, and you made it happen. It took grit, perseverance, and sacrifice. Did you once daydream about what life would be like as an attending? Did you romanticize it? And when you got there—how did it feel? Did it feel amazing, or did it feel like winning a gold medal, only to step off the podium and be met with an unexpected wave of emptiness?

We achieve a goal, and then we grieve the loss of the striving. What we fail to realize is that the striving was always the point. It wasn’t the achievement we loved—it was the climb. We were a happy Sisyphus.

Now, you’ve completed training. You became... you—just with more money and responsibility. You’re a human with an important job. Maybe you love some parts of it and hate others. Is this life enough for you? If it is—wonderful.

But if there’s somewhere else you want to go in this lifetime, coaching will help you find the way. Maybe your next great adventure is getting to know yourself.



DISSOLVING OLD SELVES AND WELCOMING NEW ONES

My guess is you never took the time to grieve the loss of yourself when you completed one stage of life. Finishing surgical training is a classic square one death and rebirth moment (from *Finding Your Own North Star* by Martha Beck).

You've experienced many deaths and rebirths throughout your life. If you're married, the moment you said your vows, single you faded, and married you was born. If you're a parent, the birth of your child meant the dissolution of childless you and the emergence of parent you. When you retire, working you will dissolve, making way for retired you.

Wherever you are in your journey, you may still be figuring out who each version of yourself is—what they value, how they define success. That's okay.

It is essential to honor these transitions—to grieve the loss of our old selves and hold our new selves in a compassionate cocoon of love as we navigate the unknown as someone entirely new.

The Discomfort of Rebirth

Death and rebirth are supposed to feel disorienting and uncomfortable. Instead of facing this discomfort, we often distract ourselves—burying it under work, social media, exercise, or new projects. Anything to avoid the unsettling process of dissolving.

But trying to speed up the process only impedes it. You can't rush transformation. The mantra for this stage is: "I don't know what the hell is going on, and that's okay." If you haven't allowed yourself to dissolve yet, that's okay. Nothing has gone wrong.

Growth Isn't Linear—It's Cyclical

Chances are, no one taught you how to fall apart or subtract. Instead, you were taught to constantly add—to build, to achieve, to accumulate. Growth was presented as a straight line: Start small and ignorant Gain knowledge, power, status, wealth Reach the pinnacle of success.

That's the myth Western, Educated, Industrialized, Rich, Democratic (WEIRD) culture tells us. But the truth? Life is cyclical.

We don't follow a single trajectory upward—we move through countless cycles of death and rebirth, over and over, in seasons. The only time the circling stops is when we physically die. You've closed the loop on one phase of your life—surgical training. Having language for this transition and allowing yourself to experience it fully is what makes space for what comes next: Dreaming and scheming.

How does it feel to let yourself fall apart, to let an old identity die and a new one to emerge?

How will you take care of yourself when an old version of you dies?

How can you lean in to the discomfort of evolution instead of letting your brain take you back to the familiar?

What mantra or mantras will keep you going when things get hard?

Unlearning 4 Big Lies Culture Taught You

Lie#1: Worthiness comes from intelligence, accomplishments, and productivity

As kids, we were worthy as long as we did well in school. Graduating top of our class, achieving high honors, scholarships, accolades, and awards - that is what defined our worth. If we failed, we became less worthy. We are adults now. So how does this mindset translate to our current lives? We are worthy as long as we execute perfectly. When we make a mistakes in the operating room, our worth decreases. When a patient reports us to the board or sues us, we are less worthy. We are worthy as long as we make lots of money. If we don't meet our quarterly goals, we are less worthy. Surgeons who are more academically accomplished are better than us. Surgeons who have nicer houses than we do are better than us. Surgeons who operate faster, more efficiently, with more confidence, with more skill than us are better than us. Not the case. These are all complete and total lies. You are no less worthy and no more worthy than your peers.

TRUTH: You are always worthy no matter what

Worthiness is an inherent right. We are all worthy. It is up to us to accept or reject our own worthiness. We are enough exactly as we are. Take away everything we've ever created, and we are still enough. All humans can feel sufficient in their worthiness if they choose to. Billionaires are no more worthy than us non-billionaires, who are no more worthy than total freeloaders who've never worked a day in their lives. We are all the same amount of worthiness and deservedness. Even when we do stupid things, even when we lose our temper, even when we make mistakes in the operating room, even when we hate every second of being on call and everyone around us knows it - even then, we are still worthy of all the love in the world. Stepping into the realization of our own innate worthiness is a choice that is always available to us.

Lie #2: Circumstances and results create feelings

We feel irritable and annoyed because our medical assistant showed up late to work. We think it was the action (being late) of another person (our MA) that created emotions (irritation and annoyance) inside us. Not the case. Other people's actions are circumstances. We feel anger because our exam room was not stocked properly. We think the unstocked exam room was the cause of our anger. Nope. An unstocked exam room is a circumstance. Late employees, unstocked rooms, long turnover times, missing instruments, the F-team in the OR - these are all *neutral* circumstances. They mean *nothing* until we have thoughts about them. And we have lots of thoughts about the circumstances in our lives. It may seem like the world is a sea of uncontrollable circumstances, and we are just swimming along, reacting as we go. Not so. We can navigate the world with a different mindset.

Similarly, we believe *results* create feelings. Money in the bank creates the feeling of security. Being elected to AOA creates the feeling of accomplishment. Purchasing your dream house, marrying your dream partner, landing your dream job, getting to your ideal weight, creating whatever result in life that you misguidedly believe will make you happy - none of it actually does. Why? Because you have trained your brain to reject the current moment for some future better moment that contains the result you want, and now your brain always yearns for the future. There is not a magic number of surgical cases that will give you confidence. There is not a dollar amount that will give you security. You've learned the skill of resisting the present and desiring the future, so that's what you do...until you decide to deliberately and consciously unlearn that skill. No result you create will ever be enough for you. Circumstances and results do not create your feelings. You create your feelings with your own brain.

TRUTH: Thoughts create feelings

The world happens, and we have thoughts about it. Thoughts are simply sentences in our mind. We have 60,000 to 70,000 thoughts per day, the majority of which have been automated. If you want to know what thoughts you will think today, look at what you were thinking yesterday; 90% are repeats of the same thoughts. So if you are someone who tends to feel frustrated, it's because you think frustrating thoughts. Do you have a friend who is always upbeat and positive? They are thinking upbeat, positive thoughts. We all live in the same world, but we do not all have the same thoughts about it.

Thoughts we think over and over again become **beliefs**. Beliefs that hold us back from doing what we want are **limiting beliefs**. Thoughts and beliefs are not truths. They are purely suggestions. We can choose to accept them or not. When we let our brain run on auto-pilot without watching it or questioning it, then we accept our factory settings, which is completely fine if the default settings are creating the life we want to live. If our factory settings are creating situations where we get in our own way, then it's time to observe, evaluate, and deliberately choose how we want to think and feel about the world around us.

Changing our internal milieu requires us to observe our thoughts and question their veracity. This is a meta-skill that takes time, attention, and effort. We will work on this a lot in coaching. For now, wrap your brain around the fact that **you have created your own reality with your thoughts**. I say this to you with love. This is not about victim blaming. The fact that we create our own reality is a beautiful thing because: 1. we have complete agency over our thoughts so we can choose to change them if they are not serving us, and 2. thoughts are just sentences that create feelings, and feelings are just vibrations in the body, and vibrations are NO BIG DEAL. Feelings like shame, fear, anxiety, anger, humiliation, frustration, and impatience are no big deal. Sure they're uncomfortable, but they will pass if we allow them. Isn't that wonderful?

Lie #3: Our conscious mind is a trustworthy decision maker

We make decisions by looking at the pros and cons. We depend on the data that is available to our linear, logical, thinking brain. If Harvard Yard Academy school is the best in the state, then we must send our kids there, right?! What about that icky feeling we had when we visited? We'll just ignore that. We use peer-reviewed evidence to decide what's best for our patients like we have superior knowledge over the body in which they inhabit. Even if we are right, does it matter if they don't buy it? We think the smartest person in the room is the wisest. We glorify the conscious mind, and in doing so, we lose the forest for the trees and blind ourselves to a vast ocean of untapped wisdom.

TRUTH: Our subconscious mind is a reservoir of wisdom

Intuition. A gut feeling. A sign from the universe. Call it whatever you like. It's all some flavor of the subconscious mind at work. Our subconscious mind processes 11 million bits of information per second, while our conscious mind only processes 40-50 bits. Think back to a time when your logical brain told you to take action, like operate on a patient, but your gut screamed "NO! Don't do it!" How did that turn out? We do ourselves a disservice by revering our conscious mind and dismissing our intuition, and intuition lives in our bodies. Learning how to read your body compass and trust your gut are incredibly powerful tools that will serve you well.

Lie #4: There is a cultural formula for happiness

Accumulate enough "x", and you'll get "y". X = power, wealth, and status. Y is any positive emotion you desperately want to feel: peace, joy, happiness, love, worthiness, etc. X could be climbing the academic ladder, owning expensive real estate, growing money in the bank, earning respect from your peers, making Castle Connolly Top Doctor list, knowing you are the fastest surgeon in your community, etc. Culture teaches us that we reach a desirable point in life by achieving X. As soon as we achieve the thing - whatever represents power, wealth, or status for us - then we get to live our best lives. The happiest people are the ones with the most X (that might be the *biggest* cultural lie).

TRUTH: Culture does not know the first thing about what makes us happy

Only we know what makes us happy. We decide what we value. We decide how we define success. For one person, success could be raising well-adjusted, wonderful kids. For another, it could be serving their community well. For another, training the next generation of surgeons. Maybe it's having a fit and healthy body, being a lifelong learner, keeping a well-organized home. What we value today may not be what we value in the future. It's a fluid thing that is personal and unique to the individual, and the consensus of culture gets no say in what we value.

DEMYSTIFYING SHAME

THE FACT THAT YOU FEEL
SHAME MEANS YOU'RE
NOT A SOCIOPATH, AND
THAT'S A GOOD THING.

Your Flaws DO NOT Make You Unworthy of Love and Belonging

Brenè Brown, the queen of shame, defines shame as “the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging.”

Shame is one of the most powerful motivating forces in our society. Its immense power comes from the threat of being blacklisted, cancelled, ostracized, excluded, or otherwise banished from our tribe. If we don't fall in order with tribal expectations, we risk the possibility of being shunned. Children are especially susceptible to shame because their survival literally depends on it. Kids *need* the adults around them to love and approve of them, to feed and house them, or they effectively die. And that's what shame threatens. Death. For adults, shame doesn't threaten physical death but something we perceive as way worse: **emotional death**. It's no wonder public speaking is the number one most terrifying activity for humans. When we public speak, we stand vulnerably in front of our peers, right in the line of fire of their watching, judging eyes. The mere sound of one audience member snoring or snickering is like a spear through our emotional heart.

The irony here is this - we fear abandonment by society, and in our effort to belong in society, we desert our true nature, in effect, *abandoning ourselves*. We strive to “fit in” with culture because we fear we won't belong if we show up as our real selves. Our lives work out great when the things we want are the things culture wants for us. But when the things we truly desire go against culture, then we choose to abandon ourselves to fit in with cultural norms.

Thought Experiment: Do the opinions of others cause you more shame than the rule of law?

Which activity creates more shame for you?

- Breaking a law that does not hurt anyone?
 - Putting in the code for a non-organic apple when you are really buying an organic apple at self checkout in Whole Foods *scandalous!*
 - Jay walking
 - Running a stop sign when you are sure there is no one around
- Doing something culture strongly disapproves of?
 - Bringing leftover fish to work and heating it in the microwave in front of your coworkers
 - Not brushing your teeth for 3 days
 - Not showering or wearing deodorant for a whole week

Shame is deeply woven into the fabric of medical education. As surgeons, we know shame very well. It's nearly impossible to find a physician alive who made it through residency without having one of their personal failings publicly exposed. It was the contempt and derision from our superiors and peers that cut deep. Make the foolish mistake of going home post-call when your co-residents were staying to help out...or eating when you weren't supposed to...or not immediately doing that thing your chief resident told you to do right then...or not knowing the next step in a surgery...or not knowing how to defend yourself at M&M...and you put yourself at risk of shame.

The tracks of shame run deep in our psyche because big emotions create big memories. We had a lot of big emotions when we were shamed in training, so our shame memories are vivid. We are still triggered when we hear the name of that person from residency who had it out for us, even though we are years or decades out of training.

So now that we have these shame memories burned into our brain, what do we do with them? We face them. We bring shame into the light, lean into it, and love the side of us that feels it. We face shame in a brave, safe space by sharing our experiences with trusted others. The mere act of being witnessed in our shame transforms it. We rewire connections in our brain by understanding shame and reframing how we think about our tendency toward shame.

Shame contains the raw materials for self-compassion, just like fear contains the raw materials for courage. Each shameful experience is an opportunity to grow **self-compassion** just like every scary experience (i.e. public speaking) is an opportunity to grow **courage**. If, instead, we choose to isolate ourselves from the people who love us - to let our shame grow unchecked - then we risk becoming a danger to ourselves and others.

Shame makes “normal” people do horrible things

In 1995, Jonathan Schmitz murdered Scott Amedure after the pair appeared on an episode of the Jenny Jones show about revealing secret same sex crushes. Amedure was revealing his crush on Schmitz, who later reported he was unaware his crush was a man, and the embarrassment of being publicly associated with a gay man was motive enough for him to murder in cold blood.

Rakesh Kamal, a 57-year-old software developer, murdered his wife and 18-year-old daughter in their \$4 million home in Dover, Massachusetts in December 2023 when it became clear he could no longer maintain the facade of extreme wealth in the face of his significant career and financial struggles. Shame became so big for him that he resorted to murdering two women he purported to love, then he turned the gun on himself.

Could shame be a motivating factor behind the suicides of 300-400 U.S. physicians per year?

Exercise: Facing shame

Remember a time when you were shamed in surgical training. What were the circumstances? Who was the shamer? What were your thoughts about the event? What other emotions did you feel at the time?

Circumstances: _____

Shamer(s): _____

Thoughts: _____

Other emotions: _____

Close your eyes and take yourself mentally back to that shame experience. Feel the emotions in your body. Where do you feel them? What do they feel like?

Now imagine you (from now) enters the scene. Comfort yourself like you were comforting your best friend. Say to your shamed resident self, "I see you are upset. Tell me everything." What would resident you say?

Now tell yourself, "You are allowed to feel as BIG as you need to feel. There is plenty of space here for all of your shame, fear, and anger. **I can hold all of it for you. I've got you. They can't hurt you without your permission.**"

CARA'S SHAME EXPERIENCE

Cara is third year ENT resident on service at the Children's hospital. She is supposed to round on the service with the second year resident every morning then attend morning meeting to present to the chairman of the department. The other chiefs also attend morning meeting as well as any attendings who decide to show up. Typically she has to get up at 4:30 am to round on everyone and clean up the list before morning rounds. She doesn't give herself enough time one morning and isn't able to finish rounds.

At morning meeting that day, the chairman asks Cara a specific detail about a patient on the list. She didn't round on that patient and doesn't know the answer, but instead of saying so, she makes something up. She didn't intend to lie. It was almost as though her mouth was saying words against her will. She immediately regrets it.

Morning meeting ends and the day begins as usual. Soon it becomes apparent to some of the residents and attendings that she lied. One of the chief residents angrily admonishes Cara in front of other residents. Cara is mortified and ashamed.

If you were Cara, what thoughts would be racing through your mind?

How would those thoughts make you feel? Where would you feel those emotions in your body? What would your body feel like?

How would you treat yourself?

CARA'S SHAME EXPERIENCE

What are Cara's options in terms of actions, inactions, and reactions she might *choose* to take in the immediate aftermath of the shame experience?

- Cry in the bathroom, then suck it up and get back to work.
- Force back her tears, stuff down her emotions, and get back to work.
- Publicly lose her temper on the chief resident who shamed her.

What are her options for actions after she has time to reflect?

- Go out for a drink or coffee with a trusted friend and spill her guts.
- Numb out the pain of her shame with food, sex, substances - anything to feel better - and try to go on like it never happened.
- Allow the shame. Look at her thoughts non judgmentally and bring awareness to where she feels it in her body. Give herself words of loving kindness. Go about her day carrying the shame with her, like carrying a heavy backpack or purse.

What are her options going forward as a resident in her program?

- Beat herself up for the mistake. Make a concerted effort to avoid the chief who shamed her. Hold a grudge and feel deep-seated hatred every time she hears the chief's name.

Result: **Resentment, suffering, self-doubt**

- Forgive herself for being human. Own up to her mistake. Apologize to the chairman. Have a private, transparent, authentic, honest conversation with the chief who shamed her.

Result: **Courage, connection, freedom from suffering, self-compassion, forgiveness**

Reflect: What actions would you take if you were Cara?

**DEMYSTIFYING
SHAME, PART 2:
TRIBAL SHAME**

Tribal shame is the distress caused by being perceived as flawed, and therefore unworthy, by the group in which you are organized (your tribe)

Why tribes are important to us

Tribes are essential for our survival. We, humans, are social creatures who need connection with other humans. Connection with our tribe keeps us safe and alive; while isolation from the tribe threatens premature death. The cohesion and protection of our tribe is vital to keep babies alive and old people safe, to care for the sick and weak, to provide protection, nourishment, and warmth to us when we are vulnerable, and to provide a meaning for our existence. The person we are today is a product of our tribe of origin. Our tribe tells us *who* we are.

Every tribe has sacred, often unspoken, rules that constitute the collective code of honor. These rules keep members of the tribe unified. Without the rules – without order – the group falls apart and individuals do not survive. In the modern western world, the rules of our tribe are not as often composed of strict religious edicts like they were centuries ago (though not always true – they still exist), but even when tribal rules are more subtle, they are still sacred cultural codes of “this is how we do things around here”.

The people in your tribe, including your parents, siblings, extended family, and friends, instilled in you specific habits, morals, standards, and behaviors that you were implicitly expected to follow. For instance, an expectation of your tribe might be: “go to college after high school” and “after college it’s off to graduate school to become a doctor or lawyer” and “don’t have kids until you are married” and “parent your child with the same rules we use in this household”.

Exercise: What were some of the unspoken and spoken rules in your tribe of origin?

Consider a rule you listed above. Close your eyes and feel into your body. Does this rule feel true or are you uneasy with it? Which rules do you question? List them here:

Growing up, we followed the rules of our tribe without question. We accepted them as the way of the world. But as we evolve from child to adult, the rules might continue to make sense to us; perhaps we adopt them and use them in our own family units and pass them on to our kids. Or maybe we start to question, contradict, and totally abandon the rules of our familiar tribe. Maybe the tribal rules violate our own values.

For example, say a tribal rule is “it is wrong to be gay” and we are gay. Or say a tribal rule is “become a doctor or a lawyer” and we deeply desire to become an artist. Or maybe the tribe says “this group of people is wrong and evil” and we happen to fit in really well with that particular group of people. When the rules of our tribe of origin contrast with what our essential self knows to be true, we may choose to create suffering and dirty pain by denying our own truth and going along with the tribe’s cultural lie (a lie to us, *not* to the tribe), OR we may choose to bravely speak our truth and risk being rejected by our tribe, which can either set us free (if we allow ourselves to grieve) or destroy us (if we shame ourselves).

A Thanksgiving to Remember

Norms of our familial culture may be unspoken, but they are just as sacred as the ones that are said outright. To illustrate this point, Martha Beck, PhD, tells a story of an assignment she gave to her Harvard sociology students. She asked them to both **break a law that didn’t hurt anyone** (like jay walking) and **break a social norm**, then see which one induced more shame.

One of her students returned home for Thanksgiving break and decided she would break the social norm of eating with utensils. She ate her *entire* Thanksgiving dinner – mashed potatoes and all – with her *hands!* Family members stared at her yet said nothing. Ten minutes passed when her father finally stood up and yelled, “I can’t take it anymore!” and stormed out of the dining room.

Interestingly, this student’s family had never explicitly proclaimed “Listen up family members! We use utensils in this household, especially when gravy is involved.” It was just an understood rule. Even more interestingly, when the rule was broken, no one questioned her. They kept quiet, until her father couldn’t keep quiet anymore, and even then, no one spoke of “the unsaid rule of utensil use at dinner”.

What happens to us when we go against tribal rules and cultural norms? What happens if we abandon our familial tribe for a tribe composed of people with beliefs and values that are more aligned with our own, even when the beliefs are very different from, or maybe contradictory to, our tribe of origin's?

Our tribe could celebrate our decision to break away, which would be lovely, but that response is unfortunately a rare one. More likely, our tribe would strongly dislike the fact that we betrayed the code of the tribe.

It's exceedingly rare for a tribe to celebrate the departure of one of its members. It doesn't matter if the rules are ludicrous or discriminatory or exclusionary; the rules are sacred and must not be broken. Author, Elizabeth Gilbert, notes, "Adhesion to those rules determines cohesion, and cohesion determines survival – so nothing less than life itself is at stake here!" As the tribe sees it, the rules are a matter of life and death.

When a tribe member breaks away, and the tribe rejects the dissension, there are typically 3 responses toward the dissenter:

1. The tribe disowns, ostracizes, ignores or shuns the dissenter: "You are dead to us"
2. A member or members of the tribe criticize(s), or verbally or physically attack(s) the dissenter
3. The tribe **shames** the dissenter: "There is something wrong with you; you are not like us."

Shame - the most insidious, hurtful, and powerful tool available - is commonly utilized when a tribal norm is broken. Shame is used more commonly than physical harm, but its effects can be just as noxious. Shame's potency comes from its slow, degrading omnipotence. Tribal shame in particular has the ability to pervade space and time; it follows us wherever we are in the world, however old we are. We don't merely outgrow tribal shame. We don't just get over it. Time does not heal the wound of tribal shame. No. Tribal shame needs to be brought into the light of our consciousness and shared with a trusted confidante to be digested and overcome. Dr. Brené Brown notes, "Shame is 'I am bad'. Guilt is 'I did something bad'." Remember, our tribe determines *who* we are. So when we break a tribal custom, it is *shame*, not guilt, that we feel.

We feel childhood shame even as completely independent and successful adults. Your parents or other familial tribe members will remind you of your betrayal in surreptitious ways. They'll say things like, "I'll brag about you to my country club friends when you give me grandchildren" or "You're not going to wear that are you?" or they'll roll their eyes when you hand your kid your iPhone at the dinner table. Maybe they'll say things jokingly, but you'll know they are dead serious.

And it is dead serious. The stress of shame can take years from your life. Shame causes emotional distress and physical illness. In the early era of HIV/AIDS, a study looking at gay men living with the virus found that closeted men died *significantly sooner* than outed men. Tribal shame can literally cause us to die prematurely.

When we betray cultural norms, the heartbreaking, devastating message of tribal shame is: “You are no longer one of us”. As evolved social creatures, we need the approval of our people. The accusation of betrayal signals abandonment from the tribe, and eventually isolation, and death. Hence, avoidance of tribal shame is a survival instinct.

To summarize, we all grow up with a group of people who have sacred, implied rules that are meant to keep the order of the tribe, and if they are disobeyed, we risk being abandoned by our familial tribe and shamed for the rest of our lives. That shame hurts like hell. It makes us sick, and in some cases ruins lives. It would seem that would be bad enough, but the effects of tribal shame get worse.

When we are shamed by the tribe, we find ourselves at a kind of crossroads. We can either follow our true nature and reject the criticisms of the tribe. Or we can abandon our essential self to be accepted into our familial tribe once more. We might find the shame to be unendurable, in which case we will decide to fail on purpose or sabotage ourselves for the good graces of the tribe.

The crazy thing about tribe dynamics, as Dr. Mario Martinez, a clinical neuropsychologist, points out in his book, *The Mind-Body Code* is: the tribe will always take us back when we fail. The tribe does not love us as much when we are happy and successful, blazing our own weird and wild trail, doing the thing that really fascinates us and brings us joy, even if it goes against our culture of origin. Our happiness and success is threatening to the tribe because it threatens what they believe to be *true*. Threatening someone else’s truth is a really big deal (ask the flat earthers, they’ll tell you). But when we fail – when we are broken and humbled – the tribe will take us back with open arms. So many people sabotage themselves to gain back that warm, comforting, safe acceptance from their tribe. It’s a fascinating sociological human response.

It is not just our familial tribes that can have this dominant power over us. It can be any tribe we have joined and then dare to abandon: friends, work colleagues, political groups, church groups/cults, academic groups, parenting groups, groups that share a habit we no longer partake in, etc. Any tribe can turn against an individual who goes against the grain, questions the rules, or ascends beyond what is expected.

Exercise: Can you identify a time when you’ve broken the rules of a tribe because they did not make sense to you? *(example: when I was a 3rd year resident rotating through the pediatric hospital, I opted NOT to cover the attending doing tubes and tonsils who I was assigned to and instead spent the morning coordinating care for a patient with a temporal bone fracture and CSF otorrhea. That did not go over well with the attending who had to do her own pre and postop paperwork!)*

Unspoken rules shame harder than spoken ones

Institutions have their own cultures complete with spoken and unspoken rules. Each institution fractals into smaller entities, and each entity has its own culture with specific rules. School is the perfect example of this. School has a culture; then there are the sub-cultures of the classroom, the playground, the sports field, the after school club, etc. Classroom culture might specifically tell students to raise their hand before they answer a question, but it will not explicitly tell the students *not* to be a know-it-all and raise their hand for every question ala Hermione Granger. Playground culture might tell a group of rowdy boys, *don't physically injure each other*, but it will not explicitly say, *don't show emotions that might be perceived as "weak" like sadness or fear or you will be shamed*. A clique of teenage girls may have the spoken rule that everyone meets at a specific friend's locker before class, but they may have the unspoken rule that wearing your older sister's out-of-fashion, hand-me-down skinny jeans is an absolute faux pas. It is the breaking of these unspoken rules that *shames the hardest*. The violator of the rule has no idea the rule even existed, and that's exactly why they make it mean they are flawed and broken when they break it.

We are not the victims of culture

Culture wants us to conform. In residency, culture wanted us to be completely okay with being awoken in the middle of the night, to function in a state of perpetual sleep deprivation, to go above and beyond without being asked, to do what we were told by people senior to us in the academic hierarchy, and to never complain. Unlike us, the institution of surgical training is a machine-like entity. It is not a soft, squishy, organic creature that needs to sleep, eat, play, and rest. The institution cares nothing about our needs. It cares only about molding us into another cog in the wheel so that we can go out into the world as unwavering, robot-like machines that work and work and work for the good of the culture, all the while ignoring the needs of our nature. The culture will reward us when we follow the rules, and that makes our ego very happy. This model is wonderful for the ego but murder for the soul.

Yet we are *not* victims. We *choose* to follow these rules because the alternative would be ultimate freedom. Without rules, we would be forced to think of our own ways to earn money, schedule our lives, and basically be an adult without a cozy structure. The thought of doing that is terrifying for most of us. So we choose to be part of culture. We choose to see all the patients in our clinic and do all the surgeries and take all the call. The alternative - going out into the world to blaze our own trail - takes immense courage. We can choose to leave if we want to, but it's important to realize that we stay (at least in part) because of the structure, not despite it.

Exercise: I have to vs I choose to. I can't vs I won't.

Notice when you say "I have to" and "I can't". *I have to go to work. I have to send out holiday cards. I can't skip the meeting/dinner/event/party.* Do you really have to? Or do you choose to? Can't you really? Or won't you? Try swapping "I have to" for "I choose to" and "I can't" for "I will not" and see how your sense of agency and control over your life increases.

UNDERSTANDING AND PROCESSING NEGATIVE EMOTIONS

If you are willing to
feel any emotion,
nothing can stop you.

NEGATIVE EMOTIONS

- Humans naturally **resist**, **avoid**, and **reject** negative emotion.

People want to feel positive emotions. Negative emotions are uncomfortable sensations that we typically resist, ignore, or push away. When negative emotions come up, instead of welcoming them in and feeling them all the way through, we power through our day, overwork, or numb them out with false pleasures like food, shopping, vacations, social media, etc. Why do we do this? Because we never learned the skill of feeling our feelings. Unfortunately for us, resisting negative emotions does not make them go away. They inevitably come back with a vengeance, making us act in unfavorable ways against our own will. They may come out sideways as a jab at our spouse or kids. They may present as panic attacks (this is what happened to me). Anxiety, guilt, rejection, agitation, boredom, restlessness, deprivation, insecurity, frustration and humiliation--**NONE of these emotions can hurt us if we choose to allow them and process through from beginning to middle to end.**

- The act of **resisting** negative emotion adds unnecessary **suffering** to our lives.

Negative emotions are completely harmless. They will not cause us bodily harm or death. When we deny how we really feel and block negative emotions from our consciousness ("It's fine. It's no big deal. I shouldn't care about this."), we become unaware of the thoughts and feelings driving our actions. By doing this, we relinquish agency over our actions to the negative emotions instead of taking ownership of our feelings. No wonder we feel out of control and lash out at loved ones because we had a bad day at work. Reacting to suppressed, unprocessed negative emotions perpetuates more negative emotions, like shame and guilt ("I shouldn't have said that mean thing just because I was in a bad mood").

- Negative emotions are part of the **normal human experience**.

Negative emotions are part of the deal. There is no way around them, and that is a wonderful thing. Without bad we would not know good. There is no yin without yang. If we walked around happy all the time, we would no longer realize we were happy, like a fish that does not realize it is swimming in water.

HOW TO FEEL NEGATIVE EMOTIONS

Here are the 5 steps to process negative emotions. Try them every time a negative emotion comes up. Do this consistently, and you'll develop the skill to deal with any negative emotion. Rinse and repeat. If you are willing to feel any emotion, no matter how difficult, then you'll be willing to take any action. If you are willing to take any action, then there is simply no stopping you. You can create whatever you want in life. What's the worst thing that could happen? A negative emotion like rejection or humiliation? No problem. You got this.

Step 1: Name it.

What emotions are you feeling exactly? Anger, rage, fear, frustration, irritation, annoyance, anxiety, restlessness, boredom, deprivation, dread, humiliation, guilt, shame, sadness, depression, insecurity, worthlessness, inadequacy. By naming the feeling, you bring awareness. Shedding light on what is there is always the first step. Now you own the emotion; it does not own you. You might be tempted to lie to yourself or beat yourself up during this process. Don't. Be honest. Look inside yourself with curiosity and fascination. "I'm feeling super anxious and frustrated today. Interesting."

Step 2: Welcome it in.

"Okay, we are doing anxiety today" Invite the negative emotion into your body with open arms. Imagine that your body is a room, and the emotion comes knocking at your door. Instead of dead bolting the door shut, you open it wide and let the emotion inside willingly. This part involves letting the emotion be there **without trying to change it**. You are merely observing the emotion(s), as though you were an anthropologist taking notes on a social primate (you) in the wild. You are going to want to make the emotion go away. It takes intention and effort to allow an emotion without trying to change it, but the allowance is the most important step.

HOW TO FEEL NEGATIVE EMOTIONS

Step 3: Identify where you feel vibrations in your body.

Once you let the emotion inside, just let it be there. Where do you feel it? How would you describe shame? Anger? Fear? Sadness? Frustration? Perhaps a lump in your throat, tightness in your chest, tension in your shoulders, clenching in your jaw, like something gripping your insides? Describe whatever you are feeling in your body as if you were trying to describe it to a being from outer space who never felt emotions before. How would you describe frustration to a Martian? Is it really that bad of a sensation?

Step 4: Find the thoughts underneath the emotion.

What sentences are replaying in your head? "I'm not good enough. I don't belong. I'm such a hack. Everyone is going to judge me. The world is out to get me." It may be difficult to locate these thoughts. These are thoughts that have been coming up in one flavor or another at pretty much every stage of your life, perhaps without your knowledge. Write down the thoughts on paper, like downloading a document. Don't edit yourself. Get all the thoughts out, no matter how ugly. Remind yourself: "I'm feeling this way because of sentences in my mind." Find the sentences. When you realize that you are the one making yourself feel bad with your own thinking, that's when you are empowered to change your thoughts if you choose to (or not...we can hang out in negative emotion for a while if we want to and we like our reasons).

Step 5: Put the emotion in your proverbial purse or back pack.

Imagine you place the negative emotion in an imaginary purse and carry it around with you for the rest of the day, like carrying around something heavy. Accept that you are feeling anxiety, shame, sadness, irritation, restlessness, whatever you are feeling. Resolve to be with it. "We are feeling anxiety today, and that's okay." You'll see it will dissipate in time, like fading away into the background. You'll see the negative emotions will transform...often into courage, strength, and compassion. Courage and strength that you were able to feel a bad feeling all the way through. Compassion for all the other humans who, just like you, experience negative emotions too. **Negative emotions contain the raw materials for positive ones.** Fear becomes courage when we take action despite fear. Grief becomes joy. Shame becomes compassion. Allowing negative emotions gives them permission to transform.

ACTING ON NEGATIVE EMOTION

"If you are patient in one moment of anger, you will escape
100 days of sorrow." –Chinese Proverb

The worst thing we can possibly do when we are feeling negative emotion is *take action*. Don't send the angry email. Don't punch the guy who insulted you. Don't flip off the lady who cut you off in traffic. This is when negative emotions can become dangerous and cause harm to ourselves and others. When you feel a negative emotion intensely, like anger or rage, and you want to say something horrible or take physical action, STOP. Take a beat and process it with the 5 steps listed above.

Also be aware that anger is often a **cover emotion** for sadness or fear. When you feel intense anger, ask yourself "What am I afraid of?" and "Is there sadness under my anger?" to identify the core of your anger.

Similarly, don't take it personally when someone else speaks or acts on their own negative emotions. Remember: they are acting unfavorably because of *their* thoughts and feelings. It has nothing to do with you. For example, let's say your spouse has a horrible day at work and yells at the kids for being too loud in the house. The sentences in your spouse's mind ("My boss is a jerk. I hate my job.") are generating negative emotions (frustration, anger, undervalued) and have nothing to do with the kids being loud. If your spouse didn't have work drama, they might just politely ask the kids to use their "inside voices".

To be clear, this does not mean you condone other people's behavior. It just means you refuse to take ownership of it. Adult humans are allowed to say whatever they want and act however they want. Sure, those words and actions will have consequences. If they choose to rob a bank or shoot someone, they will go to jail. It does not mean we have to create drama around other people's words and actions. We can try and try to control how other people think, feel, and act, but we'll fail every time.

5 STEPS OF FEELING NEGATIVE EMOTION

A example from my life. Circumstance: I did not process my negative emotions one day and yelled at my husband about something silly in front of guests.

NAME IT

What emotions are you feeling?

REGRET, SHAME, DISAPPOINTMENT IN MYSELF, EMBARRASSMENT FOR BOTH OF US

WELCOME IT IN

What thoughts compell you to invite the emotions in?

I CAN FEEL SHAME AND REGRET. I CAN BE EMBARRASSED IN FRONT OF OUR GUESTS BECAUSE THEY WILL GIVE ME THE BENEFIT OF THE DOUBT. NEGATIVE EMOTIONS WON'T KILL ME.

IDENTIFY VIBRATIONS

What exactly are you feeling in your body?

PIT IN MY STOMACH, HEAT IN MY FACE

IDENTIFY THOUGHTS

What thoughts and sentences are beneath the emotion?

"I'M SUCH A JERK. HE IS THE BEST HUSBAND EVER. I SHOULD KNOW BETTER. I'M BEING AN EMOTIONAL CHILD. I KNOW HOW TO PROCESS MY EMOTIONS AND SHOULD NOT GO OFF THE RAILS LIKE THAT."

CARRY IT WITH YOU

Carry it around like a heavy object. How did it transform?

INSIGHT INTO MY OWN FLAWS, COMPASSION FOR MYSELF, WISDOM OF OBJECTIVE OBSERVATION, "I'M ALLOWED TO MAKE MISTAKES AND LEARN FROM THEM", SELF-FORGIVENESS. (UPDATE: I APOLOGIZED FOR MY ACTIONS, WE HAD A MATURE CONVERSATION AND HE FORGAVE ME)

5 STEPS OF FEELING NEGATIVE EMOTION

NAME IT

What emotions are you feeling? Wordhippo.com is a great resource if you can't quite pin down your feeling.

WELCOME IT IN

What thoughts can you think to invite the emotions in?

IDENTIFY VIBRATIONS

What exactly are you feeling in your body?

IDENTIFY THOUGHTS

What thoughts and sentences are beneath the emotion?

CARRY IT WITH YOU

Carry it around like a heavy object. How did it transform?

GIVING PATIENTS YOUR PRESENCE

Mindset shifts that
will get you rave
reviews and maybe
even get you to look
forward to clinic.

We're Doing it Wrong

- **We were taught how to manage surgical issues in residency, not patients.**

The majority of us never received formal training on how to communicate with "difficult" patients. We never had a class on how to manage other people's emotions and behaviors. We certainly never learned how to manage our own negative thoughts and emotions that inevitably come up when a "difficult" patient enters our clinic. Instead we just suck it up, communicate as best we can with the patient, and try our best to get the job done. But internally we complain and judge and throw a little fit. Sound familiar?

- **There is no such thing as a difficult patient.**

Patients are not toxic or challenging. Patients cannot sap our energy...unless we *let* them. Patients are people who behave based on their thoughts and feelings. What we *make* the patients' words and actions *mean* is up to us.

- **Patients are allowed to behave however they want.**

Adult patients can say and do whatever they want. They can yell at our front desk staff about the fact that they have been waiting too long. They can complain loudly about their bill in front of other patients. We cannot control how other people act. This does not mean we condone their behavior nor that there won't be consequences. For example, if a patient is inappropriately angry with us or our staff on the phone, it is appropriate to set a boundary ("If you continue to speak to me this way, I'm going to hang up the phone"). But we can calmly make patients aware of their bad behavior, correct them, set boundaries, and enact consequences *without* adding our own drama.

- **Default thinking patterns create unnecessary suffering for us.**

When we let our brain give us whatever default interpretation it has of a patient situation, we only hurt *ourselves*. For example, consider the anxious patient with a positive review of systems. We walk into an exam room, ask how we can help, and they immediately start talking at length about everything that is wrong with them from head to toe. Our default thoughts might be: "I don't have time for this today." "Why is everyone crazy?" "I can't document appropriately because they are all over the place." "This patient needs a psychiatrist not a surgeon." "This is not what I signed up for." "This is my nightmare." "Great, so this is how my day is going to go." And so on and so on. We've all been there. The feelings caused by our thinking might be: irritation, annoyance, resistance, frustration, etc. The patient will sense our discomfort and disconnection, and they will leave the experience feeling unseen and unheard. We might complain to a colleague or spouse. The patient might give us a bad review online. In the end, everybody loses. It does not have to be this way.

A Better Way

Our thinking directly affects how we feel and act. Humans are intuitive animals. When we are thinking negative thoughts and generating negative feelings, patients can *sense* it. According to research out of UCLA done by psychologist, Dr. Albert Mehrabian, 7% of communication is conveyed through words, 38% through tone of voice, and 55% through body language. 93% of the message we convey to patients is non-verbal. It does not serve us to indulge in negative emotion when we are triggered. Not only does our inner negativity show, but it causes us to feel crappy too. It's a lose-lose situation.

I am going to teach you how to manage your mind in the clinic setting in 5 easy, actionable and immediately implementable steps. Apply these steps in clinic, and you will dramatically improve your relationship with yourself, with your patients, and with your practice. No matter the circumstances (i.e. you are running behind, none of the equipment in your office works), you will develop rewarding, authentic connections with patients in your community, increase your referral base and get GLOWING reviews.

Here are the 5 steps to a better clinic experience for you and your patients:

- **Step 1: Let them talk**
- **Step 2: Put yourself in their story**
- **Step 3: Thank them for sharing**
- **Step 4: Acknowledge and validate feelings**
- **Step 5: Make the collaborative pledge**

The next pages dive deeper into each of these steps.

How to Create Presence

- **Step 1: LET THEM TALK**

Walk into the exam room, introduce yourself, ask them how you can help them, and then just let them talk. Really just let them go. The patient has prepared a speech to deliver to you. They know you are strapped for time. If you interrupt them and ask your questions prematurely, it will actually take you more time than if you just let them speak. Let them tell you their whole story.

Listen actively. Nod. Make eye contact. Do not interrupt unless you absolutely have to. Do not think about what questions you want to ask. Do not worry about the fact that their history is super disorganized and convoluted and not given to you in the order you want it. Drop your attachment to perfect documentation. Get down the salient pieces as best you can or trust your AI to do it. Studies show most patients will say everything they need to say in 2 minutes. Just. Let. Them. Talk.

If you use an electronic medical record and can type fast without looking at the keyboard, I highly recommend you look them in the eyes and transcribe everything they say (this is what I do). Or, if you have AI, then eye contact will be easy. Make good eye contact, but don't be creepy! Be *genuinely* interested in their story. Emote appropriately. Understand that everyone has a story, and they want to share their's with you! That is an honor and a privilege!

How to Create Presence

• Step 2: PUT YOURSELF IN THEIR STORY

As the patient talks, put yourself in their shoes and imagine it is actually *happening* to you. Play a movie in your mind of exactly what they are describing, with you playing the protagonist. This requires you to move out of “surgeon brain” and into “human brain”. Instead of showing up with urgency and certainty, this step requires you to show up with pure **curiosity**.

I had a patient who came to see me for refractory chronic sinusitis that persisted despite several courses of antibiotics and prednisone. She immediately started crying as she recounted her story (old me would have been annoyed by this!). I could see that she was clearly undernourished and underweight. She told me the postnasal drip from her sinuses was exacerbating her nausea to the point that she hated eating. Her doctors accused her of being anorexic and threatened to admit her to the hospital against her will, she explained. She told me she was *not* anorexic by choice, just nauseous all the time. She was adamant that she was not going to the hospital because she was immunocompromised and worried about contracting a nosocomial infection. As she told me this story, I really put myself in her place. I tried to imagine what it would be like to be unable to eat (OMG I love eating), to be accused of being anorexic when I really wanted to eat but couldn't, and for my health care team to not listen to me or believe me. It sounded pretty shitty.

It is important to note that while you do this exercise, be sure to deliberately stop yourself from judging or blaming other health care providers (we don't know their side of the story). The goal of this exercise is to become the patient in your own brain. It sounds simple and silly, but it is a *game changer*. It allows you to connect and establish common ground. It will also make you *remember* people really well. My staff will often ask me if I remember patient So-and-So, and I typically say something like, "Oh yes, the roofer who recently lost his mother" or "Oh that lady, the one who has really bad allergies and keeps rescuing cats from garbage cans." You will be surprised by the random details your brain will store about patients when you put yourself in your patients' stories.

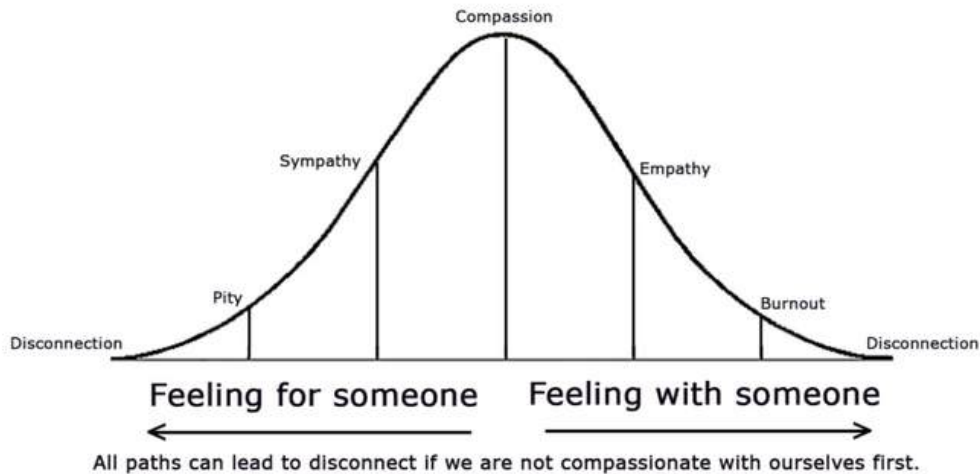
How to Create Presence

When we are listening to patients' stories, it can be useful to notice where we are on the compassion curve (see below).

We cannot help patients if we feel SO hard *with* them that we are on the floor crying. Spiritual teacher Byron Katie notes, "What I love about separate bodies is that when you hurt, I don't - it's not my turn." When your patient is hurting, it's not your turn to hurt. Hold space for them and witness them in their story of suffering without judging the story or wanting the story to be different.

We also cannot connect with patients when we pity them. Pity is the same as "polite judgement". Over-empathizing and over-pitying both lead to disconnection. And when we are disconnected, we are no longer invested, we don't care, and that's when mistakes are made.

Ask yourself where you are on the compassion curve with each patient. How can you lean into compassion to connect authentically?



Courtesy of Laura Jack, www.laurajack.com
Author of "The Compassion Code: How to Say the Right Thing when the Wrong Thing Happens"

How to Create Presence

- **Step 3: THANK THEM FOR SHARING**

After the patient has told you their story, the next step is to thank them for sharing.

"That information was super helpful. Thank you for sharing that with me."

"Thank you for sharing your story."

"That was helpful, thank you."

This step lets the patient know that we appreciate their honesty and that we take our role seriously. Keep in mind: our profession is the *only one* that expects complete strangers to show up vulnerably and disclose intimate details about themselves, no questions asked! It is truly an honor and a privilege to be a doctor, one that many of us (me!) often take for granted.

- **Step 4: ACKNOWLEDGE AND VALIDATE FEELINGS**

The patient has shared their story. You've thanked them and asked pertinent questions. You feel pretty confident that you understand the history of present illness, and you have a good handle on what the patient has been experiencing. The patient feels seen and heard. Now they need validation.

You can say something like:

"It makes sense that you are here today."

"It sounds like you have been really struggling."

"It sounds like you have been through a lot these last few weeks/months/years."

"I can see that you have been feeling unwell."

"I can see you've been experiencing a lot of pain."

"Wow, you've been through quite a lot."

Validation lets the patient know they are justified for seeing you. They don't want to feel like they are being overcautious or anxious. In the ENT world, a common complaint of the "worried well" is a lump in the throat that the patient has convinced themselves is cancer. Let them know their complaint is *valid and* reassure them.

How to Create Presence

- **Step 5: MAKE THE COLLABORATIVE PLEDGE**

This step requires you to get on the patient's team. Maybe you can help them with surgery or medication. Maybe not. You may *not* be able to solve the patient's problem. Perhaps you are about to tell them the opposite of what they want to hear. For example, I have had to tell many patients in my career that their facial pain and headaches are not "sinus" but instead migraine. Typically these patients come in with a decade or more long belief system that their sinuses have been the cause of their distress. They may also believe the solution is antibiotics and/or surgery. So telling them that the surgery I offer will not help them and that antibiotics will ultimately cause them more harm than good can be shocking for them to hear. But if we frame our recommendations in a collaborative way, the patient will receive that information much better than if we say it from a righteous or paternalistic place. This requires us to find compassion for the patient and drop deeply into that compassion in our bodies before speaking. Then we can speak from a place of *servicing* the patient, not serving our ego or our desire to be right. When we speak from that place, the patient will hear our desire to help them get better. Now we are on the patient's side. It's not us against them. They start to see that we are on their team. Even if being on their team means we tell them exactly what they don't want to hear ("My surgery will not fix you"), they will be grateful for our transparency, authenticity, and honesty.

Caveats

- **Going from negative to neutral**

When we notice that we are in a place of negativity or prejudice about a patient, and we don't want to be, it serves us to shift our brain from *negative* to *neutral*. Here's an example.

Many of us formulate opinions about new patients before we even enter the exam room. Perhaps we overhear our medical assistant speaking to the patient as they room them, or maybe we judge the patient by their chief complaint, past medical history or medication list. So we enter the room with prejudice - this person is histrionic, annoying, anxious, lazy, poor, etc. And we all have that *one* patient we barely know who always address us by our first name way too comfortably.

How do we drop our preconceptions? By changing our thoughts from *negative* to *neutral*.

For example, imagine you are consenting a patient for surgery. They are perseverating on all of the scary but astronomically rare possible complications. Instead of thinking: "This is so annoying. I can't believe I have to allay everyone's anxiety about every little thing that could go wrong. Don't sign the consent form if you don't want surgery. Go get a second opinion. I don't care." we can think a true and neutral statement such as: "We are two humans sitting in an exam room right now." Very believable and neutral.

Then perhaps try on the thought:

"This is unknown territory for this patient. I've been anxious when I was in unknown territory before too."

Common ground neutrality is the best way to get out of your own way. It's not like we are going to think: "I love the fact that this patient wants me to predict the future and promise a perfect outcome" We may not be able to go from negative to positive, but negative to neutral is always an excellent option.

The key here is to think a thought that is both neutral and BELIEVABLE. It absolutely must resonate. "The patient is a human just like me" is one that works for almost any situation. Much better than "This patient sucks". When we think negatively about patients, it only hurts us!

Caveats

- **Managing your own thoughts and feelings about yourself**

Before we enter the patient room, it is helpful to take our own temperature. What thoughts and judgements are we having about ourselves on that particular day? Maybe we are post-call and grumpy. Maybe we have something going on at home. Maybe we just did not sleep well or woke up on the wrong side of the bed.

The first step is always awareness. "I am not showing up as my best self today, and that is okay" is a great thought to try on. Accept that you are not 100%. Don't beat yourself up or judge yourself. Just let yourself be with whatever negativity you are carrying around that day. Whatever it is - fatigue, exhaustion, irritation, etc. Pretend you are putting the negative emotion in an imaginary backpack and strapping it on your back to bring with you everywhere you go. When you *allow* instead of *resist* your negative emotions, they will slowly dissipate. Negative emotions that are felt *all the way through* will eventually transform.

- **Preframe**

The preframe is an honest, upfront sentence we offer patients to let them know our emotional state. It is an awesome tool that works very well in the clinic setting. However, I advise against using a preframe on OR days for obvious reasons.

An example might be, "Before we start, I just wanted to let you know that I am a little under the weather today, so if I seem a little bit off, that's why."

It seems counterintuitive to show "weakness", but I promise you it is okay! Patients know we are imperfect humans. They will understand and appreciate your honesty. Moreover, patients will feel more connected to you because you've shown them that you are willing to be vulnerable with them just as they are being vulnerable with you. You don't have to overshare. Just give them a little nugget to let them know why you are functioning more at 95% instead of your usual 100%. Check your perfectionism at the door and show up as your authentic self.

Recap

- **Step 1: Let them talk**

As my mentor, Laura Jack, says, "Everyone has a story." Let them tell you their story. Be engaged and interested. Listen actively with good eye contact and minimal interruptions.

- **Step 2: Put yourself in their story**

This is the most important step in connecting with your patients on a deeper level. We are humans just like them. See if you can imagine what it would be like to wear their shoes.

- **Step 3: Thank them for sharing**

You have the honor of witnessing the patient in their truth. Having gratitude for that is so simple yet so powerful. "Thank you for that information." "Thank you for sharing that with me."

- **Step 4: Acknowledge and validate feelings**

They want to know they have been heard and that they are justified. "It makes sense that you are here today."

- **Step 5: Make the collaborative pledge**

You may not be able to fix them, but you can support them in their journey. Giving them your presence and collaborating with them to find resolution to their problem **is giving value**. Even when you don't operate, even when you tell them the opposite of what they wanted to hear, you've given them your presence, and that is an incredibly valuable gift.

Implement these 5 steps, and you will learn to love *all* your patients, even the "difficult" ones. Don't be surprised when you develop a reputation as an authority in your field.



*You Can If
You Will*



By:Nora