



how to win the game of residency

Frances Mei Hardin, MD

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Invalidating environments make people vulnerable to development of maladaptive behaviors, and these behaviors ultimately lead to increased emotional dysregulation.

If you're a new or current resident, then, welcome to hell! Just kidding. The reality is that residency training is a completely singular microcosm and workplace that presents challenges and difficult scenarios that many face unprepared. It can feel like you're in hell.

That's where Rethinking Residency comes in – we want residents to be more prepared. As one of my surgical mentors used to say, “the enemy of perfect is good,” and so while one cannot anticipate every potential scenario, there are many common threads throughout residency training that can be studied and mastered. At the very least, you can master the skills to handle the fallout after a challenging workplace interaction or a difficult patient outcome, and that is an asset in any resident physician's armamentarium.

The Rethinking Residency website features many articles on a host of topics ranging from the uber-practical (hiring a contract lawyer, getting a pet) to the more personal (navigating mental health in residency, self-care tips specific to residents).

What we will do in this primer is provide a framework to learn and organize helpful skills, and then apply them to real-life residency scenarios.

Being skillful involves knowing *what* to do and *when* to act given the situation at hand.

Dialectical Behavioral Therapy (DBT)¹ is an evidence-based form of psychotherapy that helps people accept the reality of their lives, identities, and behaviors, while also guiding them towards reducing unhelpful behaviors and changing aspects of their lives where change is necessary. While it was originally developed in the 1980s for suicidal patients and adapted for

borderline personality disorder patients, these skills can be adapted successfully for a variety of special populations. The skills from DBT fall into the four main buckets of mindfulness, emotional regulation, interpersonal skills, and distress tolerance.

Compared to other forms of psychotherapy like Cognitive Behavioral Therapy that focuses on how our thoughts, feelings, and behaviors are related (and learning ways to change primarily our cognition, hence the name), DBT focuses more on regulation of our emotions, being mindful, and learning skills – actionable behaviors – that can help us accept, move through, and survive the pains of life. Here we discuss DBT-informed skills that can be specifically adapted to the resident physician’s toolbox. Mindfulness and distress tolerance skills are “acceptance” skills, for when you cannot change the situation, while interpersonal effectiveness and emotional regulation are “change” skills, for when you have a challenge at hand and need to strategize a healthy and effective response.

When you’re faced with a problem, you can choose how you want to respond. Unfortunately, residency training can be riddled with a variety of logistical and interpersonal challenges, so it’s in your best interest to become fluent in strategic approach and management for these issues!

When faced with a problem your options are:

- Solve the problem
- Feel better about the problem
- Tolerate the problem
- Stay miserable

To solve the problem, you change the situation, or remove yourself. Interpersonal effectiveness skills are used to arrive at a successful solution. To feel better about a problem, you can change or regulate your emotional response to that problem – that’s where emotional regulation skills come in. To tolerate a problem, you can radically accept and tolerate the problem itself. You will want to use the “acceptance” skills of mindfulness and distress tolerance for those scenarios. Finally, you have the option to pursue none of the above, and stay miserable.

¹ Linehan, Marsha M. (2014) *DBT Skills Training Manual, Second Edition*

PART I: EMOTIONAL REGULATION

For aspiring and practicing physicians, learning to regulate our emotions is *everything*. Therefore, to start off, we will focus on three (of many) emotion regulation skills as they apply to winning (or being effective) in the Game of Residency. Working in an invalidating environment can make it very difficult to regulate your emotions. Being told things like, “Suck it up,” “Quit whining about it,” or “Everyone else is able to do this” invalidates your emotions and does not help you.

Sound familiar? If I had a dollar for each time I heard these comments in the hospital, whether directed at myself or someone else, let’s just say I’d be long retired, on a boat somewhere.

The reality is that people who invalidate:

- May not know how to validate, or how important it is to validate,
- May not have the resources or skills themselves,
- May have completely different values than yours (not everyone highly prioritizes respect, professionalism or gentleness in the workplace).

In medicine there is a lot of, “Well, I was treated as poorly as you are now, and I survived it – so did everyone else, so suck it up.” This rhetoric is as uncreative as it is unhelpful and invalidating. One way that you can question the status quo is to *be better*. Learn how to validate others, then do so! Learn how to regulate your own emotions. As the famous Victor Frankl quote goes, “When we are no longer able to change a situation, we are challenged to change ourselves.”

We can think of emotional regulation skills as “all the time” skills! You always need to be regulating your emotions. **Strong emotional regulation capabilities can make a good doctor into a great doctor.** It can also help physicians ward off burnout and ensure that they are actually *enjoying* their lives and their careers. There are subsets for different categories of emotional regulation skills - this primer focuses on three main skills that play a role **when the emotion or emotional intensity does not match the facts of the situation.** For those of you already in training, you can probably see why this is a critical skill. And for those of you who are prospective trainees or just entering residency, all I can say is buckle up. Get your highlighters out.

Opposite Action

One way to change the intensity of an emotion or the emotion itself is to act opposite to the urges and behaviors that typically accompany the emotion. The concept of the skill is hopefully straightforward – you are frustrated and want to lash out at an attending ... it doesn't take a medical degree to know that this would probably not lead to a good outcome. So, when do we use the skill of Opposite Action? Answer: When you realize that an emotion is not justified or doesn't match the intensity or the stakes of the situation. When this is the case, it is effective to "act opposite." It's important to take this skill seriously and act opposite *all the way*, meaning to notice the action urges and what you want to do and really intentionally do the exact opposite.

At first glance this skill can feel perfunctory. "Ok, so ... if I feel depressed, act like I'm not depressed? I'm already doing that." (There's my verbatim thought when I read about this skill as a resident.) This skill is actually fairly dramatic. You go 100% opposite to the action urge. The opposite of lying down in bed all day isn't just sitting on the couch. It's getting vertical and getting active. The response is only skillful if you go ALL THE WAY. If you have determined that it's not effective to act on the action urge associated with that, then you need to truly do the opposite.

One specific example is when you, as a resident, must give a Grand Rounds. We've all been there and, as far as I'm aware, it causes all of us stomachaches just the same. Please do not email me to say if you are one of the all-time-best residents and have never gotten a stomachache before giving Grand Rounds. Just knowing that you're gifted and blessed beyond the rest of us should be satisfaction enough.

So, let's say you have Grand Rounds tomorrow. You're anxious about it, stomachache, and all. Instead of showing up with your Day 4 hair up in a bun, in a please-don't-notice-me black pantsuit, one opposite action would be showing up in hot pink, with your hair blown out, and doing everything 100% opposite of what you would do if you were anxious or afraid. Obviously hot pink is not the answer for every resident, but ask yourself – "What actions would I take if I were NOT scared, and if I were really pumped about this Grand Rounds?" You do have to make this your own. For some people it may mean blasting Eye of the Tiger while he or she walks into the conference room filled with department members.

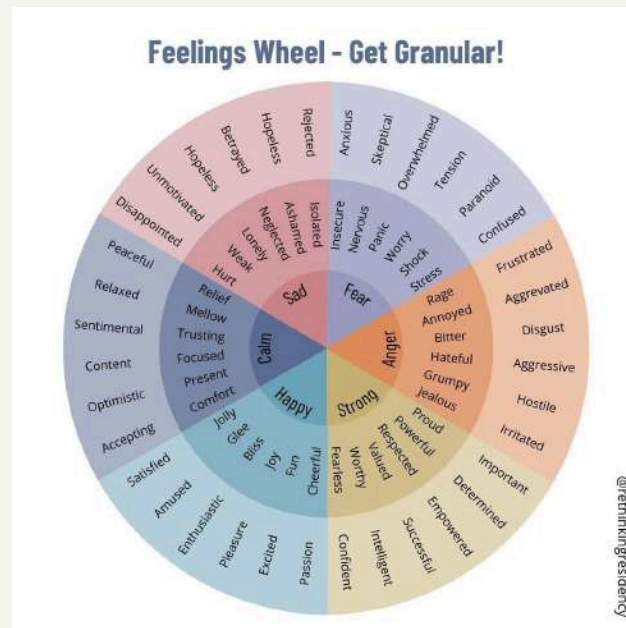
To put this skill into action, it's helpful to know the natural action urges that are associated with the most common emotions. A short list of action urges associated with common emotions and examples of their Opposite Actions is

provided below. The opposite action for anger is compassion! It's not, to not be angry. Appreciate the nuance of this and you will start to better appreciate the nuance of life. A very important distinction is also that the Opposite Action is appropriate specifically *when the emotion does not appropriately match the situation*. If fear is justified (e.g., an assailant with a knife is following you to the parking garage) then the Opposite Action has no role; it probably makes sense to run for your life!

Every emotion has an action urge. Change your emotion by acting 100% opposite to the action urge.

Emotion	Action Urge	Opposite Action	When the emotion fits the facts
Fear	Run away / avoid	Approach mindfully / don't avoid	Threat to health and happiness
Anger	Attack	Gently avoid / be a little nice	Threat to health and happiness
Sadness	Withdraw/isolate	Get active	Something is lost or missing
Shame	Hide/avoid	Tell the secret to people who will keep it	I crossed group values, will be judged, or excluded
Disgust	Avoid, purge, get rid of it	Approach the thing or situation mindfully	Toxic to health and happiness
Guilt	Apologize, repair, avoid, compensate	Resist apologizing, validate your emotions	I crossed my values
Envy	Get it, control (motivation)	Count your blessings and accomplishments	Wanting what someone else has while feeling equally entitled

Shown below is a feelings wheel. This graphic can help you better identify and understand your emotional experience at any given time. Emotions are much more complex than just our typical "anger," "sadness" and "shame."



Check the Facts

This skill is based on the idea that sometimes the thing prompting our emotions is our thoughts about the situation, rather than the situation itself. Thought can certainly accompany or prompt an emotional response. For example, if I thought “Wow, I’m the worst resident in my class,” then I would probably feel discouraged and sad. Importantly, NOT ALL THOUGHTS ARE FACTS! Some thoughts are our personal interpretation, assumption, or judgment about a particular situation. Thinking is a natural state of our brains, so thoughts are not the enemy, but taking time to decipher whether our thoughts are accurate and align with the facts of the situation can significantly relieve emotional distress.

SCENARIO: The schedule for next week just came out and you were assigned to all the “lame” OR cases. Your coresident gets to cover much “cooler” and more challenging cases. You start thinking (and this is a judgment and an assumption) that your chief resident doesn’t think you’re competent/smart/good enough for the bigger cases! And – catastrophic thinking, a thought distortion, coming in here – you will never match into the competitive fellowship that you want if you keep getting passed over for these cases.

Clearly, we need to take a beat here. If nothing else, the catastrophic thinking will take you to a place you don’t want to go. A place you absolutely don’t

want to be. The purpose of this skill is to be able to identify the thoughts associated and then try to examine the actual facts of the situation, and filter out any judgments, assumptions, or interpretations.

Ask yourself: what is the event prompting my emotion? Describe the facts that you can observe with your senses. The facts are that you were assigned x, y, and z cases.

Ask yourself: what are my interpretations, thoughts, and assumptions about the event? The assumptions and judgements are: some cases are better than others, and some residents get better cases than others. Think of other possible interpretations. Practice looking at all sides of a situation and points of view.

Ask yourself: am I assuming a threat? The threat is: people don't think I'm a good surgeon. Another threat is, I will never get into a competitive fellowship. Label the threat. Assess the likelihood that the threatening event will really occur.

Ask yourself: What's the catastrophe? That my parents will hate me, I won't be able to pay off my student loans, etc. The list is endless. Your catastrophe will differ from a colleague's.

Ask yourself: Does my emotion and/or its intensity fit the actual facts? The facts are that you were signed x, y, z cases – all the rest are add-ons in the form of judgments, interpretations, and assumptions. Knowing the difference between facts and these other *kinds* of thoughts can make all the difference.

By engaging in the process of checking the facts, the emotional intensity prompted by the thoughts and judgments will shift **because you are orienting yourself to the facts of the situation instead of the judgments and assumptions (which, understandably, are known to prompt emotions that are higher in intensity and more difficult to manage)**. Usually, the thought that is causing you the most distress in a situation is related to an underlying assumption that is leading to a catastrophe.

Problem Solving

Problem solving is a skill based on the idea that sometimes the thing causing the emotion is the initial event itself. The steps for this skill are fairly straightforward and listed below:

1. Figure out and describe the problem situation. A lot of the time, particularly when people are dysregulated or upset, they don't really know exactly what it is that's upsetting them. Correctly identifying the problem sounds simple but this step can be challenging.
2. Check the facts to be sure you have the right problem situation. If your facts are correct and the situation is the problem, move on to step 3. If your facts are not correct, go back and repeat step 1.
3. Identify your goal in solving the problem. Identify what needs to happen or change for you to feel okay. Keep it simple and be realistic about something that could actually happen.
4. Brainstorm lots of solutions. Think of as many solutions as you can.
5. Choose a solution that fits the goal and is likely to work. Do pros and cons to compare solutions and choose the best one!
6. Put the solution into action. Try out the solution.
7. Evaluate the results of using the solution. If it worked, then we're cooking with fire. If it didn't go back to step 5.

SCENARIO: You have your annual evaluation meeting with your program director. Let's say it does not go well. You feel like you're receiving negative feedback about your performance but it's vague and nonspecific. Step 1 – you're thinking to yourself, "my program director is an asshole," but that thought is judgmental and unproductive. However, if you identify and say, "I am not receiving feedback that is constructive or helpful to me," gives you a much more specific actionable piece. You could brainstorm ways to go and request clearer or more constructive feedback. This very well may lead to a positive solution, and you will have also avoided a negative outcome. But if you let the horses run with "my program director is an asshole" in step 1 then by step 4, when you're brainstorming, there's not much to do with that fact. It's just another unproductive and dysregulated mess.



Does this ring any bells? Most residents are probably having flashbacks to medical school or residency training PDSA (plan, do, study, act) charts. In fact, a lot of being a doctor involves embracing and utilizing the PDSA model. There's a reason why being systematic about choosing and enacting solutions is employed at even the quality control level for patient care. It works. You can basically PDSA yourself into being a more effective, balanced, and emotionally well person. Believe me when I say that it is worth taking the time to do so. You won't be a resident forever, and life's too short to be emotionally dysregulated.

PART II: INTERPERSONAL EFFECTIVENESS

For aspiring and practicing physicians, learning to communicate effectively is a crucial, foundational ability. Therefore, we now focus on three (of many) interpersonal effectiveness skills as they apply to winning the Game of Residency.

Skills to increase **interpersonal effectiveness** are a huge asset to any resident physician. Do you ever find that you're having difficulty getting the things that you want? You know what you need someone to do, but you have a hard time convincing them to do it. The reality is that you may be "book smart" and chock-full of molecular chemistry knowledge, enzymatic pathways and pharmaceutical mechanisms of action, but if you don't have some level of street smarts as well, it will inherently be an arduous journey during residency. Residency training is absolutely a team sport, and 3-7 years is a long time to communicate poorly, have difficulty building or maintaining relationships at work, and have your boundaries violated.

Sometimes we don't know what actions to take or *how* to communicate effectively. The three primary interpersonal effectiveness skills will increase your chances of having an effective or successful interaction. The first, and most often overlooked step, when you're encountering someone in a difficult scenario, is clarifying your priorities! When you are planning out your approach to the conversation, your highest priority will help you to select the most appropriate skill.

How important to you, in ranked order, is each of the following:

1. Getting what you want / obtaining your goal
2. Keeping the relationship
3. Maintaining your-self respect

The DEAR MAN skill is all about determining **what to say** when asking for what you need, or making requests (DEAR) and focusing on **how to say** the DEAR part (MAN). This is the one you will want to select if your top priority is #1 from above.

The GIVE skill is a relationship effectiveness skill. Its use increases the chance that the other person will have positive feelings about you after the interaction. GIVE skills are helpful for building a relationship (wildly important for not only new interns but residents at every PGY level who are connecting

with other consulting services in the hospital, staff members and colleagues) and maintaining a *positive and reciprocal* relationship with colleagues.

The FAST skill is for self-respect effectiveness. This is used when you need to set boundaries and maintain your sense of self-respect. Unfortunately, we often don't know our boundaries until they are crossed. Signs of boundary violations can be that we feel frustrated, angry, or resentful of others. The FAST skill allows you to balance your own needs while being mindful of others so that you are not "aggressive," "passive," or "passive-aggressive." What is perhaps most important for resident physicians is that the FAST skill can help you communicate *assertively*.

DEAR MAN (achieve your objective)

SCENARIO

You are a senior resident in charge of running a service for the month. You have 2 junior residents on your team and your service is particularly busy this week. You have noticed that one of your juniors, Allen, is not keeping up with the workload and has been cutting corners to wrap up in a timely manner each day. Your initial instinct is to simply take on some of the extra work yourself, but you are starting to see that this is unsustainable.

One morning before rounds you are approached by another senior resident who complains to you that the list for overnight call coverage was not properly updated, and it resulted in one of her juniors being reprimanded by an attending. You immediately realize that the patient missing from the list was Allen's responsibility, but dread having to confront him directly. You and Allen have not always seen eye to eye and you are unsure as to how he will react to your correction of his behavior. You have stressed the importance of updating the list each day to your entire team and you know that he is aware of his duties, but it does not seem to be taking hold.

How should you approach speaking with Allen about the issue at hand? You have seen senior residents before you simply yell at junior residents and embarrass them in front of the resident cohort, but you are determined to not repeat this behavior. Yet you find that the approach you have been taking is not working and Allen seems to be taking advantage of the fact that you are willing to step in and correct his mistakes.

One approach for increasing interpersonal effectiveness is applying our DEAR MAN skills. DEAR MAN stands for Describe, Express, Assert, Reinforce, Mindful, Appear Confident, and Negotiate. These skills allow you to express your needs clearly and confidently while maintaining respect for others and avoiding aggression or hostility. Let's walk through how you might apply DEAR MAN in this situation.

Describe (D):

Use clear and concrete terms to describe what you want. The description should be simple. State only facts in your description. You're not expressing your feelings or emotions about it, just setting up the conversation using facts.

"Allen, let's touch base about the list. It needs to be updated every day before we can go home."

Express (E):

Express how you're feeling using "I" statements. The purpose of this is to take accountability and prevent the other person from going into a defensive mode.

"I noticed that it hasn't been updated the past few days."

Assert (A):

Ask for your need. Do not "beat around the bush." People are not mind readers!

"I would like you to confirm with me that the list has been updated by the end of each day."

Reinforce (R): make sure that the other person knows why they should grant your request – relationships are built on reciprocity.

"I appreciate your help with this and the work you've been doing this month. It's important that we close the loop each day so there is continuity of care for our patients and it makes the whole team stronger."

Mindful (M):

Stay mindful about the critical components of your request. This is not about getting notes done on time, or clinic coverage – it's a straightforward request about coverage of a daily task for the team. Be a "broken record" if you need to. *Stay in the pocket of the argument.*

Appear Confident (A):

Present yourself in a confident and respectful manner. Maintaining good posture and eye contact, as well as speaking loudly and clearly without mumbling, are helpful for this.

Negotiate (N):

Remember that you're requesting something, not demanding it. If the junior resident isn't on board, they may either not understand how to do the task or have concerns about being able to do it correctly/on time. This is why keeping open lines of communication is critical – the other person needs to feel like they can express any of their concerns or confusion back to you. Have a conversation and make sure any issues are resolved together. Getting “buy in” from the other person can often make a team work much more effectively.

Offer and ask for other solutions to the problem. For instance, if Allen is new to the service, and doesn't feel comfortable with knowing what components go into the list updates, then there may be a role for you both doing it together for the next afternoon. *Focus on what will work*, and what's necessary to make this work. When the tasks get done correctly and in a timely fashion, then you and the whole team get that W.

This may not magically solve the issue of Allen not maintaining the list, but it gives you the opportunity to take emotion out of it and clearly and directly state your request. Using a technique like DEAR MAN provides you with the tools to deal with potentially uncomfortable situations in a calm and effective manner.

GIVE skills (relationship effectiveness)

We like to use the example of calling a consulting service for an ideal use of GIVE skills, or relationship effectiveness. This skill is not only helpful for building new relationships but also for maintaining positive and reciprocal relationships with your colleagues.

SCENARIO

Since we're considering this skills primer an appropriate time for real talk, let's make the scenario realistic: You are a PGY2 resident, being consulted by another service's PGY1 resident. It's the middle of winter. Everyone in this hypothetical scenario is exhausted, overworked, and miserable, if you can imagine that. That PGY1 is caring for a patient in the emergency room who needs to be seen by your subspecialty service. Oh, yeah – and it's 1 am.

Gentle (G):

Be nice and prioritize kindness and consideration for the other person! As tough as it is to be a junior resident who's being woken up at 1 am with a consult, please remember that the PGY1 in the emergency department (clearly working the overnight shift, which is rough in and of itself, by the way) is also likely not having a ball either. Their phone call to you in the middle of the night is them doing their job. I appreciated every time that someone in the hospital had a gentle manner with me, particularly if there was an intimidating phone call to be made. Consider an alternative to being an asshole on the phone about consults – be the hero with a gentle manner.

act Interested (I):

Pay attention to the other person when you are talking to them, and when it's in person, maintain good eye contact. Ask appropriate follow up questions! If the other person on the phone goes on for a few minutes, only for you to say at the end, "So what's this consult for?" that can be disheartening.

Validate (V):

Show that you understand the other person's feelings and thoughts about the situation. Try to see the other person's point of view. When the consultant on the phone states, "the patient has an odontogenic abscess, I've gotten the CT scan, and started IV unasyn –," part of my response includes "I agree with the IV unasyn, thank you for getting that started," which contributes to the sense of collegiality that we are in this together, and that I appreciate their plan of care.

maintain an Easy manner (E):

Use a little humor, smile, ease the person along! Be light-hearted. Ok, so maintaining an easy manner is not only easy to do, but easy to demonstrate in this specific scenario we've chosen. It can be a herculean effort to maintain an easy manner at 1 am when you've just been woken from sleep. But here's the thing – the way you do anything is the way you do everything. By practicing the skill of maintaining an easy manner throughout your daily work life (and outside of work life!) it will become more second-nature and accessible to

you. At the very least, it will bleed into the middle of the night calls enough that you don't come off as aggressive or rude.

FAST (self-respect effectiveness)

The FAST skills help to set boundaries and maintain self-respect. It is important that as a resident physician, you balance your needs while being mindful of others, so that you are not “aggressive,” “passive,” or “passive aggressive.”

SCENARIO

You're a busy PGY3 and a chief resident approaches you about joining a research study that they're working on. You have already had a publication this year and are working on a few other projects at the time of this proposition. In this scenario you do not have the time or energy to take on additional projects right now.

How do you respond to the chief resident, without creating conflict, yet maintaining self-respect and boundaries on your time?

Fair (F):

Be fair to yourself and others. Be direct! “Thank you for the opportunity – I already have a few projects currently ongoing and would not be able to join on this study.”

Avoid unnecessary Apologies (A):

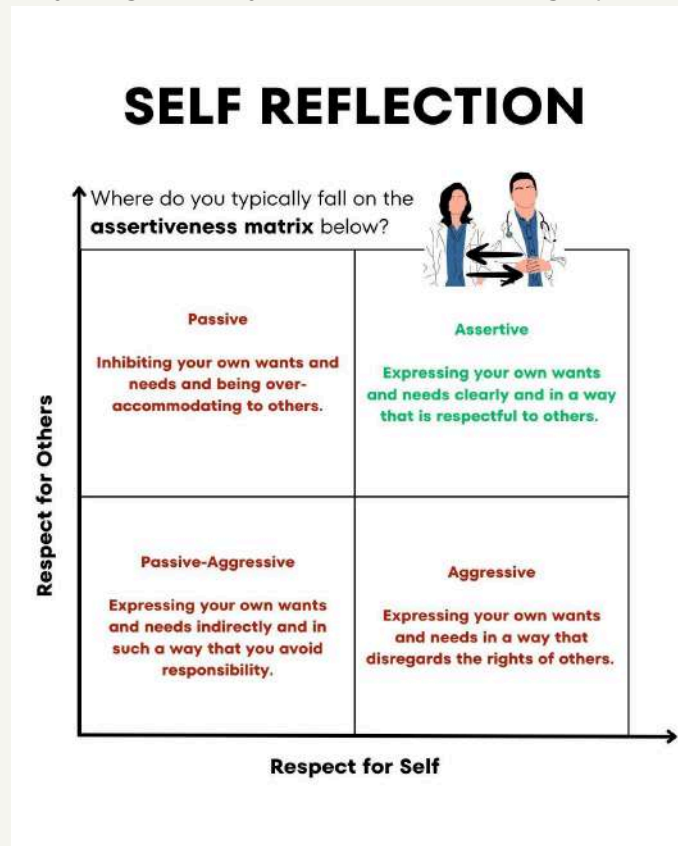
Many of us are over-apologizing all of the time. This is a generally unhelpful practice. Apologizing for mistakes that are not our own (or apologizing for things that are not mistakes!) can reflect unnecessary guilt. You do not need to apologize for being at a point in your career where an additional research study does not make sense for you.

Sticking to your values (S):

Protection of your time and boundaries is a value that you may hold. You will always have limited, FINITE time, and you determine how you will distribute that towards research.

Be Truthful (T):

Avoid exaggerating, making excuses, or lying. Take ownership of your values and decisions and express them in a confident manner. Don't say yes and then ghost, or just try to get away with not following up!



SCENARIO

You are a PGY2 surgery resident in the operating room with an attending who has been long known for his hostile and intimidating manner. You have been preparing for this case – only your second time doing one of the bigger cases – all week. You've read the textbooks and operative technique, taken notes, and even asked one of your senior residents for some tips. The time has finally come and you are now standing across from the attending. There's a medical student visitor at the head of the bed, and one of the scrub nurses had warned you that this attending was always “meaner with an audience.”

You have prepared well for the case and the first half goes smoothly. Suddenly, the attending is asking you what a structure is, and your mind goes blank. Instead of hitting him with a prolonged, nervous “Ummmmm,” which

never sounds very cool, this is a great opportunity to practice your *assertiveness language*.

For instance, request “Can you allow me to talk out loud to get to the answer?” It’s not brilliantly wowing everyone with the correct anatomical answer, but it’s still an articulate and measured response.

Or, if you’re absolutely over threshold and in panic mode, even consider assertiveness language such as, “Can you please give me a moment to collect myself and focus on my breathing?”

CONCLUSION

You have a right to make your wants known to others, and the best way to get exactly what you want is to ask for it directly. Oftentimes as a resident physician you can feel like you don’t have any rights – but you do. If you let people treat you poorly, bully you, or walk all over you during residency training, it can be difficult to maintain self-respect. Asking for what you want is a skill that **can be learned and practiced**. It is worthwhile because someday, eventually, finally – residency will come to an end. The goal of Rethinking Residency is to come out as relatively unscathed as possible. If you graduate without self-respect, positive relationships at work, or inability to properly communicate your asks, then all of those things will contribute to burnout and extreme dissatisfaction with your career.

Not only are these skills critical to playing the game of residency, but frankly, interpersonal effectiveness and communication skills are a massive part of the Attending game as well.

PART III: DISTRESS TOLERANCE

Distress tolerance skills are literally sometimes referred to as “crisis survival skills” because they can help you navigate *actual or perceived crises*. As a resident physician, you will likely encounter a fair share of both. These skills are healthy, adaptive (rather than maladaptive) ways for you to survive an immediate emotional crisis without making it worse. They can be used to help you accept the reality of a situation if you cannot change the situation and feel out of control.

Resident physicians are at increased risk of developing maladaptive behaviors when coping with the extreme stressors of their inherent work environment: sleep deprivation, high-acuity care situations, and burnout. Maladaptive behaviors include substance abuse (alcohol, drugs), self-harm habits, or suicidal ideation. When acutely distressed, people will often do whatever they need to in order to manage their pain. Distress tolerance skills can help lessen the intensity of the emotional pain in the moment.

In the highly emotionally charged resident workplace, these tools are both practical and healthy, functional ways to cope and respond.

Serenity Prayer

Grant me the serenity to accept the things I cannot change,
The courage to change the things I can,
And the wisdom to know the difference.

Inherently, the distress tolerance (and mindfulness) skills are *acceptance skills*. When you cannot change the situation, it’s important to identify that, and then accept it.

Radical acceptance

Radical acceptance refers to accepting the state of things as they are, without working to change them. “It is what it is.” You can observe a situation or emotion and acknowledge that some things are simply out of your control. In other words, accept reality as it is, without judgment or resistance.

Imagine that you're in the operating room as a junior resident and scrubbed into a lengthy case. There has been significant tension over the course of the day and the attending resident is berating the senior, who's assisting them. You are more of an unlucky bystander in this situation. You have decided to run out the clock on residency, so you're all in – this is the job and the temporary work situation that you have chosen. And you can't change other people, so these dynamics of bullying and verbal abuse in the OR will likely continue.

Two skills that can be used to promote radical acceptance are half smile and willing hands. Half smile is as easy as it sounds – and can be done anywhere, and anytime, including when you're scrubbed into a case. Simply curl up the edges of your mouth into a half smile. We wish that you could do all the old standbys to manage your emotions when you're in an uncomfortable situation: take a walk outside to get fresh air and look at the trees, listen to your favorite song, etc. However, that's not realistic. You're scrubbed in with little ability to physically distance yourself from an unpleasant situation. Willing hands can also be done in a variety of situations. It involves holding your hands with palms facing up (inside the box of sterility, if you're scrubbed in and not holding a retractor), in a physical gesture representative of radical acceptance.

Self soothing

For the situations where your emotions are intense, and you need to re-center, you can try self soothing by grounding in your senses. One common form of this meditation goes as follows:

- Name 5 things that you can see, including their colors, shapes and textures
- Name 4 things that you can hear, such as ambient noise, the sound of your breathing, the sound of a colleague
- Name 3 things you can touch, like the seat you're sitting in, the floor under your feet
- Name 2 things that you can smell
- Name 1 thing you can taste



TIPP skills

The TIPP skills are great for immediate results. While they cannot be used in the scenario we previously described, where you're scrubbed in in the OR, they can still play a role in a resident's day, whether over lunch on a clinic day or during turnover in between OR cases, in a pinch.

TIPP stands for "Temperature, Intense Exercise, Paced Breathing, and Paired Muscle Relaxation." They work quickly, within seconds to minutes, calming the limbic system and decreasing your state of emotional arousal. They are easy and safe to do, nearly anywhere. If you need a nervous system reset to get through the work day, consider TIPP skills.

Temperature: uses cold water! You can splash cold water on your face in the work bathroom, take a cold shower, or dunk your face in a bowl of ice water. The last option is the most effective.

Intense exercise: this works relatively quickly to provide an adrenaline rush and can combat acute distress. In between OR cases, you can sprint up and down the stairs in a nearby stairwell. When I used to take junior call and be on hospital campus at all hours of the night, I would do sprints on the adjacent University track if I was simply passing the time between a midnight consult and a 2 am flap check.

Paced breathing: controlled breathing techniques help you regain a sense of control through focusing on your breath. This can be done in the OR, on rounds, or in didactics, if you're feeling overwhelmed. There are variations on the cadences of controlled breathing, but one easy one to remember is the Navy Seals' box breathing technique.

Box breathing technique:

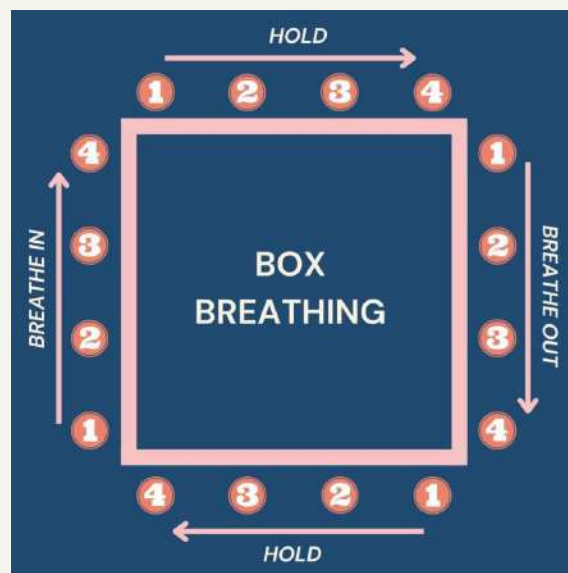
Step 1: Breathe in while counting to four slowly. Feel the air enter your lungs.

Step 2: Hold your breath for four seconds.

Step 3: Slowly exhale through your mouth for four seconds.

Step 4: Hold your breath for four seconds.

Repeat steps one through four until you feel re-centered.



Paired muscle relaxation: squeeze a muscle group and hold your breath for seven seconds. Then exhale and release the muscle group. With practice, you can pair muscle groups together to tense and release them simultaneously.

STOP skill

The STOP skill stands for Stop, Take a Step Back, Observe, and Proceed Mindfully.

Imagine a situation where your senior resident is providing you feedback on your performance over the past week. He/she/they are telling you that you could be seeing consults and doing notes faster, even though you feel like you're working as hard and as fast as you can. You start to feel a lump form in your throat.

Stop: That lump in your throat means that your emotions are taking control. Stop! Instead of reacting, just take a moment. Freezing for a moment gives you a chance to think before you respond. You are in charge of your emotions, so before you let Shame or Anger run away with this interaction, just stop to take a beat.

Take a Step Back: It can be hard to know how to respond in the moment. Take a step back from the situation and make sure to get some good perspective. Try a controlled breathing technique such as box breathing. You will regret it later if you respond out of Shame or Anger, or even Exhaustion! Taking your time to think about the feedback and respond thoughtfully will pay dividends in the long run.

Observe: Observe what is happening around you and observe your emotions. Examine your thoughts for cognitive distortions like catastrophizing or black and white thinking. Rather than assuming that your senior resident dislikes you or is chastising you, is it possible that they actually like you and are trying to give you constructive advice? This is a great opportunity to use the Check the Facts skill.

Proceed Mindfully: Ask yourself what you want from this situation and what your goals are. To quote Gerri from Succession, how will this advance your position? Act strategically and mindfully, in a way that aligns with your values and goals. By taking a moment and checking the facts, you are now more prepared to effectively respond appropriately.

Self-validation

It's important to accept and validate your emotions and experiences, instead of criticizing or denying them. The self-validation skill can be broken into 3 steps: acknowledging, allowing and understanding.

Let's imagine that you presented a patient on morning rounds and were subsequently pimped about an antibiotic class's mechanism of action. You didn't know the answer and had to admit as much, to your chief resident's chagrin, and your embarrassment.

To apply the self-validation technique:

Step 1: Acknowledging

"Right now, I feel frustrated and disappointed in myself."

Step 2: Allowing

"This feels uncomfortable, but right now it is what it is."

Step 3: Understanding

"I am frustrated and disappointed in myself because I didn't know the answer to that question on rounds. I am not going to judge myself or beat myself up about this, because I've been feeling overwhelmed and mildly depressed already. That's enough with the negative feelings – I don't need to make it harder on myself. For starters, today I will read 1 article on the topic."

IMPROVE the moment

When you're having a rough day, there are things you can do to bring joy or pleasure into the moment. If you're getting home late, exhausted, and your day was completely devoid of any joyful moments, consider this skill. The IMPROVE skill stands for the following:

- **Imagery:** visualize a different situation. Perhaps you will visualize yourself as an attending one day. Remember, one thing that's unique to your situation is that residency is only temporary.

- **M**eaning: find a sense of purpose from a traumatic or draining event. Can you find a teaching moment in there? An example of a helpful mantra is *Everything is caused*.
- **P**rayer: religious/spiritual practice, western contemplative practices, or a mantra to recite.
- **R**elaxation: practice deep breathing or progressive muscle relaxation.
- **O**ne thing in the moment: slow down and break down the problem into smaller points, addressing each part one at a time, rather than being overwhelmed by the entire situation.
- **V**acation: take a break from the stress or a vacation from your thoughts. You can create a staycation environment in your own home on a night off call, or a cherished golden weekend.
- **E**ncouragement: remember that this distressing state of mind is only temporary. It too will pass.

Again, these distress tolerance skills as a whole are not aimed at changing a situation, but merely better accepting or tolerating one, if that's what you've decided to do.

PART IV: MINDFULNESS

Mindfulness is a core component of DBT-informed skills, as it is foundational in helping people regulate their emotions and improve overall well-being.

There are four main categories to mindfulness as it relates to these skills:

Observing: Pay attention to your physical sensations, thoughts, and emotions without judgment. It can help you gain a better understanding of your internal experiences and become more aware of your triggers and patterns of behavior.

Describing: Use words to describe your thoughts and emotions in a neutral, objective manner. This helps you gain a clearer understanding of your internal experiences and helps you to communicate your thoughts and feelings to others in a more effective way.

Participating: Engage fully in an activity or interaction, without distractions. Be present! It increases your focus, can reduce negative thoughts and emotions, and improve overall sense of well-being.

Non-Judgment of Inner Experience: Accept your thoughts, feelings and physical sensations without judgment or criticism. It can help you reduce negative self-talk, increase self-compassion, and improve overall emotional regulation.

Mindfulness is a skill that takes time and practice to develop, so start with short and simple practices and gradually increase their duration and complexity. Before long, it can be a muscle that you can flex during the workday, and mindfulness can really be a superpower for a physician.

For instance, a resident physician can use a mindfulness practice to improve their overall well-being and manage stress at work by following these steps:

1. Start with a mindful breathing exercise: Before starting the work day, take a few minutes to focus on your breath and release any tension in your body. If you wake up a few minutes earlier than usual, find a quiet space at home and close your eyes, focusing on the sensation of

breathing in and out. You could also listen to a podcast or a guided meditation on the drive in to work.

2. Pay attention to the present moment: Throughout the day, take regular breaks to focus on the present moment. If you have even a 3 minute gap in between finishing a clinic note and the next patient being ready to be seen, take a beat to pay attention to your physical sensations, thoughts, and emotions without judgment or distraction. How many times have we worked through the entire clinic day without breaks only to realize that we haven't had any water or eaten anything that day? Residents tend to ignore dehydration and hunger cues, understandably, but you only get one body. Life's too short.
3. Practice non-judgmental observation: When encountering a challenging personality or feeling overwhelmed, take a step back and observe your thoughts and emotions objectively, without judgment. That will help you avoid reacting impulsively and you can maintain a sense of calm and control.
4. Use mindful communication: When communicating with patients, colleagues, or supervisors, pay close attention to the present moment and listen actively without distraction. This will enhance your interpersonal effectiveness skills!
5. Incorporate mindfulness in your daily routine: Make mindfulness a regular part of your day, even in small pockets of time – you can practice mindfulness during meals, breaks, and commutes. This could mean savoring each bite of food or focusing on the sensations of walking or driving.

PART V: PEARLS

Fallacy of fairness

The fallacy of fairness is the belief that all things in life should be based on fairness and equality. It can be easy to make yourself miserable, perceiving some slight at the hospital. For instance, it would be nearly impossible to assign OR cases in a 100% equitably distributed fashion.

We tend to think about what we deserve. And it's another fallacy to think that if we work hard then we're entitled to x, y or z.

There are a lot of things that HAVE broken in our favor, to get to this point, and we tend not to focus on those. **Try not to get hung up on the breaks that are not in your favor.**

Spirit list

Try keeping a "spirit list" in your phone. It can be a note or photo album that you fill with the things that are life-affirming for you – whatever makes you feel most alive! For example, make a notes list of the places, foods, people who bring life to life. Keep a photo album of gorgeous sunsets, flowers, cards from patients and their families. Kind words or kudos from an email. These will help you remember why you do this work when you're overwhelmed. They come in handy for reference on a tough day, or when you need to re-center on your values.

Alternate Rebellion

What if I told you that there's a way to be rebellious without being self-destructive? We love a healthy coping mechanism that keeps us out of jail. Welcome to the acts of Alternate Rebellion. There's a reason why the Rethinking Residency logo is a voodoo doll wearing scrubs and a white coat. Alternate Rebellion techniques involving expressing yourself in a way that is authentic, without being problematic or something that could get you into trouble. Examples include:

Voodoo dolls
Wear crazy underwear or socks
Pierce your ears

Change your hair (cut, dye, bangs)
Get a tattoo

Blaming

There will inevitably be rough days in residency. You may feel trapped and despair at times. Instead of just assigning blame externally or thinking, “I’m stuck here, I have no choice but to stay since I’m already on this path,” consider instead “I’m choosing to stay on my path to becoming a physician, so I’ll square up and stay here.” Taking ownership of your choices – and they are *your choices*, feels good. It can make you feel less trapped, even in an unpleasant situation or malignant work environment.

Should statements

Start to notice how many times a day you think, or say, “I should” or “he/she/they should.” Try to change “should” to a preference. **You can learn to relate to your values differently so that when they’re not reflected in the world, it’s not perceived as an existential threat!** If you truly believe something “should” and then it doesn’t match up with reality, that can be extremely painful. For instance, just because I think that attending physicians in a residency program setting “should” behave a certain way at work (treating resident physicians with respect and ideally, teaching them), that doesn’t mean that they will. This is your millionth reminder that you *cannot change other people*. The best way to manage is to set yourself up for successful interaction and realistic expectations. And when you’re using “should” statements to limit the world around you or the people you work with, you are setting yourself up for failure.

Another part of avoiding “should” statements for yourself, goes back to the idea of taking ownership of your choices. Instead of saying, “I should stay late to help out with that complex recon case that’s still in the OR,” consider “I choose to stay late to help out the team.”

Protecting yourself in the OR

There’s a simple tip to help you avoid getting yelled at or told off by senior residents and attendings. Hopefully no one is yelling at you regardless, but unless the culture of surgery (and medicine) has changed magically overnight, this will be a useful pearl. When you’re getting pimpled, this is a

great way to protect yourself against being misunderstood or further enraging them: say your entire thought process out loud.

Imagine you're in the operating room and the environment is tense. The attending starts pimping you and points to a thin white nerve, asking you what the name of this structure is. You can tell it's a nerve, which is a start. But beyond that, you start to panic. There is literally nothing wrong with saying, "I'm thinking about the question, just need a moment." By saying this you can buy yourself a few moments to think without just looking like a deer in headlights, while the attending is growing impatient and asking you if you heard them or if you've maybe had a stroke.

Wisdom learned from watching The Bachelor

Don't get in the weeds with people. If you watch the Bachelor, then you know that the people who focus on drama in the house, rather than forming their relationship with the lead, GO HOME! They never make it to the final rose. The path to success is this: be confident and secure in yourself. Keep your eyes on the final rose (graduating residency). Do not get into the weeds with another service, a coworker, hospital staff.

On Bullying in Residency

Intimidation is the lowest level of management.

"All cruelty springs from weakness." – Seneca

You cannot change other people – you can change the situation and/or yourself.

On Revenge

"The best way to avenge yourself is to not be like that." – Marcus Aurelius, Meditations

All it takes is for one resident to become a senior-level or chief, and set a different culture for the junior residents. Hopefully that person becomes an attending and can set a different tone, one that promotes learning and teamwork, in an attending-resident relationship. The best senior residents lead by example.

About The Author

Hi, I'm Taylor.

Just kidding, I'm obviously not Taylor Swift, but how sweet would that be though? What if I told you I'm the Taylor Swift of head and neck surgery? Well, I'm not that either. That would be like, Halstead or some shit.

My name is Frances Mei and I'm here for some real talk about the long road to becoming a surgeon and everything that the process takes from you along the way. Currently practicing full-time as an otolaryngologist in TN.

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