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# The Best Doctor, The Best You

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# Objectives

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- The changing impression of the best “you”
- Exploring what makes a good physician
- Barriers that keep us from being good physicians
- How do we respond to failure, how do we receive feedback?
- Understanding growth mindset

# Disclosures

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- The following presentation reflects my experiences and viewpoints, not necessarily that of my institution
- My personal ideological beliefs:
  - Kardashians are the downfall of humanity
  - Social media is the downfall of humanity
  - Nothing is real except for the person in front of you, so put down your phone.
  - *Obviously I'm joking...mostly.*

# Fears

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- What is your biggest fear in starting residency?

# Perfectionism

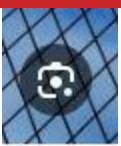
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- Shouldn't we all strive to be perfect?
- When you hear “perfectionism” do you think this is a good or bad thing?
- Is there any danger in striving for perfection?



“According to the World Health Organization, the number of young perfectionists has reached record levels in the past decade”

Dis-like: How



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## Perfectionism – a road to destruction

30 mars 2020 · Eurcmag · Aucun commentaire · EN

“As many as two in five kids and adolescents are perfectionists,” says Katie Rasmussen, a child development and perfectionism researcher at West Virginia University. Being a perfectionist has become a widespread phenomenon in our society. According to the World Health Organization, the number of young perfectionists has reached record levels in the past decade.

# Perfectionism

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- Perfectionism: (many definitions)
  - Freud – one's superego demanding superior achievement and behavior
  - Hewitt and Flett – Multidimensional Perfectionism Scale
    - setting and attempting to achieve unrealistic standards
    - focuses on and overgeneralizes failures
    - engages in an all-or-nothing mentality that classifies each outcomes as complete success or complete failure

# Perfectionism

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- High Expectations vs Maladaptive Perfectionism
  - High Expectations – driven by desire for success and goal attainment
    - Gets satisfaction from **EFFORT**, understanding mistakes are part of the journey
    - More consistent with – **Adaptive Learner**
  - Maladaptive Perfectionism – driven by fear of failure and results in the need to conceal imperfections
    - Avoids situations that could lead to **FAILURE**, associated with high anxiety, depression

# Perfectionism

## 6 Signs You Might Be a Perfectionist

- ✗ You experience anxiety when you're not in complete control
- ✗ You struggle to complete projects because you think there is always something you can improve
- ✗ Criticism feels like a personal attack, even when it's constructive feedback
- ✗ You procrastinate because you fear your work won't be perfect
- ✗ You give up fast when something doesn't come naturally to you
- ✗ When finished with a project you notice the small imperfections more than the things you like about it

## LESSER-KNOWN SYMPTOMS OF PERFECTIONISM



indecisiveness



procrastination



people pleasing



codependency



insomnia



brain fog



shame



panic attacks



rumination

@dr.menije

# Impostor Phenomenon

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- Imposture phenomenon –
  - The feeling of being undeserving of success despite objective evidence to the contrary; constant feeling of eventually being “exposed as an imposter”
  - Often consistent with self-oriented perfectionism characteristics
    - Concern of mistakes relative to self-worth, need for external approval, extended rumination over impression

# Perfectionism/Imposter Syndrome and Medicine

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- Strong association between Maladaptive Perfectionism/Imposter Syndrome in medicine:
  - Burnout
  - Depression
  - Anxiety
  - Psychological distress
- Perfectionism mentality in the medical learning environment:
  - Part of the history in medical education:
    - Perfectionism was thought of as an important attribute of a physician, in training we teach perfectionism
    - Minor errors should be avoided and precision and faultlessness are to be valued
- *Is this working for us? Or is this just making us feel even more burnt out? Dissatisfied?*

# What makes a good physician?

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- **Humility:**
  - Knowing mistakes will happen in medicine, despite our best efforts
  - Owning our mistakes so we can improve
  - Fighting the image of perfectionism and embracing the path of high expectations
- **Ultimately, If we can't always control the outcome, what can we control?**
- **Compassion:**
  - No matter the patient, no matter the illness, our oath is to try to help them.
- **Communication:**
  - If we cannot effectively connect with our patients, then we will not be able to help them.
- **Competence:**
  - This is more than medical knowledge, anyone can learn facts, this is how we apply these facts to achieve a treatment goal → improve the patient's life
- **Critical Thinking/Creative Problem Solving:**
  - Is my plan working? Is this patient getting better? If not, then what else can I do? What am I missing? How else can I try to solve this problem?

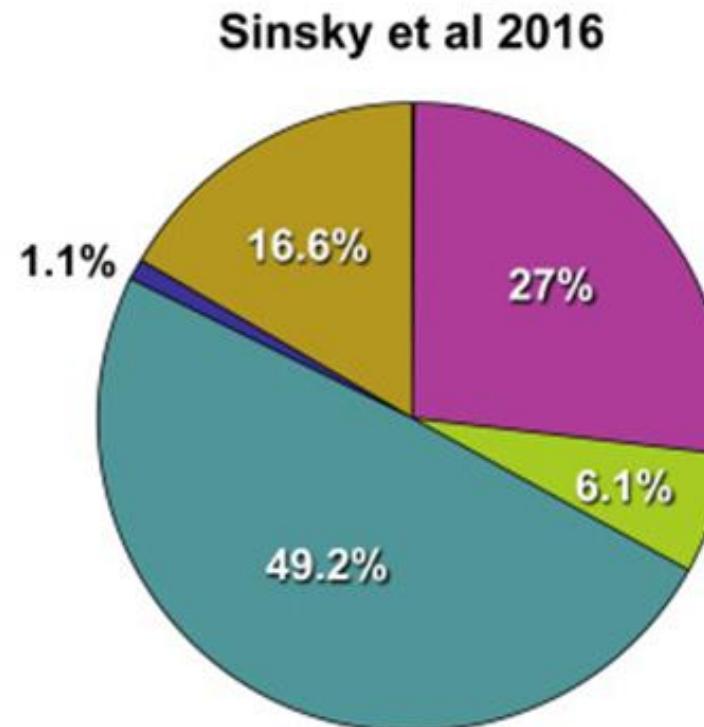
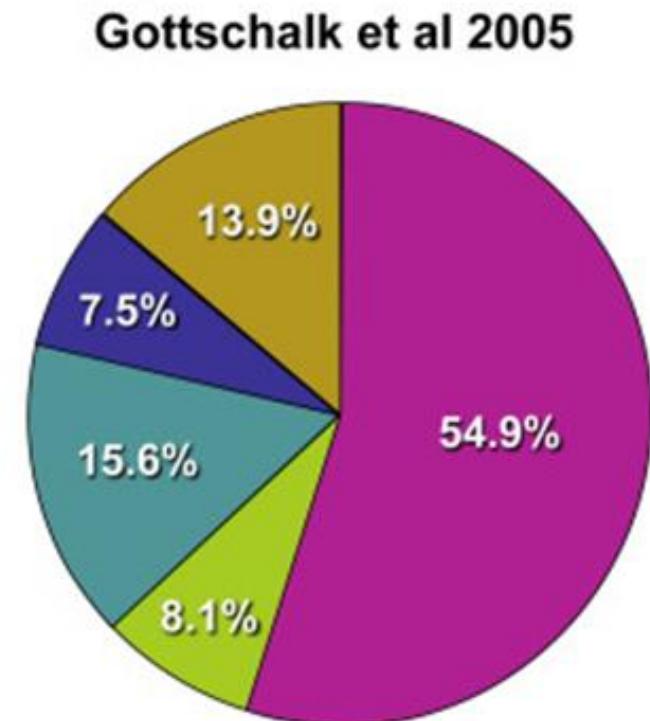
# What makes a good physician?

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- 5 C's of success:
  - Compassion
  - Communication
  - Competence
  - Critical Thinking
  - Creative Problem Solving
- What are the barriers keeping us from achieving these goals?
  - Time? External system pressures?
  - Moral Character?
  - Mindset/Desire?

## Comparison of Provider's Time Allocation During Office Hours

- Physician time during office hours
- Clinician time spent with physician
- Physician time needs -
  - Frustration
  - Loss of time
  - Overwork
- Patients' time needs - real while waiting



# Time

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- Lots of external pressures
- Will AI note writing technology help?
- If we don't have time to spend with our patients, how much time do we spend educating learners?
- Ultimately being aware that this pressure does not actually change our purpose as academic physicians.
  - Trying to help patients, reduce suffering, and improve their lives
  - Role model excellence in patient care for learners to experience
  - Maintaining a sense of purpose in what we do.
    - Where do I find reward in my job?
    - What is my personal definition of success?
    - If this isn't working, then how can I explore options to improve it.

# Moral Character

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- Beyond our talent, knowledge, and skill as physicians, do we have high moral character?
- What is **high moral character**:
  - Individuals who self report high levels of:
    - Honest humility
    - Empathetic concern
    - Self-reflection
    - High level of self control
    - Great ability to consider future consequences (more than just short term, but long term)

# Moral Character

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- Using a large cross-sectional survey study several predictors can be established with regards to moral character:
  - Employees with low moral character committed harmful work behaviors more frequently and helpful work behaviors less frequently
  - Low moral character individuals committed more delinquent behavior and had more lenient attitudes towards unethical negotiation tactics
  - Moral character can be consistently identified in self-reported surveys and has the ability to predict consequential behaviors months after the initial assessment

# Moral Character

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- Should we implement moral character questions in medical school application? Residency interviews? Faculty interviews?
  - *Do we think this is a problem in our profession?*
- Should we all take moral character questionnaire's?
- Can we change our moral character?
  - Its more than just how we act, it is what drives us to act.
  - What actually drives us to be a great physician?
    - Being right?
    - Helping patients?
    - Prestige?

# Mindset

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- Growth mindset:
  - Ability is acquired through effort
  - Failure is an opportunity for learning and improvement
  - *I can always get better.*
- Fixed mindset:
  - Intelligence or ability are innate and unchangeable.
  - *I am who I am.*

# Mindset

Fixed Mindset	Growth Mindset
Feelings: fearful, shame, avoidant, dismissive, detached	Feelings: courage, self-compassion in discomfort, curious, supportive, change agent
Situational approach: - “I don’t know where to start with this patient, so I will just do what I always do and hope it works”	Situational approach: - “I need to listen, observe, ask questions to understand where this patient is coming from so I can best address their needs”
Situational approach: - “I don’t really know what’s wrong, so I’ll just do the basics”	Situational approach: - “I can’t quite figure out what’s wrong, but I recognize I still need to help the patient, so I will keep working until I figure it out.”

# Fixed Mindset Culture

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- Unfortunately lots of assessments are based solely on score, not growth
  - USMLE scores
  - NBME scores
  - Test grades
  - Quartile rank
- *Step scores and medicine clerkship grades are NOT associated with intern year milestone performance.*

# Fixed Mindset Cultures

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- Competency based milestone –
  - Do these help us assess growth?
  - Or just another fixed assessment?
  - How do we balance the absolute need for competency while still fostering a growth mindset?
- The feedback experience:
  - Residents report that feedback continues to be vague and feels punitive during residency
  - Residents with fixed mindset were more likely to **hide their weaknesses** and less likely to ask questions when they were uncertain
  - Fixed mindset in training becomes a barrier that impedes learners in their educational trajectory

# Growth Mindset Culture

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- Growth mindset:
  - Helps create self-directed master adaptive learners
  - Able to tackle the expected and unexpected challenges during their medical career
- Master adaptive learners utilize:
  - Reflection and critical thinking
  - Self-assessment to balance expertise
  - Turning vulnerabilities into opportunities for improvement

# Growth Mindset Culture

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- From a faculty perspective:
  - Meet learners where they are, emphasizing the importance of growth over “perfection”
  - Everyone can always get better, including faculty, but we must be purposeful in this pursuit
    - *Have I helped this learner get better?*
  - When delivering feedback the **intention of growth** is the clear goal in the assessment
    - *Should we spend less time on the style of delivering feedback, aka the newest “sandwich” or “ARCH” model, and more time on the content and goal of feedback?*
    - *We can’t let the absence of a perfect feedback moment stop us from providing feedback.*

# Growth Mindset Culture

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- From a faculty perspective:
  - Feedback barriers to avoid:
    - Threats to the learners/recipients sense of self
      - Personal attacks on:
        - Character
        - Intelligence
        - Attractiveness
        - Value
      - Belief that recipient cannot change (fixed mindset)
      - Overestimating the negative consequences of providing negative feedback, results in overly positive, not fully honest feedback

# Growth Mindset Culture

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- From a learner/recipient perspective:
  - Highly sensitive or distrust of the feedback giver
    - What is the intention of this feedback?*
    - Students who believe their teacher does not care for them are less likely to accept and use feedback*
  - Discerning **TRUTH** in feedback
    - Beyond the emotional reaction, having heard this feedback, what can I do better?
    - Exploring internalized barriers to receiving feedback, so as to create a mental space where feedback can be received
      - How do we ensure the fear of failure is not the barrier keeping us from getting better.*
      - Strive for high expectations not perfectionism (unrealistic)*
      - Beyond how it was delivered, what is the content? Can I grow from this?*

# Growth Mindset Culture

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- Changing the UME/GME/Department culture
  - Should we rename “practice based learning” competency to “master adaptive learner” or “growth mindset” competency?
    - How do we better emphasize this to learner? Does it impact their grade?
- Implementing Effective Feedback Model:
  - Level 1 – Faculty provides feedback to learner and how to use this feedback for growth
  - Level 2 – Faculty and learner discuss a plan to improve
  - Level 3 – Learner independently formulates a plan for growth based on feedback
  - Level 4 – Learner continuously self-evaluates and reflect on personal goals, challenges, and welcomes future faculty input

# Growth Mindset Culture

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- When interviewing successful educators/coaches these common themes were found:
  - 3 core elements that promote successful coaching/feedback relationship:
    1. Mutual engagement with shared goal of growth and development
    2. Ongoing reflection
    3. Acceptance of failure as a stimulus for learning

# Take Home Questions

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- How do we improve trust in feedback?
  - *What is the goal of feedback?*
  - *More than the sandwich/ARCH model...*
- How do we take feedback?
  - *How do we accept feedback even when it doesn't feel good?*
  - *What is the goal of feedback to you?*
- How do we self reflect on our own skill both at giving feedback and receiving feedback?
  - *What is our own mindset? Perfectionist vs High Expectations?*
- How do we balance the gravity of failure in healthcare being a patient's life, with the reality that unfortunately it is part of the journey?
  - *Once we can find this balance in ourselves, then how do we teach this to our learners?*

# Take Home Message

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- 5 C's of success:
  - Competence, compassion, communication, critical thinking, creative problem solving
  - No external force should change this, and if it is, then strive to solve the problem, don't change the goal
- Master adaptive learner/growth mindset:
  - Obstacles are opportunities for improvement
  - Failures reflect the situation not the individual's self worth
  - When faced with a failure, how do we overcome it to keep getting better
- Implementing an effective feedback model:
  - The purpose of the feedback is for growth
  - The model or situation itself matters less than the content
  - Both educator and learner must engage in the solution
- Finding reward in the journey:
  - In learning and in education
  - In pursuit of knowledge and helping patients
- *The ability to impact other people's lives, be it patient or learner, is the most wonderful privilege. Never let the noise of the healthcare system drown out the reward of this privilege.*
- *And put your phone down, the answer to fulfillment and growth will never be on TikTok... ☺*