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 fifteen 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 five 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 into 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 (*See Imposter Syndrome page 45-40*. 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.

Exercise: How do you manage doubt from your patients?

Imagine you are in clinic seeing patients. You see a patient who seems anxious or standoff-ish. You can't seem to connect with this patient like you do with others, but you conduct your typical history and physical exam. You diagnose the patient, and to your chagrin, their problem is surgical. You start to discuss their options, including the details, risks and benefits of surgery.

"How many of these have you done?" They ask, shifting uncomfortably.

What's going on in your brain?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Notice where you are without judging yourself. All of this is good to know. Have compassion for yourself. It takes courage to take honest stock of what's in your brain.

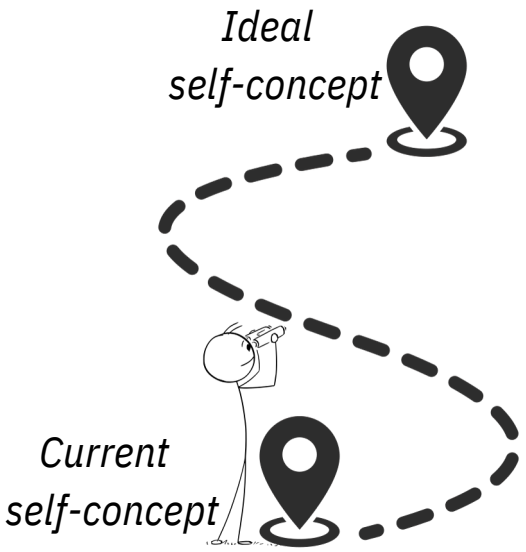
The goal is to get you to a self-concept where these kinds of patients don't rattle you in the slightest. You answer them as honestly as you can ("I've done hundreds of these" or "I don't know the exact number, but I'm x number of years out of training and just did five last month"). Then you get curious ("Why do you ask?"). Your self-concept is so unshakeable that patients can come to you with all the troubles in the world and you just receive them like an untroubled container. They come in with anxiety and fear. Maybe they have stories in their brain about so-and-so who died under anesthesia, and they are secretly terrified of surgery because of that. But your self-concept is grounded and secure, and patients can bring all the drama if they want. You'll be ready. Instead of feeling triggered and recoiling, you lean in and say with compassion, "I'm sensing you are anxious about surgery. Tell me where I'm wrong." Ultimately, it doesn't matter if you operate on them or solve their problem. The space you hold for them is value enough to grow your reputation, and your growing reputation will serve as evidence to expand your confidence. This is how you evolve your self-concept.

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 sixties, 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.

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:_____
_____
_____
_____

One way to move from your current self-concept to your ideal self-concept is with "intentional thought creation" or ITC. By sandwiching an ITC between your current self-concept and your ideal self-concept, you create a bridge that inches you further away from imposter beliefs and closer to ideal beliefs. You can't decide to believe you are confident and capable from the mindset of "I'm not good enough". ITC bridges that gap. With an ITC, you can honestly look at what you **already know to be true about yourself**, and from there, you can more easily arrive at point B.

Exercise: **ITC**

What do you know you already bring to the table? (i.e. I can do this case in my sleep, I have really good hands with robotic cases, I did a ton of these in fellowship)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Think of 3 specific patients who you've successfully operated on in the past and the results the surgery created for those patients.

Patient 1:_____
Patient 2:_____
Patient 3:_____

How do you think those patients regard you?

_____
_____
_____
_____
_____
_____

Visualize yourself doing your upcoming surgical cases from start to finish. Everything goes seamlessly. How do you feel scrubbing out?

_____
_____
_____
_____

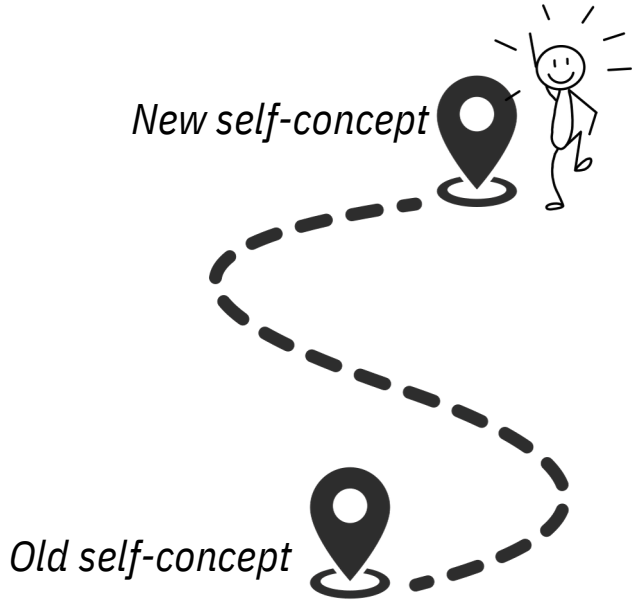
Now go back to page 14 and review the thoughts you listed and practice **thinking** them.

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 a thousand perfect surgeries and one imperfect surgery. Your brain will focus on the one 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 a thousand perfect surgeries and one imperfect surgery. When your self-concept is solid, even one imperfect surgery becomes a teacher. Your brain absorbs the lesson and transforms it into wisdom for every surgery that follows. 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 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 Michelangelo carving *David*, or Diego Velázquez painting *Las Meninas*. Before the first strike of the chisel or the first brushstroke, the artist already holds the finished work in their mind's eye. The creative process - the "how" - is simply a sequence of next steps leading to what already exists in imagination.

Of course, I don't know the exact inner workings of Michelangelo or Velázquez. But you can borrow this principle for yourself.

When you decide you are the right surgeon for the case and visualize yourself completing the operation start to finish in your mind's eye, you step into what I call "having done" energy. It's not the anxious hope of "I really hope this goes well" or the uncertainty of "I'm not sure I'm ready." It's the grounded energy of completion, as though the patient has already received the outcome you intended to create.

When you enter the OR with that mindset, the surgery becomes a matter of simply picking up the scalpel or Bovie and getting started.

To be clear, this isn't a call to attempt procedures you're not trained or credentialed to do. "Having done" energy is meant for cases solidly within your wheelhouse, where your skills are fully up to the task.

What it does is clear the clutter: the self-doubt, the mental drama, the distractions. It allows you to execute with confidence, efficiency, and precision. So the next time you scrub in, imagine your own masterpiece already complete. Then step into the OR and carve out your David.

