DOCTOR'S CROSSING
CARPE DIEM PODCAST
TRANSCRIPT

EPISODE 63 Expert Advice for Coping with Physician Anxiety

With guest Dr. Sarah Jenkins

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SJ: "One of the big founding father theorists in cognitive therapy said no one, no thing can make you feel anything. It's our thinking about things that makes us feel."

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a non-clinical job or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair my friend, and let's carpe that diem.

Hello, hello and welcome back to the Doctor's Crossing Carpe Diem podcast. You are listening to episode number 63. Just 2 weeks ago in episode 61, Dr. John Fondran, a colorectal surgeon, shared with us his wisdom and advice for dealing with the anxiety of being a new attending, especially when you're in a surgical specialty.

Today, we're expanding on this topic of coping with anxiety and self-doubt with my expert guest, Dr. Sarah Jenkins. Sarah's doctoral degree is a PhD in counseling psychology, and she is a board-certified clinical health psychologist.

While she is not a physician, she just so happens to be married to one and many of the clients that she sees as a therapist are doctors. Sarah is going to help us explore how to deal with the anxiety that is common for physicians by sharing a four-tiered process and her practical experience counseling physicians from a wide variety of specialties and circumstances. It is my distinct and absolute pleasure to welcome Dr. Sarah Jenkins to the podcast. Hey Sarah, how are you? Welcome.

SJ: Hey Heather, thank you so much for having me.

HF: This is so exciting. I first heard about you from not one, but several clients who are using your services for anxiety, and they were raving about you.

SJ: Oh, that's so kind.

HF: Well, it's true, it's true. The word is out there and this topic is so near and dear to my heart because every physician I talk to pretty much deals with anxiety and it can suck the life out of you.

SJ: Absolutely, absolutely.

HF: I'm curious, other than being married to a physician, how did you develop this specialty in helping doctors?

SJ: As a clinical health psychologist, I had a lot of training in medical settings, so I got to work alongside them in training. But probably the most personal experience, early personal experience I had was with one of my best friends who was in medical school. And I remember her first week of medical school, we were so excited to see how it was going for her. I went to her house and I remember her coming down the stairs and me saying, “Oh my goodness, how is medical school? How's it going?” And she was like, “It's

going to be really tough. I've decided I'm just going to be an average medical student. I'm going to get average grades, and I think that's going to be okay."
And little did I know 20 years later, what profound wisdom that was for her in that time to be able to say, "Hey, I want to have a life and be in medical school and to be able to do it all". And now she's wildly successful and owns her own practice and is a very happy doctor.

HF: Oh, that's so interesting because so rarely do we manage our expectations in a way that works for us. Usually, they're too high up and they're causing us a lot of suffering.

SJ: Yes. And I see that a lot in my clinical work for sure.

HF: Yeah. You have this four-tiered process that we're going to go through. Let's start with the first tier, which is having awareness of the issue.

SJ: Absolutely. This model is really great because it can kind of help us understand things more holistically, big picture. And in this awareness stage, really how I see it is we're walking into a dark room and turning on the light. And in this stage, we're just noticing things. Maybe noticing things, situations, people, circumstances that might be exacerbating anxiety and being able to notice it and put a name to it. And sometimes that can be really tough if we spend a lot of time trying not to notice it, if that makes sense.

HF: Say a physician comes to you and they say "I'm having anxiety." How would you help them with awareness around that anxiety?

SJ: First, we have to begin the awareness stage by gathering the data. What are the things that are going on for you right now that are making your anxiety worse? For example, someone might come in and say, "I'm so anxious. And when I get in these high-stake situations, I feel paralyzed because I don't know what to do." We really have to take a

step back and say, "Okay, what are all the different things contributing to your anxiety? Because it's probably not just that quick decision making that you're having to do." For some people that means deselecting. Deselecting, maybe committees or meetings or things like that, that aren't necessarily core competencies for them, but are draining them and contributing to their anxiety.

HF: In a way, is it taking a global view of what's going on, but also looking at the details too?

SJ: Absolutely.

HF: That's the aspect of what could be contributing.

SJ: Yeah. Just like with the analogy of walking into a dark room, you have to turn on the light first and see the whole picture and then you can start to focus your attention on the finer things within the room.

HF: And is there anything in particular that you see causes physicians to stay in the dark or be more in the dark than maybe someone else?

SJ: Well, yes. I think that's part of the training and the idea of "I just keep my head down and keep going and keep going and keep going and I can do it." I think some of that's learned and it's part of the culture. I think the other part of it is fear that it might be scary to walk into the room and turn on the light and to notice the things and give names to the things that are increasing anxiety.

HF: Yes, yes. Because if you don't admit you have a problem, you can kind of delude yourself for a while that there is no problem there. And then you can say, "Well, I don't really need help because I don't have this awareness or acknowledgement that I have a problem."

SJ: It's not really a problem. It's not really a problem.

HF: Okay, good. Number one is that awareness. And then the second tier is acquiring knowledge.

SJ: In this stage we spend a lot of time developing knowledge and understanding of what that anxiety might feel like. Physically, emotionally, we spend time talking about how thinking influences anxiety, how anxiety influences thinking and behavior.

One of the big founding father theorists in cognitive therapy said, "No one, no thing can make you feel anything. It's our thinking about things that makes us feel." We spend a lot of time learning some of those things. And then also we talk about relationships and growing and understanding of how our anxiety influences our relationships and our relationships influence our anxiety.

Sometimes we talk about past things, patterns and things like that that have led up to the current situation. But a lot of times we stick in the here and now. What are the things going on right now that are making your anxiety worse in increasing your suffering?

Some common themes in this stage in my work with physicians, which probably won't be surprising to you are things like perfectionism, people pleasing, poor communication or lack of assertiveness, learned helplessness, limited coping skills when it comes to dealing with difficult emotions. And then we have all the fun thinking that comes with anxiety like catastrophizing and "shouding" and self-blame and all those sorts of things.

HF: Yes, it's like a goodie bag of things.

SJ: It really is. And it's why this stage is so important because it's almost like the more we learn, the more aware we become. And then with this more awareness, we have to

learn even more. It can kind of become the sort of reciprocal process in the early stages for sure.

HF: It makes me think of something that often comes to my mind. I used to clean houses before I went to her medical school and I had this sort of mantra, which was that the house often looks a lot worse before it looks better. And it almost sounds like in this stage of knowledge and you start learning all these things about yourself and things you may be doing and poor coping strategies and how as a physician we are more prone to these problems. Perhaps you might think, “Oh my God, this is even worse than I thought” before you start to see the way out of it.

SJ: Absolutely. And that's actually something I say often. This might feel worse before it feels better, but that's part of growth, being able to be uncomfortable and to get comfortable with being uncomfortable.

HF: When you look at this piece of knowledge, is there anything in particular that you find when physicians hear something in particular that there's this light bulb moment or an a-ha that really clicks for them?

SJ: I think typically catastrophizing is a big one and catastrophizing really is taking one piece of something, one data point and maybe making it a huge deal. Taking maybe even just a piece of constructive criticism and taking it to, “Oh my gosh, I'm a horrible doctor. I can't believe I'm going to be found out soon. They're going to know I don't know what I'm doing.”

Catastrophizing is a pretty popular one. Perfectionism and some ideas around that. Like, “I shouldn't make mistakes. I shouldn't need help. I can't stop and rest because X, Y, and Z need me.” I think those are some of the most common ones and probably some of the most difficult ones to break. Again, because they serve a function to some degree in

training and in the work that you all do, but they can also be really problematic when they're overgeneralized to all areas of life.

HF: Yes. And I hear you're also sort of alluding to the imposter syndrome, which is so common with physicians. And what you said about how these things can be good too it in a sense, and then they can become problematic, it reminds me of something I heard when I was learning about the Enneagram, the personality assessment system that I use with my clients, is that often our gifts that we have when they're overused or overdone, they become our liabilities. We need some "what if" thinking. What if I have the wrong antibiotic or I put this tube or stent in the wrong place? We need it. But when we go to that thing of, "Oh my God". Like in this last episode with John Fondran, he said he was convinced he had cut the common bile duct and he was driving himself crazy and he really hadn't because there's no ceiling on the things that your mind can imagine. It could go on forever.

SJ: Absolutely. Yeah. And a lot of times too, I'll talk about in this knowledge stage, talk about normal anxiety. Like what's that adaptive anxiety to make sure you're being careful at work. And then at what point do we kind of cross that boundary into a more neurotic anxiety, where the anxiety becomes really debilitating or maladaptive and interferes with functioning.

HF: Yes. It's funny because John and I were talking about this a little bit too, before we did the recording. How do you know that tipping scale when you've kind of tipping over what are a couple of signs?

SJ: Yeah. I think it's different for everyone and that's where an awareness piece comes in so handy. For some people it's worrying all the time, not being able to have boundaries between work and home. For some people it's more burnout feelings where "Okay, I'm feeling burnout. Have I been managing my anxiety lately?" For other people, it might be

anger, irritability. I think it just really depends on the person, but that person can't know unless they've done the work to build that awareness.

HF: Yeah. Have some frame of reference. You give them some feedback on what you're hearing and seeing, because our normal is so dysfunctional that it's hard to be objective seriously.

SJ: Absolutely. Yeah.

HF: All right. Excellent. That was number two, which is acquiring knowledge. And before we go on to the third tier in this process, I want to just take a quick pause for a brief word from our sponsor. So don't go away.

LinkedIn has been one of the most helpful resources for my clients in landing great jobs. Initially, many of them were reluctant to put themselves out there and network on this platform. But once they created a profile and learned how to use LinkedIn strategically, they had a lot of success.

My LinkedIn for Physician's Course shows you how to create your own standout profile, have success networking and land nonclinical jobs. To learn more about this online course, go to doctorscrossing.com/linkedincourse or simply visit The Doctor's Crossing website and hit the products tab at the top of the page.

Now back to our podcast. All right, we are back now with our guest, Dr. Sarah Jenkins, and we're going on to discuss the third tier of this process of coping with anxiety. This is developing skills and having a toolbox. And we love having tools, so take us there Sarah.

SJ: In this stage of the work typically we start to integrate awareness, knowledge and skills together. This might be more directed with specific things like relaxation, which is essentially relaxation training and meditation is like aspirin for psychologists, if that

makes sense. Just like a PCP might say, "Take some aspirin for your pain", psychologists are almost always going to say "You need to be doing some relaxation and meditation because really that's how we address, even start addressing the physiological aspects of anxiety."

Other skills, again, differ for each person, but almost always we're going to focus on your thinking and thinking about your thinking. Usually that will involve some reframing of maladaptive thoughts like catastrophizing or "shouding" or blaming.

We might also move into a space of acceptance of things as they are. Whether that means accepting a work environment, a personal situation, your own perfectionistic ways and coming to terms with what that means. That doesn't mean giving up and not trying to change or to adapt, but it does mean acknowledging that things are as they are and you can only do so much to modify and adjust.

Those skills can look different. Those skills can be used, and typically they are used in a trial-and-error kind of way where we can say, "Okay, I know you have this thing going on. We developed this knowledge around it. We have these evidence-based strategies to apply to these specific things. And now you get to go out into the world and try them and report back. And then try them and report back. And then we will just kind of work together to make sure those skills are helpful."

HF: Do you have an example that you might use of some skill, like a tool that you gave a physician to use and then what they did it and then how it worked for them? Or maybe a couple of skills?

SJ: Sure, sure. For whatever reason, as of lately, this overcommitment of physicians has been front and center in my practice. Physicians who come in and they're in say like a place of leadership and they're seeing patients and they're training other resident physicians, and they're asked to be on all these committees for the hospital and all the

things. So, their calendars are just bombarded. Oh yeah. And they are parents, and they have a marriage and they have a whole home to manage. Like all the things.

HF: And the dog is sick.

SJ: And the dog is sick and the cat ate something. Like all the things.

HF: The teenagers are going into the room and closing the door and not talking to anybody.

SJ: Right, like normal life. And so, in that situation, after we've spent the time building the awareness and the knowledge, the skills might be something as simple as how do you tell someone no? When they ask you for another request at work? When you're asked to go to another meeting, because you're the only expert in the hospital that can be there. Or they want you to do this didactic for this special group of medical students. Sometimes it can be something as simple as deselecting and saying no to additional requests.

And for some folks that can be really scary. What does that mean for my tenure, Sarah? What does that mean for this and this? And what about this person that I owe this favor to? And so, sometimes it can be drafting an email and sending that email together and processing what that's like for that person or going in and blocking their calendar.

HF: That is a fabulous example. It makes me think of something I heard from Shonda Rhimes, which is "No' is a complete sentence." I know she's not the first one who said it, but "No' is a complete sentence." And as physicians, we're often people pleasers, we don't want to disappoint others. And the people who tend to say "yes" are the ones who are going to get asked more.

SJ: Absolutely.

HF: Because it's easy for other people to ask them, they're not going to throw a hissy fit.

SJ: That's one thing I've heard is after the skill is applied. And they've tried it a few times and they're always amazed. Like, "Oh, they're not mad at me that I can't go, or they're not mad that I sent it. Oh, and they just send another email with another request." Like, yes.

HF: The world doesn't stop turning, people aren't throwing tomatoes at you and it works.

SJ: Absolutely, absolutely. That's just one example of really using that conceptual model to build awareness, knowledge, and then the skills.

HF: Excellent, excellent. The fourth tier is action, and it sounds like there's already some actions that are happening. How is this different?

SJ: Action is really focused on, you've learned the knowledge, you've learned the skills, let's go apply it and let's try to apply it in different scenarios and in different situations. For example, with blocking the schedule. We've gone through and blocked the schedule for afternoons from 01:00 to 01:30 so that the physician can do their charting or whatever, and not have another meeting put in there. We've done that action. Can we apply that action to home? Does that mean we can go into your home calendar and maybe that means blocking some time for you and your spouse to go for a walk together?

HF: Date night or something. Yeah, exactly.

SJ: Or just have a check in time. Really the action is focused on the skills. Sort of going back and forth between skills and action. Like let's apply it, let's monitor and adjust. Let's maybe add a different skill, modify what you know and try again.

Again, this whole four-tier process isn't necessarily linear, it is a bit hierarchical because we have to start at the bottom and move our way up. But really, it just becomes a sort of feedback loop where we have to constantly be paying attention to how things are going instead of just saying, “Oh, well, I'm done with the awareness stage. I’m in action. I don't need to be aware anymore.”

HF: Yes, exactly. And I think that's part of the power of it. That is integrated because as you keep doing this work, your level of awareness keeps deepening and increasing.

SJ: Yeah. That is definitely the goal. The ultimate goal is that so much skill is developed around sort of navigating this model that eventually I'm just a consultant. They get to a point where they can say, “Oh man, my perfectionism is really acting up again. And here's how I know and here's what I tried. And here's what I applied. And now help me troubleshoot that a little bit more. What do I need to refine to make sure when this comes up again, that I'm ahead of it?” Or whatever might be going on.

HF: I don’t know if this is going on a tangent, but when you said that the physician sort of becomes a consultant, it brought to my mind this whole idea of parts work. And it's something that I've seen really works powerfully when I work with my own clients, which is to help them separate out from that anxious part almost as if it's another person. And so, they can be the confident one, like almost a consultant coach, the mentor for themself.

And then there is this part which some of them often name, it's a different version of themself, a younger version, or just like a younger sister or brother that's the one struggling and then they can use all those techniques like you teach them for that part so they're not the anxiety.

SJ: Absolutely. And really at the end of the day, what that comes down to is them feeling empowered to be able to do that for themselves.

HF: Yes, yes because when you are an anxious person, it's almost like you lose control. You're not in power, you're not in your personal power. The anxiety is in the driver's seat and it makes self-help kind of a misnomer.

SJ: Absolutely. Yeah, it does. And then all the energy and attention are focused on anxiety and the future and all the things that can't be controlled in the present moment.

HF: Is that something you use in therapy which is that arts work that is sort of separating out that part?

SJ: Yeah. That actually comes from a field of therapy called Existential Theory and we do that a lot. I actually do that a lot with some of my people who have chronic illness, where we take the illness, the cancer, the whatever, and make it something separate from them because so much of the time that identity can be wrapped up in their illness. Yes, I have done it with physicians too, especially when we're trying to get back to who they are as a person, not just what they do for a living. So, it's been really helpful in that way as well.

HF: Oh, that's fascinating. Now you also have some common frustrations that you're going to share and I think these are going to be really valuable. What are these common frustrations?

SJ: There are so many, Heather.

HF: Well, we will hit the top three or something.

SJ: Yeah, in the 15 years of doing this, I feel like I've heard a lot but these are the most common ones. The first one would be, “Sarah, I'm smart. I should not need help.” To which I say you are likely very bright and very intellectually gifted, but that does not

mean you're invincible. And therapy is not really about me proving anything or disproving anything or trying to do an a-ha gotcha kind of thing.

Really what therapy is all about is skill building and really focusing on how do you build the skills to have a better quality of life, to have less suffering, to really do the best that you can do in your life. That's one of the most common. Interestingly, a little bit of a tangent, but for psychologists, we actually have an ethical mandate to take care of ourselves. It's written in our ethical code so that we are expected to be doing the things that we know we need to do to be the best professionals we can be.

When I was in training and training alongside other physician residents, and that was just shocking to me that that wasn't part of their culture. And of course, I was married to a physician resident so I knew it wasn't part of the culture either, but I feel like that's something that we in psychology take for granted. But really during our training, it's not like they told us how to do it. We had to take the time to build the skills, to know what we needed to take care of ourselves.

All that to say, I had to be more intentional about building my skills because it was part of my professional development. For a lot of physicians, I work with that wasn't part of the professional development. And now they have to go back and say, “Okay, let's build these skills now.”

HF: That is a fantastic point. I think that reframing from building skills rather than needing therapy or needing help is something that we can really wrap our minds around. And it resonates with this desire we have just to be better, to be better at whatever we're doing. I think that's a beautiful reframe and it's true that it isn't usually part of our toolbox in our training, but I think they're starting to add it in more with the newer generation of physicians in medical school. They have more programs.

SJ: Yeah. I think they are doing a better job of voicing those kinds of concerns and those expectations, for sure.

HF: Yeah. That's a really great one because it's true. We think we're intelligent, we're reluctant to ask for help and there's still some shame around therapy though there should not be at all. Let's do two more quickly when you have these frustrations.

SJ: Yeah, the second one is "I've always been anxious and if I address it now, what if I suddenly stop being an effective doc because I'm not anxious anymore? That anxiety is what makes me good at my job." And really what that comes down to for me is again, this sort of idea of functional versus neurotic anxiety. How much of that anxiety is helping and adaptive right now and how much of it is problematic in getting in the way?

The same can be true for perfectionism. Doing a job well, doing something A to Z is very different from being perfectionistic about it and being so paralyzed by fear of it not being perfect. Those are two different things.

Really, it's not like you're going to come learn some skills and suddenly not be yourself or suddenly never be anxious again. It's more of how do you make it more adaptive and work for you.

HF: Well, I think that's so true because often when I'm talking to physicians myself and we're looking at perfectionism and we get into that inner thought, that's really underneath it all, is this sense that, "Oh, this is a slippery slope. If I go down one tiny notch, I'm all of a sudden going to become a huge liability and be killing people left and right."

SJ: Right. Which is a cognitive distortion of dichotomous thinking of all or nothing.

HF: Yeah. It's all or none. You're absolutely right. Yes, yes. That's a good one, that you can learn to moderate these things.

SJ: Absolutely. There is something of a middle ground.

HF: Yes, in a spectrum. All right. So, what's your third?

SJ: Third would be, "I don't have time to address these issues." And my rebuttal for that is we have time for what we value. And another way to think about this for a physician, it might be, if you have a patient who, let's say just got diagnosed with type 2 diabetes and you're educating them on, "You need to change your diet and your exercise and take these medications," and do all these things. And they say, "Ah, no, doc, I just don't have time." Your response to them would be like, "Well, you either need to make time or diabetes is going to make time for you. And you're going to be in the hospital and you're going to have a stroke and your kidneys are going to shut down and all the things."

We can say that to our patients who we know need to engage in behavior change. This is no different than that. If you really value this, you'll make time for it so that you can be healthy. And it sort of comes back to that, we can wish, or we can work. So, you can wish that your anxiety would get better or you can work to make it better.

HF: And just think of the quality of life that you will have instead of being robbed of a significant portion of your life. Because that's what anxiety seems to do. You're not present with your kids. You can't enjoy your family. At work, you're stressed, intense. And that's a lot of time being wasted, quality time.

SJ: Absolutely. And all of that is focused on the future. There's a saying that anxiety keeps us focused in the future. All this stuff that's ahead of us. Depression keeps us focused on the rear-view mirror and what's behind us. And in either scenario, we miss the present moment, the here and now. Either can be really, really problematic.

HF: Great point there. It is true, the power of now. There's so much more intelligence I think that we can access when we're present. Often when we're anxious about a case, a surgery, a patient, when we're focused more in the future, only a small part of our brain is actually working. But when we can drop into presence, all the sudden we have a whole different awareness and our mind just works a lot better.

SJ: There's a lot of clarity in being in the here and now.

HF: This has been such a rich conversation, Sarah. We'll have to have you back on the podcast because I know there's so much more you can help us with on these topics, but would you like to share how people can get in touch with you who are able to work with you?

SJ: You can check out my website at hpaindy.com

HF: And they need to be in your state to be able to…

SJ: They need to be in my state to work with me clinically. Yeah.

HF: In Indiana.

SJ: In Indiana.

HF: Yes. All right. Well, I'll make sure to put that information in the show notes. I want to thank you so much for coming on the podcast. And before we go, let's just review those four tiers to have them in mind. Do you want to just review them really quickly?

SJ: Yes. The first one is awareness, which is walking into the room and turning on the light. The second is knowledge. That's really learning and understanding how things are

connected for you. The third is skills and skill building. And the fourth is action. And again, this can be a circular process.

HF: All right. Well, I already feel more relaxed just talking to you. You have a very calming presence. I can see why your physician clients and all your clients find you very helpful, very soothing.

Guys, this is really wonderful, isn't it? I have a little encouragement for you. If you want some help with whatever you're dealing with, don't be frugal with yourself. This is an area to spend money and time. Don't cheap out. You spend tons of money on everyone else and you work really hard for your money. Whether it's a book that could be helpful, and Sarah has some book recommendations I'll be putting in the show notes.

Whether it's getting therapy, doing some coaching, buying a pass to do yoga or a gym pass or getting that Peloton, whatever it is that you need I want you to splurge on yourself because it's going to pay you back a thousand-fold. Go spend money and tell me how you're doing.

SJ: Preach Heather.

HF: Absolutely. All right, guys, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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