

# Scrub-In

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an MSF mission  
tomorrow**

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## DEALING WITH THE FEAR OF FAILURE

Tips on how to deal with the fear of failure in medical school and beyond

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## LOBBY DAY AT QUEEN'S PARK

MPPs meet with 45 students from across the province to discuss increased OSAP loan allocations to match tuition

# Dealing with the fear of failure

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WHAT DO YOU DO WHEN YOU FAIL AN EXAM AND YOU HAVE NEVER FAILED BEFORE? HOW DO YOU FEEL WHEN YOU OBTAIN AN EVALUATION THAT IS MEDIOCRE, AND YOU HAVE ALWAYS BEEN IN THE TOP-TENTH PERCENTILE? WHAT IF THIS HAS NEVER HAPPENED TO YOU, BUT YOU WORRY THAT IT MIGHT? YOU ARE NOT ALONE. MEDICAL STUDENTS REGULARLY FACE THESE FEARS.

Wanting to do well and not make mistakes is a healthy attitude held by most medical students. Many would say that the worst thing that can happen to a physician is the death of a patient because of an error. I don't know any doctor who does not share this fear. Some anxiety around doing well is normal, and actually helpful, in keeping one alert and focused. However, an excessive fear of failure can produce high levels of anxiety that can substantially impair performance.

Most students need to demonstrate qualities of intelligence, an eagerness to learn, high standards, a strong work ethic, and high achievement in order to get accepted into medical school. These qualities generally make good physicians. Arriving in medical school, a stu-

dent is faced with a room full of equally intelligent, high-achieving, and competitive cohorts. All of a sudden, he or she is not as unique. Add to that a particular vulnerability — say a higher-than-average genetic loading for anxiety, or mood disorder, or the adjustment to a new city, or the loss of a significant relationship — and a student can very quickly reach stress overload.

In order to relieve the anxiety associated with stress, high achievers may heavily depend on habits of perfectionism and obsessive compulsiveness, which can be seen as attempts at control.

Perfectionism differs from a healthy desire to do well when the expectations exceed what is realistically possible. Anything short of those expectations

result in the perfectionist feeling angry, anxious, depressed, irritable or becoming increasingly more inflexible.

Others rarely live up to the high standards the perfectionist has set for himself or herself. Common complaints of the perfectionist include: "If I want it done right, I'll have to do it myself," or, "Why can't I ever get good help around here?"

A perfectionist has a difficult time admitting a mistake. Mistakes trigger shame, fear of disappointing others and of being judged poorly.

Obsessive compulsive traits can become maladaptive when the activities or thoughts become repetitive, excessive, or take up an inordinate amount of time (for example, the compulsive studier who stays up late for two weeks before

an exam only to perform poorly for lack of sleep, or the person who spends too much time with each patient in order to not miss any details of the history, but ends up keeping patients waiting for hours, and finishing work late every day).

The “impostor syndrome” is a common mistaken belief experienced by

passion helps to facilitate the learning process by freeing individuals from the debilitating consequences of harsh self-criticism, isolation, and over-identification in the face of failure, and instead provides students with self-kindness, a sense of common humanity, and emotional balance.”<sup>1</sup>

Enhancing and nourishing self-compassion and resiliency simply requires our attention and practice. For those who suffer from anxiety or fears described above, or know of someone else who may be, there are some practical suggestions listed in the box below. Medical students, residents and physicians are

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medical students and residents: “At some point everyone will know that I don’t really know as much as I pretend to know, and I will be unmasked, disgraced and sent home.” This is truly a misconception, as one would not have gotten this far without substantial merit.

Fear of failure is ultimately the fear of experiencing shame. Shame is the feeling that, “there is something wrong with me at the very core of my being.” It differs from guilt, which is feeling badly about something done or not done, and which may not affect one’s overall sense of self.

Shame is an extremely uncomfortable feeling. People will do anything to avoid this feeling, including procrastination, avoidance, dissociation, lying, or using drugs or alcohol to escape. If feelings of shame are connected to early childhood traumatic experiences, the avoidance behaviours can be deeply entrenched and often unconscious.

Two concepts that are helpful in counteracting shame are self-compassion and resiliency.

According to my colleague Ted Bober, resiliency implies elasticity and an ability to bounce back from extreme stress or adversity. A resilient person is able to use a range of practical skills to fit the situation at hand, and is likely to have access to relationships in which he or she feels supported and valued.

Kristen Neff, an Associate Professor in Human Development at the University of Texas, has conducted research on the development of self-compassion and how it relates to self-esteem and learning. Of particular interest to students is her studies suggesting that “self-com-

Neff proposes three major components to self-compassion:<sup>2</sup>

1. Self-kindness: the ability to treat oneself with care and understanding, rather than harsh self-judgment.
2. Common humanity: recognizing imperfection as a shared aspect of human experience, rather than feeling separated and isolated by failures.
3. Mindfulness: awakening to the present moment, and holding one’s present-moment experience in a non-judgmental, balanced perspective, rather than over-identifying with one’s painful thoughts and feelings.

also encouraged to contact the confidential OMA Physician Health Program if this fear is interfering with their well-being, or the well-being of a friend or colleague (see contact information below). ■

#### References:

1. Neff KD. Hseih Y-P, Dejithirat K. Self-compassion, achievement goals, and coping with academic failure. *Self and Identity*. 2005;4(3):263-287.
2. Neff KD. Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*. 2003;2(2):85-101.

### What to do when you fear failure:

1. Check your expectations: are they reasonable, realistic and accomplishable?
2. Monitor your internal critic: are you being especially harsh on yourself? When a mistake is made, accepting responsibility and making amends promptly go a long way in repairing a disrupted relationship.
3. Talk to your peers: find out how they are dealing with their stress and anxiety. Ask for help, and offer your assistance to others if appropriate.
4. Start a mindfulness practice: set aside a few minutes each day to meditate, pray, reflect, or just “be.”
5. Be open to new ideas and alternate ways of doing things.
6. Work on developing resiliency: being able to adapt to change and bounce back from adversity.
7. Make sure you are attentive to the “basics” — eating regularly and nutritiously, getting enough sleep, exercising, making time for personal relationships. As soon as one of these basics is out of balance, your vulnerability to further stress increases.
8. Seek professional help if you find your anxiety or fear of failure is interfering with your performance. The OMA Physician Health Program is available to medical students. A case manager is always available to talk during regular business hours and can make a referral for professional help if needed. **Simply call 1.800.851.6606, or visit [www.phpoma.org](http://www.phpoma.org).** Local 24-hour crisis lines are also an option.